

Review of progress made with priorities in the 2019-24 Joint Health and Wellbeing Strategy

Introduction

The Havering Joint Health and Wellbeing Strategy (JHWS) 2019/20 – 2023/24 outlined a clear vision to ensure that everyone in Havering enjoys a long and healthy life with access to the best health and social care services.

Developed as a statutory requirement under the Health and Social Care Act 2012, the strategy reflected the collective priorities of Havering Council and key partners at the time.

Consistent with the findings of the Joint Strategic Needs Assessment (JSNA), it identified 9 priority areas spanning the four pillars underpinning good health at population level:

- Wider determinants of health – addressing socioeconomic factors such as employment, housing, and income.
- The communities and places we live in – enhancing the physical and social environments that shape health and resilience.
- Lifestyles and behaviours – tackling preventable health risks such as smoking, obesity, and inactivity.
- High quality local health and social care services – integrating health and social care at locality levels to improve accessibility and user experience.

This report aims to provide the Health and Wellbeing Board with a high-level overview of the status of work regarding each priority.

To this end, for each priority in turn, the following is briefly described

- Governance and oversight arrangements
- Relevant strategy
- Current activity and measures of progress

Lastly, a recommendation is made as to whether the priority should be retained in the next joint local health and wellbeing strategy i.e.

- Where the issue has a significant impact on health and health inequalities;
- There is an active on-going programme of work spanning multiple partners that would benefit from oversight and championing at borough level
- The leadership is not available from another partnership body, particularly the Havering Place Based Partnership Board which was created after the 2019-24 JHWS was adopted and now leads on the integration and improvement of health and care services at borough level.

Review of Priorities

Pillar 1: Wider determinants of health

Priority 1 - Assisting people with health problems (back) into work
Rationale Being in good work is good for health. For many people, health problems are a barrier to gaining or retaining a job. The Board can bring together private, public and third sector stakeholders to assist excluded groups into work; benefiting them and the public purse.
Governance and Strategy Havering Poverty Reduction Strategy - 2024 The Havering Poverty Reduction strategy developed from work begun in response to the cost of living crisis with the aim of strengthening the financial resilience of local residents. One of the key aims of strategy is to support local people to be economically active, raising skills and improving access to a range of employment opportunities for people on low incomes. The Poverty Reduction Board oversees delivery of the strategy and provides a forum from discussion and cooperation between partners. Employment is identified as a crucial outcome in strategies regarding priority groups including: Havering All Age Autism Strategy 2023-2025 This strategy seeks to address the needs of children, young people and adults with autism, and their families and carers. Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in any kind of paid work. The strategy's key priorities regarding employment are: <ul style="list-style-type: none">• Improved pathways and support around employment for adults and young people• More consistent reference to employment in EHCPs• Better advice and support available to adults who want to access employment Progress is reported the Autism Partnership Board. This strategy is due a refresh. Havering Combating Substance Misuse Strategy The Havering Combating Substance Misuse Strategy recognises employment as a key aid to long-term recovery from drug and alcohol dependency. The Combatting Drugs Partnership (CDP) is monitoring the implementation of the Individual Placement Service described below.

Havering Strategy for those who provide informal and unpaid care 2023 – 2026

This strategy aims to support unpaid and informal Carers who look after a friend or loved one, to ensure that their own needs are also being met. One of the key aims of the strategy is to ensure that informal and unpaid carers are supported so that they can continue to work or study, and that their ability to remain in education or employment is affected as little as possible by their Caring role.

This is an all age strategy, and aims to support young carers whose roles put them at greater risk of having their educational attainment impacted, which can then have a knock on effect on their future career prospects.

NEL ICB Joint Forward Plan

The JFP describes how the local NHS and partners (Local Councils, charities, voluntary groups and others) plan to improve the health and care of local people for the next five years.

- Employment and workforce

We will continue to investigate and scope workforce productivity improvements, linked to this we aim to develop a NEL Health and Social Care workforce that will reflect our diverse communities. We will ensure that our staff have access to the right support to develop the skills needed to deliver the health and care services of the future. We will use apprenticeships to promote inclusion and provide opportunities for our local population develop health and care careers in NEL.

Update on Activity and Progress

PCN Social Prescribers

Offer a holistic approach to identify the drivers for ill health or poor mental wellbeing for individuals in the community and signpost on to relevant support including regarding employment. See priority 9 also.

DWP collaboration with Social Prescribing and Care Coordination

Regular meeting to share information on the Access to Work scheme aimed at supporting people with mental and physical health challenges back into work by connecting them with therapists and employment advisers. Promoting this to Social Prescribers and Local Area Coordinators to increase referrals into the scheme. The DWP have confirmed that they have funding to support more local initiatives, and are keen to work with local Social Prescribers to meet the needs of local people and support them back into work

The Joy App

Development of the Joy App will also provide partners in Havering, from April 2025, with an in depth understanding of the key areas that local people are searching for further support around, including employment.

Having Works

A specialist employment support service provided by the Council and part funded by the UK Shared Prosperity Fund. Advisers provide 1-1 support for clients to retain/ train/ enter the workforce and sign post on to other sources of support. Over 400 enrollments in period July 2022 – December 2023 – ¾ unemployed / ¼ inactive. Targets for 24/25: 200 people engaged, 30 into work, 7 into good work defined in terms of London Living Wage.

Work & Health Programme (DWP) March 2018 – September 2024 - Supporting residents who are long term unemployed, with disabilities and/or additional barriers to secure sustainable employment delivered by the provider Maximus UK.

Between October 2023 to December 2023, 393 residents have moved in to work from the WHP. Wellbeing workshops have been run across the sub region, to re-engage residents with the programme, Jobcentre Plus are working with Maximus on these events to encourage participants to attend. Health Key Workers are on hand to provide additional support and develop support plans and there are opportunities to apply for live vacancies with advisor support on the day.

Quarter 3: Contract to date (Mar 2018 – December 2023)				
Boroughs	Referrals	Programme Starts	Job Starts	Job Outcome
Havinging	2410	1716	798	410

Individual Placement and Support Service – Change Grow Live are contracted by Havinging Council to provide the IPS service in the BHR tri-borough geography. The IPS is funded via a dedicated grant from the DHSC. The service provides support to people at the end of drug and alcohol treatment to find and sustain meaningful employment as an aid to their long-term recovery. An IPS coordinator was appointed in June 2024 to oversee 3 IPS officers (one at each borough) who will support people in finding job opportunities, provide guidance on job applications, benefits advice and support with budgeting while liaising with employers about specific adjustments and help for people to settle in.

Meaningful Activities Project - a supportive programme of meaningful activities for adults 18+ living in Havinging with a clinical mental health diagnosis. Havinging MIND provides the service. All of the Havinging MIND activities are on the Joy App.

Havinging College Realistic Opportunities For Supported Employment (ROSE)

Havinging College Rose Programme (Realistic Opportunities for Supported Employment) aims to improve the quality of life for people with learning difficulties and/or disabilities. The initiative places people with learning disabilities into paid employment and supports them until that person can independently sustain their employment alone. It offers an individual service to clients and aims to source the right form of employment for them. Job coaches then support the client in the workplace until both client and employer are confident with the role. Clients can self-refer and need to be over 25 years of age.

NHS North East London Integrated Care System has four key system priorities for improving quality and outcomes, and tackling health inequalities, a cornerstone of which is employment and workforce. The vision is to create a transformational and flexible “One Workforce for NEL Health and Social Care” that reflects the diverse NEL communities and meets our system priorities. The mission focuses on developing a sustainable and motivated workforce, equipped with the right skills, competencies, and values, to improve the overall socio-economic outcomes of our NEL populations. The key drivers are responding to population growth, increasing demand and developing meaningful and rewarding careers within health and social care services for local residents. Ultimately the priority is to support more local people to join our workforce and remain in work, as well as upskilling them and ensuring that there are rewarding career pathways for all roles.

Conclusion

There are many schemes already in place and activity is likely to increase still further given the new Labour Government has recognised the importance of employment to health and the impact of ill-health on the economy. The Poverty Reduction Board brings together a diverse range of stakeholders, including but not limited to health and care providers, to coordinate and drive forward collective action at borough level. The opportunity to escalate issues to the H&WBB would add additional benefit.

NB. There are macro drivers for employment e.g. regeneration, economic development, skills and education that may sit less well with the remit and membership of the H&WB. The recommendation to include employment in a refreshed JLHWS is subject to confirmation that all or part of the issue is not already being addressed through another partnership body.

Recommendation

Retain as a priority in the refreshed Joint Local Health and Wellbeing Strategy – potentially expand from assisting people with health problems (back) into work to include efforts to enable all residents to find good employment – assuming not addressed in full or in part by another partnership body.

Priority 2 - Further developing the Council / NHS Trusts as ‘anchor institutions’

Rationale

Anchor institutions recognise their importance to local economy and seek to maximise the benefit to the local community in all they do. Councils / NHS bodies have huge scope to benefit local people e.g. as an employer or by procuring services from local businesses.

Governance and Strategy

North East London ICB have established an **Anchor Organisation working group**, to develop a common approach now encapsulated in the NEL Anchor Charter. An explicit statement of what being an anchor institute means and how it benefits local residents in terms of employment, embedding social value in procurement processes

and better utilising our combined infrastructure to support community activation and supporting a greener, healthier future.

BHRUT Anchor Institution Strategy development

Launch event on July 2024 to identify opportunities across the anchor dimensions and draw commitments from partners. Three workshops have taken place to build on key themes identified, last of which was in November, with the purpose of identifying key ambitions for the next 5 years.

Further commitments regarding anchor institutions are found in following NHS strategies –

- NELFT Sustainability Strategy 2022-25
- NEL Health and Care Partnership Green Plan
- BHRUT Green Plan 2022-25

Havering Social Value strategy 2019

This strategy sets out Havering Council's commitment to social value and the added societal benefits that can be gained from public procurement, specifically for the social, economic and environmental benefit of local people living in the local area.

The strategy's objectives are:

- During any tender process, to give consideration to social value and assess against a criteria where appropriate
- Social Value priorities are encouraged in partnerships with contractors, local operators and investors
- Residents are supported to be active in their community and have the opportunity for upward social mobility through education, employment and business enterprise
- Residents are socially and digitally included
- We create cleaner and environmentally improved places where our communities can live and thrive
- Local small and medium sized businesses have access to supply chain opportunities and are supported by creating up-trading and business growth opportunities.

The strategy is due a refresh.

The new Procurement Act, which comes into force in 2025, puts a greater emphasis on procurement as an enabler to deliver wider benefits for the public good. As a result, all public sector bodies will have to assess tenders in the round and award contracts to the most advantageous tender overall rather than placing overwhelming weight on cost alone.

The Council is committed to a **Health in all policy (HiAP)** approach whereby it seeks to achieve benefit in terms of improved health / reduction of health inequalities in everything it does. To this end, the Public health team:

- Provides training and self-help resources for staff, managers and decision makers on the importance of considering health in all policies and how to conduct health impact and equality impact assessments.
- Making information on HiAP and EqHIAs more accessible for council staff through a central Intranet webpage.
- Delivering ad-hoc training sessions on EqHIAs.

Progress update

Anchor Institutes are developing across NEL with all of NHS Trusts and Local Authority Chief Executives having signed up to the NEL Anchor Charter.

NHS North East London accredited as London Living Wage employer

NEL ICB was the first integrated care board to be accredited as a London Living Wage employer.

Conclusion

There was been a significant change in awareness of the anchor institution concept and its application within Havering and across NEL as a whole since the JHWS was adopted in 2019. This change is captured in the NEL Anchor Charter.

The concept of social value is also central to new Procurement legislation.

As such, there seems little additional value in retaining this priority in the refreshed health and wellbeing strategy.

Recommendation

Do not include anchor institution as a priority in a refreshed joint local health and wellbeing strategy.

Priority 3 - Provide strategic leadership for collective efforts to prevent homelessness and reduce the harm caused.

Rationale

Homelessness in all its forms is bad for health - life expectancy for street sleepers is under 50 yrs; homeless people are high users of urgent and acute health care which rarely result in a solution to their complex underlying issues.

Governance and Strategy

There are four aims in the Council's **Prevention of Homelessness and Rough Sleeping Strategy 2020-25**

1. End long-term rough sleeping
2. Reducing the number of people in temporary accommodation
3. Supporting people who become homeless
4. Provide good value, integrated services that deliver excellent customer care

Implementation of the strategy is overseen by the Temporary Accommodation Board, which reports into the Poverty Reduction Board.

Progress update

The Homelessness and Rough Sleeping Strategy 2020-2025 is progressing all its objectives, particularly the goal of ending long-term rough sleeping in Havering.

People Sleeping on the Streets

- Ended “Long Term” Rough Sleeping in 2022
- New entrants to the street get an offer of accommodation within 24 hrs
- Secured 65 units of complex needs accommodation
- Established the Complex Needs Accommodation Panel for placements (CNAP)

Homeless Accommodation

- Abercrombie House was closed and is being regenerated.
- Opening the Family Welcome Centre in Harold Hill in Sept 26
- Opened Royal Jubilee Court sheltered scheme for Homeless Families and Children

However, there remain significant problems with the much larger cohort of people dependent on temporary accommodation.

Private Rented Sector

- The Private Rented Market has collapsed for benefit dependent households
- Landlords have exited, in some cases in favour of Air BnB
- Numbers in hotels and similar accommodation have reached 200

Homeless Services

- Caseloads have increased to 80 per officer (compared to target of 15-20)
- Approaches have doubled from 150 to 300 households each month
- We place 40 households a month into hotels.

Budget Position

- Last year service oversaw a £6m overspend (from underspend position pre-covid)

Ongoing projects include improving access to affordable housing, increasing supported housing for complex needs, and enhancing partnerships with social care and mental health services.

Conclusion

This priority remains important. Despite the progress made with rough sleeping, homelessness in all its forms continues to harm many individual and families in the short term, as well as effecting long-term life chances. This complex work programme is delivered via the temporary accommodation board and is an integral part of the Council's overall Poverty Reduction Strategy. Any solution will be complex requiring concerted and coordinated action by teams across the Council as a whole, the wider

health and care partnership and the private sector. As such it fits well with the remit of the Health and Wellbeing Board

Recommendation

To retain the prevention of homelessness and reduction of the harm caused in a refreshed JLHWS.

Pillar 2: The communities we live in

Priority 4 - Realising the benefits of regeneration for health and social care services.

Rationale

The agreed model of care across BHR is dependent on more / better community facilities so that acute hospitals can focus on more urgent / acute / specialist problems. The private / public sector partnerships established to deliver housing regeneration offer an alternative means of improving health and social care premises as an integral and essential part of community infrastructure at locality level.

Governance and Strategy

The Local Infrastructure Forum in Havering brings together estate leads from across the health and care partnership to review our collective estate, make the best use of this, and discuss and support new regeneration. It also discusses how to invest regeneration funding from developers back into the community, and supports the creation of new jobs for local people through these developments.

Progress update-

St George’s Health and Wellbeing Hub – opened November 2024

A new health and wellbeing hub that will provide integrated primary, community, mental health and Havering care services on a single site. It will be:

- A place that has no barriers, is engaging and easy to find your way through;
- A place that offers services that cater to all needs locally and are joined up with social care and home care. It’s a one stop shop – service users feel in control and have choices; all needs can be met in one visit.
- All volunteers at the St George’s Hub have been trained to support residents via the Joy directory. All frontline workers in the Hub are also being trained

Beam Park Health Centre – opened October 2024

Romford Masterplan

- New Healthcare Centre at Bridge Close, Romford (part of Queens Campus & Central Romford Health Masterplan) 2029-30
- New healthcare facility at Rom Valley Gardens (part of Queens Campus & Central Romford Health Masterplan) 2025-27

Conclusion

This priority area is important but there are established structures reporting into NEL ICB and Havering Place Based Partnership.

Recommendation

Do not retain in the refreshed JLHWS

Priority 5 - Improve support to residents whose life experiences drive frequent calls on health and social care services.

Rationale

Some people repeatedly contact health care services with problems that are caused or made worse by the context in which they live and life experiences. Action to support such residents before they present to services (e.g. local area coordination) coupled with mechanisms to guide people away from health care services to more effective forms of support (e.g. social prescribing) will improve outcomes and free up capacity for people that would benefit more from treatment services.

Governance and Strategy**Havering Social Prescribing and Care Coordination**

This forum has been established by the Havering Place based Partnership to bring together all of the key connecting roles in the borough that link local people on to wider health and wellbeing services. Local Area Coordination, Health Champions, Social Prescribers, Care Coordinators and many others participate. As well as raising awareness of the support available locally, the forum also talks through how services can work more closely together to better support local people with complex needs.

Progress update**Local Area Coordination**

LA coordinators support residents to build their own vision of a good life, finding pragmatic solutions to their problems, drawing on family and community resources.

This means they:

- invest enough time in understanding what a good life looks like to you or your family, and how you could get there
- help you to build your own capacity and connections, so that you can stay strong and independent
- build new community connections or capacity where they don't exist

First year evaluation (2021):

- LACs are able to support residents in crisis, and prevent others from reaching crisis points
- LACs are delivering positive outcomes for residents, and enabling residents to make impactful life changes across a range of areas
- LACs display a range of positive attributes and they interact with residents in a meaningful way that is different from how services have interacted with them previously

- Residents who work with a LAC feel positive about their future and have aspirations that span across a range of areas
- LAC is making communities more resilient, is driving the Council's preventative agenda and leading the way in doing things differently
- LAC is starting to deliver some 'green shoots' of change and encouraging other services to work in a more strengths based way
- There are positive early signs that LAC intervention contributes to cost avoidance across the health and social care system

Social prescribers

Social Prescribers work with a person to identify what the drivers for ill health or poor mental wellbeing are, and will then work with them to address those issues. This may involve signposting them on to other sources of support with work, benefits, debt, housing etc. They are based within Primary Care, and utilise the Joy App (our local single directory of services) to ensure that local people are linked in with other key health and wellbeing services.

Core 20 connectors

The Core20plus5 was initially NHS funded and provided by LBH to tackle health inequalities in areas of significant deprivation. The scheme has 5 areas of focus: maternity, severe mental illness, chronic respiratory diseases, early cancer diagnoses, and hypertension.

The project has continued after an initial successful pilot and covers Rainham and Harold Hill – the two most deprived areas in the borough. Local people are supported to be economically active in a number of ways; it offers the opportunity for volunteering and gaining work experience, as well as addressing digital poverty, with laptops, mobile phones and sim cards provided to the residents most in need of them.

Live Well Havering

Council hosted network to provide a suite of empowering resources to support residents with their health and wellbeing, including

- The Joy directory - To provide a single database of all services including health, care and the wider community and voluntary sector services that can support local people. All professionals in the Borough will have access, as well as local people.
- Printed booklet – for digitally excluded people
- Live Well Havering website (due to launch August 2025) – one stop shop for all things health and wellbeing.
- Partnership network – encouraging collaborative partnership working on all things health and wellbeing across LBH, NHS, VCFS and local businesses.
- Participatory funding – running grant making opportunities co-produced with local people to drive funding into local support services.

Work is underway to develop a **Giving Scheme for the Community and Voluntary sector in Havering**. This will be a mechanism by which local businesses can contribute funding, resources, time and skills sharing as well as apprenticeship opportunities with local people and the VCSE. Havering is a cold spot for funding for the VCSE, so this will bring in much needed resource and support in this area. The Joy App will further provide information on the key areas of greatest need that local people are searching for, and will enable us to make informed decisions on funding to ensure that this goes to the areas that need it most.

Conclusion

The development of LAC and social prescribers and the infrastructure to generate the greatest benefit for residents has been a priority for the Havering Place Based Borough Partnership since its inception. It remains an important priority area but one that will continue to receive support and oversight from the HPBPB. There is little additional benefit the HWB can provide.

Recommendation

Do not retain in the refreshed JLHWS

Pillar 3 - Lifestyle & behaviours

Priority 6 - Obesity

Rationale

1 in 5 children are overweight or obese by the time they start school and rates continue to rise. 2 in 3 adults are overweight or obese. Sustained coordinated action is needed to tackle the obesogenic environment; shift cultural norms and encourage individuals to make healthier choices.

Governance and Strategies

Havering Healthy Weight Strategy: Everybody's Business was adopted in 2024.

Implementation of an initial action plan is being progressed through the Havering Systems Network, comprising representatives from participating services, reporting periodically into the people, place and resources directorates of the Council and with an annual whole network meeting.

A smaller steering group will oversee delivery, revise the action plan and report into the Havering Health and Wellbeing Board.

A Havering Healthy Weight Alliance including stakeholders across the wider community is in development.

Leadership and coordination of the obesity strategy is provided by LBH Public Health Directorate.

Progress update-

- The Havering Healthy Weight Strategy 2024-2029: Everybody's Business can now be found on the Council website [here](#)
- Redrafting of the Local Plan has started, it will expand on new hot food takeaway restrictions, implementation of public water supplies so people can refill their water bottles and ensuring that developments of all sizes are subject to a robust health impact assessment.
- [TfL's Travel for Life school programme](#) which encourages pupils and staff to walk, cycle, or use public transport to and from school now has 40 schools at gold level, the third highest in London with single occupancy car use down to 16% from 39% in 2009
- In the London Riverside Business Improvement District area, a new cycling corridor along Marsh Way between the A1306 is planned. This looks to reduce the number of southbound traffic lanes from 2 to 1, with one of the traffic lane becoming a dedicated cycle highway. This project is in the detailed design now and should go out to public consultation before the end of this calendar year and delivered by March 2026.
- BHRUT inpatient menus now feature an "H" coding system to highlight healthier meal options, including snacks and desserts. There are no price promotions or advertisements for sugary drinks and foods high in fat, sugar, or salt. Vegetarian and vegan options have been moved to the top of the menu which has led to an increase in their uptake compared to meat based options
- Public Health has appointed a new Practitioner for School Superzones, to work with Clockhouse Primary school on Collier Row to implement the [Healthier Catering Commitment](#): The scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold in their premises
- The planning application for the first phase of Harold Hill Town Centre Regeneration will come in end of February 2025. A Health Impact Assessment will be a part of this, supported by Public Health, to ensure health and wellbeing is at the centre of Harold Hill regeneration.
- NHS / NEL ICB considering how best to manage the introduction of effective pharmaceutical aids to weight loss that are now licensed for use but cost of widespread provision is prohibitive. Introduction will be staged over many years starting with those already experiencing significant health harm.

Conclusion

Obesity is important now and will remain so for many years causing ill health, premature death and huge cost to the public purse. Any improvement will require sustained action for many years by health and care services but also the wider social, economic and built environment. As such, obesity fits well with the remit of the Health and Wellbeing Board.

Recommendation

To retain obesity prevention in the refreshed JLHWS

Priority 7- Reducing tobacco harm.

Rationale

Smoking has reduced but remains common in some communities / groups and is the immediate cause of a significant proportion of health inequalities. Vaping provides new opportunities to support those who struggle to quit but poses a (lower) risk to those who have never smoked, particularly young people.

Governance and Strategies

Tobacco Harm Reduction Strategy is out for public consultation ahead of adoption by the Council in early 2025.

It includes four overarching priority areas:

- Prevention of smoking and vaping.
- Supporting those smoking to quit, reducing inequality
- Creating smoke free environments
- Regulation and Enforcement

The development was overseen by a multiagency Tobacco Harm Reduction Partnership (THRP) reporting into the H&WB and HPBPB.

Leadership and coordination of the tobacco strategy is provided by LBH Public Health Directorate.

Progress update

Reducing tobacco use and the harm caused is a Government priority. Planned legislative changes provide the opportunity to achieve a smoke free generation and will further limit the promotion and sale of vapes to children. In addition, Government has committed additional dedicated funding for 5 years to support local authorities to increase smoking cessation support.

The Council used these monies to commission a range of new services in 24/25 including

- stop smoking support for any resident but provided by community pharmacists (x 7) located in more disadvantaged areas of the borough.
- A service provided by NELFT for people with serious mental health problems, who have very high rates of smoking and who may be prescribed medication that interacts with pharmaceutical aids to smoking cessation
- A Specialist Advisor Service provided by LBBB providing outreach to priority groups including discharged patients, long term health conditions, targeted lung health check clients, routine & manual workers, pregnant women and their partners, people with drug and alcohol addiction, common/mild mental health conditions, men, people living in social housing, eastern Europeans, obesity.

All three arms of the service are new and further changes are likely to be necessary to improve coordination across the health and care system and maximise cessation rates.

Conclusion

Tobacco harm remains significant, particularly amongst disadvantaged communities and known priority groups. But we have a real opportunity to achieve a smoke free generation and assist as many existing smokers as possible to quit for good. At the same time, vaping poses a new risk, particularly to young people who have never smoked. Hence, worth amending priority to identify both smoking and vaping. To achieve the desired progress with smoking and vaping will require coordinated activity across health and social care but also the wider community. As such the H&WB is best placed to provide oversight.

Recommendation

Retain amended priority addressing smoking and vaping in the refreshed JLHWS

Priority 8 - Early years providers, schools / colleges as health improvement settings.

Rationale

More CYP are making healthier choices than ever before (e.g. re. smoking). But other health issues (e.g. mental wellbeing) and safety concerns (e.g. CSE, knife crime) have required new partnerships including schools and colleges to build resilience for all CYP and support the vulnerable.

Governance and Strategy

Support for Healthy Schools London (HSL) and Healthy Early Years London (HEYL) awards provided by LBH Public Health and Learning and Achievement Directorates.

Progress update

HSL and HEYL are GLA sponsored schemes designed to recognize the achievements of educational settings with regard to child health, wellbeing and development. As shown below, a large number of schools and early years settings in Havering have achieved success with the relevant scheme. Both are currently being refreshed by the GLA.

HSL:

70 schools have registered on the programme
40 schools have gained HSL Bronze Award
22 schools have gained HSL Silver Award
12 schools have gained HSL Gold Award

HEYL:

125 settings have registered on the programme
83 settings have gained HEYL First Steps Award

27 settings have gained HEYL Bronze Award
13 settings have gained HEYL Silver Award
8 settings have gained HEYL Gold Award

Conclusion

Early years settings and schools remain essential partners in efforts to improve health and minimise inequalities. However, the Council's new start well plan – Happy, Healthy Lives has adopted a topic rather than setting based approach. The HWB has agreed to incorporate 5 of these priorities into the refreshed JLHWS

- Develop a joint strategy to improve adolescents' mental health and wellbeing;
- Focus on early intervention to improve school readiness
- Reduce self-harming among young people
- Good quality engagement with young people to improve transition from child-focused to adult health and care services
- Reduce inequalities in educational outcomes for young people

All are likely to benefit from input from relevant education settings.

Recommendation

Replace the current priority regarding schools as health improvement settings with the 5 priorities taken from Happy Healthy Lives Integrated Starting Well plan.

Pillar 4: Health and social care services

Priority 9

Development of integrated health and social care services for CYP and adults at locality level.

Rationale

The great majority of care is delivered at locality level. An increasingly old population, with complex multi-morbidity and social problems benefit from proactive, coordinated care provided by integrated teams of primary, and community health care professionals and social care counterparts, working with other statutory partners e.g. housing, DWP and the CVS – i.e. a population health management (PHM) approach. The precise offer at locality level will vary to reflect the specific needs of the population and make best use of assets available in the community. Better community involvement will serve to increase self-care and support to vulnerable residents.

Governance and Strategy

The NEL ICS was created after the existing JHWS was adopted. As a result, the Havering Place Based Borough Partnership (HPBPB) now leads on the integration and improvement of health and care services at borough level – with the H&WB leading on issues that shape health outcomes and inequality in the longer term.

Progress update

Each of the Primary Care Networks has devised and is in the process of delivering a PHM project that have been shared with the HPBPB.

A number of the developments described previously will facilitate the delivery of PHM by Integrated Neighborhood teams e.g.

- the St Georges Health Hub
- the Live Well Havering approach including the launch of the Live Well Havering partnership and Joy App to aid joint working across health, social care and the CVS.

A joint commissioning team has been formed by the Council and ICB to further align priorities and commissioning activity at borough level.

Conclusion

Development of neighbourhood teams is central to national, ICB and local plans for an effective, resilient and sustainable health and care system. Significant progress has been made but more work is needed to make this the norm for all patients who would benefit. Therefore it remains a hugely important priority but one that best sits with the HPBPB

Recommendation

Do not retain in JLHWS but expect progress with neighbourhood teams to feature in periodic updates from HPBPB regarding overall progress regarding integration and improvement of local health and care services.