

Consultation about a refreshed Joint Local Health and Wellbeing Strategy

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What is this consultation about?

Health and Wellbeing Boards (HWB) are required to consult with local residents before adopting a **new joint local health and wellbeing strategy**.

This slide pack explains

- What the Havering HWB is and how it works with other bodies
- What a joint local health and wellbeing strategy (JLHWS) is
- The overall aim of the Havering JLHWS
- The priorities included in the JLHWS
- How the HWB intends to oversee progress with its proposed priorities over the 5 year life of the new JLHWS

If you live or work in the borough, the Havering HWB would welcome your views about its plans and how they can be improved.

Please take 10 minutes to read what follows and answer the questions posed.

The consultation is open for 8 weeks from X to Y.

There will be online and face to face events ([link to web page listing events](#)) during this period at which HWB members will be available to answer questions if you want to know more before responding.

What the health and wellbeing board does

Health and Wellbeing Boards (HWBs) are partnerships established under the Health and Social Care Act 2012.

The [Havering HWB](#) brings together leaders from Councils, the NHS, Healthwatch and community and voluntary sector organisations to work on : -

- Improving health and reducing inequalities
- The integration of health and care services to improve quality and user experience

The HWB must produce a joint strategic needs assessment ([JSNA](#)) describing the health needs of the local community and a joint local health and wellbeing strategy (JLHWS) setting out what issues it intends to prioritize. Our current [strategy](#) has elapsed and needs refreshing.

The HWB doesn't have formal decision making powers but the Council and NHS partners have a duty to consider the JLHWS in developing their plans.

How the HWB works with other bodies – NEL ICP

Integrated Care Partnerships (ICPs) were created in 2022. Like HWBs, they bring together NHS and local authorities to improve health and care services in their areas.

Havering is part of the North East London (NEL) ICP.

When agreeing its JLHWS, the HWB must consider the ICP's integrated care strategy.

NB. NEL ICP's current strategy is likely to change when a new 10 year health plan for England is published. The priorities proposed for the refreshed Havering JLHWS strategy have been developed with the three priorities expected to feature in the 10 year health plan in mind: -

1. Preventive Health Focus: Moving from a service that treats sickness to one that focuses on preventing illness.
2. Community-Based Care: Delivering care closer to home, in communities and primary care settings.
3. Digital Transformation: Making better use of technology to improve service delivery and patient care.

How the HWB works with other bodies - HPBPB

Each borough within NEL ICP has a Place Based Partnership Board (PBPB) leading on issues that can best be resolved more locally.

To minimise duplication, the Havering HWB and PBPB have agreed that : -

- The HWB will focus on creating the conditions that will foster good health for all in the long term
- And the PBPB will lead on the integration and improvement of health and care services in the here and now.

The remit of the HWB is reflected in the priorities included in the JLHWS.

What does the HWB want to achieve through the JLHWS?

The aim of the JLHWS is to promote good health for all and narrow existing inequalities.

In the long term, the HWB will measure its success in terms of:-

- The rate of improvement in healthy life expectancy of Havering residents and
- The reduction in the gap in healthy life expectancy between residents who live in the most and least disadvantaged communities within the borough.

When talking about good health the HWB places equal importance on physical and mental health and both should feature in the JLHWS.

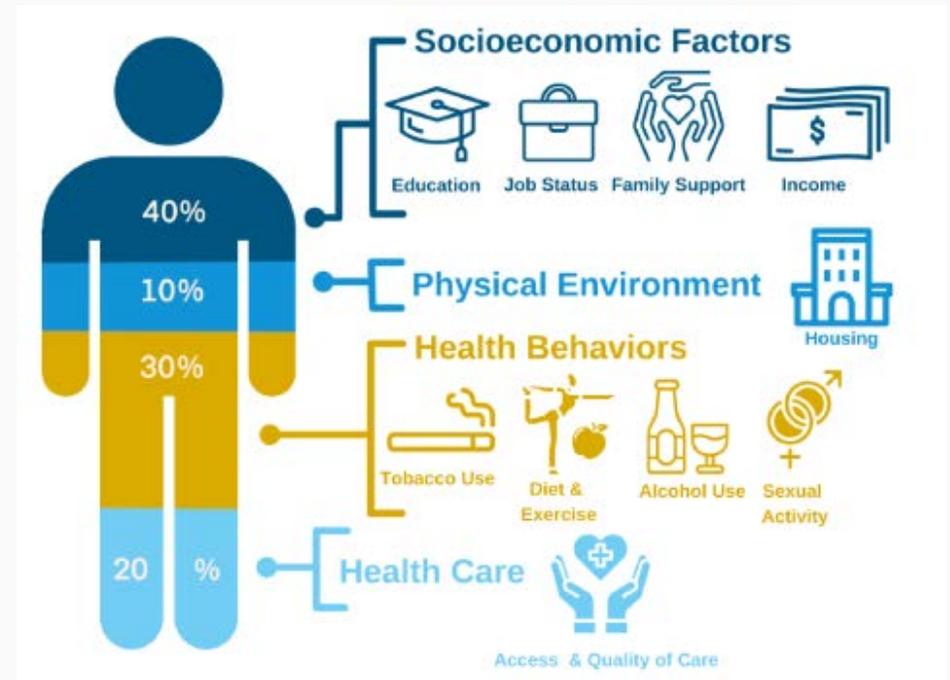
To be consistent with what we know about the factors that maximise good health and narrow inequalities, the JLHWS should address:-

- the four pillars of population health
- the whole life course
- and seeks to prevent ill health rather than treat it wherever possible

More information about these three themes is presented in the slides that follow.

Creating good health and wellbeing (1): four pillars of population health

1. **Wider Determinants of Health:** Education, job opportunities and income directly impact on health. Family and friends boost wellbeing in the good times and help people cope with adversity. Overall, socioeconomic factors account for 40% of health outcomes.
2. **Physical environment:** Housing quality, access to green space; opportunities for leisure and safe active transport, air quality, community safety etc account for another 10% of health outcomes.
3. **Health Behaviours and Lifestyles:** unhealthy behaviours and lifestyles predispose to ill-health and collectively account for 30% of overall health.
4. **Integrated Health and Care System:** High quality, well coordinated and person-centred health and care services help people recover from and / or cope with ill health and disability and account for 20% of health outcomes at population level.



Creating good health and wellbeing (2): working across the life course

The factors captured in the 4 pillars effect health for good or bad from conception onwards e.g.

- Conditions during pregnancy and the first 1000 days of life effect children's readiness to learn
- Achievement in school directly influences job opportunities and earning potential
- Well paid, secure employment affords access to high quality, affordable housing and enables full participation in the wider community for the individual and their family
- Strong family and community networks, adequate income and secure housing that meets our changing needs increase the likelihood of enjoying a long, happy and independent old age.

Every life stage comes with its challenges. Support at crucial times can help people back on track to the life they want, preserving their independence and minimising the need for further support from health and care services.

Through the JLHWS, the HWB will address priorities across the whole life course, but will focus on starting and living well life stages that provide the greatest opportunity to promote good health and wellbeing.



Creating good health and wellbeing (3) : Prevention

Some problems cannot be remedied after they occur – at best they can be managed to slow the rate of progression or limit further harm; leaving individuals with reduced wellbeing and ongoing care needs – so **prevention is the best option wherever possible.**

The factors under the heading '*wider determinants of health*' are the biggest influence on health and wellbeing at population level. Creating conditions that give more residents access to the social, economic and environmental factors that underpin good health – sometimes called **primordial prevention** - is essential.

Primary prevention seeks to prevent disease and injury before it occurs and any harm is done e.g. immunisation to protect against infection; lifestyle advice and support to quit smoking; sex and relationships education and contraception to minimise domestic abuse and unwanted pregnancy etc.

Secondary prevention involves early detection and prompt treatment of disease to halt their progression and minimize harm. Screening programs and health check-ups coupled with timely and effective treatment are examples. The goal being to identify and treat diseases at an early stage before significant and irreversible harm is done to health and wellbeing.

Tertiary Prevention involves managing and reducing the impact of established diseases. It includes treatment, rehabilitation, and supportive care to prevent complications and improve the quality of life for individuals with LTCs.

Given the agreed remits of the HWB and HPBPB, the JLHWS will focus on upstream interventions.

12 priorities are proposed for inclusion in the JLHWS: -

1	Early intervention to improve school readiness	7	Reduce tobacco related harm - including from vaping
2	Reduce inequality in educational outcomes	8	Supporting people with mental health problems to live fulfilling, meaningful and health lives
3	Adolescent mental health and wellbeing	9	Reducing homelessness and the harm caused
4	Prevention of self harming by young people	10	Improve employment and wage levels to reduce poverty
5	Improve transition from child focused to adult services	11	Empowering older people to live independently
6	Reducing obesity and the harm caused	12	Improve diagnosis and support for people effected by dementia

Type of prevention
primordial
primary
secondary
tertiary

	Wider determinants	Physical environment	Lifestyle and behaviour	Health and care services
Start well	1 2 6	6	6 7	1 2 3 4 5 6 7
Live well	6 8 10	6 8 9	6 7 8	6 7 8 9 10
Age well	11 12	11 12	11	11 12
Die well				

1	Early intervention to improve school readiness	4	Prevention of self harm by young people	7	Reduce tobacco related harm - including from vaping	10	Increase levels of employment and income to reduce poverty
2	Reduce inequality in educational outcomes	5	Improve transition from child focused to adult services	8	Supporting people with mental health problems to live fulfilling, meaningful and healthy lives	11	Empower older people to live independently
3	Adolescent mental health and wellbeing	6	Reduce obesity	9	Reducing homelessness and the harm caused	12	Improve diagnosis and support for people effected by dementia

How will the HWB monitor progress with the JLHWS ?

The HWB will meet 4 times a year.

At each meeting, the leads for three priorities in the JLHWS will outline progress made in the preceding year; obstacles that the HWB need to be aware of and or may be able to help remove and plans for the coming year.

A template for this report setting out the minimum content is shown in the next slide.

The HWB will invite additional attendees with relevant expertise and responsibilities to join as appropriate e.g. LBH lead for learning and achievement and representatives from local schools may be invited to discuss progress with reducing inequalities in educational achievement.

Issues will be grouped together where they relate to one another or share stakeholders e.g. reducing inequalities in educational achievement and improving school readiness.

A page on the Council website will be created to host the annual reports demonstrating progress achieved over the 5 year lifetime of the JLHWS

Template for annual report to HWB

Yr 1 report

- Describe the priority and why it is important
- Outline achievements in past 12 months if this is an existing work programme
- Outline how progress will be monitored, specifying at least two metrics – one about the borough as a whole and one about inequalities between communities / population groups within the borough. Describe the Havering position relative to England and London and direction of travel over last 5 years.
- Describe plan for the forthcoming year in terms of 5 top actions, giving lead for each.

Reports for subsequent years

- Outline any significant changes in national / local context in past 12 months e.g. changes in legislation
- Outline achievements in past 12 months – making reference to plan shared with HWB the previous year
- Give performance against agreed KPI's with explanatory commentary
- Highlight any obstacles limiting progress particularly if partners on HWB may be in a position to help.
- Describe plan for the forthcoming year in terms of 5 top actions, giving lead for each.

Next steps for JLHWS

Either

- Proceed direct to public consultation, based on this presentation
- Update strategy to reflect results of consultation
- Adopt strategy and proposed new way of working

Or

- Informally adopt the 12 priorities and proposed way of working
- Review after 10 yr health strategy is published and impact of DHSC / NHSE / ICB changes understood
- Confirm final draft before undertaking formal public consultation
- Update strategy to reflect results of consultation
- Adopt strategy

Priority 1: We will intervene early to improve school readiness.

Why is it important? School readiness impacts a child's future academic success and overall well-being. A school ready child has the cognitive skills to engage in formal education; they can interact positively with peers and adults; they can manage their emotions and cope with new situations; they have the fine and gross motor skills needed to hold a pencil and participate in play.

Children who start school ready to learn are more likely to succeed academically. Early success can lead to a positive attitude towards education and higher educational on the long term that results in life long benefits.

Children from disadvantaged households are less likely to be school ready and this is one way that inequality is passed from one generation to the next.

Improving school readiness also benefits the wider community – schools function more effectively; the need for remedial education and behavioural support is reduced and in the long term wages and productivity are increased.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 emphasizes the importance of school readiness as part of its broader strategy to support the well-being and development of children and young people. The plan highlights:

- Early Help Strategy: focusing on supporting the development of skills to ensure children are equipped to thrive and learn.
- 0-19 Healthy Child Programme: A universal service provided by health visitors gives advice to all families about all aspects of health and child development and targeted support to families' of children identified as having greater needs.
- Effective support for children and their families involves joint working with parents, childcare, early years, health visitors education settings etc. to ensure children are ready to learn at 2 and ready for school by 5.

Who owns this priority? *Tbc*

Priority 2: We will work to reduce inequalities in educational outcomes

Why is it important? Inequalities in education outcomes refer to the disparities in academic achievement and educational opportunities among different groups of students. These disparities can be associated with various factors, including socio-economic status, race, ethnicity, gender, disability, and geographic location. In the long term, education achievement strongly correlates with income, employment and health outcomes.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 emphasizes the importance of tackling inequalities in educational achievement as part of a holistic approach to improving the well-being and life chances of children and young people. The comprehensive response outlined includes

- Ensuring children are school ready.
- Havering's Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy aims to ensure inclusive education and support for children with SEND.
- Continuing professional development for senior curriculum leaders and subject leaders about how to better support disadvantaged pupils.
- Parental engagement and support for families to raise aspiration and help parents to help their children learn.
- Targeted projects e.g. communication and language skills

Who owns this priority?

Tbc

Priority 3: We will work to improve adolescent mental health and wellbeing

Why is it important? The proportion of children and young people with mild to moderate emotional wellbeing and mental health concerns grew significantly after the pandemic and shows no sign of dropping. Numbers far outstrip the capacity of Child and Adolescent Mental Health Service (CAMHS). Mental health problems in childhood and adolescence can impact on educational achievement and relationship development resulting in life long impacts.

What can we do about it? Improving adolescent mental health is a critical focus area in the Havering Integrated Starting Well Plan 2024 to 2027. It describes a comprehensive approach comprising early intervention, community-based activities, specialised support services, and a strong focus on education and training.

By leveraging the THRIVE framework and fostering cross-sector partnerships, Havering aims to create a supportive environment that promotes the mental health and well-being of its young residents.

The THRIVE Framework is an integrated, person-centred, and needs-led approach to delivering mental health services. It describes of children, young people, and families into five needs-based groupings:

- **Thriving:** Promoting community-based activities and positive mental health.
- **Getting Advice:** Providing consultations and advice through services like the Primary Mental Health Team and school nursing.
- **Getting Help:** Offering support for mild to moderate emotional well-being and mental health concerns through services like Kooth and the Havering Emotional Support Team (HEST).
- **Getting More Help:** Delivering specialist treatment and assessments for severe mental health difficulties through CAMHS.
- **Getting Risk Support:** Providing crisis intervention through the NELFT INTERACT Crisis Team

Who owns this priority? *tbc*

Priority 4: We will work to prevent self harm by young people

Why is it important? Self-harm refers to the intentional act of causing physical harm to oneself, often as a way to cope with emotional distress. It can include behaviours such as cutting, burning, or hitting oneself. Self-harm is often a symptom of underlying mental health issues, such as depression, anxiety, or trauma.

What can we do about it? Addressing self-harm among adolescents in Havering involves a multi-faceted approach that includes early intervention, specialist support, community-based activities, and a whole school approach to mental health. Guided by the THRIVE Framework (see priority 3) and underpinned by cross-sector partnerships, Havering aims to create a supportive environment that promotes the mental health and well-being of its young residents. Key initiatives include:

- Community and school based approaches to promote emotional wellbeing and mental health; provide safe spaces for young people to engage in positive activities and protect them from abuse and exploitation that contributes to self-harm.
- A range of physical and online services provide support and advice to young people with mild, moderate and severe mental health difficulties and their families to better manage their problems and reduce the risk of self harm
- The NELFT INTERACT Crisis Team works with young people to prevent or respond to crisis situations.

Who owns this priority?

Tbc.

Priority 5: Improve transition from child focused to adult services

Why is it important? The transition from child-focused to adult services is a critical period for young people, particularly those with special educational needs and disabilities (SEND), those in care, and those at risk of exploitation.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 outlines a comprehensive approach to support this transition effectively including:

- reviewing and updating safeguarding responses to ensure that young people who are at risk of exploitation continue to receive appropriate support as they move into adulthood
- re-establishing a Transitions Panel to improve the process of transferring from children's to adult health and social care services. Young people with mental health issues are identified as a particular priority.
- Preparing for adulthood – the planning and support for children and young people with SEND will focus on lifelong outcomes in terms of employment, independent living, community inclusion, and health
- Pathway plans for children in care – will set out how they will be supported to live independently, including regular assessments of their current and future accommodation needs, financial entitlements, and support with budgeting and complemented by learning to manage money, paying bills, cooking, preparing for work, and taking care of themselves

By providing tailored support and ensuring continuity of care as described, Havering aims to help young people navigate this critical period successfully and achieve positive outcomes in their adult lives.

Who owns this priority?

Tbc

Priority 6: We will reduce levels of obesity and the harm caused.

Why is it important? 2 in 5 children aged 10-11 are overweight or obese. Obesity in childhood is leading to the development of diseases previously seen only in adults, such as type 2 diabetes. Obesity can lead to stigma and bullying, resulting in lower self-esteem and impacting emotional and behavioural development and higher rates of school absence. In adulthood, obesity is the second biggest preventable cause of cancer after smoking and severe obesity reduces life expectancy by eight to ten years – similar to the harm caused by smoking.

What can we do about it? The Havering Healthy Weight Strategy 2024-2029 outlines a comprehensive approach to tackle obesity through a whole systems approach. This includes

Work at borough and neighbourhood level to make the healthier choice the easier choice by promoting healthy food environments and active travel; with targeted action in more disadvantaged communities, taking advantage of the opportunities afforded by regeneration.

Work to strengthen community capacity and build partnerships with statutory partners, the voluntary and community sector and local businesses to strengthen the local food system, promote healthier retail offers, develop active travel interventions and ensure public spaces encourage physical activity.

Work across the life course including

support for healthy pregnancies and breastfeeding

encouragement for Early years settings and schools to achieve the relevant 'Healthy ... London' awards.

Weight management services for children and families identified through the National Child Measurement Programme.

Encourage workplaces to achieve the Good Work Standard; offer weight management support and effective treatments to eligible patients.

Who owns this priority? Healthy weight steering group, working with a professional network and community wide alliance lead implementation of the healthy weight strategy.

Priority 7: We will reduce the harm caused by tobacco.

Why is it important? About 1:8 adults in Havering smoke. Smoking remains the biggest cause of preventable death and long-term health problems, affecting smokers and those exposed to second-hand smoke - 15% of all deaths in the UK are attributable to smoking.

The benefits of stopping smoking begin almost immediately – the risk of heart disease halves within 1 year of quitting – making reducing smoking prevalence a quick and reliable way to increase healthy life expectancy.

Smoking prevalence is higher in disadvantaged communities and is the immediate cause of a significant proportion of inequalities in healthy life expectancy.

Smoking is expensive – the average annual cost per smoker is about £2,500 per year. Stopping smoking makes you healthier and better off.

What can we do about it? Most smokers want to quit but quitting is difficult because nicotine in tobacco smoke is highly addictive. Professional support and pharmaceutical aids increase successful quit attempts 5 fold.

Two thirds of smokers start smoking before the age of 18. Government is in the process of introducing a new law to stop the sale of tobacco products to children who were born on or after 1 January 2009. With effective enforcement, there will be a real opportunity to achieve a smoke free generation.

Vaping is lower risk than smoking and can help smoker quit – but it isn't risk free. We must work to ensure that children and young people do not become a generation of vapers.

Who owns this priority? The Council's Public Health team chair a multi-agency tobacco harm reduction steering group reporting to the HPBPB. The Group has developed a new strategy and is leading efforts to reducing smoking in Havering.

Priority 8: We will support people with mental health problems to live fulfilling, meaningful and healthy lives

Why is it important? About 1 in 6 adults have a common mental health problem. Two thousand (under 1%) have a severe mental illness (SMI). There are marked inequalities with black populations are more likely than white to be recorded as having SMI. People with mental illness are often complex; 4 out of 5 people entering drug and alcohol treatment are also in contact with mental health services; 2 out of 5 people with a learning disability have co-existing mental health problems. People with mental health problems are much more likely to be homelessness or unemployed. Homelessness, unemployment, debt and relationship breakdown increase the risk of mental health problems.

The harm caused by mental illness extends to family and the wider community.

And includes significant harm to physical health - life expectancy of people with SMI is typically 10 -20 years less compared to the general population.

How can we help? The live well / age well JSNA describes a diverse range of services and areas of good practice. Identified gaps include the provision of a crisis café and improvement in the provision of annual physical health checks for people with SMI and development of a smoking cessation service for people with SMI. In addition training is recommended for frontline services dealing with housing issues, debt, employment etc to increase awareness, tackle stigma and improve outcomes. An ongoing adult mental health needs assessment will provide a detailed analysis of the strengths and weaknesses of current service provision against statements of best practice and including the views of local professionals and service users.

Who owns this priority? The Community Mental Health Board reporting into the HPBPB

Priority 9: We will reduce homelessness and the harm caused.

Why is it important? Homelessness is defined as lacking accommodation that one has a legal right to occupy, which is accessible and reasonable to live in, as such it covers rough sleeping, hidden homelessness (e.g., sofa-surfing), and living in temporary accommodation. Rough sleepers are often highly complex with mental health and substance misuse problems. Their health outcomes are generally very poor – life expectancy is 20-30 years less than the general population. The much larger group of individuals in temporary housing also experience a variety of direct (higher prevalence of CMH problems) and indirect harms (diet of children likely to be poor where families lack cooking facilities; similarly education is likely to be disrupted). Reliance on temporary housing has grown due to the shortage of affordable homes and high market rents - higher than housing benefit entitlements.

In addition to harm to residents, cost of temporary housing to the Council are very significant.

How can we help? The Prevention of Homelessness and Rough Sleeping Strategy outlines Havering's approach to addressing homelessness and rough sleeping. It includes:-

- Integration of housing outreach with mental health services to facilitate engagement and development of tailored support to keep individuals off the streets.
- Action to ensure that temporary housing provides a safe and supportive environment; working jointly with children's services, adult social care, MH and LD services and acts as a bridge to long term stability.
- Action to increase the supply of new affordable homes, particularly family homes, and protection of existing social housing.

Action on housing is complemented by the Havering Poverty Reduction Strategy.

Who owns this priority? *Tbc*

Priority 10: We will work to increase employment and income to reduce poverty

Why is it important? Good (secure and well paid) employment is good for health of itself and gives access to housing, essential services and the opportunity to actively participate in the community.

Govt. has identified poor health as the reason why a significant proportion of the adult population are not looking for work and are economically inactive. This impacts their wellbeing and results in significant cost to the economy.

Some groups are much more likely to be unemployed e.g. people with MH and LD problems and unemployment may make their health issues worse.

Unemployment rates (1 in 20 adults) in Havering are relatively low.

Wages in Havering are low relative to London average which may make it harder for local people to find affordable housing. A significant proportion of people in relative poverty are in employment.

A high proportion of local people work in retail, administration and logistics roles that may be at risk as a result of changing shopping patterns, AI and automation. The Havering workforce is relatively poorly qualified which may be an increasing obstacle to finding employment in the future.

How can we help? The existing Havering poverty reduction strategy aims to support families on low incomes; increase the proportion of the population that is economically active and improve the skills and therefore employment opportunities for people on local incomes.

A number of local and national schemes to support specific groups into employment e.g. people with LTCs, MH problems, in drug and alcohol treatment are working in the borough.

A jobs and skills plan is imminent to ensure that local residents are as prepared as possible for changes in the employment market and benefit from local opportunities e.g Thames Freeport.

Who owns this priority?

Tbc.

Priority 11: Empower older people to live independently

Why is it important? The number of older people living in Havering is increasing. In particular, ‘baby boomers’ are starting to enter their 80’s when historically the proportion of people who need significant help from health and care services rapidly increases.

Helping older people to continue to live independently has numerous benefits to them and will help slow the rate at which need for health and care services increases.

Engaging in daily activities helps maintain physical health and mobility, reducing the risk of a fall that can result in sudden and permanent disability. Independence encourages mental engagement through activities and social interactions helping maintain mental function. Staying connected with friends and community, reduces feelings of loneliness and isolation.

Being able to manage our own lives gives everyone a sense of pride and accomplishment.

How can we help? A variety of things can help. Home modifications can make home safer and more accessible. Assistive devices like walkers, hearing aids, and magnifying glasses help with daily tasks and help people stay connected and engaged. Services such as meal delivery, housekeeping, and personal care can help people stay in their own home. Access to transportation can help older people access essential services, leisure opportunities, and family and friends.

Participation in social activities and community events maintains social connections and allows older people to continue to contribute to their communities. Regular check-ups and monitoring of health conditions can prevent complications and minimize the need for hospital admission that can predispose to rapid loss of function and independence. Technology like medical alert systems, smart home devices, and communication tools enhance safety and contact with the community.

Who owns this priority? The Adults Board of the HPBPB brings together relevant NHS, Council and community and voluntary sector services.

Priority 12: We will improve the diagnosis and support for people effected by dementia

Why is it important? There are estimated to be more than 3100 people with dementia in Havering. However only 56% of estimated cases of dementia in Havering have been diagnosed. As a result almost half of individuals with dementia and their families are not receiving the support and advice they need.

As 'baby boomers' enter their 80's, there will be a further increase in the number of people living with dementia. A proportion of dementia is preventable e.g. by not smoking, drinking within recommended limits and effective management of high blood pressure.

People with dementia can live well in their home and local community. Effective health care, social care and community support can help families cope as can a dementia friendly environment.

How can we help? The Havering joint dementia strategy sets out 5 priorities addressing all stages from prevention to end-of-life care:

- Preventing Well: reduce the risk of dementia through public health initiatives and lifestyle changes.
- Diagnosing Well: improve the rate and accuracy of dementia diagnosis, ensuring timely and effective identification.
- Supporting Well: provide comprehensive support for people living with dementia and their carers, enhancing community-based services.
- Living Well: ensure people with dementia can live well in their communities by creating dementia-friendly environments.
- Dying Well: support people with dementia to have a dignified end of life, improving palliative and end-of-life care

Who owns this priority? The Adults Board of the HPBPB brings together relevant NHS, Council and community and voluntary sector services.