

London Borough Of Havering

Interim Adults Commissioning Strategy

2025-2026

London Borough Of Havering
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Equality & Health Impact Assessment record

1	Title of activity	Interim Joint Adults commissioning strategy		
2	Type of activity	Strategy		
3	Scope of activity	The strategy includes <ul style="list-style-type: none"> Commissioning principles Overarching priorities Key commissioning intentions for 2025/2026 		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / No	If the answer to <u>any</u> of these questions is ' YES ', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ' NO ', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / No		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO: (Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.) Please keep this checklist for your audit trail.			

Date	Completed by	Review date
15/07/2025	Laura Neilson	15/07/2026

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Executive summary

The Interim Adults Commissioning Strategy 2025–2026 sets out the London Borough of Havering’s approach to planning and commissioning adult services over the next 12 months. Developed in response to significant demographic shifts, financial pressures, and evolving health and care needs, the strategy outlines a clear vision for delivering high-quality, person-centred, and sustainable services that promote independence, wellbeing, and equity.

Strategic Context

Havering faces unique challenges, including a rapidly growing and ageing population, high levels of unpaid care, and increasing deprivation. These pressures are compounded by outdated funding models. In response, the Council has adopted a proactive, prevention-focused commissioning approach, underpinned by integrated working with health and community partners.

Overarching Priorities

1. **Financial Sustainability** – Ensuring value for money through service reviews, joint commissioning, and innovative funding models.
2. **Community Engagement** – Embedding lived experience into service design through ongoing dialogue with residents and stakeholders.
3. **Prevention** – Shifting from crisis response to proactive, community-based support across all life stages.
4. **Integrated Neighbourhood Teams** – Launching a new model of care to deliver holistic, localised support for complex needs.
5. **Market Management** – Strengthening the care market through data-driven planning, provider engagement, and new frameworks.

Key Commissioning Intentions

- **Supported Housing** – Expanding and improving supported housing to promote independence and reduce out-of-borough placements.
- **Direct Payments** – Enhancing personalisation by increasing uptake and sustainability of self-directed care.
- **Complex Needs Care** – Increasing local capacity for specialist residential and nursing care.
- **Preventative Services** – Recommissioning services to improve accessibility, integration, and community resilience.
- **Hospital Discharge** – Streamlining discharge pathways through integrated hubs, Discharge to Assess (D2A), reablement and Home First models.
- **Support for Carers** – Expanding identification and support for unpaid carers through training, outreach, and digital tools.
- **Dementia Care** – Improving diagnosis, access to support, and community awareness through a coordinated approach.

Next Steps

This interim strategy will guide commissioning activity through 2025–2026. A comprehensive commissioning strategy will be developed through extensive stakeholder engagement and coproduction.

Introduction

Purpose

This interim commissioning strategy sets out our approach to the planning and commissioning of services for adults in Havering over the next 12 months. Our focus is on responding to identified local needs, with an emphasis on prevention and enabling individuals to live healthy, independent lives for as long as possible.

The strategy covers

- Commissioning principles
- Overarching priorities
- Key commissioning intentions for 2025/2026

Context

Demographic

The Havering resident population is currently estimated to be at 268,145 residents and has increased significantly in the last decade. Havering continues to have a very high proportion of residents aged over 65 and the lowest proportion of working age adults, which combined puts more pressure on the Council to support and provide effective services for our residents.

Havering has the highest proportion of carers in London with 8.7% of Havering residents providing unpaid care (compared to 7.8% in London and 8.9% in England).

The proportion of households in Havering experiencing at least one dimension of deprivation has increased by 4%. There are disparities across the Borough in terms of health status disabilities and deprivation with some significant gaps between the most and the least deprived communities.

The demographic, alongside the population growth has created a number of challenges; the funding formula for both health and care services is based on historic population demographics and means that Havering is disadvantaged in terms of funding versus need and demand. Overcrowding and access to affordable housing are key challenges that impact on the wellbeing of local people, and the growth in the population is placing additional demand on health and care service provision.

Havering faces several challenges due to its changing demographics and population growth. The funding model for both health and social care services is based on outdated population data, leaving the borough underfunded relative to its current needs and demand. Overcrowding and limited access to affordable housing further impact the wellbeing of residents, while the rising population continues to place increasing pressure on health and care service provision.

The growing demands on social care and health services, combined with limited resources, highlight the critical importance of ensuring that all partners use resources as efficiently and effectively as possible.

Structure

In 2024 the LBH commissioning team integrated with the ICB place based team creating a new Havering Integrated Commissioning team which is structured in three portfolio areas; Start Well, Live Well and Age Well. The team has been successfully working jointly for over a year, reviewing current commissioned services, identifying opportunities to reduce duplication, coordinate delivery and improve outcomes for residents.

In response to the significant financial pressures faced by the NHS nationally, NHS North East London (NEL) are undertaking a restructure to deliver a 50% reduction in running costs. The restructure will result in significant changes at Place and will mean the end of the integrated commissioning function in its current form. The Council are planning a restructure of the commissioning team to run concurrently with the ICB restructure, this is planned to be complete by Dec 25.

The foundations of integrated working across health and social care commissioning are now deeply embedded into the team's practices and both organisations are committed to maintaining integrated working to ensure the continued drive for service level efficiency and improvement of outcomes for Havering residents.

Health Landscape

Fit for the Future: the 10 Year Health Plan for England (published on 3rd July 2025) aims to reinvent the health service while maintaining the core principle that services should be free at the point of use.

The plan details three major shifts:

- From hospital to community
- From analogue to digital
- From treatment to prevention

There will be a strong focus on prevention, and development of Integrated Neighbourhood Teams – adopting a population health approach to supporting local people at a neighbourhood level.

Legislative framework

The Care Act 2014 places legal responsibility on the Council to ensure the provision of services which:

- Promote well-being

- Prevent or delay the need for care
- Give individuals more control over their care and support

The Care Act also stipulates that Local authorities have a duty to develop and maintain a care market that is responsive, varied and sustainable, offering high-quality, personalised care and support that meets the needs of individuals.

Commissioning Principles

1. Stakeholder Engagement
 - Stakeholder engagement will be embedded throughout all commissioning activities
 - Local people will be part of governance structures wherever possible
 - We will use diverse engagement methods to ensure community voices influence decisions and service delivery
2. Planned Transformation
 - Transformation will be an intentional and integral part of commissioning
 - All transformation projects will be managed using robust, established methodologies to ensure effectiveness and accountability
3. Community Centric design
 - Services will be designed to promote community resilience, enablement and reablement
 - We will leverage natural networks and community resources to support well-being
 - Our Live Well Havering resource will enhance this community focused approach
4. Choice and personalisation
 - Our commissioned services will maximise choice wherever possible allowing residents to shape services around outcomes that matter to them
 - Procurement processes will reflect our commitment to community resilience and personalisation
5. Prevention and access to information
 - Preventative approaches will be embedded across all commissioning processes ensuring that prevention remains at the heart of our services
 - We will continue to invest in local voluntary and community services and ensure there is accessible information available through a variety of resources
6. Evidence-based practice
 - We will adopt a population health management approach using data and evidence to inform commissioning
 - All commissioning decisions will be made based on the available research, service evaluations and other available data ensuring that services are effective, efficient and meet the needs of local people
7. Outcome – focused commissioning
 - Services will be commissioned to deliver measurable improvements in outcomes for local people
 - Outcomes will be determined by co-production with communities and informed by local intelligence and data
8. Promoting Equity and Social Value
 - Commissioning will actively promote health and wellbeing, social value, equality and diversity

- We will actively work to reduce health inequalities across all commissioned service areas
- 9. Future proofing services
 - Services will be designed to meet both current and anticipated future demand
 - We will ensure flexibility and responsiveness to evolving community needs
- 10. Market development and fairness
 - All providers will be treated fairly and we will support diverse provider models

Overarching Priorities

1. Delivering financial sustainability and value for money

The Commissioning Strategy is being implemented at a time of significant financial challenge. Consequently, ensuring that services are commissioned as cost-effectively as possible and within the resources available, driving out inefficiencies while still delivering improved outcomes for Havering's residents is a key priority that runs throughout the strategy. In response to the Chartered Institute of Public Finance and Accountancy (CIPFA) recommendations the strategy focuses on the development of the Market Position Statement (MPS), strategies for developing the Supported Housing offer in Havering and implementing innovative approaches to commissioning.

A number of actions are planned to support this priority including;

- A review of all commissioned services that are coming to an end within the next 12 months will take place, identifying opportunities for cost savings through joint commissioning, removal of duplication and a focus on prevention focused interventions.
- Focus on the identification of opportunities to deliver more integrated services between NHS and the Council
- Initiatives that focus on early intervention and prevention will be prioritised to reduce costly hospital admissions or long-term care placements
- Innovative funding and contracting models will be considered for all recommissioning exercises in 25/26

2. Engaging people and communities

We are committed to ongoing engagement and discussion with our residents to ensure that services in Havering are designed around their needs.

Since the inception of the Place Based Partnership, the Havering commissioning team have been engaging with staff, partners and local people to understand what matters most to them.

We have engaged in a number of ways, through showcase events with staff across the borough to keep them updated and engaged on the work underway, surveys, focus groups and one to one discussions on key projects such as the development of the Strategy for

those who provide informal and unpaid care. We have held local events and shared surveys to seek the views of local people on our priorities and programmes of work (as well as connecting them to a range of wider services and support), and have developed a number of case studies around the experiences of local people which have been embedded in our work to ensure that tangible improvements are made to service delivery.

To achieve commissioning outcomes that truly reflect individual needs, it is essential for us to engage with those who have first hand experience and a deep understanding of their own goals and requirements. We are committed to working collaboratively with people who can share their lived experiences. Gathering feedback from a wide range of stakeholders - including those who have accessed our services, their families, unpaid carers and our providers – is an essential part of our commissioning process.

A significant amount of further engagement and codesign with local people is planned, including monthly events outreaching into our local communities, which will be focussed around wellbeing and linking local people into wider services, as well as speaking with them about the proposed key areas of focus for improvement, and the things that matter most to them.

3. Prevention

A key priority is for our commissioning activity to support a strategic shift from reactive crisis management to proactive prevention. We are committed to ensuring our preventative services empower individuals throughout all stages of life, fostering wellbeing and independence within a community-centred model. This approach is designed to build resilient communities, enhance health literacy, and provide seamless access to services that support healthier living and ageing, with a strong focus on prevention to reduce reliance on statutory services.

Havering actively promotes independence and wellbeing through three tiers of prevention:

- **Primary prevention** – Reducing the risk of individuals developing care needs
- **Secondary prevention** – Identifying people at high risk of developing needs and intervening early
- **Tertiary prevention** – Minimising deterioration and loss of independence for those with established needs or preventing the recurrence of a health and social care crisis

Our priorities around prevention for 2025/26 include:

- The redesign and recommissioning of the prevention contracts across both Live Well and Age Well portfolios. The scope of the new Living and Ageing Well Community Wellness and Empowerment Services include a comprehensive range of support and interventions aimed at promoting health, wellbeing, and independence among adults whilst fostering social inclusion and community resilience. The service is designed to provide early-stage support to prevent crises and reduce reliance on statutory services.

- This approach will ensure services are community-based, easy to navigate, and highly accessible to individuals of all ages.
- Joint commissioning with health and community partners will focus on improving access and quality through prevention and early intervention initiatives
- Further development of our community reablement offer ensuring that it becomes the default option at our ASC front door with no decisions about long term care being made prior to a period of reablement.
- Partnerships with the voluntary sector will play a crucial role in delivering preventative services that support live well and age well principles. This includes implementing awareness programmes, early diagnosis, and intervention strategies that are accessible and inclusive

4. Integrated Neighbourhood Teams

The Council are committed to working in partnership with the ICB, community and voluntary sector services to deliver an Integrated Neighbourhood Teams (INT) model in the community to address the holistic needs of individuals, particularly those with complex or long term conditions, in a seamless and proactive way.

The key priorities in relation to INT delivery in 2025-26 include:

- The ICB development of an integrated patient level dashboard which provides individual contact level detail across health and social care. This is the first dataset that has brought this information together and will enable staff to better target and support patient needs. This population health management tool will be developed further allowing frontline staff to identify those with complex health and social care needs who will require support from multiple services and organisations
- A number of workshops will be held with patients, community & voluntary sector organisations, health and social care professionals to define our neighbourhood boundaries and co-design the operating model for the neighbourhood teams
- The first Integrated Neighbourhood team will be launched towards the end of 2025 and evaluation framework will be developed to assess effectiveness

5. Market Management and development

It is recognised that robust market management is fundamental to ensuring a sustainable and value-driven care home sector for older adults across Havering. Informed by the findings of the Care Analytics Summary Report (June 2025), our strategy outlines immediate and longer-term actions for market management that respond to price pressures, demographic changes, and the influence of neighbouring boroughs.

We employ a strategic and collaborative approach to managing the provider market, ensuring quality and sustainability in service delivery. The council actively engages with providers through regular communication and forums, fostering a transparent and cooperative relationship.

Havering is the largest market for older adult care homes in North East London, with 1,640 beds, and our providers remain reliant on council-commissioned placements. However, increased demand from neighbouring NEL boroughs has negatively impacted our individual purchasing power, contributing to a 77% rise in the mean price for new placements over the last two years.

In order to address the challenges within the care provider market in Havering, a series of strategic commissioning actions are planned including:

- The introduction of the Marketplace Module in the upcoming upgrade of the Liquidlogic system in 2025 will enhance the ability to drive detailed data on market capacity, including waiting times, which is crucial for corroborating current understandings of capacity across the provider market.
- We will facilitate market entry via the introduction of a new Adult Social Care provider Framework covering Homecare, Residential, Nursing and Supported Living provisions. This will be commissioned in 2025 and will commence in 2026
- For residential beds, engaging with providers to increase the percentage of placements made at council usual rates is a priority.
- For supported living placements, collaboration with Housing and Property colleagues is planned to address accessibility challenges. A new minimum standards document for supported living properties aims to ensure they meet the diverse needs of residents.
- We will maintain and expand data sharing through Care Analytics, joining with partners across NEL to monitor trends, benchmark costs, and anticipate pressures on capacity.
- A NEL wide approach to market management is being developed, building on the Care Analytics work and recommendations.

Key Commissioning Intentions

Supported Housing

Objective

To support vulnerable young people and adults to maintain and increase their independence enabling individuals to thrive, and build independence to reduce reliance on statutory services

How will this be achieved?

- A procurement plan will be agreed for the commissioning of 8 contracts in 2025/26
- There will be a focus on improving Provider engagement, specifically through contract meetings/monitoring/visits during 25-26.
- The right type of supported housing will be delivered to meet specific client groups, e.g., Care Leavers and Learning Disabilities based on a needs assessment
- There is a focus on reducing the numbers of vulnerable young people and adults who are placed out of borough
- Improve tenancy sustainment to enable independent living through care and support planning moving into social/council/private housing

- There is planned work to increase the numbers of individuals able to move through services to achieve their maximum levels of independence
- There is a focus on a reduction in costs to social care budgets through reduction in voids and reduced supported costs
- The referral / placement process will be improved to reduce out of area placement costs and improve access to Supported Housing

Personalisation approach to care through Direct Payments

Objective

To enhance the personalisation of care by increasing the number of people who have self-directed support through direct payments. This aims to provide individuals with greater choice and control over the care they receive, promoting independence and personalised outcomes.

How will this be achieved?

- The direct payment rate will be reviewed to ensure sustainability and choice for residents, supporting personal assistants to become specialists in their field, and developing a robust personal assistant market
- Additionally, regulatory arrangements will be further developed to ensure service quality, and contracts will be adjusted to promote micro-commissioning and personalisation
- A program of activities will also be initiated to address barriers to market development, thereby enhancing independence and personalised care for residents.

Enhancing Residential and Nursing services for adults with complex needs

Objective

To increase the availability of specialist and flexible residential care homes in Havering for individuals with complex needs, particularly those with physical and sensory disabilities and challenging behaviours. This expansion aims to reduce reliance on out-of-borough placements, ensuring residents can access suitable care within their local community, thereby improving their quality of life and delivering more effective and cost-efficient services.

How will this be achieved?

- Havering will work closely with clinical care leads and residential care providers to expand the capacity and flexibility of local residential care homes to accommodate individuals with complex needs. This involves commissioning new facilities or extending the capabilities of existing ones within the borough.
- There is an emphasis on creating environments equipped to handle challenging behaviours and providing specialist services.
- Additionally, there will be a focus on ensuring staff are trained and fully equipped to meet the demands of these service users, as well as ongoing collaboration to monitor and adapt services to evolving needs.

Enhancing Preventative and Community Based Services

Objective

Our strategic goal is to ensure that preventative services support the wellbeing and empowerment of individuals within a community-based model. This approach aims to build more resilient communities, improve health literacy, and provide seamless access to services, thereby promoting independence and reducing reliance on statutory services.

How will this be achieved?

- 2025/2026 will see the re-design and recommissioning of both the Live Well and Age Well prevention contracts in Havering. The revised approach is a collaborative model, fostering cohesion supporting residents with diverse and complex needs.
- To address the current challenges related to accessibility and fragmentation an integrated approach has been taken. For Live Well this encompasses preventive support for physical and sensory disabilities, learning disabilities, autism, and mental health condition. For Age Well the new contract includes frailty, falls, social isolation and hospital discharge support.
- Our successful Community Reablement model will be expanded to all GP practices ensuring a direct referral route and avoiding ED attendances / admissions
- A full review of the Local Area Coordination model will be undertaken to maximise coverage across the Borough and improve demonstrable outcomes
- Preventative services will be prioritised through partnership with the voluntary sector, utilising their strengths to deliver comprehensive support. This includes awareness programs, early diagnosis, intervention services that are accessible to the community and a specific focus on social isolation.
- Focus on developing employment opportunities for people with Learning Disabilities which will be overseen by the Learning Disabilities and Autism Employment Steering Group.

Supporting Hospital Discharge

Objective

To develop a co-ordinated approach to discharge to minimise hospital stays and enable patients to return home safely, ensuring continuity of care following discharge

How will this be achieved?

- There is a focus on the design and implementation of a Place Based Transfer of Care hub supporting all discharge pathways
- There is a planned review of Reablement and the Intensive Rehab Service (IRS) which is commissioned by the ICB to further explore opportunities for integration and support more streamlined discharges for pathway 1 reducing duplicate assessment processes
- There will be further development of the Home First model provided by the Reablement provider ECL, to include all Pathway 1 discharges. This model provides

full assessment at home on the day of discharge, ensuring that no decisions about long term care needs are made whilst someone is in an acute setting.

- The discharge to assess model will be reviewed across both nursing and residential homes ensuring all discharges into a new care home have the opportunity for therapy support (where appropriate) and a multi-disciplinary team meeting approach is taken regarding long term care decisions

Identification of and support for unpaid carers

Maximise the identification of unpaid and informal carers to ensure they receive the support they need to enable them to continue to care for their friends and loved ones

- Through the Health Inequalities budget, the Havering Carers Hub will be commissioned to deliver:
 - Increased capacity for 1-1 assessments for local carers in Havering
 - Training for front line staff to increase awareness of informal and unpaid carers and to equip them with the tools to have conversations with local people that they recognise are performing this role to identify themselves as a carer, and ensure that they know where to signpost them for support
 - Training for informal and unpaid carers themselves to better equip them to deliver their roles, and build personal networks of others in similar positions
- The Carers Hub contract will be recommissioned in 2025, the new contract will commence in 2026
- There will be targeted training for frontline staff, across primary, secondary and community care, and continual marketing to local people to support more carers to be identified and registered with the Carers Hub for support
- Continued delivery of the joint Carers strategy and engagement via the Carers Board
- The Joy Directory will be further developed including printed versions to enable local Carers access to all of the services and support available to them in Havering

Coordinated care for those living with Dementia

Increase diagnosis rates for dementia, embed a preventative approach for those at risk, and provide better, wrap around support with pathways that feel more integrated for those with Dementia and their Carers

- The Dementia support service contract will be recommissioned in 2025, the new contract will commence in 2026
- The action plan in the Havering Dementia strategy will be delivered
- There is a focus on reducing waits for diagnosis and improving information and support at the point of diagnosis
- A project will be implemented to ensure 'at risk' groups are reviewed annually due to the increased risk of early onset dementia
- A central point of access for information and guidance for people with dementia and their carers will be delivered via the Joy App

- There is work planned to further develop the dementia friendly community across Havering including dementia friendly signposting

Timescales

This interim adults commissioning strategy is for 2025-2026. A comprehensive commissioning strategy will be developed in consultation with key stakeholders and residents over the next 12 months.

Related documents

This strategy should be read in conjunction with:

- Havering JSNA 2025
- Health and Wellbeing Strategy
- Corporate Plan