

Notice of KEY Executive Decision

Subject Heading:	Variation to the Section 256 Agreement – North East London Inequalities Funding Allocation 26-27
Decision Maker:	Barbara Nicholls, Strategic Director of People
Cabinet Member:	Councillor Ford, Cabinet Member for Adults and Health
ELT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Sophie Barron Sophie.barron@havering.gov.uk
Policy context:	The Health Inequalities Fund will support Havering’s Health and Wellbeing Strategy priorities by targeting health inequalities at a local level by responding to community intelligence and promoting sustainable impact for communities.
Financial summary:	The report seeks permission to accept NHS funding of £663,300 via the Health Inequalities Fund for 2026-27.
Reason decision is Key	Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	23 rd March 2026

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Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Sub-Committee
Is it an urgent decision?	No. However this funding from the NHS is passed onto the Council to support Havering residents in areas of hardship such as the cost of living crisis, any delays in delivering these funded projects would have negative impact to residents.
Is this decision exempt from being called-in?	No

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well X

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Key Executive Decision

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

The Strategic Director of People, is recommended to agree to:

- accepting the North East London Health Inequalities Grant Funding of £663,300 from the NHS North East London ICB;
- varying the terms and conditions of the Section 256 Agreement* – North East London Inequalities Funding Allocation
- allocating the funding for use on community health services to reduce health inequalities;

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Scheme 3.3.3 Powers common to all Strategic Directors

1. General

- 1.1. To take any steps necessary for proper management and administration of allocated portfolios.

5. Grants

- 5.1. To apply for, accept and thereafter spend / allocate any grant funding connected with their directorate provided that any match funding or residual liabilities can be met from the existing budget of the directorate. For the avoidance of doubt this delegation shall allow the acceptance of any grant offered / allocated to the Council without any application.

STATEMENT OF THE REASONS FOR THE DECISION

The North East London Integrated Care Board successfully bid for health inequalities funding from NHS England in 2022/23. The total allocation for the agreement for Havering Place is £2,693,555 agreed by NEL Population Health and Integration Committee. A Section 256 Agreement was created between the London Borough of Havering and the NHS North East London Integrated Care Board for the period of the 1st August 2022 to 31st March 2027.

The NEL ICB Health Inequalities Programme is running until the 2029/2030 financial year inclusive. The funds have been delegated to the Havering Place Based Partnership Board to oversee. The programme has been running since the 2022/23 financial year. We welcomed bids from system partners for health inequality projects against our identified inequality areas. The Havering Health Inequalities Steering Group then reviewed the bids and made a recommendation to the Havering Partnership Board as to which schemes should be funded. The Havering Partnership Board endorsed the plans for 26/27 in January 2026. As the funding is covered under a Section 256 variation, the funds can only be used to deliver the projects listed within the S256.

To enable this, the Section 256 agreement needs to be varied to reflect the updated funding allocation and spending plan.

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The report seeks permission for London Borough of Havering to accept additional NHS Health Inequalities funding of £663,333 for the year 2026/27 on behalf of Havering Place Based Partnership Board for the following health inequalities projects.

Appendix 1

Havering Health Inequalities Project	22/23, 23/24, 24/25, & 25/26 Total HI allocation to date	26/27 allocation values to be awarded	TOTAL
Self Service Health Check Offer	£87,000	£20,000	£107,000
Increase over 50s uptake of benefits	£148,358	£41,289	£189,647
Launch of Universal Stop Smoking Service	£37,960	£0	£37,960
Launch of Stop Smoking Service for those with Serious Mental Illness	£4,070	£0	£4,070
PCN MDT	£47,253	£0	£47,253
Weight Management Service	£80,765	£0	£80,765
Housebound model development (PCN Aligned Community Team)	£177,925	£73,035	£250,961
Carers (Training for informal and formal carers)	£123,069	£0	£123,069
Community Chest	£241,324	£100,000	£341,324
Mental Health & Wellbeing Outreach Service for asylum seekers and refugees	£367,102	£111,024	£478,126
Funding to JCU to support administration	£39,796	£0	£39,796
Local Area Coordinators	£609,700	£200,000	£809,700
Asthma Schools Coordinator	£35,000	£0	£35,000
Hearing Loop Systems	£2,000	£0	£2,000
Infant Feeding Coordinator	£101,653	£41,650	£143,303
Review of services supporting individuals who misuse alcohol and other substances	£8,950	£0	£8,950
Here To Talk	£16,000	£6,000	£22,000
Improving Mental Health Outcomes for Young Homeless People Project	£81,610	£0	£81,610
Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£179,034	£70,302	£249,336
Diabetes Team	£20,963	£0	£20,963

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BeeWell	£37,022	£0	£37,022
Reserves (unallocated funds)	£0	£0	£0
TOTALS	£2,446,555	£663,300	£3,109,855

Appendix 2

	22/23 funding	23/24 funding (£492,000)	24/25 funding	25/26 funding	26/27 funding
Total ICB Funding (to remain in ICB)	£0	£2,000	£0	£0	£0
Total LA Funding (via S256)	£747,500	£490,000	£547,162	£661,893	£663,300

Following recommendation of this report, each of the Health Inequalities funded projects will seek separate governance approval for the procurement of providers and award of any contracts where applicable.

OTHER OPTIONS CONSIDERED AND REJECTED

1. Non-acceptance of funds

This option has been rejected as accepting this money will contribute towards cost of delivery for the Council whilst ensuring delivery of NICE (National Institute for Health and Care Excellence) recommended health services. It would also mean that the projects outlined above would not be able to be supported and therefore would contribute towards a decline in residents health and wellbeing.

PRE-DECISION CONSULTATION

Business papers for these projects have been taken to the Havering Place Based Partnership Board which has supported the use of the Health Inequalities Funding to support these projects.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Sophie Barron

Designation: Senior Commissioner

Signature:



Date: 14.04.2026

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a statutory duty under the National Health Service Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) to take such steps as it considers appropriate for improving the health of the people in its area.

Furthermore, Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything an individual can do. The recommendations in this report are in keeping with this power and the Council has the power to accept grant funding.

The value of the additional funding and agreement variation is £663,300

For the reasons set out above, the Council may proceed with the acceptance of the grant and variation of the initial s256 Agreement.

FINANCIAL IMPLICATIONS AND RISKS

This paper seeks approval to accept the variation of the terms and conditions to the Section 256 – North East London Inequalities Funding Allocation 2026/27 and the acceptance of the North East London Health Inequalities Grant Funding allocation of £663,300 from the NHS North East London ICB for 26/27.

The Integrated Care Board successfully bid for health inequalities funding from NHS England in 2022/23. To support the continuation of Health and Inequality schemes for 2023 until 2027, a section 256 agreement was entered into and the variation for 26/27 is required to agree the 26/27 funding allocations and to update the spending plan for the projects agreed by Havering Place Based Partnership Board.

The 26/27 funding allocation is £663,300.

The total value of the agreement is £2,693,555 and the S256 agreement runs from 1st August 2022 to 31st March 2027. There has been a reduction in the total funds available over the agreement due to ICB efficiencies.

The £663,300 funding for 26/27 will cover the following projects:

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 Havering Health Inequalities Project	26/27 allocation values to be awarded
Self Service Health Check Offer	£20,000
Increase over 50s uptake of benefits	£41,289
Housebound model development (PCN Aligned Community Team)	£73,035
Community Chest	£100,000
Mental Health & Wellbeing Outreach Service for asylum seekers and refugees	£111,024
Local Area Coordinators	£200,000
Infant Feeding Coordinator	£41,650
Here To Talk	£6,000
Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£70,302
TOTAL	£663,300

Each of the Health Inequalities funded projects will seek separate governance approval for the procurement of providers and award of any contracts where applicable.

Note that some health inequalities schemes may need to be commissioned by NEL ICB. Where this is the case – funds will need to be transferred back to NEL ICB when required to ensure funds are available to commission the intended services

There is no adverse impact on the council's financial position as a result of accepting this funding.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

There are no HR risks or implications arising from this decision.

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EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under Section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are no equalities and social inclusion implications and risks associated with this decision.

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HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The Health Inequalities Fund will support Havering's Health and Wellbeing Strategy priorities by targeting health inequalities at a local level.

The proposed projects will support disadvantaged or high need population groups (such as vulnerable older people in community and care settings, those adults who are more socioeconomically deprived, families with children with obesity) by prevention and by improving access to health and care and voluntary care services, and improve social interaction and cohesion.

In particular, the activities will have direct impacts on smoking cessation, weight management, healthy diet, physical activity, self-care, poverty reduction, mental health and wellbeing, Opportunity to interact socially with other people will be improved, reducing social isolation, connecting with community support networks to be able to live independently.

Indirect impacts on the population will be through empowered primary and community health and care staff who would be equipped with improved integrated clinical pathways, tools and training. In addition, these schemes link with existing services and the voluntary care sector, further potentiating and sustaining the impact.

A number of schemes that were based on the previous pilots or published evidence will receive the funding. They will tackle health inequalities at individual levels (e.g., local area coordinators, infant feeding coordinators, housebound care, weight management service), community level (e.g., Community Chest, over 50s benefit uptake, Improving access to talking therapies for children and young people with neurodevelopmental conditions) and population level (e.g., self-service health check offer, Here to talk Suicide Prevention). Most of these schemes have already been shown to be successful. A few have reduced their capacity as the health inequality gap or the demand has reduced.

Thus, receiving the funds will have net positive implications for the health and wellbeing of the residents.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

None.

BACKGROUND PAPERS

None.

APPENDICES

None.

Key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____