



Health and Wellbeing Board

Date: TUESDAY, 30 SEPTEMBER 2014
Time: 1.45 pm
Venue: COMMITTEE ROOM 2 - 2ND FLOOR WEST WING, GUILDHALL

Members: Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averbs
Dr Penny Bevan
Superintendent Norma Collicott
Vivienne Littlechild
Dr Gary Marlowe
Sam Mauger
Simon Murrells
Gareth Moore
Jeremy Simons

Co-opted Members: Neil Roberts
Paul Haigh

Enquiries: Natasha Dogra tel.no.: 020 7332 1434
Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 1 - 8)
4. **PRESENTATION: ACCESS TEAM, DEPARTMENT OF THE BUILT ENVIRONMENT**
To receive a presentation from Rob Oakley and Pippa Jackson.

For Information
5. **G8 GLOBAL DEMENTIA SUMMIT: EVALUATION**
Director of Economic Development

For Information
(Pages 9 - 12)
6. **CITY AND HACKNEY HEALTH AND WELLBEING PROFILE (JSNA) PUBLIC CONSULTATION**
Director of Public Health

For Decision
(Pages 13 - 16)
7. **GP CONTRACT CHANGES - OUT OF AREA REGISTRATIONS**
Director of Community and Children's Services

For Information
(Pages 17 - 26)
8. **CARE ACT AND BETTER CARE FUND UPDATE**
Director of Community and Children's Services

For Information
(Pages 27 - 36)

9. **HOUSING & HEALTH - A REPORT ON HEALTH-RELATED ACTIVITIES AND PLANS IN THE CITY'S SOCIAL HOUSING ESTATES**
Director of Community & Children's Services
For Information
(Pages 37 - 44)
10. **ADULT WELLBEING PARTNERSHIP AND CHILDREN'S EXECUTIVE BOARD**
Director of Community and Children's Services
For Decision
(Pages 45 - 50)
11. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN**
Director of Community and Children's Services
For Decision
(Pages 51 - 60)
12. **CITY OF LONDON CORPORATION WORKPLACE HEALTH & WELLBEING STRATEGY**
Director of Human Resources
For Information
(Pages 61 - 66)
13. **HEALTHWATCH CITY OF LONDON UPDATE**
Chair, Healthwatch City of London
For Information
(Pages 67 - 70)
14. **SAFER CITY PARTNERSHIP UPDATE**
Assistant Director – Safer City Partnership, Town Clerks
For Information
(Pages 71 - 84)
15. **SMOKING HARM REDUCTION PILOT**
Commissioning and Performance Manager (Public Health)
For Information
(Pages 85 - 88)
16. **UPDATE REPORT**
Director of Community and Children's Services
For Information
(Pages 89 - 98)

17. **HEALTH AND WELLBEING BOARD DEVELOPMENT DAY DATES 2015**
To confirm future Development Day dates.
For Decision
18. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
20. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.
For Decision

Part 2 - Non Public Reports

21. **NON PUBLIC MINUTES**
To agree the minutes of the previous meeting.
For Decision
(Pages 99 - 102)
22. **ADULT OBESITY SERVICES REVIEW**
Director of Community and Children's Services
For Decision
(Pages 103 - 110)
23. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
24. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

HEALTH AND WELLBEING BOARD

Friday, 18 July 2014

Minutes of the meeting of the Health and Wellbeing Board held at Meeting Location on Friday, 18 July 2014 at 1.45 pm

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Dr Penny Bevan
Simon Murrells
Sam Manger
Vivienne Littlechild
Gareth Moore
Jeremy Simons

In Attendance

Officers:

Farrah Hart	Community and Children's Services Department
Neal Hounsell	Community and Children's Services Department
Chris Pelham	Community and Children's Services Department
Dr David Vasserman	Clinical Commissioning Group (CCG)
Natasha Dogra	Town Clerk's Department
Sarah Thomas	Community and Children's Services Department
Steve Blake	Markets & Consumer Protection Department
Tony Macklin	Markets and Consumer Protection Department
Oliver Sanandres	Town Clerk's Department
Paul Beckett	Department of the Built Environment
Doug Wilkinson	Department of the Built Environment

1. APOLOGIES

Apologies had been received from Vivienne Littlechild, Jon Averbs and Dr Gary Marlowe.

2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

There were no declarations of interest.

3. MINUTES

Resolved: That the minutes of the previous meeting be agreed as an accurate record.

4. **PRESENTATION - FUTURE CITY: SMARTER CITY**

The Board received a presentation regarding Future City Smarter City and noted

5. **PRESENTATION: HEALTHY WORKPLACE CHARTER**

The Board received a presentation regarding the Healthy Workplace Charter. Members noted that the charter was a structured framework to recognise and support business investment in staff health and well-being coordinated by the GLA and Public Health England- London and delivered through borough workplace health leads. The Charter provided clear guidance on how to make workplaces more productive and supportive.

It was an accreditation process that demonstrated commitment and publicly recognised good practice. It also provided opportunity to learn from other boroughs and employers taking part in the scheme.

The Workplace Charter provided employees with:

- Structured tool which is free to use and connects the employer to support at a local and pan London level.
- Independent and external validation of organisation's investment in staff health and well-being
- Charter award can improve staff morale and the outward-facing image of the organisation – helps with staff retention and recruitment.

Members noted that research indicated the importance of systematic, coordinated and comprehensive approaches to investing in workplace health rather than one off initiatives.

6. **COMMUNICATIONS STRATEGY UPDATE**

The Board received a verbal update regarding their communications plan and noted that Officers had actioned the three-phase approach with a new public video for staff. There would also be an information article about the Health and Wellbeing Board in the next staff newsletter. Public Relations and HR Officers were discussing the possibility of hosting City Corporation staff awareness meetings to form stronger Health and Wellbeing links.

In the autumn Officers would extend this work to non-City Corporation staff and intended to make a second video involving non-City Corporation staff. Officers were also meeting with teams such as Substance Misuse and others to progress the communications plans that broadly split Health and wellbeing communications work between residents and workers, given that the long-term unique selling point for the City was Worker Health.

Members noted that there were two good outcomes relating to air quality to note: an event at Mansion House delivered in partnership with the Greater London Authority on 29 July, and an even planned at Guildhall in October 2014.

7. **SAFER CITY PARTNERSHIP UPDATE**

The Board received a verbal update regarding the Safer City Partnership and noted that Officers would provide a written report to the Board later in the year.

Members noted that the Safer City Partnership encouraged stronger links between the Health and Wellbeing Board and the City of London Police. Officers were currently working with the Comptroller to identify the recent changes in Anti-Social Behaviour legislation. A key area of concern for the Safer City Partnership was Public Space Protection Orders, which were of particular interest to the City Corporation with the Aldgate Gyratory proposals currently being discussed.

Members noted that two further Community Support Officers were due to join the team tackling domestic violence and abuse. Officers were provided with training toolkits when they joined this team and the team were looking at ways to work with the City of London Police to help tackle reoffending.

Members noted that other issues that were identified at the recent Residents' Meetings included impact of the night time economy in the City and irresponsible cyclists on the City roads.

8. APPOINTMENT OF CO-OPTED MEMBERS

The Board considered the appointment of two Co-opted Members with experience relevant to the work of the Board onto the City's Health and Wellbeing Board. Members agreed that the Board would benefit from the inclusion of both recommended Officers whose experiences were relevant to the work of the City Corporation's Health and Wellbeing Board.

Resolved: Members agreed that Mr Paul Haigh (City and Hackney CCG) and Mr Neil Roberts (NHS England) be appointed to the Board for the remainder of the 2014/15 civic year.

9. HEALTH AT THE HEART OF THE COMMUNITY

The Board noted that the Health and Social Care Act 2012 stated that "the director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

Members noted that Health and Wellbeing Boards had established a number of priority health issues that, although not unique to the City and Hackney, were responsible for more than their fair share of our ill health. Despite relatively low rates of excess weight in adults, Hackney had among the highest childhood obesity rates in the country. 26.3 per cent of children were overweight or obese by the time they reached reception class, aged just four or five years old. Obesity was a complex issue, but talking to families and instilling the values and behaviours of a healthy lifestyle while a child was very young would make a huge difference later in life.

Smoking was a huge challenge in both areas. In Hackney the number of people who smoke was 25 per cent higher than the national average and in some of the communities in the borough almost half of men smoke. As a result the area had among the highest rates of death from lung cancer and heart disease in London. In the City a large proportion of the workers coming into the area smoke and helping them to quit was a top priority.

The new responsibilities as a public health team meant protecting mental health and wellbeing as much as physical health. The mental health needs of a population as diverse as the City and Hackney were extremely complex and it required a joined-up approach to providing information, advice, services and treatment. Supporting residents who were at risk from stress, depression and anxiety and supporting those who were not coping was one of our most important priorities. The elderly residents, particularly those who were living with dementia, had specific needs. Enabling them to have a good quality of life and supporting their families and carers was a key element of our work in the City and Hackney.

As the City was a dense urban area located at the centre of London's transport network, it suffered from very poor air quality. Particulate matter and nitrogen dioxide levels are both high. Some areas of Hackney faced the same problems. As a result, residents were at risk from conditions such as COPD and asthma, particularly those who were vulnerable such as the very old or very young.

10. **PHARMACEUTICAL NEEDS ASSESSMENT DRAFT DELIVERY PLAN**

Members noted that the Health & Wellbeing Board had a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. A PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA would be used by NHS England to commission future pharmacy services in the borough. The information contained in the PNA would also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG. The process involves a statutory public consultation period of 60 days. The stakeholders to be consulted included:

- City & Hackney (and neighbouring) Local Pharmaceutical Committee
- City & Hackney (and neighbouring) Local Medical Committee
- City & Hackney CCG
- NHS England and Area Team
- Individual pharmacists (including Boots the Chemist)
- City of London Healthwatch and Hackney Healthwatch and other public/patient representative groups
- NHS Trusts and Foundation Trusts – including Barts Health NHS Trust, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust

Members noted that the proposal that the Task & Finish Group be supported by a 'virtual' Steering Group, members of which would be sent regular update reports by email and invited to comment on the action plan, consultation materials and the draft PNA document. The virtual Steering Group would consist of the following members:

- City & Hackney CCG
- City & Hackney Local Medical Committee
- City & Hackney Local Pharmacy Committee
- City of London and Hackney Healthwatch
- NHS England

Officers assured Members that the pharmacy located in Islington which was widely used by residents of the Barbican would be included in the PNA analysis.

Members discussed the possibility of using 'non-clinical navigators' for patients who did not wish to discuss their health issue with their GP but would rather seek advice from their pharmacist or another outlet. Officers informed Members that this proposal was being investigated at the moment.

11. HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2013/14

The Board noted the Healthwatch City of London annual report and noted that Healthwatch City of London had been extremely busy meeting with statutory organisations, voluntary groups, schools and residents groups in accessible venues all across the square mile to gather the views and experiences of a wide range of people living and working in the City. Officers had been able to introduce people to Healthwatch City of London and let them know what Healthwatch were all about and how they were relevant to them at a number of information events, open days, residents' days and community venues. Information stands, discussion groups, talks at existing group meetings, workshops and focus groups had all been used to make sure Healthwatch reach as many people as possible. During this first year Officers focused on engaging with a number of different groups, which were 'seldom heard', for example, older people and ethnic minority groups.

Officers were working to enable the views of people at both ends of the age spectrum to be fully represented in the work and Healthwatch were part of both the Adults' and Children's Safeguarding Boards in the City.

Officers meet with older peoples' groups, including the Barbican, Golden Lane and Middlesex Street Estate residents' groups, which represent a number of the older people resident in the City. This enabled Healthwatch to represent their views and also feedback on the outcomes of discussions with commissioners and service providers.

12. AIR QUALITY UPDATE

The Board noted the future key policy areas for the City Corporation in relation to air quality. The suggested policy areas related to taxis, the proposed Ultra Low Emission Zone, traffic management, local energy generation and public health. These would be developed further, together with additional measures, and the City's Air Quality Strategy would be revised accordingly.

Members noted that two events in relation to air quality were being planned, the first of which was a reception at Mansion House on 29 July hosted the Lord Mayor, with the Mayor of London also attending. A range of other developments had led to a Parliamentary Environmental Audit Committee Inquiry.

The City Corporation was collaborating with Sir John Cass primary school to improve both local air quality and work with the school children to raise awareness. Over 150 air quality plants have been installed, as well as green ivy screens. Detailed monitoring was underway around the school and an entire school engagement programme has commenced. This was part of the Greater London Authority Schools Clean Air Zones Programme. The City Corporation was also leading on an air quality engagement project with Bart's Health NHS Trust to improve local air quality, reduce emissions associated with Bart's activity and raise awareness amongst vulnerable people.

In response to a query from Members, Officers said the 'low emission zone' signs on the roads indicated an area which should be used by low polluting vehicles. In the future local authorities may seek to implement a 'low emission zone' which could be managed in a similar way to 'congestion charge zones' in and around London.

Resolved: That Members endorsed the actions being taken to address poor air quality in the City and the five key areas that had been identified for inclusion in the revised Air Quality Strategy.

13. CHILD POVERTY NEEDS ASSESSMENT

The Board were informed that in October 2013, the Community and Children's Services Committee approved the proposal to prepare a Child Poverty Needs Assessment, which resulted from initial briefings on child poverty beginning in July 2013.

A needs assessment had now been compiled by reviewing and collating data from the Census 2011, existing research reports, and information gathered from eight key informant interviews with service providers for the City of London Corporation. The needs assessment establishes the nature and extent of need in the City, and recommends the appropriate response (next steps) to the current situation.

Resolved: That Members endorsed the formation of an officer working group to carry out "next steps" identified, and report back to committee in six months' time.

14. DEVELOPMENT DAY OUTCOME - JOINT HEALTH AND WELLBEING STRATEGY REFRESH

The Board noted that on 18 June, the Health and Wellbeing Board attended a Development Day, with the specific intention of revisiting the Joint Health and Wellbeing Strategy and reviewing its priorities in light of the past year's developments. Members noted that there was a good turnout from the board, with representation from elected members, officers, Healthwatch and NHS England, as well as the senior public health team. The Board used this session to consider internal and external developments to the context in which the board, as well as to review the new data contained within the JSNA Health and Wellbeing Profile and JSNA City Supplement.

It was proposed that members feedback their comments on how the actions

should be prioritised, via email, by 1st September 2014. Once comments had been received by email, the draft framework would be revised and prioritised and brought to the September 2014 meeting of the Health and Wellbeing Board, as a Strategic Action Plan for 2014/15 and to set the work programme for the Health and Wellbeing Board.

In response to a query regarding Board Members, the Town Clerk agreed to request information regarding named substitutes from non-City Corporation Board Members.

15. INFORMATION REPORT

The Board received an update on the following key areas:

Local updates

- 20mph speed limit
- Draft Open Space Strategy
- Winterbourne View Review Update
- Business Healthy Update

Policy updates

- Events
- Health Inequalities
- Older People
- Smoking
- Alcohol
- Environmental Health
- Communicable Diseases
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools

16. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

In response to a Member query, Officers informed the Board that the report regarding A-boards was currently being revised following consideration by the Policy and Resources Committee. The revised report would be submitted to the Planning and Transportation Committee for decision in the autumn of this year.

17. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no urgent business.

18. EXCLUSION OF PUBLIC

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

19. NON PUBLIC MINUTES

Resolved: That the minutes of the previous meeting be agreed as an accurate record.

20. **FIRE SAFETY REPORT**

The Board received the report of the Director of Community and Children's Services.

21. **ANNUAL HEALTH & WELLBEING BOARD REPORT**

The Board received the report of the Director of Community and Children's Services.

22. **SERVICE REVIEW OF DRUG, ALCOHOL AND TOBACCO CONTROL SERVICES**

The Board received the report of the Director of Community and Children's Services.

23. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

There were no questions.

24. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was one item of urgent business.

The meeting ended at 3.55 pm

Chairman

**Contact Officer: Natasha Dogra tel.no.: 020 7332 1434
Natasha.Dogra@cityoflondon.gov.uk**

Committee: Policy & Resources Committee Health & Wellbeing Board	Date: 4 September 2014 30 September 2014
Subject: G8 Global Dementia Summit: Evaluation	Public
Report of: Director of Economic Development	For Information
<u>Summary</u>	
<p>During the UK's Presidency of the G8 in 2013, tackling dementia was made a policy priority.</p> <p>As part of this commitment, the UK announced it would host a Global Dementia Summit in 2014, to focus on financing and social investment in dementia care and research.</p> <p>The City of London Corporation agreed to host the Summit, which took place on 19 June 2014 in Guildhall. The Policy and Resources Committee agreed at its meeting on 8 May 2014 to cover the cost of providing the Great Hall and Crypts for the event, with a contribution of £7,000 for the Policy Initiatives Fund for 2014/15.</p> <p>The Summit provided an excellent opportunity for Members and Officers of the City Corporation to discuss issues relating to dementia care and research with key practitioners and policy makers. HM Government was grateful for the provision of an appropriate venue for an international summit.</p> <p>Hosting the Summit provided a cost-effective way to engage on a major public health policy issue relevant to the communities which we serve.</p>	

Main Report

Background

1. In 2012, the Prime Minister launched the 'Challenge on Dementia', a programme of work designed to make a difference to the lives of people with dementia and their families and carers. It included the ambition of creating 20 'Dementia friendly' communities across the UK by 2015.
2. In October 2013, the City of London Community and Children's Services Committee and the Health and Wellbeing Board, agreed the City of London Dementia Strategy and Action Plan. This is the City Corporation's local response to the Dementia Challenge and provides a City-specific approach to caring for residents by working with the City's communities and workers.
3. The City of London Dementia strategy has 10 objectives, including:
 - Improve public and professional awareness of dementia and reduce stigma;

- Improve early diagnosis and treatment of dementia;
- Increase access to support and advice following diagnosis for people with dementia and their carers.

The implementation of the strategy has been delivered through the partnership with Skills for Care, who identified the City of London as the only “dementia friendly community” pilot site in London.

4. Since October 2013, there has been a significant number of training and awareness raising activity undertaken by the Department of Community and Children’s Services. You can see more detail in the report to Chief Officers’ Group in July 2014, by the Director of Community and Children’s Services (insert link).

World Dementia Summit

5. In response to a request from HM Government, the City Corporation agreed to host the G7 (as it currently is) Global Dementia Summit at Guildhall on 19 June 2014. The Policy and Resources Committee agreed at its meeting on 8 May 2014 to cover the cost of providing the Great Hall and Crypts for the event, with a contribution of £7,000 for the Policy Initiatives Fund for 2014/15.
6. The event was attended by over 300 delegates drawn from science, health care, financial services, policy makers and civil society. The summit was hosted by The Rt Hon Jeremy Hunt MP, Secretary of State for Health, and the Chairman of the Policy and Resources Committee gave the opening address to welcome the delegates. Dr Dennis Gillings CBE was announced as the first World Dementia Envoy.
7. The Prime Minister gave the keynote address at the summit, highlighting the priority given by the government to tackling dementia as the prevalence of the disease rises alongside increasing life expectancy.
8. The City Corporation was represented by Members of the Policy & Resources Committee, the Social Investment Committee and the Community and Children’s Services Committee. Officers from the Economic Development Office, Community and Children’s Services Department and the City Bridge Trust also attended the Summit. The City Corporation was able to make recommendations to the Department of Health of who to invite to the Summit from financial institutions, civil society organisations and the City of London Corporation.

Key Messages from World Dementia Summit

- Dementia care suffers from a comparative lack of financial support for research: annual budget of £50 million in the UK, compared with £590 million for cancer research, despite 800,000 sufferers in the UK;

- This is not just a rich country disease, as increasing prevalence in developing countries with growing life expectancy;
- There is an economic case for investment based on potential global markets for care, as well as cost savings for public health budgets;
- There is a lack of collaboration between key agencies, with significant overlap in research being undertaken by 4 key pharmaceutical companies;
- Few incentives to collaborate or to invest, given long-term research costs and a relatively short IP licence period;
- Priority is to create specific regulatory and financial frameworks (analogous to those created to tackle HIV research) for dementia research;
- Use existing financial structures such as those used for large scale vaccination programmes, to create private and philanthropic fund structures.

Media Coverage

9. The World Dementia Summit had considerable media coverage, both in the UK and around the world. The Secretary of State for Health gave a number of media interviews, including interviews to camera in Guildhall Yard.

World Dementia Summit and City Corporation Dementia Strategy

10. By hosting the Summit, the City Corporation convened key stakeholder groups including financiers, science researchers, policy makers and the third sector. As one of the key objectives of the City Corporation's Dementia Strategy is to raise public and professional awareness of dementia, the Summit was an important mechanism for doing so. The Summit also provided an excellent opportunity for Members and Officers of the City Corporation to discuss issues relating to dementia care and research with key practitioners and policy makers.
11. It was valued by HM Government that the City Corporation provided an appropriate venue for an international summit, where the Prime Minister could deliver a keynote speech on a major public health policy issue.

Conclusion

12. Hosting the World Dementia Summit provided a cost-effective way for the City Corporation to engage in a major national and international public health policy issue, with a particular focus on the community we serve and represent.

Contact:

Giles French, Assistant Director of Economic Development
giles.french@cityoflondon.gov.uk | 0207 332 3644

Committee(s):	Date(s):
Health and Wellbeing Board	30/09/2014
Subject: City and Hackney Health and Wellbeing Profile (JSNA) public consultation	Public
Report of: Director of Public Health	For Decision
Summary	
<p>Following stakeholder engagement sessions on the use, format and accessibility of the City & Hackney Health and Wellbeing Profile (JSNA), a new approach has been set out to meet current and future needs of users.</p> <p>This approach recognises the diversity of users' requirements. The JSNA will be accessible online and in print, and will ensure that accurate, timely and clear data is presented in a variety of different ways, as no one format will meet all users' needs.</p>	
Recommendation(s)	
Members are asked to:	
<ul style="list-style-type: none"> • Endorse the approach set out to future format and presentation of the City & Hackney Health and Wellbeing Profile (JSNA) 	

Main Report

Background

1. The City & Hackney Health and Wellbeing Profile (known also as the Joint Strategic Needs Assessment or JSNA) is a shared document between the City and Hackney that provides data on and analysis of the health and wellbeing needs of the two areas' populations. It is used by the City & Hackney Clinical Commissioning Group (CCG) to inform commissioning decisions, as well as by local government and local voluntary/community services to understand and correctly target the populations they serve.
2. Each Health and Wellbeing Board has a statutory duty to produce a JSNA, which Department of Health guidance recommends is refreshed every three years.

Current Position

3. Three stakeholder engagement events were conducted April-July 2014 to understand how City & Hackney stakeholders use and would like to use the JSNA. These events were well-attended by a range of different participants, including representatives from City of London Healthwatch, colleagues within

the City of London Corporation, and representatives from voluntary/community groups who provide City of London services. Two events covered use of the JSNA (current and future), its format, and accessibility. One event covered methods Hackney Health and Wellbeing Board may use for prioritising different health issues, but discussions in this event on how data would be understood and obtained have also fed into our understanding of user needs.

Proposals

4. Following stakeholder engagement sessions on use, format and accessibility, it is recommended that approach outlined below is adopted.

Vision

5. We recognise that our users treat the JSNA in a variety of different ways. This includes but is not limited to:
 - Understanding the demographics and health needs of a specific group within Hackney and the City. This group might be defined by locality, ethnicity, age or many other characteristics and combinations of characteristics.
 - Evaluating the need for (or building the case for) a specific service by looking at levels of need and what already exists to meet that need.
 - Comparing the need for different services.
 - Finding answers to specific questions.

To this end, we envisage the backbone of the JSNA as a live database whose outputs can be tailored to the needs of the user. These outputs will include both a web-based interface and a printable document with a consistent structure.

Website

6. The website will include paragraph by paragraph metadata that allows users to filter paragraphs by topic, demographic, date of update and type of information (eg National Statistics, case studies, etc) – these consolidated paragraphs will, in effect, form a tailored report. This metadata will also make the website highly searchable and indexable.
7. It may take up to a year to get the website online. This will be both a City of London and Hackney resource, so we will have to explore where best to host the website. We are also considering the scope for a more general “data and evidence” hub to be shared with other corporate departments in the City and Hackney.

Summaries

8. Our stakeholders engage with information in a variety of different ways. Clear topic summaries will be available in multiple formats and languages to allow everyone to access and understand the key information on each topic.

Updating the JSNA

9. Our plan for updating the JSNA in future is as follows:
 - Each year will have a “Feature Chapter” (e.g. mental health, disabled children, or refugees).
 - We will have an ongoing list of data sources and when they update – with the aim to update data regularly, with a yearly run through of key data points to make sure none have been missed.
 - We will have a rolling programme of full chapter updates with every chapter reviewed at least once every three years.
 - Users will be able to let us know about new data sources through online feedback.

Style

10. In terms of style, both the website and the printable report will have a clean, clear, easily navigable structure. All chapters will have the same structure, and all chapters will have one-page summaries (produced in multiple languages and formats with a focus on accessibility).

Features

11. The JSNA will feature a glossary, a “what’s new?” section and index. In addition, data interrogation tools will be available through the website.

Value added

12. We will add extra value in the following ways:
 - The Public Health Intelligence team will provide indications of the data quality behind each figure.
 - To assist with understanding of outcomes, indications will be given of different ways that success is measured in each area.
 - Definitions of content and help interpreting results will be given.

Data

13. Where possible, all information will have links to the original data sources. In addition, tools will allow users to break data down by ward, demographic characteristics, and benchmark against national/London/ONS cluster figures. Case studies will also be used to give depth and context. Where figures do not exist or are outdated, qualitative data / expert opinion will be used to give an indication of current situation.

Quality assurance

14. Each chapter will undergo thorough proof reading and user testing for accessibility. We will explore the possibility of sense-checking of data with community groups where contention exists. There will then be a clear feedback mechanism for users, online and offline.

Accessibility

15. We will provide summaries in multiple languages, including British Sign Language. We have also received detailed feedback on accessibility for those with sensory impairments which we will integrate into our design process and ensure is part of our style guide.

Implications

16. Please note that City of London Health and Wellbeing Board has a statutory duty to produce a JSNA, but the format, design and data included are not specified. The above proposal aims to make the City & Hackney JSNA a high quality resource that more than meets all statutory requirements.

Conclusion

17. This approach recognises the diversity of users' requirements. The JSNA will be accessible online and in print, and will ensure that accurate, timely and clear data is presented in a variety of different ways, as no one format will meet all users' needs.

Appendices

- None

Katherine Körner and Sandy Miller

City & Hackney Public Health Intelligence Team

T: KK: 0208 356 3301 / SM: 0208 356 8131

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Committee:	Date:
Health and Wellbeing Board	30 September 2014
Subject:	Public
GP contract changes – out of area registrations	
Report of:	For Information
Director of Community and Children’s Services	

Summary

This paper provides a summary of the report from NHS England, *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board* (presentation attached as an appendix). Together, they outline the changes to GP contracts from October 2014. As a result of these changes, GP practices who choose to will be able to accept registrations from patients who are not resident in their practice area (“out of area patients”). Given the high number of people who work in the City but live elsewhere and are currently registered with GP practices in their home areas, if local GP practices opt to participate in this scheme it may not be possible to meet demand. The presentation from NHS England outlines the changes and the resulting challenges if this scheme is adopted locally. Further verbal updates will be provided at the meeting of the Health and Wellbeing Board on 30th September.

Recommendation(s)

- Members are asked to note the appendix to this report from NHS England, *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board (presentation)*

Main Report

Background

1. Changes to GP contract changes come into effect from 1st October 2014, and include the option for GP practices to be able register patients from outside of their practice area, if they wish to participate in the scheme.

Current Position

2. All GP practices will be free to register patients from outside their practice area (referred to as ‘out of area patients’), without any obligation on the practice to provide home visits or out of hours services when the patient is at

home, away from, and unable to attend, their registered practice. It is voluntary for GP practices.

3. In these circumstances NHS England will be responsible for ensuring out of area patients can continue to access primary medical services when they are at home and cannot make it to their registered practice area.
4. This requires NHS England area teams to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These will provide access to a home visit when clinically needed, or more likely, when an out of area patient is too unwell to be expected to travel to their registered practice area but could travel to a local provider for a consultation with a GP or other healthcare practitioner.
5. The City of London has a very high daytime population (mainly City workers) compared to a small resident population, meaning that demand from out of area patients to register with a GP in the City could be very high and it is unlikely that local GP practices could meet this demand. It would also be difficult to predict demand.
6. A decision has yet to be taken about whether GP practices within the City and Hackney CCG area will opt to participate in the scheme.

Proposals

7. This report does not include any proposals, although the Board may wish to request to be kept informed of any developments in this area and the likely impact on access to healthcare services for both City residents and workers.

Conclusion

8. Members are asked to note the presentation from NHS England, *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board*.

Appendices

- Appendix 1 - *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board (presentation)*

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Out of Area GP Registrations from 1 October 2014

Update for City of London Health &
Wellbeing Board
August 2014



The changes in summary.... 1

- From 1 October 2014 choice of GP practice is being extended to include a new form of out of area patient registration.
- All GP practices will be free to register patients from outside their practice area (referred to as 'out of area patients') and without any obligation on the practice to provide home visits or out of hours services when the patient is at home, away from, and unable to attend, their registered practice. It is voluntary for GP practices.
- In these circumstances NHS England will be responsible for ensuring out of area patients can continue to access primary medical services when they are at home and cannot make it to their registered practice area.
- This requires NHS England area teams to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These will provide access to a home visit when clinically needed, or more likely, when an out of area patient is too unwell to be expected to travel to their registered practice area but could travel to a local provider for a consultation with a GP or other healthcare practitioner.

The changes in summary.... 2

- Primary medical services contracts (GMS, PMS and APMS) all have consistent contractual terms to allow for out of area registration without home visiting
- Out of area patients remain entitled to the full range of primary medical services and will access these in the same manner as any other patient and will receive these from their registered practice unless the services required involve:
 - a home visit;
 - immediately necessary treatment following accident or emergency when the patient is at home (i.e. outside the registered practice area);
 - access to out of hours services when the patient is at home; or,
 - there are other clinical or practical reasons for the provision of services to delivered near the patients home (e.g. follow up care following hospital discharge) .

Implications

- This means NHS England area teams are responsible for securing all in-hours primary medical care needs for out of area patients.
- Clinical Commissioning Groups (CCGs) will continue to secure out of hours services for their resident population, which will now include from October patients registered with a practice out of area.
- ~~All~~ area teams will need to have arrangements in place from 1 October 2014 ready to deal with out of area patients who may need in-hours urgent primary medical care when at home and away from or unable to attend their registered practice.
- There are already a range of primary medical care and urgent care services that can deliver appropriate care to patients requiring immediate and urgent care, including for those patients who are not registered with a GP practice in the area team area.
- It is difficult to quantify the scope and extent of demand for these services in advance of out of area registration applying from 1 October 2014.

What have we learned from the pilots?

- The choice pilot also confirmed that the majority of out of area patients registering with the pilot practices were those who lived in the surrounding area of the cities concerned (e.g. commuter belt)
- Only a few out of area patients lived very far from their new practice (for example, Cornwall to Manchester, Gloucestershire to London).
- In Westminster, the majority of out of area patients lived within London's inner boroughs, with many patients in the adjacent boroughs. 38% of practices participated in the pilot.
- There are clear implications for national roll out of out of area registration in so far as area teams covering or bordering major commuting centres may see greatest demand for in-hours urgent primary medical care.
- The Department of Health originally estimated (based on results from former questions in the GP patient survey) that c5% of the population would be interested in registering with a GP practice nearer to where they work equating to 2.75m out of area registered patients in England. Based on an extrapolation of the results from the choice pilot however suggests take up could be much lower at around just 0.36% of the population (or around 200,000 out of area registered patients in England).

Going forward

- Area teams will face additional costs as a result of out of area registration through funding of home visits and the arrangements they put in place for out of area patients to access in-hours care at or near home.
- Fee levels and service specification are being discussed nationally with the BMA ; latest draft is with NHS Employers and General Practitioners' Committee (GPC – part of the BMA) for agreement and negotiation on pricing
- The default position (if there are no changes made to the contract) will be that practices receive the same capitation fee for out-of-area patients as for any other patient.
- NHS England is working with National Health Application and Infrastructure System (NHAIS) to identify how best to manage the introduction of out of area registration as a new registration category alongside permanent or temporary registration.
- We do not know the detail all the key elements of how out of area registration will work as this will be subject to further guidance in the next month or so.

Key issues

- It will be voluntary for GPs to participate
- An enhanced service specification is being developed nationally. Practices choosing to participate in this enhanced service will be required to ensure secure and robust processes are in place to communicate details of the care provided under this enhanced service to the patient's registered practice.
- Significant volume of visitors to CoL each day; demand could be significant yet GP participation could not match this
- Demand will be difficult to identify especially with flexible working in place with many employers and new IT accessible services coming on stream that change the way people can access their GPs
- Have not yet tested local practices' appetite for this – need to resolve the national funding issues and specification first
- Will move very quickly from next week onwards when guidance etc. is expected

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Committee:	Date:
Health and Wellbeing Board	30 September 2014
Subject:	Public
Care Act and Better Care Fund Update	
Report of:	For Information
Director of Community and Children's Services	
Summary	
<p>The purpose of this report is to update the Board on the implementation of the new Care Act and the current position of the Better Care Fund.</p> <p>The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that can keep pace with the demands of a growing ageing population and is clear to people about what kind of care they can expect. It is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible. The Act also introduces significant funding reform with the introduction of a cap on the amount people have to spend on their care, regardless of how much they have in savings or assets.</p> <p>Many of the provisions of the Act come into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.</p> <p>In June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level. Integration aims to reduce the stress and resultant cost on acute health services and is a key element of the Care Act. The City of London submitted a bid to the fund in April this year and, following some recent changes to the fund, bids will now be resubmitted. The target date for implementation of the Better Care Fund plans is April 2015.</p> <p>The Care Act has significant implications for local authorities around practice, finance and systems. A specific project to implement the Act has been set up to ensure that the City of London is compliant with the Act. An Implementation Group is meeting monthly to oversee this with the Adult Wellbeing Partnership, chaired by the Director of Community and Children's Services, being accountable for the project.</p> <p>Recommendations</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • note the report 	

Main Report

Background

Care Act

1. The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that is clear to people about what kind of care they can expect and can keep pace with the demands of a growing ageing population. Greater London Authority projections for 2011–2026 show a growth of 700 people aged 65 and over in the City of London due to the ageing of existing residents.
2. The Act is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible.
3. Wellbeing and prevention of needs are key principles of the Act. These principles are woven throughout and designed to facilitate a person-centred approach which focuses on the outcomes that are most important to people and helps them to meet them. It also focuses on preventing the development or progression of needs.
4. Part one of the Act, due for implementation in April 2015, includes the following:
 - Ensuring the provision of preventative services
 - Integrating social care services with those provided by the NHS or other health-related services (such as housing)
 - Ensuring there is an information and advice service about care and support for all people in the local authority's area, regardless of whether they have eligible care needs
 - Promoting diversity and quality in the market for care and support services for people in the local area
 - Creation of a single legal basis that requires a local authority to carry out an assessment where it appears that an adult may have needs for care and support
 - Creation of a single duty for local authorities to undertake a carer's assessment on the basis of the appearance of a need for support
 - Creation of a national minimum threshold for eligibility at which local authorities must meet a person's care and support needs
 - Stating when a local authority may or must enter into a deferred payment or loan agreement which will allow people to defer paying their care fees or take out a loan to avoid selling properties or possessions.

5. Part two of the Act, focusing on funding reform, will be implemented in April 2016 and includes the following:
 - Creation of a limit on the amount that adults can be required to pay towards the costs of meeting their eligible needs over their lifetime and preventing local authorities from making a charge (other than for daily living costs) once an adult's care costs have reached the limit of £72,000.

Better Care Fund

6. The Better Care Fund is a £3.8bn single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. A total of £1bn of the funding is performance related, focused on reducing emergency admissions to hospital.

Current position

Care Act

7. The Care Act requires significant changes at a local level including practices, policies, procedures and systems such as IT. It also has potential legal, financial and workforce implications which are detailed at paragraph 21 below.
8. In order to ensure that the City of London undertakes all the necessary changes to implement the Act and be legally compliant, a specific project has been established.
9. The Government has made funding available to all local authorities to support implementation of the Act and in the City of London part of this is being used to fund a dedicated Programme Manager to oversee the implementation of the Care Act.
10. The project is accountable to the Adult Wellbeing Partnership which is chaired by the Director of Community and Children's Services.
11. A Care Act Implementation Group is meeting monthly to oversee the project and deliver work to implement the Act. The group, consisting of a number of relevant officers from across the organisation, is chaired by the Assistant Director for People in the Department of Community and Children's Services. A copy of the Terms of Reference for the group can be found at Appendix 1.
12. Twelve workstreams have been established to focus the work of the project. Each of these workstreams has a lead officer who is responsible for overseeing the workstream and reporting on progress. A copy of the workstreams and the areas of the Act that they contain can be found at Appendix 2.
13. The Care Act Implementation Group recently undertook a self-assessment of the City of London's adult social care policies, procedures and systems in

relation to the requirements of the Act. Specific actions and tasks were identified to ensure compliance with the Act.

14. A detailed and high level plan for the project, setting out key milestones, is being developed to guide the project.
15. A version of this report was submitted to the Community and Children's Services Committee of 12th September 2014. Members expressed concern regarding the financial implications associated with the implementation of the Care Act. Officers agreed that current demographics indicate an increase in demand for health and social care services over the next 10 years.
16. Members were asked to agree three members of the committee who would act as champions for the Care Act at the City of London. This involves receiving regular updates on implementation at the City of London, representing the City of London at member-level meetings on the Care Act as required, being consulted by and giving feedback to officers on plans for implementation, and providing political representation on the Care Act at service user forums where applicable. The following Members were nominated as Champions for the Care Act:
 - Virginia Rounding
 - Ann Holmes
 - Professor Lumley
 - Philip Woodhouse

Better Care Fund

17. A bid to the Better Care Fund was submitted, following approval by the Health and Wellbeing Board, in April 2014. Implementation plans are due to go live in April 2015 and play a key role in helping to deliver some of the provisions of the Care Act.
18. In July 2014, the Department of Health announced a change to the Better Care Fund around the performance-related element. The main focus of the performance-related element will now be on reducing emergency hospital admissions and the City of London have worked with the Clinical Commissioning Group to model a 2% reduction.
19. Following the changes, Better Care Fund bids and plans were then required to be reworked and resubmitted. These were signed off by the Health and Wellbeing Board Chair and submitted in September 2014. A copy of the final bid is attached as Appendix 3.

Corporate and strategic implications

20. The City Together Strategy seeks a world class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the

role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.

21. KPP4 of the Corporate Plan aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.

Implications

22. The City of London will need to ensure that it is fully compliant with the Act by the relevant deadlines of April 2015 (see paragraph 4 for details) and April 2016 (see paragraph 5 for details), and the Care Act Implementation Project is designed to ensure this. Not being compliant with the Act creates the possibility of central government attention, reputational risk and judicial review.
23. There are potential financial implications associated with the implementation of the Care Act and ongoing costs including the impact of the cap on care costs and the resultant financial burden on local authorities. This potential is currently being mapped out at the City of London.
24. There is also the potential for increased demand for assessments for adults and for carers and this has a potential impact on workforce capacity. Staff will also need to be trained in the requirements of the Act and changes in their policies, practices and systems. This is also being mapped out as part of the project.

Conclusion

25. A robust project management approach has been adopted to ensure that the Care Act is implemented in the City of London in a timely and appropriate way and that any risks of non-compliance with the Act are minimised.
26. Members will be updated as appropriate when any significant implications of the Act for the City of London arise.

Appendices

- Appendix 1 – Terms of Reference for the Care Act Implementation Group
- Appendix 2 – Summary of workstreams
- Appendix 3 – Better Care Fund Bid has been sent to Members electronically and a hard copy can be made available upon request.

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Appendix 1 – Care Act Implementation Group Terms of Reference

Care Act Implementation Group

Terms of Reference

1. Background

The Care Act received Royal Assent in May 2014 and created a single modern law for adult social care – consolidating a range of existing legislation and introducing significant new reform.

It creates a new legal framework with wellbeing at its heart, creates a duty to provide preventative services to maintain people's health, promotes greater integration with other services such as health and sets a limit on the amount anyone will have to pay towards the cost of their care.

The majority of clauses will be implemented from April 2015 and the remaining clauses (relating to funding reform) operational from April 2016.

The implementation of the Act is also closely linked with work around the Better Care Fund and integrated care.

Given the complexity and significance of the Act, a specific project is being developed to oversee implementation. As part of this, a Care Act Implementation Group has been established.

2. The Care Act Implementation Group

The group will be responsible for:

- Having oversight of the project and leading workstreams for delivering implementation of the Care Act
- Identifying actions and lead officers to deliver the objectives of the project
- Delivering work and being lead officers in driving forward organisational change to be compliant with the Care Act
- Identifying and monitoring any risks that will potentially impact upon delivery of the project and mitigating these as appropriate
- Ensuring that all relevant internal and external partners and commissioned services are aware of the changes flowing from the Care Act

This will be achieved by:

- Delivering, monitoring and reporting on progress on their workstreams
- Monitoring and reviewing overall progress on the project plan and key milestones
- Identifying any key issues arising and a way forward for addressing these
- Reviewing the risk register for the project identifying any new risks that arise and identifying mitigating measures for these and existing risks

3. Membership

Name	Title
Chris Pelham (Chair) (Senior Responsible Officer)	Assistant Director, People
Ellie Ward	Programme Manager
Marion Willicome-Lang	Service Manager, Adult Social Care
Ian Tweedie	Team Manager, Adult Social Care
Mark Jarvis	Head of Finance
Louise Said	Senior Accountant
Simon Cribbens	Policy Development Manager, Housing and Social Care
Neal Hounsell (alternating with attendance at meetings with Sarah Greenwood)	Assistant Director, Commissioning and Partnerships
Sarah Greenwood (alternating with attendance at meetings with Neal Hounsell)	Commissioning and Performance Manager, DCCS
Kaimi Ithia	Strategic Communications Manager
Matt Phipps	IT consultant
Mark Hirst	Senior Business Analyst

4. Governance and relationship with other groups

Sponsor: Ade Adetosoye
 Senior Responsible Officer: Chris Pelham
 Project Manager: Ellie Ward

Group	Frequency	Relationship	Link person from Implementation Group
Adult Wellbeing Partnership	Quarterly	Overall accountability for the project	Chris Pelham
Departmental Leadership Team	Weekly	Progress report on implementation and considering any cross cutting issues	Chris Pelham
Grand Committee DCCS	Monthly	Progress report on project for members' information	Chris Pelham
Adult Advisory Group	Quarterly	Progress report on project for information and involvement of the group in specific areas of implementation	Chris Pelham
Health and Wellbeing Board	6 times a year	Progress report on project for information	Chris Pelham
ADASS and networks	Various	Information sharing and knowledge exchange	Various

5. Frequency of meetings

The Implementation Group will meet monthly and meetings will be held in the Guildhall.

6. Key Documents

Number	Document	Owner	Implementation Group Role
1	Project Initiation Document	Ellie Ward	For information/reference
2	Project Plan	Ellie Ward	Review progress at each meeting
3	Issues log	Ellie Ward	To contribute to as issues arise and review at each meeting
4	Risk Register	Ellie Ward	To contribute to as risks arise and review at each meeting
5	Workstream summaries	Ellie Ward/ workstream leads	For use by workstream leads to feed into the above three documents

Appendix 2 – Summary of workstreams

Workstream	Area(s)	Sections of the Act
General provisions	Wellbeing	1
	Prevention	2
Assessment and eligibility	Assessment	9,11
	Assessment regulations	12
	Carers assessments	10
	Eligibility	13
	Steps to take	24
	Care and support plans	25
	Review of care and support plans	27
Providing care and support	How to meet needs	8
	Duty to meet needs	18
	Power to meet needs	19
	Duty and power to meet carers' needs	20
	Choice of accommodation	30
	Continuity of care	37–38
	Transition from childhood	58–66
Advice, information and advocacy	Information and advice	4
	Independent advocacy	67–68
Market shaping and commissioning	Diversity and quality of provision	5
Finance	Charging	14
	Cap on care costs	15,16
	Financial assessment	17
	Personal budget	26

	Independent personal budgets	28
	Care accounts	29
	Direct payments	31–33
	Deferred payments	34–36
	Recovery of charges, transfer of assets	69–70
	Five yearly review by Secretary of State	71
IT	Overarching	
Workforce skills and capacity	Overarching	
Safeguarding	Adult safeguarding	42–47/S2
Integration, co-operation and partnerships	Integration	3
	Co-operation	6–7
Communications	Overarching	
Miscellaneous items	Exception for immigration	21
	Exception for NHS	22
	Exception for housing	23
	Ordinary residence	39–41
	Provider failure	48–52
	Market oversight	53–57
	Part 1 appeals	72
	Human Rights Act	73
	Delayed discharges	74/S3
	Mental health after care	75/S4
	Prisoners	76
	Registers	77
	Delegation	79
Cross border placements	S1	

Committee:	Date:
Housing Management & Almshouses Sub-Committee Health & Wellbeing Board	25 September 2014 30 September 2014
Subject: Housing & Health – a report on health-related activities and plans in the City’s social housing estates	Public
Report of: Director of Community & Children’s Services	For Information
Summary	
<p>This report gives Members an overview of how good quality and well run social housing can impact upon health outcomes for local communities. It goes on to highlight some examples of how our housing estates and staff are supporting the health and wellbeing of city tenants. It then identifies potential projects and opportunities to further develop this area of work.</p> <p>The report highlights the key impact that housing, neighbourhoods and socio-economic inequalities in housing estates have on health and wellbeing.</p> <p>The report also draws attention to the economic cost arising from poor housing and health.</p> <p>The report informs Members of some of the initiatives currently being developed in the City’s housing estates from developing green spaces to promoting community initiatives to build community resilience and capacity.</p> <p>The City’s new Housing Strategy also provides an important opportunity to further develop longer term strategic priorities.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report. • Endorse existing work being undertaken in the city’s estates and future opportunities. 	

Main Report

Background – The case for health and housing

1. The links between tackling the national housing crisis and the nation's health are growing. A safe, settled home is the cornerstone on which individuals and families build a better quality of life, access the services they need and gain greater independence.
2. Poor housing multiplies inequalities, disproportionately affects vulnerable people, older people living isolated lives, the young, those without a support network and adults with disabilities.
3. The National Housing Federation has highlighted that poor housing conditions increase the risk of poor health by up to 25% during childhood and early adulthood.
4. Structural defects (poor lighting, lack of handrails) increase the risk of accidents. 45% of accidents occur in the home and accidents are in the top ten causes of death for all ages. The majority of injuries to people over the age 75 years occur at home.
5. Furthermore, there is also an evidenced case for the economic impact arising from poor housing and health. The Building Research Establishment (BRE), for instance, calculated that poor housing cost the NHS at least £600m per year in England, with the total cost to society estimated to be greater than £1.5 billion. The annual cost from falls due to structural defects in those aged 60+ is £1 billion with the average cost of a hip fracture estimated at £30,000. This is five times the average cost of a housing adaptation and 100 times the cost of fitting hand and grab rail to prevent falls¹.
6. The impact of health and housing is of particular relevance for the City. The City's housing strategy, for example, has outlined key challenges impacting on the health and wellbeing of City tenants. These include for example, overcrowding, health inequalities in specific wards, demographic changes and meeting the challenges of an ageing population.

The health and housing connection – the evidence base

7. This section highlights the key factors that impact on good health and wellbeing through poor housing, the neighbourhood and socio economic inequalities in housing estates^{2,3}. In many cases, these factors do not exist in isolation and thus exacerbate their impact:
8. *Poor quality construction, internal environments and design:*
Poor quality construction, internal environments and design increase the risk of damp, mould and cold, these factors are found to contribute to poor health.
9. Cold housing is thought to be the main reason for up to 40,000 additional (excess winter) deaths reported each year between December and March. Damp and cold homes are linked to increased risk of cardio – vascular, respiratory and rheumatoid diseases. Excess winter deaths become significant for those in the 45+ age group, with a marked increase in risk for those aged over 85 years. Very young children, disabled people who spend longer in their home are disproportionately affected.

¹ The Real Cost of Poor Housing, Davidson M, Royes M, Nicole S, Ormandy D, Ambrose P (2010)

² Marmot, Review of Health inequalities in England (2010)

³ World Health Organisation, David Omandy (2011)

10. Poor energy efficiency in existing homes and rapidly rising fuel costs make it unaffordable for low income households to adequately heat their homes. Even after significant improvements to the energy performance of the UK'S housing stock, there were 4.5m households in the UK in fuel poverty in 2011. Being unable to afford to keep a warm home, particularly a home that is difficult to heat is a key factor impacting on the health of older people and workless households.
11. Structural defects increase the risk of an accident (poor lighting, or lack of stair handrails) 45% of accidents occur in the home and accidents are in the top 10 causes of death for all ages. The majority of injuries to people aged 75 or over occur at home. Unintentional injury is a leading cause of death among children and young people aged 1-14 years, with one million visits to accident and emergency by children every year arising from injuries in the home.
12. *Poor access to open spaces and the public realm:*
The social and physical characteristics of a neighbourhood also impact on health. Research has found for example, that those who live in environments with high levels of green space are more likely to be physically active and less likely to be overweight or obese.
13. *The neighbourhood and community safety:*
Feelings of insecurity when out in the neighbourhood and concerns for the safety of the home can help generate stress and depression. Anti-social behaviour such as noise nuisance exacerbates this and can compound mental health issues.
14. *Socio economic inequalities and poor health*
Inequalities in income underpin inequalities in health and those on low incomes are also more likely to live in poor quality housing. Research has shown that the lower a person's socio-economic position, the higher their risk of ill health. There are significant socio economic inequalities in the incidence of diseases such as head and neck, lung and stomach cancers. In terms of socio economic groups, obesity is highest among those in routine and manual occupations. The burden of poor mental health is also not distributed equally, the patient mix in London's health services include much higher numbers from deprived communities. Financial pressures can greatly add to stress and anxiety.
15. *Health, social care and housing:*
Housing with care and support plays a critical role in promoting health and social care, enabling people to remain independent and able to access services from their own homes as well as speeding recovery and improving health more broadly. Preventative services such as housing related support services reduce the need for more care intensive interventions, easing the pressure on local budgets. Timely adaptations to properties are vital in getting people home from hospital quickly, prevent readmissions and facilitate the delivery of peoples care in their own homes.
16. *Community assets - social capital, resilience, social connectedness and good health:*
Health and wellbeing is strongly influenced by community and individual assets (social relationships, resilience, social support and networks, opportunities for voluntary work, life-long learning). There is growing evidence that people with stronger social networks are healthier and happier. Research has also shown that traditional risk based and targeted programmes (smoking cessation, health eating encouraging physical activity) are not enough to bring about health and wellbeing in a community. They do not give sufficient recognition to the fact that individuals, families and neighbourhoods are a potential health resource and not just consumers of health services.

17. Housing and health have a crucial role to play in releasing community capacity and strengthening local networks.

Health and the City's social housing estates

18. The City context

The type and clustered nature of the City's housing is unusual. The majority of dwellings (95%) are flats. Most housing is high-density and situated mainly on the City fringe. Social housing in the City, including housing association homes, is concentrated in the estates in Golden Lane, Middlesex Street and Mansell Street.

19. Around 19% of households live in social rented housing and 42% of homes are owner-occupied. The City's overall social rented stock totals 1,924. Unusually for a local authority most of the City's own social rented stock is located outside its boundaries: 467 dwellings are located in the Square Mile; the remaining 1,457 are located in estates in six other London boroughs.

Health and housing - The key challenges in the City

20. Overcrowding

Overcrowding is a challenge for us. Around 1 in 3 of all households in the City lives in accommodation lacking one or more rooms. In terms of demand for social housing, 326 of the households (218 applicants and 108 existing tenants) on our housing register are overcrowded. Although many of these currently live outside the City, all will have a connection or need for social housing within the City or neighbouring areas.

21. Children living in overcrowded homes are up to 10 times more likely to contract meningitis and three times more likely to have respiratory problems. Over a lifetime, overcrowded homes have been linked with slow growth in children which correlates with an increased risk of heart disease as an adult.

22. Health inequalities

Around 1 in 8 households have a disability or suffer long-term health problems. This is less than in London or elsewhere nationally but there are variations in health between neighbourhoods. Poor health is more prevalent in the Portsoken and Golden Lane areas where ill-health and disability affects around 20% of households. Many of these have a physical disability, are frail elderly or suffer with mental health problems and are most likely to require specialist forms of housing, adaptations or support services to help them to remain living independently in their home.

23. A significant number of residents in the Portsoken ward are in receipt of benefits or have low incomes. Pensioner poverty and child poverty in the ward are among the highest in the City. For some of these households fuel poverty may present a growing problem.

24. Stock condition

The construction of many of our homes makes them prone to condensation problems. Ageing, single glazed windows and poor insulation mean that some residents struggle to keep their homes adequately heated. The Asset Management Strategy sets out a five-year programme to tackle these issues but at present they are having a negative impact on the lives of some residents.

25. Meeting the demands of an ageing population

The numbers of older people in the City are small but rising and projected to accelerate rapidly. Incidences of age-related health problems such as reduced mobility and dementia and the need for additional support and care are likely to increase.

Examples of good practice in the City's estates

26. *Quality, including construction, internal environments and design quality:*
Following investment over past decade, nearly all our homes have now been brought up to a basic standard and many have been fully modernised. The Asset Management Strategy sets out the next phase of investment and improvements to homes over the next five years.
Improvements already implemented on some estates include, a replacement windows programme, installing efficient boilers, insulation of homes, renewing door entry systems.
27. *Health, social care and housing*
Our Tenancy Sustainment Team provides support for 35-40 vulnerable residents to enable them to live independently. This includes working closely with Children's Services to prepare care-leavers to take up and then maintain a tenancy.
28. We run three sheltered housing schemes and the City of London & Gresham Almshouses, all of which have dedicated staff to support older residents. The Sheltered Housing Review has identified how we need to change our provision for older people in the future and it, together with the Housing Strategy (2014 – 2019) places greater emphasis on supporting people to live independently in the community and providing the services to enable them to do so.
29. *Socio economic inequalities and poor health*
The City is developing an area-based, multi-agency approach to address these issues and coordinate services and target resources where they are most needed. This is being piloted in the Portsoken ward, where the development of a Library & Community Centre as part of the Middlesex Street Estate has brought the work of Housing and other departments and agencies closer together. Housing officers have become more closely involved with health and social care partners, local communities and other agencies to deliver real improvements in the way services are delivered at a local level.
30. We have undertaken a major programme of work to help residents on low incomes as part of our response to the government's welfare benefit reform programme. Staff have been trained in debt counselling and money-management so that households can be proactively supported to manage their finances, claim any benefits due to them and stay debt free. We have worked closely with the national Illegal Moneylending Team to combat potential issues relating to 'loan sharks' and the negative impact they can have on residents.
31. *The neighbourhood, open spaces and public realm, adequate spaces for living and playing in and around the home, including the importance of gardens or common public spaces*
We are fortunate in having green space, gardens and play areas on most of our estates and these have always provided opportunities for residents to be outside and for children to play. We have worked with residents on several of our estates to enhance their communal space and use it for recreation and leisure. Examples have included creating communal gardens and refurbishing play areas.

32. The fact that we have local staff based on each estate allows us to maintain the external and communal areas to a high level. Graffiti, fly-tipping and littering are rare and are swiftly dealt with when they occur. The locally based staffing also allows us to address anti-social behaviour speedily. We work closely with the local police on each of our estates and they consistently report that not only are crime rates on our estates exceedingly low, but that they are extremely safe places to live.
33. *Healthy lifestyles*
We have also worked closely with residents to encourage healthier lifestyles. Some estates now have communal allotments, where residents can be active and grow vegetables and fruit. We have also worked with different agencies to encourage smoking cessation and greater physical activity, encouraging residents to use stairs rather than taking lifts.
34. *Community assets - social capital, resilience, social connectedness and good health*
We have run a number of community development projects and now have a Community Development Officer who works with staff and residents to develop projects designed to build connectedness, community participation and a sense of community within estates. We also encourage mutual support and volunteering through initiatives like our “Good Neighbour Scheme”. The “Remembering Yesterday, Celebrating Today” project is a four-year programme of work which draws all this together.
35. We are lucky to have community halls and rooms on most of our estates and staff work with residents to run social events making the most of these.
36. *The role of the City Estate / Housing Manager*
Our Estate Managers, Sheltered Scheme Managers and their teams play a particularly important and valued role in the early identification and prevention of tenant health and other issues. Through routine contact with tenants, sheltered scheme managers in particular, have for example supported elderly tenants to access support during a health crisis and provided an important source of social contact for isolated tenants. Our staff offer a familiar, trusted presence who know their residents well and can spot problems and get support as early as possible.

Opportunities to further promote good health and wellbeing in the City’s housing estates

37. Officers have identified a range of opportunities for the City to further promote good health and wellbeing in its estates. The lists below, though not exhaustive, indicate initiatives which could be implemented in the short term and those longer term opportunities that could be developed over a longer term:

Opportunities in the short term:

- Establish smoke free areas on all estates for play, leisure and recreation
- Where possible, introduce ‘green gym’ equipment on estates
- Increase estate based initiatives to promote social integration and combat loneliness
- Explore more opportunities for volunteering and informal community education programmes, particularly for the elderly
- Encourage and promote access to programmes and lifelong learning
- Keep people at home, for example through falls prevention, nutrition advice and using community resources to prevent isolation.
- Provide evidence based preventative services such as information and advice or services aimed at minimising disability or dependency.

Longer term strategic priorities:

- Review recent developments in assistive technology such as telecare, passive monitoring etc and explore what could be introduced in homes of older people to support them.
- Develop a data sharing agreement and process across housing and adult social care to target and support high risk individuals (lone elderly tenants);
- Develop clear and simple pathways for older people to access other public services, voluntary support or life long learning, with training for staff on what is available and how to access it;
- Develop a joint action plan with public health and adult social care to encourage and promote healthy lifestyles for residents;
- Build into the Housing development programme a requirement to provide 'lifetime homes' as part of any new affordable housing;
- Ensure that front-line staff are trained in basic health promotion skills such as the 'making every contact count' programmes run by many local health partnerships;
- Establish a grant programme to support community-led health projects such as communal gardens, green gyms, safe play areas, exercise classes and healthy cookery programmes;
- Introduce health roadshows on estates, promoting cholesterol testing, smoking cessation, physical activity etc;
- Expand the Tenancy Sustainment Team to work with the Adult Care Service and other agencies to widen the range of housing support offered to residents.

Consultation

38. The Comptroller and the Public Relations Office have been consulted on the contents of this report.

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Committee:	Date:
Health and Wellbeing Board	30 September 2014
Subject:	Public
Adult Wellbeing Partnership and Children's Executive Board	
Report of:	For Decision
Director of Community and Children's Services	

Summary

The City of London Department of Community and Children's Services has a wide range of strategies which span a number of policy areas and have various governance arrangements associated with them.

The Department aims to ensure that all strategies are aligned to formal governance boards and that these arrangements are strengthened where necessary.

The Adult Wellbeing Partnership provides strategic leadership and oversight to drive delivery to achieve the vision for improving the wellbeing of communities in the City of London. It is responsible for overseeing the Adult Wellbeing Framework, an overarching document, which brings together a range of strategies in delivering the vision for improved adult wellbeing in the City of London.

As part of its governance structure, it is proposed that it becomes a formal sub group of the City of London Health and Wellbeing Board to establish the partnership within the formal City of London governance structures around health and wellbeing.

The Children and Young People Plan and the structure of the Children's Executive Board, which oversees the plan will undergo a review which will be completed by April 2015. The review will consider the governance and membership arrangements of the Board and its relationship with the formal governance structures of the Health and Wellbeing Board.

Recommendation(s)

Members are asked to:

- Agree that the Adult Wellbeing Partnership becomes a formal sub group of the Health and Wellbeing Board
- Note the review of the Children and Young People's Plan and the governance and membership of the Children's Executive Board

Main Report

Background

1. The Health and Wellbeing Board forms part of the formal arrangements of the Court of Common Council and provides a governance structure for issues around health and wellbeing in the City.
2. There are a variety of national policies and initiatives around health, social care and wellbeing, such as the Better Care Fund, which require formal accountability and robust governance structures at a local level. In the City of London the Adult Wellbeing Partnership will provide leadership to drive forward delivery of policies, plans and strategies which support adult wellbeing.
3. Many local authorities have built specific links between programme boards such as the Adult Wellbeing Partnership and Health and Wellbeing Boards to establish formal governance arrangements.

Adult Wellbeing Partnership

4. The City of London Corporation serves a wide range of communities and needs – from those of its resident population to those of the large workforce that commutes daily into the Square Mile. Improving adult wellbeing requires services that deliver responses and outcomes across these communities.
5. Wellbeing in the community is reflected in the good physical and mental health of individuals, in their skills and confidence to manage their own health and maintain their independence, and in their opportunities for learning, activity and for making a positive contribution.
6. The City seeks to provide an environment that supports wellbeing – where people feel safe and there are places and opportunities to bring people together, and where our residents can feel pride and satisfaction with where they live.
7. Wellbeing is also delivered through services that are high quality, timely and designed to respond flexibly to individual needs. City of London services are increasingly seeking to sustain individual wellbeing through early intervention and support to promote and sustain independence.
8. The divergent needs of the adult community in the City of London, and the range of interventions and activity that support wellbeing are such that no single strategy sets out the City of London's roles and priorities are articulated in, and driven by, a range of strategies. An Adult Wellbeing Framework has been developed as an overarching document that draws out the role of the strategies in delivering the vision for improved adult wellbeing in the City of London.

9. The Adult Wellbeing Partnership provides strategic leadership and oversight to drive delivery to achieve the vision for improving the wellbeing of communities in the City of London.

10. The Adult Wellbeing Partnership focuses on:

- The Adult Wellbeing Framework and any key performance issues arising from the strategies within it
- Care Act implementation
- The Better Care Fund and integrated care
- Oversight of any key safeguarding issues and development of a co-ordinated response

11. This Adult Wellbeing Partnership provides:

- Strategic leadership to ensure co-ordination and co-operation across functions and organisations to promote health and improve the wellbeing of adults in the City of London
- Oversight to ensure the delivery of strategies, plans and actions supporting adult wellbeing
- Strategic leadership for commissioning to support and promote the health, wellbeing and independence of adults
- Oversight of the Better Care Fund plan and leadership to drive further integration of health and social care services
- Oversight and accountability for the Care Act Implementation Project
- A forum to tackle barriers to progress and implementation of the City's priorities across services, functions and organisations
- Assessment, monitoring and performance management of related actions from the City of London's strategies, programmes and projects
- Identification of and response to local priorities

12. The Adult Wellbeing Partnership consists of the following members:

Name	Organisation
Ade Adetosoye (Chair), Director of Community and Children's Services	DCCS City of London
Chris Pelham, Assistant Director, People	DCCS City of London
Neal Hounsell, Assistant Director, Commissioning and Partnerships	DCCS City of London
Jacque Campbell, Assistant Director, Housing and Neighbourhoods	DCCS City of London
Simon Cribbens, Policy Development Manager	DCCS City of London
Ellie Ward, Programme Manager	DCCS City of London
Paul Haigh, Chief Officer	City and Hackney CCG
Jane Milligan, Chief Officer	Tower Hamlets CCG
Sam Mauger, Chair	City of London Healthwatch
1 nominee	London Fire Brigade
1 nominee	City of London Police
David Vasserman, GP	Neaman Practice

1 nominee	Spitalfields Practice
Dean Henderson, Borough Director	East London Foundation Trust
Nicole Klynman	Public Health Consultant

Children's Executive Board

13. The current City of London's Children and Young People Plan (CYPP) covers the period 2012 – 2015. The work of the CYPP is overseen by the Children's Executive Board (CEB) which is chaired by the Director of Community and Children's Services.
14. In order to ensure that the work of the CEB continues to meet the needs of the City community, is responsive to local, regional and national policy developments and is compliant with updated statutory requirements, it is important that the that the CEB reviews and plans for a new CYPP from 2015. Reflecting this, the governance and membership arrangements for the Board will be reviewed.
15. The review is scheduled to begin in October 2014 with a new CYPP being produced in April 2015. The process will be overseen by the Assistant Director, People with the support of the Policy Team who will co-ordinate the engagement of partners and draft the plan and new governance arrangements and membership arrangements.

Proposals

16. It is proposed that the Adult Wellbeing Partnership becomes a formal sub group of the Health and Wellbeing Board, giving regular reports on its work and identifying specific issues that the Health and Wellbeing Board may wish to consider.
17. Proposals for any changes to the structure and membership of the CEB in relation to the Health and Wellbeing Board will be brought to the Board at a later stage.

Corporate & Strategic Implications

Implications

18. The inclusion of the Adult Wellbeing Partnership as a formal sub group of the Health and Wellbeing will establish the partnership within the formal City of London governance structures around health and wellbeing.
19. The review of the CYPP and CEB will consider the relationship between the CEB, the Local Safeguarding Children Board and the Health and Wellbeing Board. Since the launch of the CEB, the Health and Wellbeing Board has been established and forms part of the formal arrangements of the Court of Common Council. The review will need to consider how the CEB formally fits into the governance framework.

Conclusion

20. It is proposed that the Adult Wellbeing Partnership will become a formal sub-group of the Health and Wellbeing Board and that any proposed changes to governance and membership arrangements of the CEB are considered by the Health and Wellbeing Board at a later date.

Appendices

- None

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Committee(s):	Date(s):
Health and Wellbeing Board	30/09/2014
Subject: Joint Health and Wellbeing Strategy: Action Plan	Public
Report of: Director of Community and Children's Services	For Decision
Summary	
<p>The Health and Wellbeing Board has developed an action plan to deliver the Joint Health and Wellbeing Strategy (JHWS) between now and 2016. Board members have revisited the priorities set out in the original JHWS, first agreed in 2013, and proposed an action plan to deliver them. Further views on the action plan have been sought via a public engagement event. This feedback has been taken into consideration and the final action plan is attached as an appendix to this report.</p>	
Recommendation(s)	
Members are asked to:	
<ul style="list-style-type: none"> • Note the report and approve the proposed JHWS action plan 	

Main Report

Background

1. In May 2014, the Health and Wellbeing Board approved a process for refreshing the Joint Health and Wellbeing Strategy (JHWS) and formulating an action plan.
2. At a Development Day in June 2014, the Health and Wellbeing Board revisited the JHWS priorities and identified potential actions for them.
3. These were placed into a draft framework and circulated to Health and Wellbeing Board members, to gain further comments and to prioritise actions.
4. Additionally, City of London Healthwatch organised a public engagement event on 10th September 2014, to ask local people to contribute their views on how the strategy should be implemented.

Current Position

5. Health and Wellbeing Board members' comments on the draft action plan were as follows:
 - Members identified their "top priorities" for each area of activity. These have been incorporated into the action plan by re-ordering the actions.

The prioritisation of action will provide focus for the Health and Wellbeing Board's work plan.

- Additional actions were also suggested, including the opportunity to link with other City campaigns when providing advice drop-in sessions/roadshows for residents and the need to feed health and wellbeing priorities into the Noise Strategy that is being redeveloped in 2014/15. These have been added to the action plan.
6. Around 30 people attended the local Healthwatch event, representing a good mixture of City residents and service providers. The facilitators outlined the role of the Health and Wellbeing Board and explained how the JHWS priorities were identified. Attendees were then asked to comment on the action plan and provide feedback on the actions they felt were the most important. Feedback focused on:
- The role of volunteering in the City to bring communities together, especially inter-generational activities
 - Measures to increase levels of physical activity and tackle obesity
 - Support for work on air quality and noise pollution, especially around traffic management in the City
 - Promotion of community activities to decrease social isolation
 - Need for effective early help for families and children
 - Need for greater mental health support
 - Engagement with City businesses central to meeting worker health needs and managing the impact of business on the local environment
 - Need for education/health promotion activities around smoking
 - Dementia as a key issue and the need for befriending services
 - Potential for better communication of support and services available
 - Need for effective data sharing between organisations
 - Doubts around use of technology-based solutions (e.g. smartphone apps), so other methods of accessing information must be provided
 - Support for ongoing improvements to green space
7. In general, attendees were happy with the majority of actions proposed. The following additional suggestions have been incorporated into the action plan:
- Continue to promote volunteering (with SPICE)
 - Ensure that information about local services and activities is readily available and proactively communicated (information and advice)
 - Continue work with Golden Lane Leisure Centre to encourage residents to make use of facilities
 - Continue work with Open Spaces to incorporate health and wellbeing issues into future service delivery

8. Officers have reviewed and compiled comments from the Health and Wellbeing Board and the public engagement event into a revised strategic action plan. This action plan is included as Appendix 1, and covers two years to the end of the strategy period (April 2016).
9. Progress reports will be submitted to the Health and Wellbeing Board every 6 months. These will pull together activity from across the different priority areas and enable the Board to monitor progress and identify further actions.

Proposals

10. It is proposed that the Health and Wellbeing Board approves the JHWS action plan.

Conclusion

11. Following feedback from the Health and Wellbeing Board and a public engagement event, the action plan for delivering the JHWS has been updated. This is included as Appendix 1.

Appendices

- Appendix 1 - Joint Health and Wellbeing Strategy: Action Plan 2014-16

Background Papers:

30th May 2014 – Joint Health and Wellbeing Strategy Update

18th July 2014 - Development Day Outcome: Joint Health and Wellbeing Strategy refresh

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Joint Health & Wellbeing Strategy: Action Plan 2014-16

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Priority	What have we done?	Action Plan	Timelines	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
Residents and rough sleepers						
More people in the City are socially connected and know where to go for help	<p>The City is a pilot area for the Social Prescribing project, with a specific focus on socially isolated individuals</p> <p>We have expanded the City advice service and will be retendering it in Autumn 2014. We will be expanding the role of the community engagement worker in the Portsoken area to build on the existing work and further engage elements of the community not currently engaging</p> <p>We are continuing to work with SPICE to encourage volunteering within the City</p>	<ol style="list-style-type: none"> 1. Work with frontline staff to raise awareness of social isolation 2. Map and promote local groups and activities 3. Research different patterns of isolation between different communities/estates in the City 4. Ensure small local groups have adequate funding/sustainability 5. CSV bid for Local Area Agreement funding to address this issue 6. Work more closely with local GPs – develop a LES (a payment-by-results contract with GPs for them to identify and refer isolated individuals) 7. Pop-up information centre in a vacant shop 8. Topic-based information and advice drop-in sessions/roadshows for residents 9. Continue to promote volunteering (with SPICE) 10. Ensure that information about local services and activities is readily available and proactively communicated (retendering information and advice service 2015-16) 	<ol style="list-style-type: none"> 1. short term 2. short term 3. medium term 4. short term 5. short term 6. medium term 7. medium term 8. medium term 9. ongoing 10. medium-long term 	<p>City & Hackney CCG</p> <p>Community & Children's Services</p>	<p>Older people's groups</p> <p>Community Engagement Worker</p> <p>Carers' service</p> <p>City Advice, Information and Advocacy Services</p> <p>GPs</p>	<p>City & Hackney CCG Lead</p> <p>Community & Children's Services Director</p>
More people in the City are physically active	<p>We have commissioned a local exercise on referral scheme and are expanding it to Tower Hamlets GPs</p> <p>We are working with the planning and transportation department to review City signage</p> <p>We are working with Open Spaces to ensure the new Open Spaces Strategy takes account of health and wellbeing issues</p>	<ol style="list-style-type: none"> 1. Investigate how to engage with diverse Portsoken populations, and older populations in the north of the City, to increase physical activity 2. Develop physical activity strand for a Healthy Schools programme 3. Work with planning and transport department to investigate further ways to increase/improve active transport options 4. Develop an app that ties in with the Clean-Air app that allows people to set targets for walking and physical activity 5. Continue work with Golden Lane Leisure Centre to encourage residents to make use of facilities 6. Continue work with Open Spaces to incorporate health 	<ol style="list-style-type: none"> 1. medium term 2. medium term 3. medium term 4. medium term 5. ongoing 6. ongoing 	<p>Planning and Transport</p> <p>Port Health and Public Protection</p> <p>Open Spaces</p> <p>Fusion Lifestyle</p>	<p>Golden Lane Leisure Centre</p> <p>Sports Development team</p> <p>Community Engagement Worker</p> <p>Transport Planning</p> <p>Police</p>	<p>Community & Children's Services Director</p> <p>Director of Public Health</p> <p>City & Hackney CCG Lead</p>

	<p>We have commissioned the community engagement worker to encourage women in the east of the City to be more physically active</p> <p>We are working with C&H CCG to develop a new T3 adult obesity service (for adults who are at risk of needing bariatric surgery), which will include a physical activity component and/or healthy weight maintenance</p>	and wellbeing issues into future service delivery				
City air is healthier to breathe	<p>New air quality strategy is being written</p> <p>Public awareness of this issue is much higher, and Corporation-wide support is growing</p> <p>Pan-London conference is being planned for late 2014</p>	<ol style="list-style-type: none"> 1. Working with additional partners (eg, taxis) to further raise awareness and support (take a proactive firm stance) 2. Contribute to refresh of air quality strategy 3. Investigate what can be done to improve traffic management in the City 4. Influence built environment design 5. Commission research on impact on vulnerable groups 6. Measure hits/ sign-up to apps 	<ol style="list-style-type: none"> 1. short term 2. immediate 3. short-medium term 4. ongoing 5. medium term 6. short term 	Port Health and Public Protection Built Environment GLA TfL	Environmental Health, City Air Strategy Police	Port Health & Public Protection Director
The City is a less noisy place	<p>We have submitted comments to the City's local plan consultation</p> <p>We have been working with licensing on the new Safety Thirst scheme, which includes consideration of noise from the night time economy</p>	<ol style="list-style-type: none"> 1. Measure numbers of complaints 2. Work with partners on noise mitigation, particularly from large vehicles and building works 3. Evaluate impact of late night levy 4. Evaluate impact of noise on health and wellbeing within the City 5. Refresh of City Noise Strategy and Action Plan 	<ol style="list-style-type: none"> 1. Immediate 2. medium term 3. Medium-long term 4. Medium-long term 5. Medium term 	Port Health and Public Protection City of London Police Safer City Partnership	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols	Port Health & Public Protection Director
More people with mental health issues can find effective, joined up help	<p>We have encouraged the CCG to recognise this as a priority area for City residents</p> <p>We have commissioned a mental health needs assessment for residents in the City of London</p> <p>Our new dementia strategy seeks to create a "dementia friendly City" and will be encouraging City frontline staff</p>	<ol style="list-style-type: none"> 1. Promote social interaction amongst residents, especially on estates 2. "talk to your neighbour" campaign 3. Promote healthy workplace initiative 4. Train City of London staff as dementia friends 5. Promote assessment of mental health app 6. Link HWB app to social prescribing 7. Outreach Mental health nurse practitioner for rough sleepers 8. Outreach GP for rough sleepers 9. Measure interventions; 999 calls; prescriptions 	<ol style="list-style-type: none"> 1. medium term 2. medium term 3. immediate 4. short-medium term 5. medium term 6. medium term 7. medium term 8. medium-long term 9. medium-long term 	City & Hackney CCG Community & Children's Services East London Foundation Trust	GPs City Advice, Information and Advocacy Services Housing Service LB Hackney	Community & Children's Services Director City & Hackney CCG Lead

	to become dementia friends					
More people in the City have jobs: more children grow up with economic resources (reduce child poverty)	Child poverty needs assessment Housing team and Information and Advice Service are working with vulnerable families Targeted services in the most deprived areas of the City (Portsoken)	1. Greater provider-based identification of vulnerable families 2. Actions contained in needs assessment (to be agreed by HWB and CCS committee) 3. Service mapping activity to inform prevention and early intervention work	1. Medium term 2. Short-medium term 3. Short-medium term	Economic Development Community & Children's Services DWP/Job Centre Plus	Jobcentre Plus Apprenticeships Adult Learning Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department	Community & Children's Services Director
More people in the City are warm in the winter months	Fuel poverty is now amongst the lowest in London	Continue to monitor	annually	Community and Children's Services	Housing Service Community Groups City Libraries	Community & Children's Services Director
More rough sleepers can get health care, including primary care, when they need it	Supporting TB find and treat mobile X-ray screening (also tests for other BBVs) Increase in GP registrations New rough sleeper strategy	Outreach GP for rough sleepers	medium-long term	Community & Children's Services City & Hackney CCG	Homelessness Outreach Service Homeless Health Provision	Community & Children's Services Director City & Hackney CCG Lead
People in the City are screened for cancer at the national minimum rate	Responsibility for cancer screening has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	immediate	NHS England	GPs Community Groups Community Engagement Worker	NHS England Lead
Children in the City are fully vaccinated	Responsibility for childhood vaccinations has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	immediate	NHS England	GPs Community Engagement Worker	NHS England Lead

Priority	What have we done?	Action Plan	Timelines	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
City workers						
Fewer City workers live with stress, anxiety or depression	<p>We commissioned research into best practice for companies investing in workplace health programmes</p> <p>We ran the Business Healthy conference in March 2014, and have set up a network of interested businesses</p>	<ol style="list-style-type: none"> 1. Work with GLA to promote the Healthy Workplace Charter 2. Campaign to raise awareness amongst businesses and de-stigmatise mental health issues 3. Put into contracts as a condition: Expectation that contractors sign up to the Healthy Workplace Charter. 4. Work with partners such as CMHA, BITC 5. Work to establish services in faith buildings 6. Include worker health stipulations in local schemes (similar to Considerate Contractors) 7. Softer interventions: <ol style="list-style-type: none"> a. Built environment b. Open spaces c. Sports and leisure 	<ol style="list-style-type: none"> 1. immediate 2. medium term 3. medium-long term 4. immediate 5. medium term 6. medium-long term 7. medium-long term 	Community & Children's Services	City businesses, HSE standards, Livery Companies Environmental Health,	<p>Community & Children's Services Director</p> <p>Director of Public Health</p>
More City workers have healthy attitudes to alcohol and City drinking	<p>We are expanding our work with employers to encourage healthy attitudes.</p> <p>We are working with local pubs, bars and clubs to educate and support workers, through the Safety Thirst scheme</p>	<ol style="list-style-type: none"> 1. Set up a new service that takes a preventative approach to smoking, drinking and drug-taking, as agreed at last HWBB 2. Engage with licensing committee 3. Educate on impact on long term health 	<ol style="list-style-type: none"> 1. short term 2. short term 3. medium term 	<p>City of London Police</p> <p>Safer City Partnership</p>	<p>Substance Misuse Partnership</p> <p>City of London Police Safety Thirst</p> <p>London Ambulance Service</p> <p>DH alcohol strategy</p>	Community & Children's Services Director
More City workers quit or cut down smoking	<p>We have worked with the Cleansing team and Boots to set up the Fixed Penalty Notice scheme</p> <p>We are piloting novel approaches to smoking cessation e.g. e-cigarettes</p>	<ol style="list-style-type: none"> 1. Extending Smoke Free Open Spaces in the City 2. Highlight Internal (corporation) and external resources available to help quit 	<ol style="list-style-type: none"> 1. short term 2. short term 		<p>Pharmacists</p> <p>GPs</p> <p>Employers</p> <p>City Street Cleansing Team</p>	Community & Children's Services Director

Service area	What have we done?	Action Plan	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
Mandatory services					
Sexual health	Commissioned services through LB Hackney. Barts Health running a pilot walk-in sexual health service with Boots from Liverpool Street Station		LB Hackney	Barts GUM clinic Boots and other pharmacy	Director of Public Health
NHS Health Checks	We have commissioned TLC to conduct health checks with harder-to-reach communities GP and pharmacy health checks We will be recommissioning the delivery of health checks more holistically from 2015	More targeted activities in Portsoken	LB Hackney	Community centres and events Libraries GPs Community Groups Community Engagement Worker	Director of Public Health
National Child Measurement Programme	Commissioned school nursing services through LB Hackney		LB Hackney	Schools	Director of Public Health
PH advice to CCG	Worked with C&H CCG to agree PH inputs Supporting the Mental Health Programme Board Ad hoc advice, information and intelligence provided to CCG in conjunction with LB Hackney Supporting the CCG with public engagement events	To be agreed with C&H CCG Possibility of working more closely with TH CCG and other neighbouring areas	LB Hackney		Director of Public Health
Health protection planning	Supporting TB outreach, screening and TB DOT Set up local health protection forum Multiagency work with Public Health England, NHS England , LAS and LFB Contributed to excess deaths; pandemic flu; mass evacuation; and mass shelter frameworks for London Contributed to review of heatwave arrangements for London	Reviewing multiagency response pandemic flu plan for the City – will include review of excess deaths arrangements Emergency planning with City businesses	Town Clerk's Department (Contingency Planning Team) Port Health and Public Protection Team Public Health Team Public Health England, NHS England , LAS and LFB		Director of Public Health

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Committee(s):	Date(s):
Health and Wellbeing Board	30th September 2014
Subject: City of London Corporation Workplace Health & Wellbeing Strategy	Public
Report of: Director of Human Resources	For information

Summary

Workplace health has been highlighted as a national priority by Public Health England. City of London's Corporate HR Department is developing a strategy on workplace health and wellbeing. This aims to improve practice within the corporation as an employer and synergise with Health and Wellbeing Board's City-wide and national activities.

The work by the Health and Wellbeing Board has driven the agenda forward locally. It is important that the City of London Corporation reviews and improves its own workplace health policies and practice for its own staff to demonstrate best practice. Failure to do this may impact not only on the health and wellbeing of the workforce but also on the City's ability to lead and influence other organisations.

Recommendation

The Health and Wellbeing Board is asked to:

- note this report and its content
- support the establishment of a Workplace Health and Wellbeing Strategy
- note that the City of London Corporation is undertaking the London Healthy Workplace Charter with a view to being awarded Silver Standard in October 2014.

Main Report

Background

1. Improving the health of adults of working age is a national public health priority. Workplace health is an essential component of the UK government strategy to tackle health inequalities and increase healthy life expectancy ⁽ⁱ⁾.
2. Working age ill-health is estimated to cost the UK economy over £100 billion a year. Those most at risk of high work sickness absence rates are routine and manual workers. This high risk group represents a large health inequality ⁽ⁱⁱ⁾. In 2011, a total of 131 million days were lost because of sickness absence in the UK ⁽ⁱⁱⁱ⁾.

3. The City of London Corporation has committed to supporting and promoting the City as the world leader in international finance and business services. The City of London Corporation, has set out its intent to establish the City as the world's foremost 'healthy workplace setting' for the circa 360,000 people who commute into the City on a daily basis.
4. Benefits include:
 - Improved employee physical health and mental wellbeing
 - Improved workplace productivity and output
 - Better staff retention and recruitment
 - Reduced sickness absenteeism and costs

Current position

5. Workplace health has been highlighted as a national priority by Public Health England. The Director of Public Health is part way through a work stream on workplace health. A three-tiered approach has been identified:
 - Improving workplace health within the City of London Corporation
 - Improving healthy working practices amongst businesses in the Square Mile
 - Establishing the City of London as a leader in workplace health, nationally and beyond
6. Corporate HR has set employee wellbeing as a key part of their 2014-2017 HR Strategy. The broad project objectives have been identified as:
 - Reduce sickness absence further and facilitate successful returns to work
 - Develop positive strategies for mental wellbeing at work
 - Improve motivation, performance and working relationships
 - Support managers to understand and manage wellbeing at work
 - Improve culture and awareness about wellbeing at work

Improving workplace health within the City of London Corporation

7. In 2013/14, the City of London Corporation had an average of 3000 full time equivalent (FTE) employees. There were 19,749 sick days attributed to these staff in the year ending 31 March 2014. Sickness absence cost the City of London was £1.5 million in the same period. This is a favourable comparison to other authorities, as the City falls in the top 50% of all the London boroughs, and the top 25% for inner London.
8. The Corporation has prioritised for some time reducing both long and short-term sickness absence, and there are already a number of specific initiatives in

place to support staff and address underlying issues in departments with the highest rates.

9. An initial review has shown that many initiatives are carried out which improve wellbeing for City of London employees. However, these are not effectively communicated to our staff and managers. Effective sign posting and engagement needs to take place and this will be established through a holistic Workplace Health and Wellbeing Strategy.
10. Stress related absence is particularly common in the public and non-profit sectors. Those most at risk of high work sickness absence rates are those in routine and manual work. Our statistics show that this is not the case for us as an employer. In the recent Human Capital Metrics Survey^{iv} 2013/2014 which surveys all London Boroughs, the percentage of sickness absence due to stress, depression or fatigue was 11.39% at the City of London. This placed us in the top 25% of all London boroughs, (the average across all London boroughs was approximately 17.5 %.).
11. The City of London Corporation has initially prioritised its needs from the data provided by the Human Capital Metrics Survey. The areas identified included;
 - back issues and other musculoskeletal disorders
 - the need to support manual workers
 - staff with long term health conditions
 - those in demanding roles who may be more prone to succumb to sickness absence and
 - Display Screen Equipment (DSE) use is a key area of concern due to the lack of physical activity experienced by most DSE users during the majority of their working day.
12. There is good evidence to suggest that innovative and focussed workplace interventions could help reduce the rate of sickness absence across the Corporation further, given that a large proportion of the causes of sickness absences are attributable to minor ailments such as upper respiratory tract infections, musculo-skeletal problems and pain. It may also be the case that developing targeted workplace interventions to address lifestyle related factors, will help to improve the coping mechanisms of staff and help them manage other underlying wellbeing causes of sickness absence e.g. stress and anxiety.

Mental Health

13. Whilst the City of London Corporation compares favourably with other London Boroughs, mental health is one area we feel there is room for improvement and this will form a strand of the overall strategy. This will build on some pilot work carried out last year within Department of Community and Children Services.

14. Recent research published by MIND (the mental health charity) suggests 1 in 6 workers is currently suffering from a mental health problem such as anxiety, depression or stress (✓). Mind also found:
- One in five (19 per cent) of workers take a day off sick because of stress, but 90 per cent of those people cited a different reason for their absence.
 - One in ten (9 per cent) resigned from a job due to stress and one in four (25 per cent) have considered resigning due to work pressure.
 - One in five (19 per cent) felt they couldn't tell their boss if they were overly stressed.
 - Of the 22 per cent who have a diagnosed mental health problem, fewer than half (10 per cent) had actually told their boss about their diagnosis.
 - Over half of managers (56 per cent) said they would like to do more to improve staff mental wellbeing but they needed more training and/ or guidance; 46 per cent said they would like to do more but it is not a priority in their organisation.

The way forward

15. The City of London was a pilot area for the London Healthy Workplace Charter. The London Healthy Workplace Charter is an accredited scheme for employers to demonstrate their commitment to workplace health, and the City of London Corporation has provided support and assistance to City businesses looking to gain this Charter
16. The City of London Corporation is now developing a Workplace Health and Wellbeing Strategy for its employees and is undertaking the London Healthy Workplace Charter itself, to further demonstrate its credibility and commitment to promoting workplace health.
17. Extensive work has already been undertaken and we are looking to submit an application for achievement of the charter, the silver standard, in October 2014. A milestone has been set initially within the strategy to achieve the gold "excellence" standard during 2015.
18. The Workplace Health and Wellbeing Strategy will include develop the following activities:
- a review of HR policies and other initiatives that impact on the wellbeing of staff informed by staff feedback and consultation with interested parties.
 - Wellbeing is also about the employer offer, job satisfaction, staff retention and identifying levels of presenteeism. The project will seek to review these areas with a view to supporting and maintaining the City Corporation as an employer of choice.

- Carrying out a staff survey to inform our needs as an organisation will ensure any resulting workplace health intervention programme focusses our actions and addresses the key issues identified within the City of London Corporation.
 - Analysis of statistical data which will also help to inform the strategy and identify trends and gaps in provision.
19. A strategy working group has been set up to include Occupational Health including the City of London Police, DCCS Public Health Team and other HR colleagues (with agreed terms of reference).
 20. It is proposed the Director of Human Resources and Director of Community and Children's Services champion this group. The officers of the City of London Corporation will oversee the processes and strategy implementation, and ensure that all the relevant partners and departments are involved.
 21. Consideration needs to be given to this high profile piece of work as it sets benchmarks which must be quantified and explored. This piece of work benchmarks us with large international employers and clarity must be gained on what is commensurate and proportionate for us to achieve given our profile and our own needs.

Establishing the City of London as a leader in workplace health, nationally and beyond

22. Beyond the City of London Corporation's internal efforts, work is continuing:
 - To start a dialogue about how to shift workplace health from a "health and safety" focus to holistic wellbeing, including tackling stress and mental health in modern workplaces
 - To improve awareness of the link between healthy workplaces and improved business productivity
 - To establish the City of London as a leader in taking forward the workplace health agenda

Conclusions

22. By achieving the London Healthy Workplace Charter and putting in place a Workplace Health and Wellbeing Strategy for the Corporation itself, we are ensuring that the Corporation remains a credible voice for businesses and partners in the Square Mile and beyond.
23. The City is influential and respected in its wider role and remit both within the City and nationally in the field of health and wellbeing. As an employer, whilst there are a wide range of staff benefits, HR policies and other initiatives we have identified a need to bring these together under the banner of workplace health and wellbeing so that they are accessible to all and kept under regular

view and update review. Data analysis and regular reporting will enable us to monitor direction of travel and prioritise resources accordingly.

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ⁱ. DH 2011, Healthy Lives Healthy People a Public Health Strategy www.phe.co.uk

ⁱⁱ. Dame Carol Black and David Frost CBE (2011) Health at work – an independent review of sickness absence. 2011, <http://www.official-documents.gov.uk/document/cm82/8205/8205.pdf>.

ⁱⁱⁱ. Office for National Statistics 2013, Sickness Absence in the Labour Market, April 2012, http://www.ons.gov.uk/ons/dcp171776_265016.pdf

^{iv} Human Capital Metrics Survey 2013/14 – The statistics provided are comparable averages however it must be noted that the City do not have some of the more stress related areas such as education which will undoubtedly impact on the outcome of the results

^v. Mind (2013) Work is the Biggest Cause of Stress in Peoples Lives. http://www.mind.org.uk/news/show/8566_work_is_biggest_cause_of_stress_in_peoples_lives

Committee(s):	Date(s):
Health and Wellbeing Board	30 September 2014
Subject:	Public
Healthwatch City of London Update	
Report of:	For Information
Chair Healthwatch City of London	
Summary	
<p>The following is Healthwatch City of London's regular update report to the Health and Wellbeing Board. Reports on Healthwatch City of London activities are split to reflect activities more relevant to either the Health and Wellbeing Board, or to the Health and Social Care Scrutiny Board, who also receive updates.</p> <p>This update covers the following points:</p> <ul style="list-style-type: none"> • Work with Barts Health Trust to influence communications regarding transfer of cancer and cardiac services • Workshop on Social Prescribing 8 July 2014 • Ageing Well in the City events • Events taking place in September and October 	
Recommendation(s)	
<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note this report, which is for information only 	

Main Report

Background

1. The last report from Healthwatch City of London focussed on the annual report from the first year. Detailed below are some activities which have taken into account member feedback from the last two months.

Current Position

Work at Barts Health Trust to influence communications regarding transfer of cancer and cardiac services

2. Healthwatch City of London has engaged with the North and East London Commissioning Support Unit and Barts NHS Trust to ensure that the communications regarding the transfer of cancer and cardiac services to St Bartholomew's and University College Hospital are communicated effectively to service users. They will be following this up with Barts Health Trust in response to concerns from residents.

3. Major changes to the organisation of services for specialist cancer and cardiovascular care across North and East London were approved by the board of NHS England London in July. New specialist centres at St Bartholomew's and University College Hospital will act as hubs within a comprehensive network of care including local hospitals, GPs and other community services. This system will centre focus on the needs of patients, so as well as providing people with access to specialist centres, they will still be able to receive specialist care locally and benefit from the expertise of a wide range of clinical staff to help tailor the treatment to them and their lives to give them the best outcomes. It is expected that the changes will be introduced progressively over the next four years, with the move of Barts Health cardiovascular services from The London Chest Hospital to St Bartholomew's Hospital taking place as planned in early 2015.
4. Barts Health Trust have produced an update for the Healthwatch City of London September newsletter, written in language that is accessible to lay people that will be distributed to residents and service providers. The article links to a clinical video on the development of the new facilities and to further information on the specialist cancer and cardiovascular care announcement from NHS England London on their website.

Workshop on Social Prescribing 8 July 2014

5. Following discussion with the City and Hackney Clinical Commissioning Group, Healthwatch City of London ran an event in partnership with the CCG and Family Action. The aim of the event was to help residents find out how Social Prescribing is linking people in the City to community activities to help improve their physical and mental health. The event was an opportunity to hear about social prescribing in City and Hackney and to share thoughts and ideas about the new approach with a workshop to give hands on experience of how the model works. The workshop also provided an opportunity for professionals and service users to network and share ideas.

There were 34 attendees and the outcomes of the discussion have been used to feedback to the Social Prescribing steering group and evaluators. This input will go towards shaping the future service once the pilot phase is completed. The Social Prescribing Coordinator from the Neaman Practice, who facilitated the workshop, took on board comments about effectively assessing outcomes; essentially how important it is to measure and objectively demonstrate whether this service has a positive impact on people's lives. Also the importance of ensuring that the services referred to are sustainable, so that after the referral there is a solid network of services in place to help individuals to continue to move forwards and fully integrate into their community. It is also important to make sure that people's diverse cultural needs are met within The City. Feedback was given on the cost of groups and the need and desire for free activities, although some attendees felt that a small charge increases commitment and sense of worth. The aim would be to source activities that meet the needs of the varied City population.

Ageing well in the City events

6. A series of three sessions took place in July and August 2014, organised by Healthwatch City of London and the City of London Corporation, in different locations to reach a broad range of City residents. Locations were:

The Artizan Street Library – a discussion group session with 20 attendees

The Sir Ralph Perring Club on the Golden Lane Estate – a discussion group session with 21 attendees

The Barbican Library – an information stall with questions put to visitors of the library

7. The issues looked at included: the type of support people will need to enable them to stay in their home, the types of housing people might need, where people will want to live, how they will access the support and help they need and where people would go in the City to find the best information and advice in the community. A full report on the outcomes will be available from the City of London Corporation.
8. Feedback from evaluation forms also highlighted other areas residents would like to focus on including: waiting times for hospital appointments and administration of appointments, the health of older people, care in the community, affordable housing and social housing provision, tackling air pollution, social isolation and dementia services in the City.

Events taking place in September and October

9. Healthwatch City of London is currently making plans for a discussion group event on 10 September taking place at the Guildhall on the Health and Wellbeing Strategy in the City. This workshop will be an opportunity for local people to decide what the Health and Wellbeing Board should do to tackle the issues identified by the Board. The attendees will be asked what they think of the areas of activity identified and for any additional suggestions for what might work locally.
10. The Healthwatch City of London AGM will take place on 29 October 2014 at the Dutch Church Centre, in the City. This will include a review of progress to date and will be a further opportunity to discuss the Healthwatch City of London Annual Report. There will also be a session on mental health issues – further details on this and invitations will be distributed shortly.

Conclusion

11. The Chair will report back on items raised in this report in the next report to the Health and Wellbeing board. This will include reports on forthcoming events and information on current activities.

Appendices

n/a

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Chair of Healthwatch City of London

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Committee(s):	Date(s):
Health and Wellbeing Board	30 September 2014
Subject:	Public
Safer City Partnership update	
Report of:	For Information
Assistant Director – Safer City Partnership, Town Clerks	
<p>Summary</p> <p>This report is intended to update the Health and Wellbeing Board on the activities of the Safer City Partnership in relation to the Partnership Plan 2014/2015.</p>	
<p>Recommendation</p> <p>The Health and Wellbeing Board is asked to note the contents of the report and any comments are welcomed.</p>	

Main Report

Background

1. It is a statutory requirement for local authorities to have a 'Community Safety Partnership' under the Crime and Disorder Act 1998; the Safer City Partnership fulfils this function for the City of London Corporation. There is a requirement to have partnership plans, targets and action to address the issues highlighted in the plans. The Safer City Partnership Plan 2014 – 2017 states that the City of London enjoys low levels of crime in comparison to our neighbouring boroughs and highlights the importance of working in partnership to tackle crime to maintain a safe environment for people to live work and visit.

2. The Safer City Partnership (SCP) has recently been through a review and has started on a journey to implement the recommendations of that review, as reported to the Health and Wellbeing Board previously. Some of the general principles of the recommendations were to re-invigorate the Community Safety Team (CST) and re-establish capacity in the team by filling vacant posts. This process is now nearly complete and there is now a Community Safety Manager in post with a team of three Officers supporting.

3. Now with some capacity available within the CST progress is being made to develop action plans and targets to address issues highlighted as priorities within the SCP Plan 2014-17, attached in appendix 1 is a copy of the Partnership priority area targets and current performance.
4. The Community Safety Team is with working with partners both internally and externally to reduce crime within the City of London. The following is a summary of the work carried out from May until September 2014.

Anti-social behaviour

5. The Community Safety Team are liaising with the Pan London ASB Managers Group regarding the implementation of the New ASB Legislation due to go live in October 2014. An initial Stakeholder meeting was held with key services across the Corporation to discuss the New ASB Legislation, the differences and the implications set out in the statutory guidance issued in by the Home Office in July 2014 - under sections 19, 32, 41, 56, 73 and 91 of the Anti-social Behaviour, Crime and Policing Act 2014 and replaces the draft guidance issued in October 2013. The guidance was written primarily for the police officers, council staff and social landlords who will use the new powers.
6. Part 1 of the Act looks at the new measures being introduced to give victims a greater say in the way their reports of anti-social behaviour are dealt with. Putting Victim's First: Introducing a Community Trigger and a Community Remedy.
7. Part 2 of the Act outlines the new and more effective powers covering areas of:
 - Early Intervention,
 - Civil Injunction,
 - Criminal Behaviour Order,
 - Dispersal Power,
 - Community Protection Notice
 - Public Space Protection Order
 - Closure Power
 - New Absolute Grounds for Possession
8. The Community Safety Team is working in partnership with the COLP in terms of researching the appropriate training. To date the training available has mainly focussed on Housing Injunctions.
9. The Community Safety Team and COLP are working towards better coordination, case management and recording of reports of ASB. The Community Safety Team and COLP are meeting with the Met Police to understand the use of Community MARAC's in some London Boroughs.
10. The Community Safety Officers are producing a draft Community Trigger protocol as part of the initial planning stages of how to implement and manage a City of London Community Trigger Response.
11. Rough Sleepers was discussed at length due to the performance targets not being met and the group requested that the Rough Sleeper Strategy Group produce a progress report for the next meeting showing actions taken to improve

the position. It was noted that there was a bid for POCA (Proceeds of Crime Act) funding to deliver a programme of 'pop up hubs'. A meeting is in the diary with SCP/ CoLP to discuss funding.

Domestic Abuse

12. The Community Safety Team and the City of London Police held a planning meeting with CAADA to develop training for MARAC attendees promoting awareness in terms of Risk identification, risk management to safeguard victims, reduce repeat victimisation and Domestic Violence Homicides.
13. The Community Safety Manager is currently undertaking the role of the City of London MARAC Coordinator. This involves sharing information with MARAC Coordinators in London Boroughs. The Community Safety Manager will attend the Pan London MARAC. The Team are ensuring that the MARAC data is now being forwarded to CAADA.
14. The Community Safety Manager is working with the Head of Policy, Project and Programmes, within Community & Children's Services and carrying out a Local Strategic Review of Domestic Violence and Abuse services available to victims that present in the City of London. This includes City and Non City Residents. The Community Safety Team Manager attends the COLP DA steering Group and contributed to the COLP DA Action Plan as per the HMIC recommendations. Each Police Force is required to have a DA Action Plan in place which will adhere to a National DA Action Plan. The Community Safety Manager in partnership with the COLP have completed actions updated the DA Forum Action Plan.
15. The Community Safety Team and City of London Police are working together on an ongoing DA Awareness Publicity Campaign Aims:
 - To highlight the Government's strategy to end violence against women and girls.
 - To raise the profile of the City of London Police's Public Protection Unit and the services it offers.
 - To showcase partnership working with the City of London Corporation and sharing of best practice.
16. There are several strands of publicity currently under development all of which will feed into each other.

HR Toolkit

17. A HR Toolkit is being developed to support HR Professionals which will provide information for business HR Departments in relation to male and female victims, highlighting identification, safe reporting routes, risk management.

The Hotel Forum Toolkit

18. This is a general toolkit with a specific focus on Crime and Community Safety issues. The Hotel Forum Toolkit is being developed by the Community Safety Team and the City of London Police. The toolkit will also include a number of factsheets providing direction in terms of Crime including DA, CSE, FGM, HBV, Stalking, Sexual Violence, ASB, Theft, and Substance and Alcohol Misuse and how best to deal with situations that may arise.

Behind Closed Doors Event 28 November 2014.

19. This is a partnership event supported by the Lord Mayor, targeted at Businesses, coordinated by the Community Safety Team, COLP and Victim Support.
- To foster understanding of the responsibilities and duty of care employers have to employees in relation to abuse.
 - To show what abuse looks like, how it manifests in the workplace and how employers can manage it and support their staff who are victims of abuse.
 - To empower employers with the support they need to help victims to safely report abuse and understand the help that is there for them both immediately and longer term.
 - To remove myths and stereotypes and the impacts to industry around reputation, cost and the Health and Safety Act.
 - To highlight how managing abuse wrongly or positively can lead to different outcomes.

Wider DA Awareness Campaign.

20. All of the above will contribute to the wider publicity for use in Community settings and Outreach Work along with the White Ribbon Day, Christmas Campaign, and International Women's Day.

21. Reducing Reoffending

22. This is on-going; the Community Safety Manager has been liaising with the COLP PPU unit who manage MAPPA for the City of London. One of the New Community Safety Officers will prioritise developing a IOM Strategy for the City of London.

23. Members of the Community Safety Team now attend a number of Police lead SARA problem solving meetings:

- Cycle Theft
- Vehicle Crime
- PPO Panel
- Violent Crime
- Shoplifting
- Violent Crime

Night Time Economy

24. The Community Safety Manager carried out Taxi Marshall Verification visits over 3 nights. Taxi Journey's commenced over the three nights ranged from 125 - 175 x Taxi Journeys. Each night there were approximately a further 30 people left queuing at 2am. This appeared to be a combination of drinkers and travellers via the late Stansted Express. The SCP supported the continuance of the Taxi Marshalling and asked for funding to be provided via POCA money.

25. The Community Safety Team is working in partnership with the Licensing Team regarding the "Safety Thirst" campaign and awards ceremony which will take place 8 October 2014.

26. In the future the CST will aim to attend joint visits to Licensed Premises with the Licensing Team to verify Safety Thirst and Licensing requirements are being adhered to.
27. The Team are working in partnership with the COLP regarding the “Christmas Campaign”. This will include engaging with Licensed Premises around crimes associated with NTE during this period, including Acquisitive crimes such as Bag Theft, Pickpocketing, Taxi Touts, Sexual Violence, and alcohol related violent crimes.
28. The Community Safety Manager has met with the TFL Community Safety Manager to understand what the issues are for TFL and is working with COLP, BTP and TFL in terms of Liverpool Street Station and the surrounding area.

Fraud and Economic Crimes

29. The Community Safety Team has recently made links with Operation Broadway, a joint Trading Standards and City of London Police Operation tackling Fraud and Economic Crimes.

Counter Terrorism

30. The Community Safety Team will be meeting with COLP regarding the Contest Strategy and how this will be progressed. The Community Safety Team is working in partnership with the City of London Police in terms of the Prevent agenda and a coordination of the Home Office Wrap Training. The CST will be joining the COLP Prevent lead in community engagement events during Fresher’s weeks.

Civil Disorder

31. The CST and Partnership are a supporting role to the CoLP for this priority.

Road Danger Reduction

32. The city introduced 20mph to most of the roads across the square mile on 20th July 2014. Initial feedback is that it has been well received. CoLP have been delivering a number of educational operations to drivers and will subsequently enforce the speed limits.
33. Generally the number of people who are killed or seriously injured (KSI) is showing a downward trend as can be seen by the data in the appendix 1.
34. The City is working with TfL to deliver the COLCS initiative (Construction, Logistics and Cycle Safety), developing processes within the industry to record, report and ultimately reduce Work Related Road Risk (WRRR). Work is in hand to deliver Safer Urban Driving training to drivers across the City Corporation and contractors such as our Waste contractor Amey, Highways contractor Riney with plans to engage Mitie through the City Surveyor’s department and through the SCP the London Fire Brigade.
35. Other items raised at the SCP was ensuring that the City and partners had measures in place to address any issues that might arise relating to child sex exploitation in light of the media coverage of events at Rotherham. The Chairman has received a briefing note providing reassurance that there are no issues that

we are aware of currently and there is a robust protocol document published and in place.

36. The Chairman also asked partners ensure similar arrangements were in place relating to Human Trafficking.

Appendix 1

SCP targets and performance

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Safer City Partnership – Progress against Targets: 2014/15 Q1

Priority: Anti-Social Behaviour			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
Proportion of new rough sleepers take up of No Second Night Out	70%	44.8% (Red)	TBC
To reduce the number of “205 clients.” Defined as a group identified by the GLA as the most entrenched rough sleepers in the capital who remain rough sleeping by the end of March 2015.	0	13 (Amber)	13 (3 in the City) ‘205 Clients’ remained rough sleeping at the end of 2014/15 Q1. Improving.
No one new to rough sleeping on the streets will end up living on the streets	0	7 (Red)	7 (out of 29) remained rough sleeping long enough to be deemed ‘living on the streets’ (Not currently improving).
To reduce the number of ASB incidents compared to 2013-14.	<295	295 (Amber)	April – June 2013: 295 April – June 2014: 295 No Change
To support the City of London Police measure: To ensure that 90% or more of crime victims and those reporting ASB are satisfied with the way police handled their case.	90%	88.9% (Amber)	24 out of 27 respondents satisfied, 2 dissatisfied, 1 neither satisfied nor dissatisfied.

Priority: Anti-Social Behaviour

The Department of Community and Children’s Services (DCCS), People’s Division, Homeless Team have submitted a bid into the Safer City Partnership POCA fund to support the continuation of Pop Up Hubs (please see further below re Pop Up Hub numbers).

Establishing a challenge group to review and put in place action plans for ALL those living on the streets. This is in addition to normal contract monitoring and Task and Action monthly meetings. This Group is Chaired by Assistant Director People Department of Community & Children's Services and involves City Officers responsible for rough sleepers, St Mungo's Broadway and City of London Police. This group has met twice and is scheduled to meet at the end of September and will continue to meet bi monthly. As well as addressing individual case activity, the group is drawing strategic themes together and progressing them accordingly for example, addressing process / decision making issues with the Magistrates Court and mental health services.

There have been two new police interventions, Operation Fennell to address begging and, Operation Acton to address long term rough sleeping. Op Fennell has targeted over 130 individuals of which the courts have granted 22 Anti-Social Behaviour Orders. Op Acton is an enforcement operation to target long term rough sleepers to persuade them to accept accommodation. If they don't, they are given a ticket after three attempts and they will be arrested under the Vagrancy Act. This is a new operation and to date has worked with 8 individuals and 1 has accessed accommodation.

There have been joint shifts with ICE which will hopefully see a decline in EE nationals. 21 individuals have been seen by ICE – eight interviews took place on the streets, two have been served removal papers, 19 received MTR letters

There are ongoing monthly hotspot counts. This month the count was 22 (the lowest for 12 months during which period there was a high of 35)

Weekly analysis data of those who are new to the streets and to monitor who agrees to going to No second night (NSNO) out or B&B. The City has experienced an increase in rough sleepers refusing to attend NSNO or offers eg B&B or reconnection to country of origin. This weekly analysis of data will be continued in order to support improved accommodation and care planning arrangements.

There is ongoing support for the delivery of the Pop Up Hub model. To date there have been 9 Pop Up Hubs. 103 people have accessed the Hub, 31 engaged and took up accommodation, 10 reconnected to the country of origin, 26 were not seen again in the City and no record on CHAIN and, 16 have not come to notice over the last 6 months.

Personalisation – 32 City rough sleepers have accessed the project – 21 are in accommodation

Progress has continued in terms of the development of Lodge II. A number of gateway processes and planning permissions have been met and we are on course for the new provision to be available in January 2016

Priority: Domestic Abuse			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
DA Forum Action Plan COLP DA Action Plan City of London DA MARAC			The DA Forum meets quarterly and has a meaningful partnership action plan. The COLP as per the HMIC recommendations have developed a DA Action Plan to commence at the beginning of September 2014. The DA MARAC meets to manage the risk of City Residents who experience DA. The Community Safety Team and the PPU Vulnerable Victims Coordinator risk manage non city cases of DA for victims who initially present within the City of London.

Priority: Reducing Re-offending			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
Due to small numbers for the City, current Home Office measures for re-offending do not produce statistically significant results. Therefore for 2014/15 we will continue to report on the number of people on the PPO scheme and their progress.	N/A	N/A	7 PPOs on the scheme at 30/06/14: 3 Currently in prison (including on remand)4 On bail conditions (including on licence and ASBO) We will seek to build on the current PPO scheme to ensure our priority offenders are targeted and worked with to reduce offending .
Increase the number of violent offenders who are drug tested in 2013/14 compared to 2012/13. This target will continue through 2014/15.	>4	8 (Green)	April-June 2013: 4 persons tested out of 49 arrested for Violence Against the Person [VAP] (8%). April-June 2014: 8 persons tested out of 55 arrested for VAP (14.5%)

Priority: Night time Economy			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
To support the City of London Police's measure: To reduce levels of victim-based violent crime compared to 2013/14.	<163	155 (Green)	April to June 2013: 163 victim based violent crimes recorded. April to June 2014: 155 victim based violent crimes recorded. Decrease of 8 offences (4.9%)
To support the City of London Police's measure: To reduce levels of victim-based acquisitive crime compared to 2013/14	<977	871 (Green)	April to June 2013: 977 victim based acquisitive crimes recorded. April to June 2014: 871 victim based acquisitive crimes recorded. Decrease of 106 offences (10.8%)
To support the City of London Police measure: To actively promote, with partners, effective stewardship and crime prevention activities within licensed premises			Attendance at the COLP License and ASB partnership meetings. The Community Safety Team engagement with Licensed Premises. Safety Thirst event organisation for the 8 th October
Priority: Road Danger Reduction			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
Achieving a reduction in the number of killed or seriously injured (KSI's) of the baseline of 2004-2008 (49.4) figures by 50% by 2020 (24.7 three year rolling average)) (See CoL LIP 2011)	<u>2013/14Q4</u> Q1 – 9.1 Q2 – 9.1 Q3 – 9.1 Q4 – 9.1	7 - - -	2013/14 Q4 data are provisional. Comments: 2014/15 Q1 data are not yet available. Of the 2013/14 Q4 KSIs, all 7 are serious, none fatal.
Reduce the proportion of KSI's as a proportion of the total number of collisions. 2004-08 total collisions – 322.5 2004-08 KSI 49.4	<u>2013/14Q4</u> Ave 11.6% Q1 Q2	10.9% - -	2013/14 Q4 data are provisional. Comments: 2014/15 Q1 data are not yet available.

15.3%	Q3 Q4	- -	
Making the city more civilised and a more tolerant environment for all road users. Delivered by combination of environmental changes, enforcement and education, training and promotion.	To be developed	15 Children	For 2013/14 Cycle training - 132 persons trained, being 39 adults and 93 children Bikeability level 2 - 114 (22 adults and 92 children) Bikeability level 3 - 18 at (17 adults and 1 child). *Schools are engaged more actively from September*
Increase the number of cyclists - Measured by achieving an annual average of 62,800 cyclists by 2020. Annual Survey. (See CoL LIP 2011 p. 80)	2013/14 38 150	-	2014/15 Q1 Actual: 2012/13 Q3 actual: 28 360 (target for 2012/13 Q3 was 32 500). Comments: Next count to be conducted in October 2014 (2014/15 Q3).
Priority: Fraud And Economic Crime			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
Operation Broadway is a joint initiative between the City of London Police and the Trading Standards department.			The Community Safety Team are developing links with Trading Standards and the COLP regarding Fraud and Economic Crime initially under operation Broadway.
Priority: Counter Terrorism			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
The Safer City Partnership will continue to support the City of London Police with existing sophisticated initiatives and with the development of new areas of work to address any emerging trends for countering terrorism.			Currently developing a hotel first response toolkit for front line staff that includes first response to terrorism. The Community Safety Team are working in close partnership with the COLP with the development of the Prevent Agenda.

Priority: Civil Disorder			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
To support the City of London Police's measure: To ensure that at least 90% of those surveyed are satisfied with the information received provided to them about large scale, pre-planned events, and with how those events were ultimately policed.	>90%	N/A	No events for April – June 2014. Future events to be included in satisfaction surveys will include: 1. Tour de France (July 14) 2. 350th Anniversary – Royal Marines (July 14) 3. Pre planned and spontaneous protests at the Central Criminal Court 4. Any other major protests 5. Smithfield Meat market Christmas campaign.

Delivery Group: Vehicle Crime Partnership			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
As at 29th July, the Vehicle Crime Partnership has been s, to be replaced by a Vehicle Crime SARA group (details tbc).			

Delivery Group: The City Hotel Forum			
Target:	2014/15 Q1 Target	2014/15 Q1 Actual	Comments:
To work with staff that manage hotels and offer them the help and advice available to them			The Community Safety Team are currently organising the next meeting for the hotel forum in October.

To involve hotel staff in the decision making process and encourage participation with the help of e-bulletins, monthly meetings and an information folder.			This is currently being developed by the Community Safety Team.
To offer practical support and training, for example, crime scene management – with the help of the City of London’s Public Protection Unit and management of the night time economy.			Hotels and Licensed Premises, Business will be invited to the “Behind Closed Doors” event is due to take place 28 November 2014. Community Safety Team are working in partnership with the COLP and external partners.
To develop the network and communicate with its members on a regular basis.			The Community Safety Team are reinvigorating the Hotel Forum and organising the next meeting for the Hotel Forum in October. With the view of regular meetings being held.
Develop bespoke materials aimed to support those working within the Hotel sector who may need to respond to crime, ASB or other incidents.			Currently developing a Hotel Toolkit for front line staff on how to respond to Crime and ASB, including Theft, Sexual Violence, Prevent and Counter Terrorism, Substance Misuse, Domestic Abuse, FGM, Stalking, HBV, Human trafficking.

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Committee(s):	Date(s):
Health and Wellbeing Board	30 September 2014
Subject: Smoking Harm Reduction Pilot	Public
Report of: Commissioning and Performance Manager (Public Health)	For Information
Summary	
<p>Following the release of the NICE Tobacco Control Harm Reduction Guidance in 2013 officers have developed a pilot programme to implement the recommendations within the guidance. This report describes to Members the six month pilot programme, which includes:</p> <ol style="list-style-type: none"> a. The supervised use of electronic cigarettes within the specialist level III service b. Further research regarding the use of electronic cigarettes and other harm reduction methods that are emerging c. An extension to the current level II smoking cessation service (within pharmacies) for those finding it harder to quit, at advisor discretion, for a longer service than the standard 12 weeks d. Developing care pathways for a pilot harm reduction service to run from level II services that can work with the current commissioned service, including a “cut down” service, and the supervised use of electronic cigarettes. 	
Recommendation(s)	
Members are asked to:	
<ol style="list-style-type: none"> e. Note the report. 	

Main Report

Background

1. Members will remember from the report relating to the substance misuse and tobacco control review in July 2014 that officers are working with research partners, Public Health England, tobacco control providers and Action on Smoking on Health (ASH) to review the evidence and best practice relating to harm reduction programmes for tobacco control.
2. Numbers of patients accessing smoking cessation services across the City, in line with national figures, are decreasing steadily. This has been associated with an increase in the use of electronic cigarettes and a focus on harm reduction programmes.
3. A City harm reduction workshop led by the Director of Public Health was held in April 2014 with key partners in order to discuss the potential to develop a

harm reduction programme for the City. The aim of this meeting was to review the 2013 NICE Tobacco Control Harm Reduction Guidance and how it could apply to the City in order to increase the numbers of people cutting down and/or quitting smoking, as per Health and Wellbeing Board priorities.

Current Position

4. The recommendations from the Director of Public Health following this meeting were to:
 - a. Pilot the supervised use of electronic cigarettes within the specialist level III service
 - b. Perform further research regarding the use of electronic cigarettes and other harm reduction methods that are emerging
 - c. Provide an extension to the current level II smoking cessation service (within pharmacies) for those finding it harder to quit, at advisor discretion, for a longer service than the standard 12 weeks
 - d. Develop care pathways for a pilot harm reduction service to run from level II services that can work with the current commissioned service, including a “cut down” service, and the supervised use of electronic cigarettes.
5. The City is one of the first local authorities within the UK starting to implement the NICE guidance in this manner, particularly with the use of electronic cigarettes. As such, officers have been invited to speak at conferences and have been contacted by other local authorities who are awaiting the outcomes of our pilot schemes in order that they can present these to their Health and Wellbeing Boards to be able to follow suit.

Electronic cigarettes within the specialist level III service

6. The electronic cigarette pilot having started with the level III provider alongside research in to the use of electronic cigarettes in tobacco control. The pilot utilises electronic cigarettes alongside nicotine replacement therapy and behavioural therapy with the aim of assisting more people to quit smoking.
7. Early indications from the pilot show that there has been a high level of interest in the service with more people accessing the service. In the first three months of the pilot there was a 50% quit rate among those using electronic cigarettes.
8. The pilot is due to report on its results in January 2015 and this will then be reported to Members.

Research relating to electronic cigarettes and other harm reduction methods

9. Research relating to harm reduction programmes and electronic cigarettes is ongoing. For the City, much of this research is being completed by Queen Mary University of London, although the policy team within Community and Children’s Services are also reviewing written evidence.

10. There is ongoing discussion between academics looking at the benefits that e-cigarettes can bring to tobacco control programmes, with some citing that the rise in prevalence of e-cigarette use has been accompanied by an increase in smoking cessation rates and a continued fall in smoking prevalence.
11. There are concerns around the safety of electronic cigarettes as they are not currently licensed medicines however the key message from many public health professionals is that the health benefits brought by substituting cigarettes for e-cigarettes due to the tar and other substances within cigarettes far outweigh the concerns.

Extension to current service

12. A six month pilot to provide an extended service beyond the current 12 week programme started within four Boots pharmacies within the City on the 1st September 2014. During the standard 12 week programme, should an advisor see that a patient is struggling to quit within the programme but is making good progress, they can use their discretion to extend the service by an additional 12 weeks. It is anticipated that this option will increase the quit rates for patients within the programme.
13. This option is not advertised and patients would only be made aware of this at the final stages of the original programme in order that it is not seen as the easy option with all patients feeling entitled to additional time within the programme.
14. Officers will be monitoring returns from the provider to ensure that the service is being used appropriately.

Level II Harm Reduction Pilot

15. A six month harm reduction pilot started in four Boots pharmacies across the City on 1st September 2014. This pilot has two strands; the standard smoking cessation programme alongside the supervised use of electronic cigarettes and a “cut down” programme.
16. The smoking cessation programme runs in the same manner as the level III programme, incorporating electronic cigarettes alongside behavioural therapy and nicotine replacement therapy.
17. The “cut down” programme is designed to encourage those smokers who want to cut down but are not ready to quit to engage with smoking cessation services. They receive four weeks of nicotine replacement therapy and behavioural support in order to cut down their smoking, and again have the option of including electronic cigarettes within this programme. The aim is that at the end of this process smokers will be encouraged to quit and will join the smoking cessation programme.
18. At the completion of both pilots with Boots a report will be presented to Members on the outcomes.

Corporate & Strategic Implications

19. The pilot programmes address Priority Four of the Department of Community and Children's Services Business Plan, of which one of the aims is to improve the health and wellbeing of City workers and residents by reducing the number of City workers and residents who smoke.

Implications

20. Electronic cigarettes are not licensed as a medicine, and therefore there is a legal risk of stating within advertising that they can assist in smoking cessation programmes. The City has been working closely with providers and their advertising departments in order to ensure that all associated advertising is therefore legally compliant.

Conclusion

21. The City is pioneering in its approach to implementing the recommendations of the NICE Tobacco Control Harm Reduction Guidance and the use of electronic cigarettes. Members will be updated with the results of the pilot programmes once these have been analysed.

Appendices

- None

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Committee(s):	Date(s):
Health and Wellbeing Board	30 September 2014
Subject: Update report	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates on subjects of interest to the Board where a full report is not necessary. Details of where Members can find further information, or contact details for the relevant officer are set out within each section as appropriate.

Local updates

- City of London Dementia Strategy
- City Business Library Health and Wellbeing Events
- Cleansing service campaigns: smoking related litter and chewing gum litter

Policy updates

- Events
- Public Health
- Integration Of Health And Social Care
- Voluntary Sector
- Mental Health
- Children And Young People
- Drugs, Alcohol And Smoking
- Long-term Conditions

Recommendation(s)

Members are asked to:

- Note the update report, which is for information.

Main Report

Background

1. In order to update Members on key developments and policy, information items which do not require a decision have been included within this update report. Details on where Members can find further information, or contact details for the relevant officer are set out within each section.

LOCAL UPDATES

2. City of London Dementia Strategy

The Dementia Strategy responds locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.

Synthetic estimates predict that within the City there are up to 671 people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease, the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.

The aim of the strategy is to:

Provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London

To achieve this, the strategy sets out 10 objectives:

- Improve public and professional awareness of dementia and reduce stigma
- Improve early diagnosis and treatment of dementia
- Increase access to a range of flexible day, home based and residential respite options
- Develop services that support people to maximise their independence
- Improve the skills and competencies of the workforce
- Improved access to support and advice following diagnosis for people with dementia and their carers
- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from vulnerable groups

The strategy commits the City of London Corporation to creating a 'Dementia Friendly City', where residents and local retail outlets and services will develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This builds on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support. Skills for Care (the employer-led workforce development body for adult social care in England) have been working in

¹ **Prevalence Source:** Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007 and Census 2011.

partnership with the City using this model and other good practice examples in order to develop a safe environment for those with dementia.

An operational group chaired by the Service Manager for Adult Social Care, comprising officers from the City of London Corporation, the Clinical Commissioning Group, the Neaman GP practice, Healthwatch and a representative of the Adult Advisory Group (CoL Adult Social Care service user group) are responsible for monitoring the implementation of the strategy.

To date, a significant amount of work has been carried out to raise the profile of the City as a dementia friendly community. Furthermore, Adult Social Care are working with 4 new cases of people diagnosed with dementia as a result of activities carried out through the strategy and, the police have also seen an increase in the sign up of vulnerable elders to their operation Pegasus scheme, which monitors elders who may need emergency assistance.

The Dementia Strategy will be submitted to both the Community & Children's Services Committee and the Health and Wellbeing Board for approval in November 2014.

The contact officer is Marion Willicome Lang: 020 7332 1216

3. City Business Library Health and Wellbeing Events

The City libraries continue to promote health and wellbeing through their programme of events. The City Business Library has included a number of health and wellbeing events on their programme aimed at City business users, including confidence-building classes, lunchtime yoga sessions and workshops on emotional intelligence or energy-boosting techniques.

The contact officer is Jesi Vaghela: 020 7332 3807

4. Cleansing service campaigns: smoking related litter and chewing gum litter

The Health and Wellbeing Board is committed to improving the local environment, with the aim of making City streets more pleasant and encouraging both residents and workers to take more exercise and improve wellbeing. Two campaigns linked to this aim are being run by the City Of London Corporation's Cleansing Service in partnership with Keep Britain Tidy in September and October. These campaigns will be focusing on smoking related litter and chewing gum litter, both of which have been highlighted in the Local Environmental Quality Survey as high priority problems with the City's street scene.

The contact officer is Jim Graham: 020 7332 4972

POLICY UPDATES

EVENTS

5. **On the board: supporting local Healthwatch on Health and Wellbeing Boards (London, 11th November 2014)**

The LGA has developed 'On the Board', a series of events and tools for local Healthwatch Health and Wellbeing Board representatives. This includes a national On the Board event for local Healthwatch representatives, which will support attendees to build leadership capacity and be a key player on their Health and Wellbeing Board.

www.local.gov.uk/events/-/journal_content/56/10180/6397938/EVENT

PUBLIC HEALTH

6. **Public Health Outcomes Framework**

An update to the Public Health Outcomes Framework data tool has been released, with new quarterly data available. The tool allows users to examine differences in life expectancy and healthy life expectancy between communities and using indicators in the following areas:

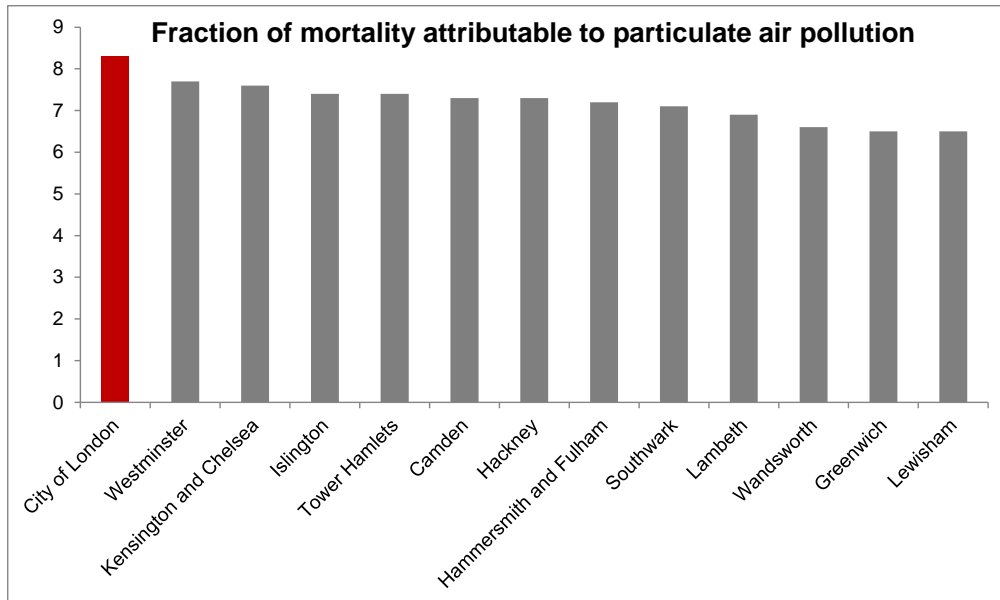
- Improving the wider determinants of health: factors that affect health and wellbeing
- Health improvement: helping people to live healthy lifestyles and make healthy choices
- Health protection: protecting the population's health from major incidents and other threats
- Healthcare, public health and preventing premature mortality: reducing numbers of people living with preventable ill health and people dying prematurely

New data has been included for two indicators of strategic importance to the City of London Health and Wellbeing Board: air pollution and noise pollution. The following graphs show how the City compares to other inner London local authority areas.

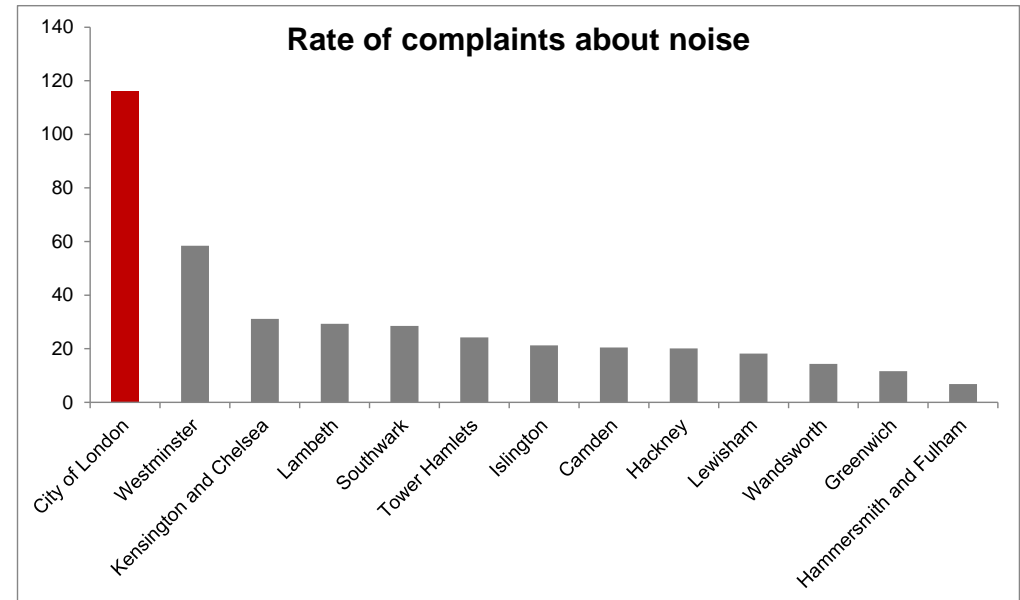
Link to Public Health Outcomes Framework data tool: www.phoutcomes.info

A useful introduction can also be found here:

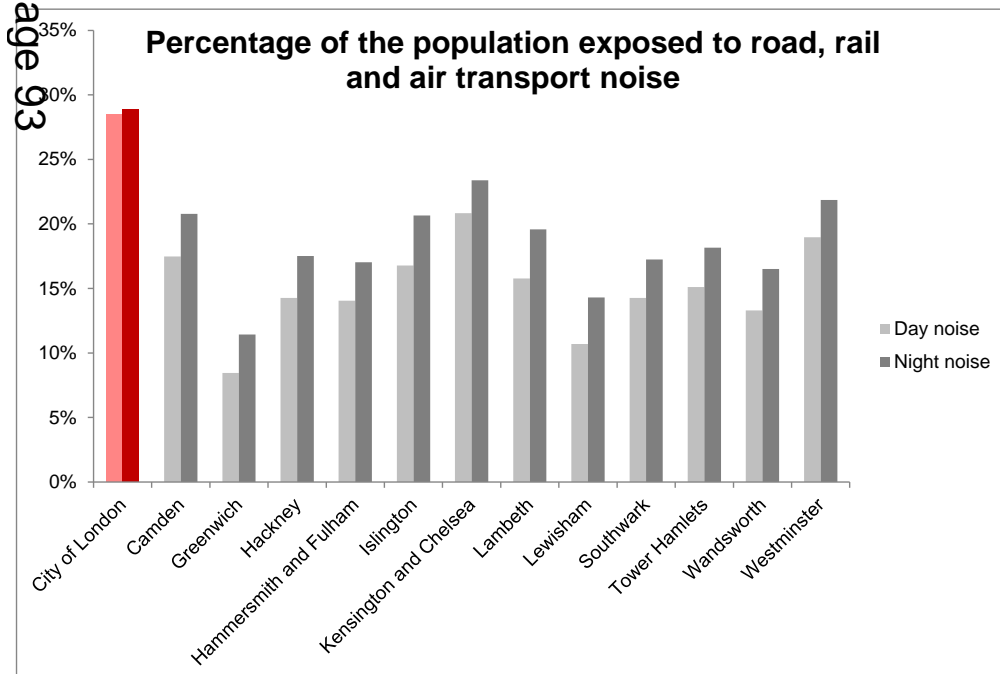
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf



Graph 1: PH Outcomes Framework Indicator 3.01 - Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5).



Graph 2: PH Outcomes Framework 1.14i - Rate of complaints per year per LA about noise per thousand population.



Graph 3: PH Outcomes Framework Indicator 1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the daytime (0700-2300) and Indicator 1.14iii - the percentage exposed to noise of 55 dB(A) or more during the night-time (2300-0700).

Air pollution and noise pollution are of strategic importance to the City of London Health and Wellbeing Board. This new data demonstrates the extent of the challenge faced in the City of London; poor air quality impacts our health more than in other inner London areas, with a greater proportion of deaths linked to air pollution, and noise pollution affects a greater percentage of our population.

There is already a great deal of work underway in the City to combat air pollution and noise pollution. The City's Air Quality Strategy is under review and key areas under consideration to improve air quality include taxis, the proposed Ultra Low Emission Zone, traffic management, local energy generation and public health promotion to reduce exposure to air pollution. The City's current Noise Strategy is due to be refreshed next year and looks at managing new building developments, transport and street works, dealing with noise complaints, and creating tranquil areas.

7. **Public Health England 2014 Public awareness and opinion survey**
 This report presents the results of a public opinion survey on public health concerns, awareness and knowledge of PHE, and levels of public confidence and trust. Key health concerns highlighted included cancer, dementia, drug abuse, smoking, obesity and alcohol abuse. The survey also shows that 87% of people trust health advice from the NHS, compared with just 44% for the Government and 41% for Local Authorities.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/342029/PHE_public_opinion_slide_set.pdf
8. **Refreshing the NHS Outcomes Framework 2015-2016 (consultation)**
 This consultation seeks views on how the NHS outcomes framework could be improved. It asks specific questions on 4 main areas of the framework: mental health; children and young people; health inequalities; and patient experience/safety.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/341391/14-07-30_NHS_Outcomes_Framework_Stakeholder_Engagement_Document.pdf
9. **Public Health in the 21st Century: Organising and Managing Multidisciplinary Teams in a Local Government Context**
 This guidance concerns the appropriate employment of public health professionals who carry out roles as consultants in public health and directors of public health and who are included on the GMC Specialist Register/GDC Specialist List or the UK Public Health Register (UKPHR) for Public Health Specialists.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/344445/Multidisciplinary_PH_teams.pdf
10. **Spend and Outcome Tool (SPOT) for local authorities**
 This tool from Public Health England gives local authorities an overview of spend and outcomes across key areas of business for public health and its sub-programmes. The tool is an interactive spreadsheet and is also accompanied by factsheets for each local authority. The tool is interesting for benchmarking purposes, although users should note that it is difficult to directly compare public health spend and outcomes in the City due to the size of resident population, and dual focus on both resident and workplace health.
<http://www.yhpho.org.uk/default.aspx?RID=203757>

INTEGRATION OF HEALTH AND SOCIAL CARE

11. **All Together Now: Making Integration Happen**
 The LGA and NHS Confederation have outlined their shared ambition for health and social care integration. The report will be used to engage partners and key influencers who work in health and social care to gain support for a joint action plan that will develop how integration is rolled out at national level.
www.local.gov.uk/documents/10180/12193/All+Together+Now+-+Making+integration+happen

VOLUNTARY SECTOR

12. **Comparing Apples with Oranges? How to Make Better Use of Evidence from the Voluntary and Community Sector to Improve Health Outcomes**
The briefing aimed at members of Health and Wellbeing Boards gives an overview of the knowledge, expertise and insight that voluntary and community sector organisations may hold about their local communities and diverse groups of people within these, as well as the different ways this knowledge can be used to enhance JSNAs and commissioning.
www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Comparing-apples-with-oranges.pdf

MENTAL HEALTH

13. **A Manifesto for Better Mental Health**
Six of the main mental health organisations have launched a joint manifesto for better mental health in the run up to the general election. It calls for all parties to make a positive commitment to value our mental and physical health equally. The manifesto sets out five specific areas where significant improvement is needed, focusing on funding, children's mental health, physical health care for people with mental health problems, stigma and discrimination and access to mental health services.
<http://www.mentalhealth.org.uk/content/assets/PDF/publications/manifesto-better-mental-health-manifesto.pdf>

CHILDREN AND YOUNG PEOPLE

14. **Child Poverty Strategy**
This strategy sets out what is being done to tackle the root causes of child poverty, focusing on supporting families into work, improving living standards and raising educational attainment. It forms part of the government's long-term economic plan to build a fairer society and builds on the first strategy published in 2011. The overall goal is still to end child poverty in the UK by 2020 by breaking the cycle of disadvantage. The strategy focuses on work as the best route out of poverty, with a child in a workless family 3 times as likely to be in relative poverty compared to a family where at least 1 parent works. Child poverty is a key priority for the City of London Health and Wellbeing Board, and this strategy provides further evidence to support this focus.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf
15. **The Right Start: How to Access Families from Birth and Support Early Intervention**
This research highlights the importance of local authorities providing live birth data to children's centres in their area, which enables them to get in touch with families to let them know about the important services delivered from children's centres.

www.childrenssociety.org.uk/sites/default/files/live_birth_data_report_-_final.pdf

16. **National Child Measurement Programme operational guidance**
National child measurement programme operational guidance is issued as part of the government's commitment to tackling the public health challenge of excess weight. This guidance advises local commissioners and providers of the national child measurement programme on its implementation.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/308248/NCMP_updated_operational_guidance_02052014_3.pdf

DRUGS, ALCOHOL AND SMOKING

17. **All Party Parliamentary Group on Alcohol Misuse Manifesto 2015**
This manifesto calls for the introduction of key measures to effectively reduce alcohol-related harm and demands that political parties of all colours recognise the personal, social and financial costs associated with alcohol misuse today. Key measures include greater investment in treatment, stronger advertising regulation to protect children and young people and minimum unit pricing. The manifesto is designed to inform in the lead in toward the 2015 election.
www.alcoholconcern.org.uk/assets/files/Publications/2014/APPG_Manifesto.pdf
18. **Using Licensing to Protect Public Health: From Evidence to Practice**
This study looked at how licensing can be used to protect public health and reduce alcohol related harms in the population. It aimed to increase dialogue and understanding between licensing personnel and public health practitioners by holding a series of regional licensing events, and to share knowledge and learning with key licensing stakeholders across the UK. Licensing and public health colleagues are increasingly working together in the City to address public safety and health concerns.
http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0114.pdf
19. **Ambitious for recovery: tackling drug and alcohol addiction in the UK**
This report outlines and forecasts addiction problems in the UK and warns that deaths linked to 'legal highs' could overtake those linked to heroin by 2016. Amongst some of the recommendations suggested is a 'treatment tax' which should be added to the cost of alcohol in shops to fund a new generation of rehabilitation centres and stem the tide of Britain's addiction problem.
www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJJ2073_Addiction_15.08.14_2.pdf
20. **Electronic nicotine delivery systems: report by the World Health Organization**
This report on electronic nicotine delivery systems, of which electronic cigarettes are the most common prototype, has been published ahead of the 6th Conference of the Parties to the WHO Framework Convention on

Tobacco Control (WHO FCTC), which will be held in Moscow on 13-18 October 2014. The report calls for greater regulation of e-cigarettes and a ban on the use of these products indoors in public and work places.
http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10-en.pdf

21. **Adolescent Substance Misuse**

HSCIC has released a report containing results from an 2013 survey of smoking, drinking and drug use in secondary school pupils, aged 11 to 15. 22% of pupils reported trying cigarettes. 39% of all pupils tried alcohol; that rate rose to 72% among 15 year old respondents. 16% of pupils had tried illegal drugs.

<http://www.hscic.gov.uk/catalogue/PUB14579>

LONG-TERM CONDITIONS

22. **London's diabetes care pathway: commissioning recommendations for psychological support**

This document from NHS London Strategic Clinical Networks provides guidance on emotional and psychological support on the London diabetes care pathway. It uses information gathered from discussions with professionals and patients, and from surveys about local provision.

<http://www.slcsn.nhs.uk/scn/mental-health/mh-physical-care-diabetes-082014.pdf>

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