



## Health and Wellbeing Board

**Date:** FRIDAY, 27 NOVEMBER 2015  
**Time:** 11.30 am  
**Venue:** COMMITTEE ROOMS, 2<sup>ND</sup> FLOOR, WEST WING, GUILDHALL.

**Members:** Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Paul Haigh  
Helen Isaac  
Glyn Kyle  
Dr Gary Marlowe  
Simon Murrells  
Gareth Moore  
Dhruv Patel  
Jeremy Simons

**Co-opted Members:** 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.  
N.B. Part of this meeting may be the subject of audio visual recording.

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 - 6)
4. **MINUTES OF THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**  
To receive the minutes of the previous Health and Social Care Scrutiny Sub Committee meeting.  

**For Information**  
(Pages 7 - 12)
5. **CCG UPDATE PRESENTATION**  
To receive an update from Dr Gary Marlowe, CCG.  

**For Decision**  
(Pages 13 - 22)
6. **CCG COMMISSIONING INTENTIONS 2016/17**  
Report of the CCG Chief Officer & CCG representative.  

**For Information**  
(Pages 23 - 36)
7. **CITY OF LONDON MENTAL HEALTH STRATEGY**  
Report of the Director of Community and Children's Services.  

**For Decision**  
(Pages 37 - 56)
8. **CARERS' STRATEGY AND PEER REVIEW**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 57 - 90)

9. **INTEGRATION OF HEALTH AND SOCIAL CARE**  
Report of the Director of Community and Children's Services.
- For Information**  
(Pages 91 - 94)
10. **HEALTHY BEHAVIOURS PARTNERSHIP**  
Report of the Commissioning and Performance Manager (Public Health).
- For Information**  
(Pages 95 - 98)
11. **LONDON SEXUAL HEALTH COMMISSIONING TRANSFORMATION PROJECT**  
Report of the Commissioning and Performance Manager (Public Health).
- For Decision**  
(Pages 99 - 102)
12. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN PROGRESS REPORT**  
Report of the Director of Community and Children's Services.
- For Information**  
(Pages 103 - 114)
13. **COMMUNITY SAFETY UPDATE**  
Report of the Community Safety Manager.
- For Information**  
(Pages 115 - 116)
14. **HEALTHWATCH UPDATE REPORT**  
Report of the Chair of Healthwatch.
- For Information**  
(Pages 117 - 122)
15. **HEALTH AND WELLBEING BOARD UPDATE REPORT**  
Report of the Director of Community and Children's Services.
- For Information**  
(Pages 123 - 126)
16. **THE HEALTH AND WELLBEING BOARD'S INPUT TO OTHER COMMITTEES**  
Report of the Director of Community and Children's Services.
- For Decision**  
(Pages 127 - 132)

17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

19. **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**

20. **NON PUBLIC MINUTES**

To agree the minutes of the previous meeting.

**For Decision**  
(Pages 133 - 134)

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

22. **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 September 2015**

**Minutes of the meeting of the Health and Wellbeing Board held on Friday, 18 September 2015 at 1.45 pm**

**Present**

**Members:**

Revd Dr Martin Dudley (Chairman)  
 Deputy Joyce Nash (Deputy Chairman)  
 Ade Adetosoye  
 Jon Averbs  
 Dr Penny Bevan  
 Karina Dostalova  
 Paul Haigh  
 Glyn Kyle  
 Dr Gary Marlowe  
 Simon Murrells  
 Jeremy Simons

**Officers:**

Natasha Dogra	Town Clerk's Department
David Macintosh	Town Clerk's Department
Neal Hounsell	Community and Children's Services Department
Gerald Mehrtens	Community and Children's Services Department
Sarah Thomas	Community and Children's Services Department
Farrah Hart	Community and Children's Services Department
Poppy Middlemiss	Community and Children's Services Department
Zoe Tansey	Community and Children's Services Department
Ellie Ward	Community and Children's Services Department
Ruth Calderwood	Markets and Consumer Protection
Lisa Russell	Department of the Built Environment

**1. APOLOGIES OF ABSENCE**

Apologies had been received from Gareth Moore, Dhruv Patel and Helen Isaac, City of London Police with Chief Inspector Matt Burgess attending in her place.

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

There were no declarations.

**3. MINUTES**

Resolved – that the minutes of the previous meeting be agreed as an accurate record.

**Matters Arising:**

**Health Profile for the City of London**

Members noted that Public Health England had now produced a draft health profile for the City of London.

4. **PRESENTATION: BUSINESS HEALTHY**

The Committee received a presentation from Business Healthy manager and noted that over 360,000 people commuted into the Square Mile every day and the "work hard, play hard" culture in the City presented some specific health issues around mental health (stress, depression and anxiety), smoking, alcohol, and substance misuse.

Members noted that:

- 78% of City workers said their job had made them very stressed (at least occasionally) in the last 12 months.
- 8.4% of City workers were always very stressed at work.
- 44% of City workers said there was a need for help with stress anxiety and depression.
- 28% of City workers binge drink at least once a week.
- 13% of City workers were drinking at a higher risk level compared to 4% in the national population.
- 25% of City workers smoke.

Received.

5. **CITY OF LONDON AIR QUALITY STRATEGY 2015 - 2020**

The Committee received the report of the Director of Community and Children's Services and noted several recent projects to reduce emissions and improve air quality, including encouraging drivers to switch off their engines whilst stationary, a four week travel challenge in association with Bart's Health NHS Trust to change people's commuting pattern away from car to public transport, walking, or cycling, and the introduction of garden plants that could play a role on trapping fine particles found in the air we breathe. A document providing further information on these air quality plants would be circulated to Members after the meeting.

In response to a Member's question, the Global Action Plan representative advised that 80% of interactions with drivers asked to switch off their engines were positive, although some taxi drivers were reluctant due to the perception of their customers that they were not ready to take business.

In response to Member's questions, the Environmental Health Officer advised that cleaner Transport for London taxis would be gradually introduced due to the requirement for all newly-licensed vehicles to be Zero Emission Capable from January 2018 and the introduction of a voluntary and incentivised decommissioning scheme for taxis older than ten years.

Received.

6. **JOINT HEALTH AND WELLBEING STRATEGY REFRESH**

The Committee received the report of the Director of Community and Children's Services and noted that the current priorities of the City of London's JHWS were:

- Ensure that more people with mental health issues can find effective, joined up help;
- Ensure that more people have jobs: more children grow up with economic Resources;
- Confirm that City air is healthier to breathe;
- Be assured that more people in the City are physically active;
- Enable more people to become socially connected and know where to go for help;
- Ensure that more rough sleepers can get health care, including primary Care;
- Ensure that the City is a less noisy place;
- Confirm that more people in the City are warm in the winter months;
- Ensure children and young people enjoy good physical and mental health;
- Ensure that fewer City workers live with stress, anxiety or depression;
- Ensure that more City workers have healthy attitudes to alcohol and Drinking; and
- Ensure that more City workers quit or cut down smoking.

Resolved – that the updated Joint Health and Wellbeing Strategy be approved.

#### 7. **BETTER HEALTH FOR LONDON: NEXT STEPS**

The Committee received the report of the Director of Community and Children's Services and noted that previously Members had approved the formation of an officer working group to further explore a number of the recommendations from the Better Health for London report, selected because they closely reflect the HWB's strategic priorities. The Director of Port Health and Public Protection informed Members that there would be an officers' meeting convened to discuss the promotion of the workplace health initiatives.

The recommendations from the Better Health for London report for the City that were selected for further exploration were as follows:

- Smoke free parks and open spaces;
- Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work;
- Promotion of workplace health initiatives;
- Local health promotion day; and
- Additional GP services.

Resolved – that Members agreed the following decisions:

- **Smoke free parks and open spaces:** The Board would continue to champion smoke free children's playgrounds and seek to expand the voluntary scheme to open spaces within the City.
- **Encouraging more Londoners to walk 10,000 steps a day** and supporting employers to incentivise their employees to walk to work: It was agreed that the Board continued to support active travel by implementing some local schemes that specifically encourage workers

and residents to walk or cycle more. If Members approve, then a costed proposal outlining specific initiatives will be brought to the HWB.

- **Promotion of workplace health initiatives:** Members supported the work of the Business Healthy initiative and ensure the City's ongoing commitment to healthy workplaces across the Square Mile.

- **'Imagine Healthy London' Day:** Members agreed to introduce public health awareness raising activity, specifically focused on exercise and healthy lifestyles, at existing events in the City.

- **Additional GP services:** Members gave their ongoing support for the Workplace Health Centre feasibility study.

8. **THE CITY OF LONDON CORPORATION CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18**

The Committee received the report of the Director of Community and Children's Services and noted that the plan had been shaped through extensive consultation, engagement with and involvement of external agencies and partners, children, young people and their families.

The new plan covered a three-year time period from 2015 to 2018. Members agreed that this was sufficient to provide long-term commitment to delivering services for children and young people, but provided enough scope to incorporate any future work.

Received.

9. **ADULT WELLBEING PARTNERSHIP UPDATE**

The Committee received the report of the Director of Community and Children's Services and noted that future Partnership work would include:

- overseeing social isolation policy development following research carried out by Goldsmiths University through the Knowledge Transfer Programme;

- monitoring performance on key indicators related to adult wellbeing; and

- inputting to the City's new mental health strategy.

Received.

10. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2014/15**

The Committee received the report of the Chair of HealthWatch and noted that the *Healthwatch City of London Annual Report 2014/15* provided an overview of the activities of Healthwatch City of London during its second year.

Received.

11. **SAFER CITY PARTNERSHIP UPDATE**

The Committee received the report of the Safer City Partnership and noted that as part of ongoing work to improve service delivery and maximise available resources the City of London Police and the Community Safety Team were currently conducting a pilot which involved co-location of officers from the CoLP Street Intervention team within Guildhall. The benefits and opportunities of further co-location would be explored in future months.



Received.

**12. HEALTH AND WELLBEING BOARD UPDATE REPORT**

The Committee received the report of the Director of Community and Children's Services regarding:

- Key findings from the City of London Mental Health needs assessment
- Mental Health Strategy
- CCG Quality Premium 2015/16
- Dementia Friendly Community status
- Health Profile for the City of London
- Spice Time Credits Impact report.

Received.

**13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

There were no questions.

**14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There was no urgent business.

**15. 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.

**16. INTEGRATED SUBSTANCE MISUSE AND TOBACCO CONTROL SERVICES TENDER**

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

**17. BI-ANNUAL PERFORMANCE REPORT SEPTEMBER 2015**

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

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

There were no questions.

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

There was no urgent business.

**The meeting ended at 3.00 pm**

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Chairman

**Contact Officer: Natasha Dogra tel.no.: 020 7332 1434**

## HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE

Monday, 2 November 2015

**Minutes of the meeting of the Health and Social Care Scrutiny Sub (Community and Children's Services) Committee held at the Guildhall EC2 at 12.00 pm**

### **Present**

#### **Members:**

Wendy Mead (Chairman)	Philip Woodhouse
Randall Anderson (Deputy Chairman)	Steve Stevenson
Ann Holmes	

#### **Officers:**

Philippa Sewell	- Town Clerk's Department
Neal Hounsell	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services Department
Farrah Hart	- Community and Children's Services Department
Poppy Middlemiss	- Community and Children's Services Department

#### **1. APOLOGIES**

Apologies were received from Emma Price.

#### **2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

There were no declarations.

#### **3. MINUTES**

**RESOLVED** – That the minutes of the meeting held on 16 June 2015 be agreed as an accurate record.

#### **Matters Arising**

Members queried the lack of a follow-up report with specific case studies of integrated care projects. Officers apologised, and it was agreed that this would be circulated electronically before the next meeting.

#### **4. HEALTHWATCH CITY OF LONDON UPDATE**

Steve Stevenson presented a report from Healthwatch City of London. Members agreed that a Sub Committee visit should be arranged to the cardiology department at Barts Hospital in order to review the new arrangements and see what has changed in other departments as a result.

Members discussed the Healthwatch Annual Conference held on 8 October, noting it was an excellent opportunity for networking, but that public attendance had been disappointing despite publicity of the event.

A Member queried the level of scrutiny this Sub Committee had for University College London Hospital. Officers advised that Care Navigators were in place to work with UCL, The Royal London and Barts Hospital, and Members agreed to review this service at a future meeting.

**RESOLVED – That:**

- (a) a visit be arranged to the cardiology department at Barts Hospital
- (b) the Care Navigator Service be reviewed at a future meeting;
- (c) Healthwatch forward details of disability inequality observed at UCLH to officers; and
- (d) the report be noted.

5. **REVIEW OF HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY GOVERNANCE**

Members considered a joint report of the Town Clerk and Comptroller & City Solicitor regarding the review of governance arrangements for the Sub Committee, and raised the following points:

- The dual Chairmanship exception could be reviewed after a year.
- Restricting membership to exclude Community & Children’s Services Committee Members was necessary to ensure there was no conflict of interest, but would severely reduce the ‘pool’ of Members likely to serve on the Health & Social Care Scrutiny Committee.
- Having a stand-alone Health & Social Care Scrutiny Committee would highlight the issues being considered, and acknowledge their importance.

**RESOLVED – That it be recommended to the Community & Children’s Services Committee that:**

- (a) the recommended option of dissolving the Health & Social Care Scrutiny Sub Committee and retaining the combined responsibility for scrutiny of health and social care under a new stand-alone Health & Social Care Scrutiny Committee be agreed;
- (b) no Member of the Community & Children’s Services Committee or the Health & Wellbeing Board should serve on the Health & Social Care Scrutiny Committee; and
- (c) the Health & Social Care Scrutiny Committee be listed as an exception under Standing Order 29(3) in terms of dual Chairmanship.

6. **SUICIDE PREVENTION ACTION PLAN DRAFT SUMMARY**

The Sub Committee received a report of the Director of Community & Children’s Services providing a summary of the draft Suicide Prevention Action Plan. It was noted that, once the stand-alone Health & Social Care Scrutiny Committee was in place, documents like this would only be available for the Scrutiny Committee to review once they had been agreed by the relevant Grand Committee.

Officers reported that the action plan had been developed in collaboration with Clinical Commissioning Groups, the Samaritans, Metropolitan Police, and City of London Police, and would be considered by the Health and Wellbeing Board at their next meeting.

Members noted that the priority areas for action were:

- To reduce the risk of suicide in key high risk groups (with a focus on young and middle-aged men);
- Tailor approaches to improve mental health in specific groups (with a focus on people with untreated depression and children and young people);
- Reduce access to the means of suicide;
- Provide better information and support to those bereaved or affected by suicide;
- Support the media in delivering approaches to suicide and suicidal behaviour;
- Support research, data collection and monitoring.

Members queried 'the Bridge Pilot', and officers reported that this was a 6-month initiative to affix signage to London, Hungerford and Waterloo Bridges advertising a free-phone Samaritans number to dissuade people from jumping. Members noted that, although permission was still being sought from Lambeth and Westminster Councils to secure the signs for the latter two bridges, signposting people to where they could get support had been successful at Clifton Bridge, the London underground and 'hot-spot' car parks. Members discussed the report, and requested officers to write to the Health Scrutiny Committees of both Lambeth and Westminster Councils once the plan was finalised, to highlight this initiative with them and encourage support.

**RESOLVED** – That officers write to the Health Scrutiny Committees of both Lambeth and Westminster Councils once the plan was finalised to highlight the Bridge Pilot with them and encourage support.

7. **CARERS - PEER REVIEW OF SUPPORT AND SERVICES**

The Sub Committee received a report of the Director of Community & Children's Services regarding the peer review undertaken by senior officers from different boroughs across London to assess the City of London's services and support for carers. This took place between 30 September and 2 October 2015 and focussed on the implementation of the Care Act. Members noted the findings, which were set out in full in the report, and noted that the recommendations would be implemented by a task and finish panel to ensure they were in place by the end of the financial year.

**RESOLVED** – That the report and findings of the peer review be noted.

8. **BARTS HEALTH NHS IMPROVEMENT PLAN**

The Sub Committee received a verbal report regarding the Barts Health NHS Improvement Plan detailed at the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) meeting held on 26<sup>th</sup> October. Members noted the following points:

Each of the four sites would have their own Senior Management Team rather than the Clinical Advisory Groups. This would require a higher level of resources; Barts NHS Trust had confirmed that additional funds had been

agreed from Central Government, but did not disclose any details. With regard to this Sub Committee, Members agreed to arrange a meeting with the new Management Team for the Barts Site as part of their visit to the new cardiology department to discuss their plans.

Officers reported that the Barts NHS Trust had confirmed the budgeted deficit would be exceeded, owing to the restructure and agency staff being used to fill the high number of vacancies, and they welcomed the Department of Health review of agency fees. Officers also advised the Sub Committee of the 5 never-events that had occurred subsequent to the 9 between November 2013 and January 2015 referred to in their Improvement Plan, which had been followed up with further training.

Members highlighted the need to focus on the University College London Hospital to the same degree as Barts. Officers undertook to circulate the figures regarding number of City patients accessing UCLH and Royal London, and Steve Stevenson advised that query had been raised at the Neaman Practice and they were roughly 50% each.

**RESOLVED** – That the report be noted.

**9. INEL JHOSC - TRANSFORMING SERVICES TOGETHER**

The Sub Committee received a verbal report regarding the Transforming Services Together update provided at the Inner North East London Joint Health Overview and Scrutiny Committee meeting held on 26<sup>th</sup> October, and noted that fully costed proposals had been requested, but were still awaited.

**RESOLVED** – That the report be noted.

**10. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

**11. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There was no urgent business.

**12. EXCLUSION OF THE PUBLIC**

**RESOLVED** – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

<u>Item Nos.</u>	<u>Exempt Paragraph(s)</u>
13-14	-

**13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was no urgent business.

**The meeting closed at 12.54 pm**

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Chairman

**Contact Officer: Philippa Sewell  
tel. no.: 020 7332 1426  
philippa.sewell@cityoflondon.gov.uk**

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# UPDATE TO HWBB

NOVEMBER 2015



City and Hackney  
Clinical Commissioning Group

# MONEY

- CCG good position and done lots
- December - 3 year CCG allocation
- New capitation formula – impact and pace of change unknown
- New requirements in Planning Guidance?
- CCG growth could be 0
- New capitation formula for primary care



# LOCAL ECONOMY

- Doing OK
  - Collaboration and work of local GPs
- Significant financial (and operational) issues at Barts Health
  - No clear plans as yet for financial balance
- £32m Non recurrent schemes being evaluated
- Tough in provider land – no let up on money, performance and quality
- Some success with One Hackney & the City – early days!
- In year and recurrent cuts to Public Health
- LA cuts



City and Hackney  
Clinical Commissioning Group

# MATERNITY - HOMERTON

- Risk summit held on 28 September led by NHSE
- Agreed
  - To have one combined action plan picking up on the maternal deaths, CQC report and CCG report
  - CCG Maternity Programme Board, with external support, will monitor progress
  - External peer review of progress towards end of 2015
- Understand CQC will make a further inspection to review progress against action plans - TBA



# QUALITY AT BARTS HEALTH

- Introducing site specific quality meetings
  - CCG will attend St Barts and Royal London
- Cancer and cardiac specific review meetings across all providers
- CCG continues to collect duty of candour information
- Non recurrent support offered to help improve admin systems – plans awaited



# PRIMARY CARE

- £8.8m of additional investment into GP Confederation for additional services
- All scrutinised by Local GP Provider Contracts Committee (no local GPs involved)
- Population coverage for all services commissioned – fantastic achievement – and big improvements in clinical care
- 21 practices offering extended hours – limited scope to expand due to workforce issues



City and Hackney  
Clinical Commissioning Group

# QUALITY IMPROVEMENTS IN PRIMARY CARE

- Improvement in the % of patients at risk of developing diabetes or CVD having a complete annual review increased from 60.9% in 2013/14 to 71.9% in 2015/15
- Improvement in the % of patients with severe and very severe COPD having two annual reviews increased from 78.6% in 13/14 to 87.3% in 14/15
- Improvement in the % of patients with severe asthma receiving 2 annual reviews increased from 82.4% in 2013/14 to 87.8% in 2014
- Improvement in the % of diabetic patients with a full annual review increased from 68.5% in 2013/14 to 78.2% in 2014/15
- Improvement in blood pressure control of hypertensive patients with 87.9% having a BP of  $\leq 150/90$
- Improvement in cholesterol control of stroke and TIA patients with 95.7% having cholesterol control of  $\leq 5.0\text{mmol/l}$
- 77% of newly diagnosed diabetic patients now have a care plan o 84.2% of patients with COPD are referred to Pulmonary Rehab



# OUT OF HOURS

- Asked Primary Care Foundation to review the service one year on
- Presented to CCG Governing Body on 25 September with an action plan  
<http://www.cityandhackneyccg.nhs.uk/about-us/ooh-review-report-and-action-plan.htm>
- CCG pleased with the service and outcomes. Work to do on contractual arrangements, quality monitoring



City and Hackney  
Clinical Commissioning Group



# COMMISSIONING INTENTIONS

- Programme Boards are developing commissioning intentions – consulting members and PPI
- Public engagement event in January/February to share and debate with public once money is clearer
- Keen to pursue more alliance arrangements – where providers work together and are contracted to deliver outcomes – building on One Hackney & the City
- Keen to work more closely with Public Health – particularly around prevention
- Not pursuing primary care commissioning in 2016 – little enthusiasm that it will provide added benefits



City and Hackney  
Clinical Commissioning Group

# FUTURE

- Providers are looking to form a provider Partnership across health and social care within Hackney to take forward integrated care
  - Involves Homerton, GP Confederation, LBH social services, CHUHSE, ELFT, vol sector
  - Supported by HWBB
- Bid for pilot of local devolution
- If it flies CCG could delegate some of its budget to the partnership.
- Agreed to keep a watching brief on impact on COL



City and Hackney  
Clinical Commissioning Group

# Agenda Item 6

<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	27.11.2015
<b>Subject:</b> CCG Commissioning Intentions draft 2016/17	<b>Public</b>
<b>Report of:</b> CCG Chief Officer & CCG representative	<b>For Information</b>

## Summary

The attached presentation provides an overview of the City and Hackney Clinical Commissioning Group's (CCG) draft commissioning intentions for 2016/17.

The CCG programme board are currently developing commissioning intentions for 2016/17 which will be shared to be debated at public engagement events in the City and in Hackney in February 2016

Through these commissioning intentions, the CCG are keen to pursue more alliance arrangements, building on One Hackney & The City, and to work more closely with Public Health particularly around prevention. They are not pursuing primary care commissioning in 2016.

Their commissioning intentions are split according to the following services:

- Integrated Care programme
- Long Term Conditions
- Mental health programme
- Planned Care
- Prescribing
- Primary care
- Urgent Care
- Early Years

## Recommendation(s)

Members are asked to:

- Note the report.

## Appendices

- Appendix 1 – CCG draft Commissioning Intentions 2016/17 (presentation)

**Dr Gary Marlow**  
**CCG Representative, City and Hackney CCG**  
E: [gmarlowe@nhs.net](mailto:gmarlowe@nhs.net)

# UPDATE TO HWBB

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Summary of draft CCG Commissioning  
Intentions  
NOVEMBER 2015



City and Hackney  
Clinical Commissioning Group

# Integrated Care Programme Board's Commissioning Intentions

- ❑ **We will reduce delays in discharge from hospital**
  - No more than 3% of medical beds will be occupied by patients who are ready for discharge.
  - We will commission sufficient capacity of NHS services to support effective discharge, particularly continuing healthcare and neuro rehabilitation services
- ❑ **We will commission more proactive community care for frail patients**
  - Co-ordinated around their needs and delivered by new multi-disciplinary teams comprising health, social care and the voluntary sector: One Hackney and the Integrated Independence Team
- ❑ **All integrated community services (nursing, therapy and multidisciplinary services) will work in quadrants aligned to GP practices**
  - They will adopt a common approach to implementing care plans
  - Care across these services will be co-ordinated by a named lead professional for each patient.
- ❑ **There will be effective transitions into community settings and good communication**
  - The lead named professional will be aware when patients are admitted
  - Plans will be enacted with integrated community services as soon as possible during admission
- ❑ **Elderly patients will spend less time in hospital**
  - All community services will be aiming towards reducing emergency bed days for elderly patients
- ❑ **There will be better access to end of life care services for patients**
  - Patients will be identified as approaching end of life where appropriate
  - Patients will be supported to express their wishes about care at end of life (these shared where appropriate) and supported to die in the place of their choice
  - There will be better communication between secondary and primary care about prognosis and conversations about this

# Long Term Conditions Commissioning Intentions 2016-17

Planned			Potential		
Scheme	Current Funding	Future funding	Scheme	Current Funding	Future Funding
<b>Revised version of core LTC contract</b>	Mixed (£1,512,000 recurrent, £949,699 non-recurrent)	Requesting recurrent funding	<b>LTC contract “time to talk” and “time for cancer”</b>	Non-recurrent	Requesting recurrent
			<b>Further development of virtual renal service</b>	Non-recurrent	Requesting recurrent
			<b>Exercise on referral (specialist input)</b>	Within PH offer	Requesting non-recurrent
			<b>Neurology – service review</b>	Recurrent	Recurrent
			<b>Social prescribing roll out</b>	Non-recurrent	Requesting recurrent
<b>Community heart failure re-procurement</b>	Recurrent	Recurrent	<b>Stroke – support for people with high care needs after hospital</b>	Nil	Potential request for non-recurrent
			<b>Early adopter site for pre-diabetes lifestyle intervention</b>	Nil	No direct cost implications
			<b>Further peer support programmes for LTCs</b>	Non-recurrent	Potential request for non-recurrent
<b>Hypertension re-modelled pathway</b>	Recurrent	Recurrent	<b>Personal health budgets – continued roll-out</b>	Within existing budgets	No change
			<b>Learning disabilities – care reviews and support into volunteering/employment</b>	Nil	Potential request for non-recurrent

# Summary of Mental Health Programme Board's Commissioning Intentions 2016/17

- **Mental Health Alliances** will be expanded bringing secondary care, primary care, third sector and local authority providers together in a sustainable funding model, which incentivises outcomes, integration, quality and innovation based on shared aims and shared outcomes.
- **Enhanced Primary Care services** will continue to transfer higher numbers from secondary care services based on a recovery model, following the recent service redesign and expansion of the service.
- In line with the **Crisis Concordat**, the interface between organisations, including primary care, secondary care, NHS 111, third sector, police and ambulance services will be improved to create a more responsive and better integrated crisis pathway
- **CAMHS**: new funding will improve eating disorders pathways and transform services to improve links with schools and children's social care and to continue to address early intervention and family support
- **IAPT services**: we will continue to hit our access target and will work on improving recovery.
- **Dementia**: we will maintain our prevalence identification and promote support for patients and carers through funding the Alzheimer's society workers and we will work through the dementia alliance to ensure efficient pathways, avoiding duplication of service.





## Planned Care Headline Commissioning Intentions

### Community services:

- Increase capacity of community gynae, ENT and dermatology
- Develop a community based minor eye conditions service jointly with Islington CCG
- Implement community post operative wound care service and develop a shared plan with HUH to improve leg ulcer clinic care

### Cancer:

- Review service level agreement between HUH and Bart's Health for Acute oncology service
- Review with two week wait/cancer office capacity with HUH to manage existing referrals and in view of new NICE guidance
- Direct Access colonoscopy with triage
- Stratified follow up – prostate, breast, colorectal – (building on Time to Talk?)

### Misc:

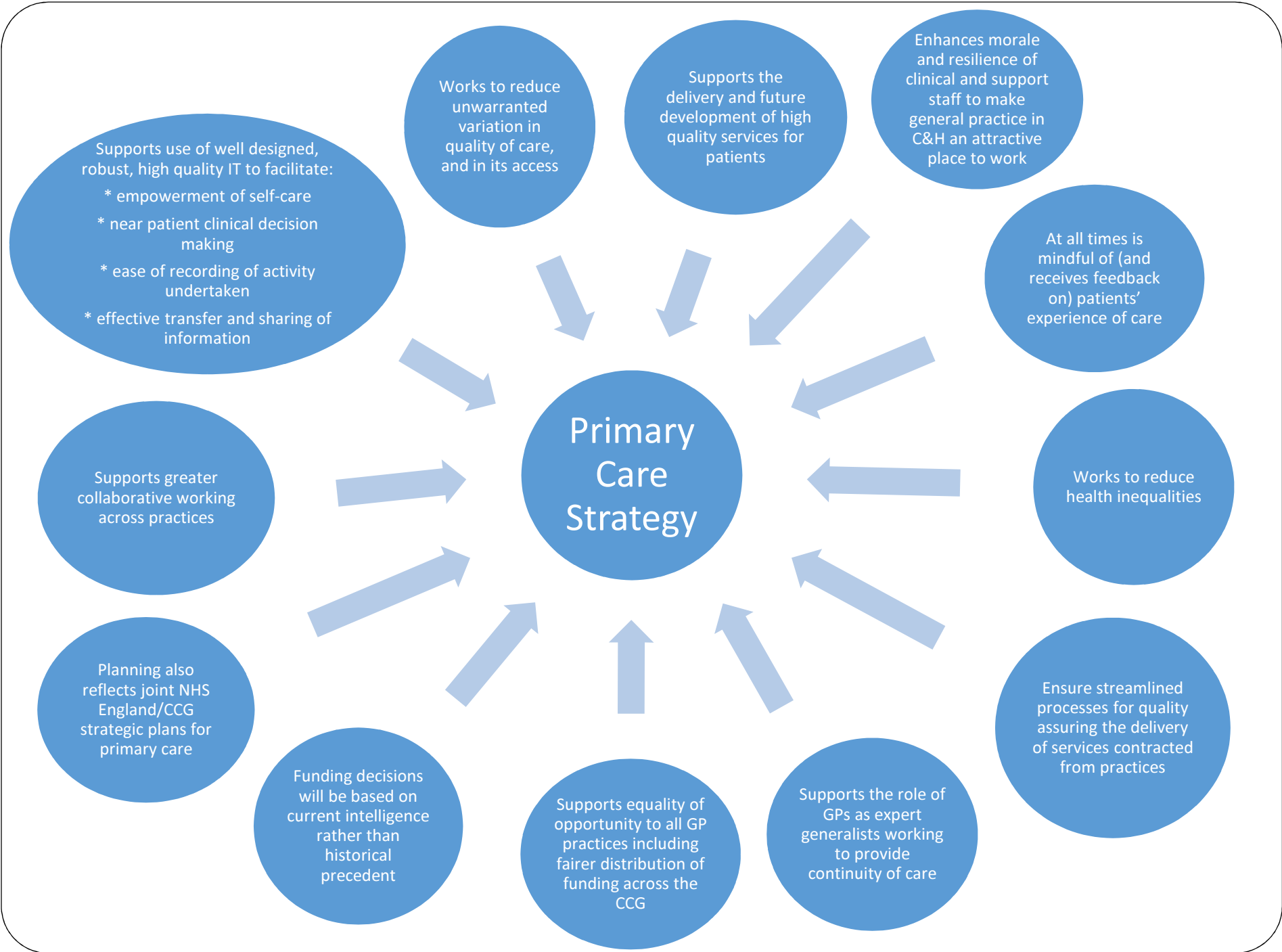
- Work with HUH to deliver a tier 3 weight management service
- On behalf of PHE, commission a new service for latent TB testing from primary care
- Review of Bi-lingual Advocacy service



City and Hackney  
Clinical Commissioning Group

# Summary of Prescribing Programme Board's Commissioning Intentions

- Reduce the inappropriate use of antipsychotic, antidepressant, anxiolytic, hypnotic and antiepileptic medicines in people with learning disabilities
- Increase the number of medication reviews carried out by a Practice Support Pharmacist (PSP), prioritising the following high risk patient groups:
  - Patients who have frequent hospital admissions
  - Patients on compliance aids
  - Patients in nursing homes
  - Patients requiring domiciliary medication review
  - Patients on polypharmacy
  - Patients on high risk drugs which require shared care
  - Patients with diabetes
  - Patients on high dose inhaled corticosteroid
- Consider the introduction of Medicines Reconciliation for patients with CKD 3-5 who have been referred by practices
- Increase GP uptake of IT prescribing tools e.g. electronic formulary, antibiotic app and MUST Tool
- Deliver Respiratory Training for GPs and Practice Nurses by PSPs and ACERs Nurse
- Improve our sustainability by supporting interventions to reduce medicines waste e.g. charitable recycling of returned medicines
- Supporting the uptake of dressings supply through the dressings optimisation scheme
- Support prompt implementation of national warnings and local Formulary agreements
- Ensure that practices are supported in undertaking Antimicrobial Training
- Continue to engage with practices at the annual prescribing visit and through the CCG medicines management newsletter



# A vision for Primary Care

These are the aims we want to achieve for City and Hackney:

- ✓ Be in the top 5 CCGs in London in terms of quality
- ✓ Be an attractive place to work for existing and new primary care staff
- ✓ Delivery of safe services
- ✓ Services that are resilient by being productive, efficient, safe and value for money
- ✓ Services that are of high quality and offer comprehensive patient support
- ✓ Services that are accessible
- ✓ Reduce health inequalities



Our aims	Action
Be in the top 5 London CCGs in terms of quality	<p>In three years all practices to be above London average for patient satisfaction, initially using satisfaction measures from the national GP Patient Survey but looking at how to incorporate data from Friends and Family Test</p> <p>Primary Care Quality Board to work up a proposal for investment</p>
	<p>Over three years level up primary care's <b>core funding</b> to at least the London average (or adjusted London average)</p> <p>In three years all practice to be above London average for aggregated performance across the primary care dashboard or above aggregated benchmarked performance (to be agreed) across the primary care dashboard</p> <p>All practices that are currently below the average London core funding and average London quality score to use funding to pump prime delivery of an improvement plan against the Primary Care Quality Dashboard and selected other metrics (to be agreed)</p>
Be an attractive place to work for existing and new primary care staff	<p>Improve and maintain workforce morale:</p> <p>PID outlining in year 1 how it will measure morale of all primary care staff and in year 2 deliver an intervention aimed at supporting staff facing burnout</p>
	<p>Increase support through education:</p> <p>25% increase in mandatory education session in CCG's Clinical Commissioning and Engagement Contract (from 12 sessions to 15 sessions), offset by increase in % practices attending via Webinar (rather than in person)</p>
Be an attractive place to work for existing and new primary care staff	<p>Recruitment and support (helping reduce staff vacancies and reduce staff turnover and reduce risk to patient care)</p> <p>PID to recruit X salaried GPs, X practice nurses and X HCAs and X practice managers/admin/clinical coders/receptionists; to develop support schemes that includes education, professional development and career progression</p>
Supports the safe delivery of services	<p>Clinical Commissioning and Engagement Contract: practices to bring X number of "patient narratives" and/or SEAs to X consortium meetings for joint discussion and reflection</p>
	<p>Improve quality through thematic analysis of practice complaints</p>

Our aims	Action
Be resilient by being productive, efficient, safe and value for money	Encourage and support providers to <b>work together</b> to improve productivity and efficiency focusing on: <ul style="list-style-type: none"> <li>• Back office functions</li> <li>• Purchasing</li> <li>• Education and training</li> <li>• Applying for grants</li> <li>• Research and development</li> <li>• Workforce and workforce roles (health care assistants; clinical coder; practice nurse; pharmacist; physician associate; GP; clinical administrator; receptionist; practice manager; micro-teams)</li> <li>• Use of technology</li> <li>• Maximising achievement on Quality and Outcomes Framework, Directly Enhances Services, Additional Services, Public Health Contracts</li> <li>• Organisation of care e.g., chronic disease management; call/recall systems</li> </ul>
Offer comprehensive patient support	No additional action required beyond other Boards' plans
Be accessible	No additional action required beyond other Boards' plans
Reduction in health inequalities	All quality measures in primary care can be analyzed by age, sex and ethnicity and the six other protected characteristics set out in the 2010 Equality Act, possibly extend to other characteristics such as class; risk factors, etc  All measures recorded for all newly registered patients from 1 <sup>st</sup> Apr 2016 and for existing patients over X time
	Support implementation of the Accessible Information Standard: people who have a disability, impairment or sensory loss have information that they can easily read or understand. This means primary care needs to ensure it can provide information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter



# Summary of Urgent Care Programme Board's Commissioning Intentions for 2016/17

## **Primary Care:**

- Monitor the delivery of the Duty Doctor scheme to ensure patients with urgent care needs are being treated in the appropriate setting
- Work with the provider to increase population coverage for extended hours to ensure an equitable service is delivered for all patients in City and Hackney
- Implement the recommendations from the out of hours review to ensure we have high quality sustainable primary care out of hours as well as in-hours
- Support the delivery of the newly developed ParaDoc pathway to ensure complex, frail and elderly patients are treated at home when appropriate to do so
- Engage our community pharmacists in the overall urgent care strategy ensuring patients are sign-posted to appropriately and accordingly
- Continue to explore opportunities for working across the new urgent and emergency care network to ensure patients accessing urgent care are treated by the right clinician, first time everytime.

## **Secondary Care:**

- Continue to work with the local acute trust to ensure the A&E department continues to meet the 4hr performance target
- Explore opportunities to develop ambulatory care models that improve the patient journey, experience and outcomes
- Maintain the Primary Urgent Care Centre as a service for patients with urgent care needs that can be treated by primary care clinicians

## **Community Crisis response:**

- Continue to support the delivery of the Integrated Independence team and its links with urgent care access points, ensuring patients in are treated by the right clinician when in crisis
- Monitor the delivery of the action plan to engage care homes and housing with care schemes with the overall crisis response pathway

## **Emergency Care:**

- Work with associate commissioners to ensure LAS performance continues to improve for its urgent and emergency/Red1 cases
- Engage LAS with continued work to refer into City and Hackney's community crisis response pathways
- Ensure on-going referrals to the newly developed ParaDoc pathway, to improve experience for patients with complex health needs

## **Communications and engagement:**

- Continue to work with our patient groups and patient representatives to raise awareness around the right care at the right time everytime including self care, primary care and urgent and emergency care when in crisis.

## Early years Commissioning Intentions

- Improve pre-conceptual care and early identification of medical (including mental health) and social risk through implement of an Early Years contract to be delivered via the GP Confederation.
- Early booking (by 10 weeks) to improve outcomes of pregnancy.
- Continuity of care in the antenatal and postnatal periods.
- Ensure a high quality safe service, with the aim of reducing neonatal and maternal morbidity and mortality, in view of recent maternal deaths and CQC report. Monitoring via audits, external review and benchmarking.
- Ensure women have a good experience of care throughout the antenatal, perinatal and postnatal periods.
- Ensure parents can help to shape maternity services in City and Hackney through listening to patient's feedback, via a strong MSLC (maternity service liaison committee).
- Improve the uptake of the flu and pertussis vaccinations.
- Increasing normal births through use of birth centre and home birth teams.
- Vulnerable families are identified early, experience a smooth transition from maternity to early years services, with adequate support in place where needed.



<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	27/11/2015
<b>Subject:</b> Mental Health Strategy	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Decision</b>

## Summary

This report introduces the Mental Health Strategy. This strategy was developed based on the findings of the *Mental Health Needs Assessment for the City of London* (2015). The mental health strategy sets out the overarching aim for more people in the City to have good mental health, and describes how we intend to achieve this. It identifies four priorities which are: Prevention, Personalisation, Recovery, and Delivery.

The focus of the strategy is delivering better outcomes for residents, rough sleepers and workers. It aims to improve the mental health of people in the City, keep people well and then ensure we provide effective support when mental health problems do arise.

## Recommendation

Members are asked to:

- Approve the Mental Health Strategy.

## Main Report

### Background

1. The City of London has commissioned the development of a Mental Health Strategy which sets out our overarching aim for more people in the City to have good mental health, and describes how we intend to achieve this. It provides a vision and priorities for mental health activities for 2015-2018.
2. The Strategy has been developed to reflect the national, regional and local policy context. This includes the Joint Health and Wellbeing Strategy which has identified mental health as a key priority for City residents, workers and rough sleepers. The Board has committed to ensuring that residents get better access to effective, joined-up support for mental health issues, reducing social isolation,

improving the health and wellbeing of rough sleepers and addressing issues of stress, anxiety and depression for City workers.

3. The City and Hackney Clinical Commissioning Group (CCG) supports this ambition by focusing on the mental health needs of their patients and working to achieve parity of esteem between mental and physical health. The CCG is committed to improving access to services, delivering community-based care, focusing on recovering and promoting choice and independence for patients in their mental health services.

## **Current Position**

1. The *Mental Health Needs Assessment for the City of London (2015)* pulls together data from a range of sources to describe the mental health needs of the different population groups in the City and makes a number of key recommendations for service provision based on the level of need. Its findings form the evidence base for this strategy and enable us to understand the particular mental health problems faced by people in the Square Mile.
2. The strategy was developed in consultation with key partners across the City of London including City and Hackney Public Health, Community and Children's Services, City and Hackney Clinical Commissioning Group and East London Foundation Trust. The strategy has been developed following a workshop to gather the views of local residents, service users, voluntary sector providers and professionals. Business Healthy members have also been asked for their views on the challenges they face in supporting the mental health of their employees.
3. The strategy considers three distinct populations with different needs and mental health issues:
  1. Residents,
  2. City workers
  3. Rough sleepers
4. The overarching aim of the strategy is for more people in the City to have good mental health which is addressed two ways:
  1. Improve the mental health of people in the City and keep people well
  2. Provide effective support for people with mental health problems
5. This strategy identifies 4 key priorities and outlines how they can be achieved. The 4 key priorities are:
  - Prevention
  - Personalisation
  - Recovery
  - Delivery
6. The strategy will be supported by a delivery plan that will be refreshed annually. This will be governed by the City of London Health and Wellbeing Board, who will measure and monitor progress.

## **Proposals**

4. A draft City of London Mental Health Strategy has been prepared for Members' consideration. The strategy is presented in Appendix 1.

## **Corporate & Strategic Implications**

5. The Strategy will support the delivery of the Joint Health and Wellbeing Strategy and the CCG Commissioning Strategy

## **Conclusion**

6. The Mental Health Strategy sets out the overarching aim for the residents, workers and rough sleepers in the City to have good mental health, and describes how we intend to achieve this.

## **Appendices**

- Appendix 1 – Mental Health Strategy

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# **Mental Health Strategy**

## **2015-18**

**City of London Corporation**  
**City and Hackney Clinical Commissioning Group**

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## Introduction

Good health means not only the absence of disease, but also being physically active, healthy and happy. The World Health Organization defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

The mental health charity Mind estimates that one in four of people in the UK will have a mental health problem each year. Taking action on mental health is important for both economic and social reasons. The Centre for Mental Health has estimated that the cost of mental ill-health in England in 2009/10 was £105 billion, including the cost of social care, loss of productivity and human costs. Good mental health is central to leading an active and fulfilled life.

Mental health is affected by a broad range of determinants, reaching much further than the scope of health services alone. The environment in which people live can influence their risk of developing mental health problems. Social inequality, deprivation, unemployment, housing, drugs and alcohol, crime, long-term physical illness and social isolation are all associated with poor mental health. The City of London is home to a diverse range of people who face many different mental health problems, with social inequality just one factor among many that influence their mental health.

Due to the central location of the City and its perception as a safe place, it has a large number of rough sleepers. Around 45% of rough sleepers in the City have, or have had, a mental health problem, making this group a significant focus for mental health services (CHAIN database 2012/13).

The City has a large working population, and there is evidence that the working culture of the highly pressurised financial sector may lead City workers to suffer from higher levels of stress, anxiety, depression and abuse of drugs and alcohol. The *Public Health and Primary Healthcare Needs of City Workers* report (2012) found that over one-fifth of City workers report suffering from mental health conditions, with one-third reporting that their job causes them to be very stressed on a regular basis. The working population also includes lower paid support workers, such as cleaners, coffee shop and retail workers, who have very different health needs and may struggle with long working hours and unstable employment conditions.

This mental health strategy sets out our overarching aim for more people in the City to have good mental health, and describes how we intend to achieve this. The City of London Corporation, City and Hackney Clinical Commissioning Group and our partners want everyone in the City to enjoy better mental health. We want to improve the mental health of people in the City, keep people well and then make sure we provide effective support when mental health problems do arise.

## Background

### Policy background

Mental health is a key priority for health services at a national level. The Coalition Government's 2011 Mental Health strategy, *No Health without Mental Health*, pledged to create "parity of esteem" between mental health and physical health services so that more people could have good mental health and more people with mental health problems would be able to recover, have a good quality of life and a positive experience of care and support. It looked not only at treating mental ill health, but at keeping people well through prevention and early support. The then Deputy Prime Minister's 2014 strategy, *Closing the Gap: priorities for essential change in mental health*, included actions such as improving access to psychological therapies, integrating physical and mental health care and a focus on prevention. From April 2015, new standards on access and waiting times for mental health services have been introduced, which highlights the increased focus on these services and a commitment to deliver improvements within the next five years.

At a regional level, health and wellbeing is a key priority for the Greater London Authority. The 2014 report, *London Mental Health: The invisible costs of mental ill health*, estimates that the wider impacts of mental ill health result in around £26 billion each year in total economic and social costs to London. Mental health in the workplace is also a focus. In addition, in 2011 the NHS's *Mental Health services: Case for change for London* highlighted the need for improved services for people in crisis and for people with long-term mental health conditions in the capital.

The City of London Health and Wellbeing Board is responsible for improving health and wellbeing, tackling inequalities in health and ensuring that health and care services are better integrated. The Health and Wellbeing Board has identified mental health as a key priority for City residents, workers and rough sleepers. The Board has committed to ensuring that residents get better access to effective, joined-up support for mental health issues, reducing social isolation, improving the health and wellbeing of rough sleepers and addressing issues of stress, anxiety and depression for City workers.

The City and Hackney Clinical Commissioning Group (CCG), which commissions health services in the City, supports this ambition by focusing on the mental health needs of their patients and working to achieve parity of esteem between mental and physical health. The CCG is committed to improving access to services, delivering community-based care, focusing on recovering and promoting choice and independence for patients in their mental health services.

### Mental health needs in the City of London

The City of London is a unique area. It has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space.

The *Mental Health Needs Assessment for the City of London* (2015) pulls together data from a range of sources to describe the mental health needs of the different population groups in the



City, and makes a number of key recommendations for service provision based on the level of need. Its findings form the evidence base for this strategy and enable us to understand the particular mental health problems faced by people in the Square Mile

## City residents

Around 8,000 people live in the City and the resident population is slowly growing. Those aged 65 and over are projected to contribute the most to this growth, with their numbers increasing rapidly in the next decade. In contrast, there are relatively few children in the City. The City of London has a diverse range of ethnicities and religious faiths. There are also strong contrasts in levels of deprivation amongst the residential areas, with some areas experiencing unemployment and overcrowding. The make-up of the City's resident population has particular implications for mental health:

- The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level. It is also important to understand the beliefs of local residents to ensure health services are commensurate with beliefs, accessible and deliver best outcomes for all.
- Higher rates of psychiatric admissions and suicides tend to be seen in areas of high deprivation and unemployment and there are strong associations between poor housing and mental health problems.
- The City's children mainly live in dense pockets of housing with some areas of high levels of deprivation. Additional risk factors may include living in a low income family, having special educational needs, being in Local Authority Care, and having poor physical health or a physical disability, which can increase the risk of mental health issues.
- High levels of depression are currently seen in the residential wards of Cripplegate and Portsoken. By 2026 there is expected to be a further 17% increase.
- The increasing number of older people in the City, particularly those living alone, is likely to result in increased social isolation and depression. People with long-term conditions are 2-3 times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health problems.

## City workers

Around 392,000 people work in the Square Mile, and this is expected to grow rapidly over the next decade. City workers are mainly aged between 20 and 50, with a higher proportion of men. City workers tend to be healthier than the general population because they are younger, although lifestyle factors such as smoking, alcohol consumption, levels of physical activity and diet have an impact. For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues including anxiety, depression and risk-taking behaviours. Previously, periods of severe economic problems and job instability have had an adverse effect on the mental health of the worker population.

## Rough sleepers

The City has the sixth highest number of rough sleepers in London. On average 20-25 people sleep on the streets of the City of London every night. The vast majority are male and include

those new to the streets as well as longer term rough sleepers. Those that find themselves homeless on the streets are intensely vulnerable to crime, drugs and alcohol, and at high risk of physical and mental illness and premature death. Many people come to the streets with complex issues, some have limited entitlement to services and some are resistant to support and treatment. Homelessness can be both a cause and a consequence of major problems for an individual's health, both physical and mental. A third to a half of homeless people sleeping rough have mental health problems. In particular, homelessness can be a consequence of living with a mental illness.

This strategy therefore considers three distinct populations with different needs and mental health issues: residents, City workers and rough sleepers.

DRAFT

## Our priorities

### Shaping our priorities – aims for mental health in the City

Our overarching aim is for more people in the City to have good mental health. We need to address this in two ways:

#### 1. **Improve the mental health of people in the City and keep people well**

We want everyone in the City to enjoy better mental health, with more people from across the different groups in the City experiencing good mental health and wellbeing.

We want fewer people to develop mental health problems and to keep people well.

When mental health problems do arise, we want them to be identified early on so that the right support can be offered as soon as possible.

#### 2. **Provide effective support for people with mental health problems**

We want everyone who experiences a mental health problem to know where to go for support, and to be able to access support in the right place at the right time.

We want support that is tailored to individual needs, with a focus on choice and control.

We want more people with mental health problems to recover and lead fulfilling lives.

We want people with mental health problems to have good physical health.

## Our priorities

### Priority One: Prevention

#### Why is this important?

We want fewer people to develop mental health problems and more people to stay well. Prevention, health promotion and awareness-raising activities can help to positively promote good mental health and reduce mental health problems. Early intervention strategies can help when mental health problems do arise to reduce the severity of episodes of mental illness and enable people to recover more quickly, or to better manage their condition.

The City Corporation already does lots to promote good health and wellbeing for our residents, and we want to expand this to specifically include mental health, including promoting positive messages about good mental health and wellbeing, raising awareness of mental health issues and ideas for keeping well and “self-help”.

We also want mental health issues to be picked up at the earliest possible opportunity. When mental health issues do arise, we want people to know where to go for help and to be supported to do so. People who are at risk should get extra support, and mental health awareness, prevention and identification needs to take place outside of GP surgeries and

traditional health settings. We need this activity to take place in the community, in places like schools, workplaces and leisure facilities. We need to support people who work directly with our communities to spot the “early signs” of mental health problems so that they can help people to access support as early as possible, including those who work with children and older adults.

We need to better understand the needs of City workers and improve early identification of depression, anxiety and substance misuse. We need to encourage all City businesses to be great employers who are committed to the health and wellbeing of their workforce and provide support for workers with mental health problems. Work is good for mental health, but when people experience mental health issues they may risk losing their employment, which further impacts upon their mental health and creates a spiral effect. Both health services and employers need to acknowledge the importance of work to good mental health, and help to support people experiencing mental health issues to remain in work and to return to work after a leave of absence. This can be achieved through a combination of early intervention and the provision of services that are delivered at times and in places that are accessible to workers who are struggling.

We need to identify, assess and respond quickly to mental health issues amongst rough sleepers in the City, providing them with services that are compatible with lifestyles that may be chaotic.

### **What will we do?**

- Ensure all commissioned services promote good mental health, including self-help, and support prevention, commissioning specific services where appropriate
- Deliver public mental health services that support early identification of mental health problems and
- Improve early identification both through healthcare pathways and in our work with the community.
- Implement a “Think Family” approach for families known to social services, providing extra support to children and unborn children in families where the adults have mental health or substance abuse issues.
- Provide additional mental health support for our most vulnerable children and young people with social care needs and children in care through our enhanced CAMHS provision.
- Ensure our health visiting service protects the mental health of new and expectant mothers.
- Implement the Carers’ Strategy to ensure that we support carers to keep well.
- Better integrate care pathways, so that the mental health needs of people with long-term physical health issues are identified and met.
- Address social isolation and promote community cohesion to prevent mental health issues from developing.
- Improve diagnosis rates for dementia and ensure that advice and support is available to those diagnosed with dementia and their carers.
- Ensure that mental health issues amongst rough sleepers are identified early through our outreach work, by providing on-street assessments.
- Ensure that City businesses are properly equipped to look after the mental health of their employees, despite often operating in a demanding and high-pressure environment. The

City Corporation will address this through the Business Healthy programme. We will also consider options for providing non-NHS health services for City workers within the Square Mile, including mental health, particularly for lower-paid City workers.

## Priority Two: Personalisation

### Why is this important?

We want more people to have a positive experience of care and support. This means that access to services should be fair and transparent, provision of services should be timely and the location should be appropriate. Wherever possible, people should be supported in the community, close to their homes, friends and families. Care and support should give people the greatest possible level of choice and control over their lives, and should be tailored to meet their individual needs.

Although visiting a GP is usually the first step for someone who is concerned about their mental health, we understand that some people may not recognise their feelings or experience as a mental health problem, or may feel uncomfortable taking that first step, leaving problems undiagnosed and with no support in place. For this reason, we believe that the personalisation of services needs to start before support is even offered, with the prevention activity described above taking place in the community and tailored to the varying needs of young people, adults, workers and older people.

### What will we do?

- Work to improve the experience of those with specific cultural needs, to ensure equal access to services.
- Invest in mental health care in the community, particularly through GP practices. This includes transferring the case management of some patients with mental health problems to primary care, providing an enhanced primary care mental health service and ensuring that health staff in community settings have the skills, capacity and time to support people with mental health problems. Mental health support should be offered on GP practice premises where possible.
- Commission shorter waiting times for psychological therapy assessment and treatment services, and an extended range of interventions commissioned by the CCG.
- Work to create parity of esteem between mental health and physical health services. This includes improving the physical health of those with enduring mental health issues. Vulnerable patients will have enhanced care plans to help manage their needs and ensure that the care they receive is integrated.
- Deliver the actions outlined in the Dementia Strategy to make the City of London “dementia-friendly”, so that people with dementia are well supported by the wider community.
- Support our substance misuse services to integrate with local mental health services, to ensure that those with a dual diagnosis receive better care. Provide tailored support for people who are homeless or sleeping rough, taking into account issues such as ability to commit to treatment, chaotic lifestyles and dual diagnosis.
- Link employment support into mental health support via IAPT.

- Continue to work closely with key partners to ensure that people are able to get the right support, in the right place, at the right time. This includes the relationship between the local authority (including public health and adult and children's social care) and the CCG, and with NHS providers, the City of London Police, the voluntary sector and other public services.
- Work with CCGs in neighbouring areas (especially Tower Hamlets) to ensure clear referral routes and care pathways for City residents that are registered with out-of-area GPs.

### **Priority Three: Recovery**

#### **Why is this important?**

City and Hackney CCG spends more money on mental health services than elsewhere in England, so we need to be sure that this investment is really addressing the mental health needs of our residents and improving outcomes both in the short and long term.

One in four people in the UK will experience a mental health problem each year. It is vital that more people who develop mental health problems are supported to recover and reach the point where they are able to lead independent, fulfilling lives.

#### **What will we do?**

The steps outlined under 'Personalisation' above describe how we will ensure that services are tailored to individual needs. These are the first steps to ensuring that services are effective and deliver the best possible outcomes. We must then ensure that support is focused on recovery and self-management, with the support of primary care. A good example is the CCG's approach to discharging people into primary care when specialist services are no longer required or can be gradually reduced, by ensuring that GPs and other staff are equipped with the skills to provide proactive ongoing support.

### **Priority Four: Delivery**

#### **Why is this important?**

The delivery of effective services is of utmost importance to both the City Corporation and the CCG. People with enduring mental health issues should enjoy a good quality of life, be able to manage their own lives, have good physical health and have access to appropriate ongoing support where required. People should be equipped with the tools to manage their conditions, with a focus on preventing relapse or escalation of existing problems.

We also need to respond effectively to people in crisis. The City of London Police deal with a relatively high number of Section 136 cases (this is used by the Police to take people to a place of safety when they are in a public place and at risk of harm to self or others). There were 34 completed suicides over five years in the City between 2009 and 2014. The City has three potential population groups who are at risk of committing suicide: residents who live in the City; those who work in the City; and those who travel to the City with the intention of committing suicide from a City site, but have no specific connection to the City.

### **What will we do?**

First and foremost both the City Corporation and the CCG will commit to delivering effective mental health services. We will drive improvement by taking forward the actions outlined in this strategy, supported by a more detailed delivery plan.

Although we are committed to prevention, early identification and recovery of mental health problems, we do also need to consider how we respond to those in crisis:

- In order to minimise the number of suicides in the City, we will use a multi-agency approach to prevention. We are currently developing a Suicide Prevention Action Plan and will use this to further strengthen the joint working between the Police and health professionals in preventing suicide attempts where possible, getting people to a place of safety and providing them with swift assessment and effective mental health support.
- We will provide an out-of-hours “safety net” for those with recurring mental health problems or those who reach crisis point at a time when the more traditional routes into services are not open. This will be accessed via the crisis telephone line provided by the East London Foundation Trust. For those at crisis point, swift referral and assessment are paramount.



## Development and delivery

### Developing the strategy

This strategy was developed in consultation with key partners across the City of London. This included City and Hackney Public Health, Community and Children's Services, City and Hackney Clinical Commissioning Group and East London Foundation Trust. In September 2015 City of London Healthwatch facilitated a workshop event to gather views and feedback from local residents, service users, voluntary sector providers and professionals. Business Healthy members who represent businesses with an interest in workplace health in the Square Mile have also been asked for their views on the challenges they face in supporting the mental health of their employees.

The focus throughout has been on delivering better outcomes for residents, rough sleepers and workers. This strategy sets out our aims and priorities, and describes what we will do to achieve better mental health for everyone in the City.

### Key plans and strategies

This mental health strategy is supported by a number of other key plans and strategies:

- Joint Health and Wellbeing Strategy
- CCG Commissioning Strategy
- City of London Corporate Plan
- Department of Community and Children's Services Business Plan
- Dementia Strategy
- Mental Health Strategy for Older People in City and Hackney
- Children and Young People's Plan
- Homelessness Strategy
- Carers' Strategy
- Adult Wellbeing Plan

### Delivering the strategy

We are committed to achieving our aims for mental health in the City over the next three years. We will focus on strong partnership working to join up mental health care, evidence-based commissioning to deliver effective services and listening to the views of service users to ensure that they are being supported to achieve the best outcomes.

The strategy will be supported by a delivery plan that will be refreshed annually. This will be governed by the City of London Health and Wellbeing Board, who will measure and monitor progress.



## Appendix 1: Example mental health interventions in the City

### **City Enhanced CAMHS Scheme**

The City Corporation has commissioned an enhanced Child and Adolescent Mental Health Service (CAMHS) for the looked after children under the care of the Corporation. Under this service all looked after children and care leavers receive a CAMHS assessment. These are undertaken in the placement and include the mental state of the child or young person. All relationships with foster carers, siblings, areas of functioning at school and peer relationships are assessed. All assessments include diagnosis of common conditions such as ADHD, and Autistic Spectrum Conditions can be screened for and diagnosed if appropriate. Support is also given to foster parents and carers for crisis management on a case by case basis, as is teaching and training to foster parents and carers.

### **Dementia Friendly City**

The City of London Corporation is committed to creating a 'Dementia Friendly City', where residents and local retail outlets and services have a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. Around 500 people have attended 'Dementia Friends' information sessions, including City of London staff, front line police, fire brigade staff, local businesses and libraries staff. The sessions aim to remove the stigma of dementia, reduce people's fear and misunderstanding, and to encourage people to remember that someone with dementia does not stop being an individual with unique life experiences. At the same time it helps people understand the benefits of early diagnosis and care and encourages prevention. The Dementia Friends campaign encourages people to become 'Dementia Champions' and share information with their colleagues, family and friends. The Alzheimer's Society has now awarded the Corporation with 'Dementia Friendly Community' status.

### **Enhanced primary care**

The CCG is committed to ensuring that people receive the support they need as close to home as possible, in an environment in which they feel comfortable. This means a shift away from hospital-based care to primary care, with support from GPs. GP surgeries are more convenient, 'ordinary' locations for the provision of support, patients tend to trust their GPs and GPs know their communities and understand their patients' needs. It is also simpler to ensure joined up care for patients with other long-term physical health conditions. This has been supported by a programme of building capacity, competence and confidence within primary care settings to support the recognition, assessment and treatment of patients with serious mental illness.

### **Homeless assessments on street**

The City Corporation has a dedicated homelessness team who aim to provide housing (both temporary and permanent) for rough sleepers, and has a specialist psychiatric nurse who works closely with St Mungo's Broadway (the homelessness outreach service), to engage with rough sleepers who have mental health needs. This includes on-street assessments for rough sleepers and ongoing care coordination for those who are street homeless, in hospital or placed in temporary accommodation, including for those individuals whose diagnosis is unclear and/or in

multiple need. In addition, an outreach GP also aims to address the physical health, mental health and substance misuse needs of rough sleepers in a holistic way.

### **Business Healthy**

The City Corporation set up the Business Healthy programme in 2014 to engage with businesses in the Square Mile and encourage them to improve employee health and wellbeing in their workplace. It brings together human resources, health and safety, occupational health and communications expertise from small and large companies to share best practice and turn the business case for workplace health into action. This includes a series of master classes, forums for exchanging ideas and best practice and a website which acts as a hub of information and guidance.

### **Learning Well**

The City of London Adult and Community Learning team has developed the Learning Well project. This is a community-based programme of activities and workshops which are designed to promote health recovery and wellbeing, specifically focusing on low-level mental health problems. The Learning Well project aims to promote a space for mental wellbeing, self-understanding, treatment and recovery. The project will work with local partners such as Recovery Colleges, community-based projects, GPs, schools and colleges to deliver a wide-ranging programme of activities including Yoga, Pilates, creative writing, food and mood workshops, mindfulness, singing, and routes back to employment. Sessions will be facilitated by experienced tutors and supported by peer volunteers. The aim is that the sessions will encourage participants to take steps to improving their mental wellbeing, with more in-depth support and referrals available for those who need further treatment.

### **Social isolation research**

As part of a Knowledge Transfer Partnership with Goldsmiths University, the City Corporation is working on a research project into social isolation in the City. This research aims to examine the factors that contribute to the social isolation of residents in the City of London, and recommend community approaches and policy initiatives to increase social connectivity.

### **Books on Prescription**

The national Books on Prescription scheme was launched in 2013 and is supported in the City's three Lending Libraries. The books on the list are available to all library customers and reservations for the titles may be placed free of charge. The titles are shared with health professionals who can choose to "prescribe" working through one of the books as a method of self-help for mild to moderate mental health conditions. Following the success of the scheme, in 2015 the City's libraries launched Books on Prescription for Dementia. This is a list of titles chosen by dementia healthcare experts, people with dementia and carers provide help and support for people with dementia, carers of people with dementia, those who would like to find out more about their condition and others who may be worried about symptoms.

### **"Think Family" approach**

Social care services for children and families and adult mental health all sit within the same directorate in the Department of Community and Children Services. In order to embed a "Think Family" approach, Children and Families and Adult Social Care have developed a joint protocol

for mental health. It is designed to support staff when assessing and supporting families where a parent or carer is believed to have a mental health problem, or where a child or young person may require a mental health assessment or support as part of transition arrangements. It recognises that mental health problems can impact on the whole family, and aims to ensure that issues are identified and supported in a holistic way.

### **City and Hackney mental health crisis line**

East London NHS Foundation Trust launched a 24 hour mental health crisis response helpline for City of London residents. The helpline will support people with expert advice and guidance in times of mental health distress. It is staffed by mental health professionals who can provide callers with confidential support and referrals to local services, with the aim of empowering and encouraging callers on their road to recovery.

### **Improving mental wellbeing with 5 to Thrive**

The CCG has taken the 'Five Ways to Wellbeing', a set of five things that people can do to improve and support their mental health and wellbeing, and created 5 to Thrive – a series of events and resources that anyone can take use and take part in. Whether it's learning mindfulness, joining a free exercise class, reconnecting with neighbours, or finding out more about volunteering and mentoring, 5 to Thrive aims to help people get the most out of what's available locally and support good mental health in the City and Hackney.

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<b>Committee:</b>	<b>Dated:</b>
Health and Wellbeing Board	27 November 2015
<b>Subject:</b> Carers' Strategy and Peer Review	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For information</b>

## Summary

This report updates the Health and Wellbeing Board on the refreshed Carers' Strategy 2015–18 and a peer review which has been recently undertaken on the City of London Corporation's work with carers.

The Strategy sets out the City Corporation's priorities for supporting adult carers in the Square Mile for the next three years. It has been developed based on analysis of evidence, consultation with carers and stakeholders, and in the context of recent legislative change. Setting out six priorities that will inform an action plan to improve outcomes for carers in the City of London, a key aim of the strategy is to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing. For existing carers, the strategy will deliver improved support and services tailored to individual needs.

As part of a London Programme of Peer Challenge Reviews, a recent peer review, undertaken by a team of senior officers from London boroughs, examined the depth, quality and reach of services for carers, and their compliance with the requirements of the Care Act.

The review noted the commitment, passion and enthusiasm of staff. The City's strategy was found to be robust with clear evidence of Carer engagement. Services were found to be client centred, collaborative and effective. Carers' feedback about the Adult Social Care team was positive.

Opportunities for improvement were identified and included improvements to the information and advice offer to carers, more co-commissioning of services, improvements to some systems and processes and widening the focus of support for carers.

## Recommendation

Health and Wellbeing Board members are asked to:

- Note this report.

## **Main Report**

### **Background**

1. The Carers' Strategy 2015–18 was prepared to replace the existing strategy, which has now reached its expiry date. It aims to improve the early identification of carers, deliver improved support and services to carers, and ensure the City Corporation is delivering the requirements of the Care Act 2014.
2. The document sets out the legislative framework and context within which carers' needs are met, profiles carers providing care to someone living in the City, and sets out the findings from a range of stakeholder engagement. From this evidence base a set of six strategic priorities are described which will inform the strategy's implementation.
3. The London Association of Directors of Adult Social Services runs a programme of Peer Challenge in which London boroughs take part. The aim of the Peer Challenge Reviews is to support self-evaluation and service development in Adult Social Care Services. Each local authority decides what area they would like the peer reviewers to look at.
4. The City of London Corporation Peer Review took place between 30 September and 2 October 2015. The review focussed on the implementation of the Care Act in relation to carers and in the context of personalisation.
5. The review was undertaken by a team of senior management from different boroughs across London, led by the London Borough of Camden's Director of Housing and Adult Social Services.
6. At the end of the review period feedback was provided to the Director of Community and Children's Services and senior staff in the department by the review team. The recommendations from the peer review will be included in the implementation plan of the Carers' Strategy.

### **Current Position**

#### ***Carers' Strategy***

7. The Care Act 2014 includes significant and welcome measures to improve the rights of adults caring for adults, including:
  - giving eligible carers a right to receive services
  - placing a duty on local authorities to promote the wellbeing of carers
  - duties to provide information and advice, advocacy and preventative services which reduce carers' needs for support
  - new rights to assessment, meaning that carers are put on an equal footing with the person they care for
  - a national eligibility threshold bringing greater clarity around entitlement for carers and for those they care for
  - measures to ease the transition between children's and adults' services.

8. The Census 2011 identified 576 carers living in the City. The large majority (79 per cent) provide care of between 1–19 hours a week, with 12 per cent (70 carers) reporting providing in excess of 50 hours' care a week.
9. The proportion of the City's population providing care to another adult makes up 7.8 per cent of the population – lower than both the wider London population (8.4 per cent) and across England (10.2 per cent).
10. The number of carers identified by the Census is significantly higher than those known to services provided by the City Corporation. In 2014/15 the City Corporation assessed the needs of 53 carers – about one in ten of those reported by the Census. Carers who are known to City services are more likely to be those providing higher levels of care (more than 20 hours weekly), those whose caring role is impacting on their health and wellbeing, and those who are older carers.
11. Analysis of the Census identifies that 29 per cent of the carer population are from black and minority ethnic (BME) backgrounds.
12. The City Corporation supports carers through a commissioned City Carers' Service which provides support, information and advice to adult carers and can help them to find practical and emotional support. Other support is provided through universal services such as City Advice, City 50+ and the work of the Adult Social Care team.
13. To develop a new strategy to support carers the City Corporation commissioned Carers UK – a specialist national charity working to support carers and improve services provided for them. Carers UK work across the UK and therefore their work is informed by knowledge of national good practice.
14. To develop the strategy Carers UK surveyed City carers and consulted with key stakeholders. Information was also drawn from the Carers Survey – a mandatory biennial survey undertaken by the City Corporation. This process has identified a number of opportunities to improve support through more flexible provision, better advice and awareness, promotion of services, better signposting by General Practitioners and more tailored support and service offers.
15. The resulting strategy that has been developed identifies six priorities:
  - Priority 1:** carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
  - Priority 2:** carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control, and allows them to take a break
  - Priority 3:** carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity, and have their skills and knowledge recognised

**Priority 4:** carers are supported to improve and maintain good physical and mental health and wellbeing

**Priority 5:** carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

**Priority 6:** carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring.

16. For each priority the strategy sets out the outcome measures that will reflect their achievement. This achievement will be driven by an action plan that will be developed once the strategy has been approved. Key actions will include:

- mainstreaming of carer identification across health, social care and other internal and commissioned services
- preventative support services including improved advice and information
- assessments compliant with the requirements of the Care Act
- support to improve social and economic wellbeing
- support to carers to have a life beyond and after caring.

17. The strategy recognises the diversity within the City's population of carers. The strategy is committed to delivering more personalised approaches, ensuring the support is tailored to the needs and aspirations of individuals. Through this we will meet the needs of carers from all communities in the City, based on their individual needs.

18. The action plan driving the delivery of this strategy will be reported to and monitored by the Adult Wellbeing Partnership. Its delivery will be the responsibility of the Adult Social Care team and the City's commissioned providers.

19. It should be noted that the needs of children and young people who provide caring roles are the subject of a separate Young Carers' Strategy, which reflects the specific needs and protections for this group.

### ***Peer Review***

20. The Peer Review considered the following four questions:

- In the context of the principles and requirements of the Care Act, does the City of London Corporation's Carers' Strategy and supporting actions deliver appropriate outcomes for carers?
- Is the City Corporation's Carer assessment, review and support planning process compliant with the statutory requirements of the Act and do the processes deliver the quality and depth of understanding necessary to provide tailored support to carers?
- What are the early indicators regarding the quality of the work being undertaken on a case management basis?



- Is the local carer support and service offer sufficient to meet carer's needs in the City?

21. In summary, the peer reviewers identified:

- A strong focus on the unique nature of the City
- A robust evidence based carers' strategy with evidence of carer engagement
- Carers' Strategy identifies the underlying issues and priorities
- A strong understanding of the Care Act and implications for carers
- Client centred and thorough assessments within ASC and partner organisations
- Limited information sharing between partner organisations leading to repeated assessments for carers
- Small scale and fragmented provider landscape
- Complex health partnership landscape
- A disconnect between policy, commissioning and operational delivery
- Communication and engagement with the wider carer population requires development
- Carer journey needs more clarity
- Carer strategy can be catalyst for engaging with the wider prevention and wellbeing agenda.

22. Suggested next steps included:

- Widening the focus of the Carers' Strategy beyond the Adult Social Care lens
- Identifying a lead officer to deliver the Carers' Strategy through an agreed action plan
- Ensure the action plan meets the needs of the diverse carer population e.g. the Bangladeshi community, self-funders, working carers
- Developing carer champion roles for Members and officers
- Using the opportunity to commission innovative and outcome focused services for carers
- Use the opportunity of one directorate to widen the offer for carers, parent carers and young carers.

23. Any recommendations arising from this review will also be incorporated into the strategy's action plan.

### **Corporate & Strategic Implications**

24. The renewal of the Carers' Strategy and developing an improvement plan from the peer review are both actions of the Department of Community and Children's Services Business Plan.

### **Conclusion**

25. Carers play a vital role in supporting vulnerable adults and enabling them to stay in their own homes and local communities. However, caring can have an impact on a carer's own health and wellbeing, and therefore it is critically important that they receive the support and services they need. The strategy sets out the City

Corporation's commitment to deliver this support to ensure that our carers remain valued and are given the help they need in the caring role, and their life beyond that.

26. The peer review process has provided valuable feedback on the strengths of the City's services and support for Carers, and areas where our services can continue to develop and strengthen. The findings of the review were very positive and reflect the City's on-going commitment to identify and support carers.

## **Appendices**

- Appendix 1 – Carers' Strategy 2015–18

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# Carers' Strategy 2015-18



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## 1. Executive Summary

This new carers' strategy for the City of London recognises the vital role that carers play in supporting vulnerable adults in the City and enabling them to stay in their own homes and local communities. It acknowledges the impact that caring can have on a carer's own health and wellbeing and explores ways to improve outcomes for all carers and the people they care for in the City.

The strategy informs future developments for carers' services and has been written in light of important new legislation, in particular the Care Act 2014, which has strengthened the rights of carers to assessment and services. It considers and incorporates national and local outcomes including those laid out in the most recent update to the national carers' strategy.<sup>1</sup>

The Census 2011 identified 576 carers living in the City of London, of which around 1 in 10 are known to the City of London Corporation. The strategy aims to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing outcomes.

This document has been developed following consultation with carers and other stakeholders and a thorough review of national and local intelligence on carers and caring. It is underpinned by **six strategic priorities** that form the basis of an action plan to improve support for carers over the next three years. The priorities have been informed by the voices of City of London carers and national best practice:

1	Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
2	Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break
3	Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised
4	Carers are supported to improve and maintain good physical and mental health and wellbeing
5	Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life
6	Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

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<sup>1</sup> <https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>

## 2. Introduction

### 2.1 Who are carers?

Across the UK today, 6.5 million people are unpaid carers, supporting a loved one who is older, disabled or seriously ill. That's 1 in 8 adults who care, unpaid, for family and friends.<sup>2</sup> Research has shown that carers save the state billions of pounds each year by providing much needed care to help sustain people in their own homes.<sup>3</sup>

Every day, 6,000 people become carers and this may be sudden, or something that happens gradually over time.<sup>4</sup> Some people provide unpaid care to a loved one for a few hours a week; others provide round-the-clock support. Some people care for loved ones at home; others care for people who live further away. Some caring roles are short-term; others last for many years or a whole lifetime. Every caring journey is different.

Anyone can become a carer and carers come from all backgrounds, can be any age and support a multitude of conditions. Some of the impacts of caring are common to all carers; however, some carers experience different impacts and issues to others.

Carers play vital, distinct, but interconnected roles within the health and social care system, including:

- Carers as providers of care and support to those with health and social care needs
- Carers as partners in the management and treatment of health and social care needs
- Carers as a group with statutory rights and support needs
- Carers as a population with disproportionately high health and support needs

However, improving the lives of carers does not stop at health and social care. It is a 'golden thread' that should run beyond the health and social care system, to other organisations and employers in the public, private and voluntary sector who all potentially have a role to play.

### 2.2 Developing this strategy

To develop a new carers' strategy, the City of London Corporation partnered with Carers UK to extend its capacity and fully realise the benefits of working with an external, expert carers' organisation to carry out a range of consultation and research activities, including:

- A survey of key stakeholders followed by a stakeholder workshop
- Telephone interviews with stakeholders
- A survey of carers in the City of London followed by a focus group
- An analysis of the demand for care in the City of London based on the makeup, health and levels of deprivation in the local population

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<sup>2</sup> Making life better for carers (Carers UK, 2014)

<sup>3</sup> Valuing Carers (Carers UK, 2011)

<sup>4</sup> Ibid

- An analysis of the availability, makeup and experiences of carers in the City of London including the impacts they experience on their health and economic activity
- A detailed review of carers' assessments and self-directed support

The evidence base as described above and its findings, supplemented with external evidence from the Carers UK Research Library, have informed the development of the priorities in the strategy.

This strategy has been developed as part of an integrated whole system approach, aligned with other commissioning strategies that seek to improve the lives of carers, including the Dementia Strategy and Health and Wellbeing Strategy. It is targeted at improving outcomes for adult carers of adults, but also covers support for young carers and parent carers at the point of transition to adult services. A separate young carers' strategy is under development.

### **2.3 Progress since the last carers' strategy**

The City of London Corporation's previous **Carers' Strategy 2011** identified 8 strategic themes following consultation with carers:

- Theme 1: Identifying and referring carers
- Theme 2: Personalised approach to looking after carers' health and wellbeing
- Theme 3: Providing respite care
- Theme 4: Providing relevant training
- Theme 5: Offering financial guidance
- Theme 6: Helping carers to plan for emergencies
- Theme 7: Involving carers
- Theme 8: Embedding accurate recording processes

Since the last strategy was developed, a number of significant changes have taken place which have altered the landscape for carers' support nationally and in the City of London. Nationally, new legislation including the Health and Social Care Act 2012 and the Care Act 2014, have revolutionised health and social care; locally, City has commissioned its own City Carers' Service offering individual and group services and access to respite care. Crossroads Care was commissioned to offer planned and emergency respite to carers, but take up was low and so this service is no longer available.

Full carers' needs assessments have been provided based on eligibility criteria and a non-means-tested carer's individual budget has been available, providing £150, £750 or £3,000 a year per carer.

## **3. Strategic context**

### **3.1 National**

The health and social care landscape in England has been going through a period of major change. The **Health and Social Care Act 2012** and the **Care Act 2014**



introduced the most dramatic changes to health and social care in the last sixty years, including an extensive reorganisation of the structures and governance of the NHS and widespread reform of social care law in England. These changes came alongside the implementation of the **Welfare Reform Act 2012**, which marked a radical shakeup of the benefits system and financial support for disabled people and their families.

The **Care Act 2014**<sup>5</sup> includes significant and welcome measures to improve the rights of adults caring for adults, including:

- Giving eligible carers, for the first time, a clear right to receive services
- A duty on local authorities to promote the wellbeing of carers including their physical, mental and emotional wellbeing and participation in work, education and training
- Duties to provide information and advice, advocacy and preventative services which reduce carers' needs for support
- New rights to assessment meaning that carers are put on an equal footing with the person they care for
- A national eligibility threshold bringing greater clarity around entitlement for carers and for those they care for
- Measures to ease the transition between children's and adults' services

Rights and support for young carers and parent carers have also been improved and made clearer as part of **the Children and Families Act 2014**.<sup>6</sup>

The integration of health and social care services was given a boost in 2013 with the announcement of the £3.8bn **Better Care Fund (BCF)**. This is a single pooled budget to support health and social care services to work more closely together in local areas. The City's BCF plan delivers on national requirements to reduce admissions to residential and nursing care and avoidable emergency hospital admissions, and includes a local metric to measure effective support to carers.

In 2014, the Government published an action plan, building on the 10-year **national carers' strategy** from 2008<sup>7</sup> and the update of 2010.<sup>8</sup> It retained the strategic vision and outcomes from 2008, but focused on progress against the four priority areas which were highlighted in 2010 (see **Figure 1**).

The next steps identified in 2014 included working with local authorities to support them to prepare for implementation of the Care Act 2014 and Children and Families Act 2014, as well as supporting local initiatives to encourage the identification and recognition of carers across local authorities and the NHS. The Government also committed to schemes to support the identification of young carers and to support carers to remain in paid employment.

In July 2015, Secretary of State for Health, Jeremy Hunt, announced that a new carers' strategy, led by Care Minister Alistair Burt, will aim to answer the question:

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<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>7</sup> Carers at the heart of 21st-century families and communities (2008)

<sup>8</sup> Recognised, Valued and Supported: next steps for the carers strategy (2010)

What do we need to do as a society to support people who are caring now, and crucially, for the millions who will have a caring role in the future?<sup>9</sup>

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<sup>9</sup> <https://www.gov.uk/government/speeches/personal-responsibility>

**Vision from the national carers' strategy of 2008:**

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.



**Priority outcomes identified in 2008:**

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

Carers will be supported to have a life of their own alongside their caring role

Carers will be supported so that they are not forced into financial hardship by their caring role

Carers will be supported to stay mentally and physically well and will be treated with dignity

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods



**Priority areas identified in 2010:**

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

Enabling those with caring responsibilities to fulfil their educational and employment potential

Personalised support both for carers and those they support, enabling them to have a family and community life

Supporting carers to remain mentally and physically well

**Figure 1:** The vision and priority outcomes and areas identified by the national carers' strategy in 2008 and the refresh in 2010; Source: Carers Strategy: Second National Action Plan 2014 – 2016

### 3.2 Local

There are a number of local strategic documents that exist within the City of London that align to and support the aims and objectives of the carers' strategy, as shown in the table below:

<b><i>Strategic document</i></b>	<b><i>How it aligns to the carers' strategy</i></b>
Corporate Plan 2015-19	The Corporate Plan's vision and strategic aims include providing and maintaining modern, efficient, accessible, responsive and high quality services to local residents within the Square Mile. These are supported by six key policy priorities including improving the value for money of services and maximising the opportunities and benefits afforded by the role of supporting London's communities.
Community and Children's Services Business Plan 2015-17	This plan has a vision to make a positive impact on the lives of all service users by working together with partners to provide outstanding services that meet their needs. Specific actions include undertaking a sector-led peer review of Care Act implementation (with reference to carers and personalisation), undertaking a strategic review of services for carers and refreshing the City's carers' strategy. Performance indicators include increasing the number of carers' assessments completed.
Joint Health and Wellbeing Strategy	This strategy identifies a number of health and wellbeing challenges, including ensuring that all City residents are able to live healthily, and improving access to health services. The strategy identifies the difficulty with getting meaningful data on health needs and service provision for City residents due to the small size of the population.
Joint Strategic Needs Assessment (JSNA)	The evidence base for the Joint Health and Wellbeing Strategy comes from the City's JSNA which includes a section related to carers and some limited data from the Census 2011. This identifies that carers in the City are generally older (average age 64) and have been caring for a long time (average duration 14 years).
Integrated Care in the City of London: A One City model	This report was published in May 2014 and details a project to develop a local approach to integrated care across health and social care for vulnerable adults and older people. This encompasses mental health, end of life care, public health and the support provided by voluntary and community services.
Dementia Strategy 2013-2015	The Dementia Strategy demonstrates how the City will develop and deliver health and social care services to better meet the needs of people with dementia and their carers. It is underpinned by 10 strategic objectives – from improving early diagnosis to improving end of life care –

	and aligns with the principles set out in the Carers' Strategy 2011 to support carers.
Housing Strategy 2014-2019	The Housing Strategy sets out the City of London Corporation's ambitions to deliver homes and housing services fit for the future in the Square Mile and central London including improving joint working with health and social care to support vulnerable and older people.
Mental Health Strategy for Older People in City & Hackney 2008-2018	A joint statement of intent between local authorities, NHS bodies and the voluntary sector in City and Hackney, to show clearly the key national and local priorities for mental health services for older people and the commissioning tasks that need to be undertaken to implement those priorities, including new support mechanisms for carers of people with mental health issues in the community.
The City of London Cultural Strategy 2012-17	This strategy sets out what the City of London Corporation plans to do to ensure the City continues to flourish as a cultural centre. Part of this includes supporting elderly and vulnerable adults, to give them skills and confidence to lead independent lives.

## 4. Background

### 4.1 The City

The City of London is a major business and financial centre with more than 400,000 people employed within the Square Mile.<sup>10</sup>

The City has a growing resident population of almost 8,100 people<sup>11</sup> of which 8.4% are aged under 16 and 14.0% are aged 65 and over.<sup>12</sup> There are more men (55.1%) than women (45.9%) in the City and 4 in 10 people are from a BME community (42.5%).<sup>13</sup>

The resident population is predicted to grow to more than 11,000 in the next 25 years with particularly significant increases in the older age groups.<sup>14</sup>

### 4.2 Carers in the City

There were 576 carers in the City of London at the time of the 2011 Census, making up 7.8% of the total population, compared to 8.4% of the population in London and 10.2% across England.

<sup>10</sup> <http://www.cityoflondon.gov.uk/about-the-city/who-we-are/Pages/key-facts.aspx>

<sup>11</sup> Mid-2014 Population Estimates (ONS, 2015)

<sup>12</sup> Census (2011)

<sup>13</sup> BME includes all ethnic groups apart from White: English/Welsh/Scottish/Northern Irish/British

<sup>14</sup> Round Demographic Projections (GLA, 2015)

The table below shows the carer population by Census Resident Zone (see **8. Glossary**). The percentage of carers in the population varies from 2.2% in Queenhithe to 11.7% in the Mansell Street Estate area. In terms of actual numbers, the most significant carer populations are in Barbican (281) and Golden Lane (101). The overall number of carers in some areas is small so this analysis should be viewed with caution.

The table also shows that 21.0% of carers provide unpaid care for 20 or more hours a week. This is lower than London (36.9%) and England (36.4%). 12.2% of carers provide care for 50 or more hours a week. This is also lower than London (21.6%) and England (23.1%).

Area	1-19 hours	20-49 hours	50+ hours	Total carers	Total pop.	% carers
Barbican	244	14	23	281	2,994	9.4%
Bishopsgate	9	2	0	11	222	5.0%
Botolph	11	1	0	12	227	5.3%
Carter Lane	8	0	1	9	276	3.3%
City West	6	1	2	9	151	6.0%
Golden Lane	68	12	21	101	1,130	8.9%
Little Britain	4	0	0	4	123	3.3%
Mansell Street Estate	25	9	9	43	369	11.7%
Middlesex Street Estate	20	4	8	32	391	8.2%
Minorities	7	2	1	10	225	4.4%
Queenhithe	7	0	0	7	319	2.2%
Smithfield	20	4	2	26	628	4.1%
Temples	26	2	3	31	320	9.7%
<b>City of London</b>	<b>455</b>	<b>51</b>	<b>70</b>	<b>576</b>	<b>7,375</b>	<b>7.8%</b>
<b>London</b>	<b>435,278</b>	<b>105,399</b>	<b>149,296</b>	<b>689,973</b>	<b>8,173,941</b>	<b>8.4%</b>
<b>England</b>	<b>3,452,636</b>	<b>721,143</b>	<b>1,256,237</b>	<b>5,430,016</b>	<b>53,012,456</b>	<b>10.2%</b>

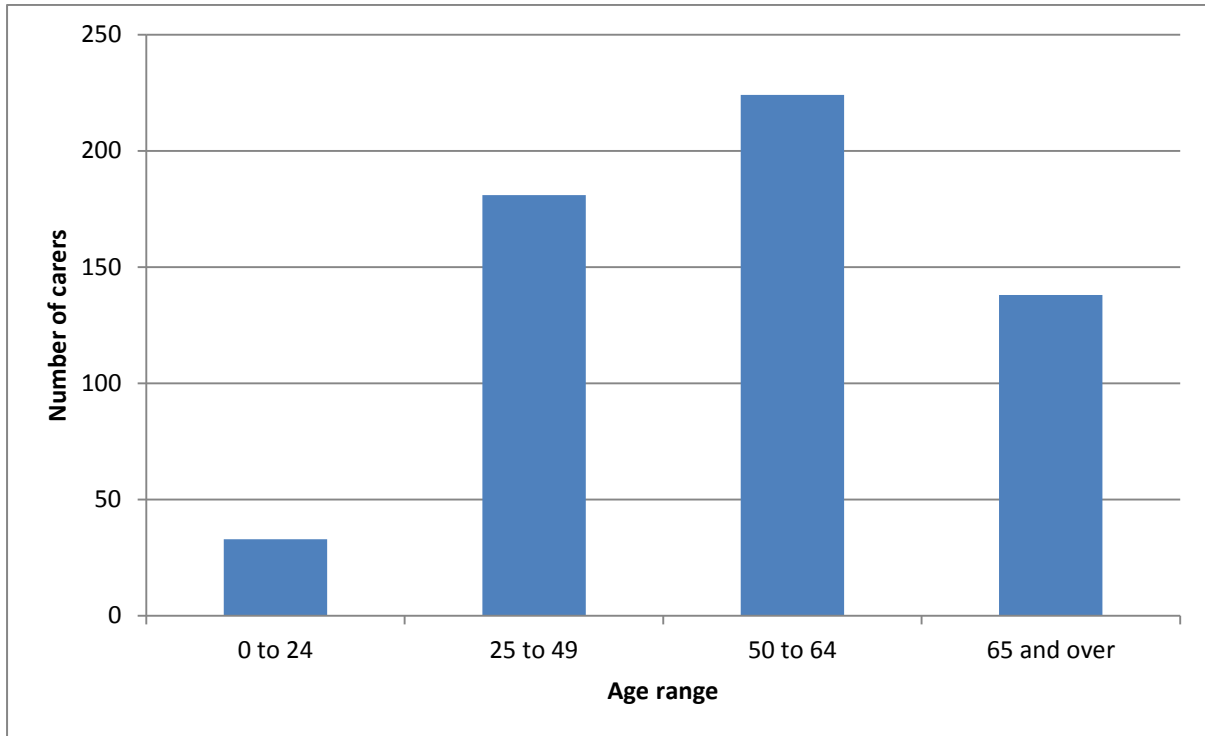
*Provision of unpaid care in the City of London by hours of care provided a week;  
Source: Census (2011)*

Around 53 carers received an assessment from the City of London Corporation in 2014/15. 1 in 5 of those (19.2%) live outside of City borders, with 15.4% living in another London Borough. The largest known carer population is in Barbican (32.7%) followed by Golden Lane (23.1%). The Census identified ten times as many carers living in the City than are known by services.

### **Age and gender of carers**

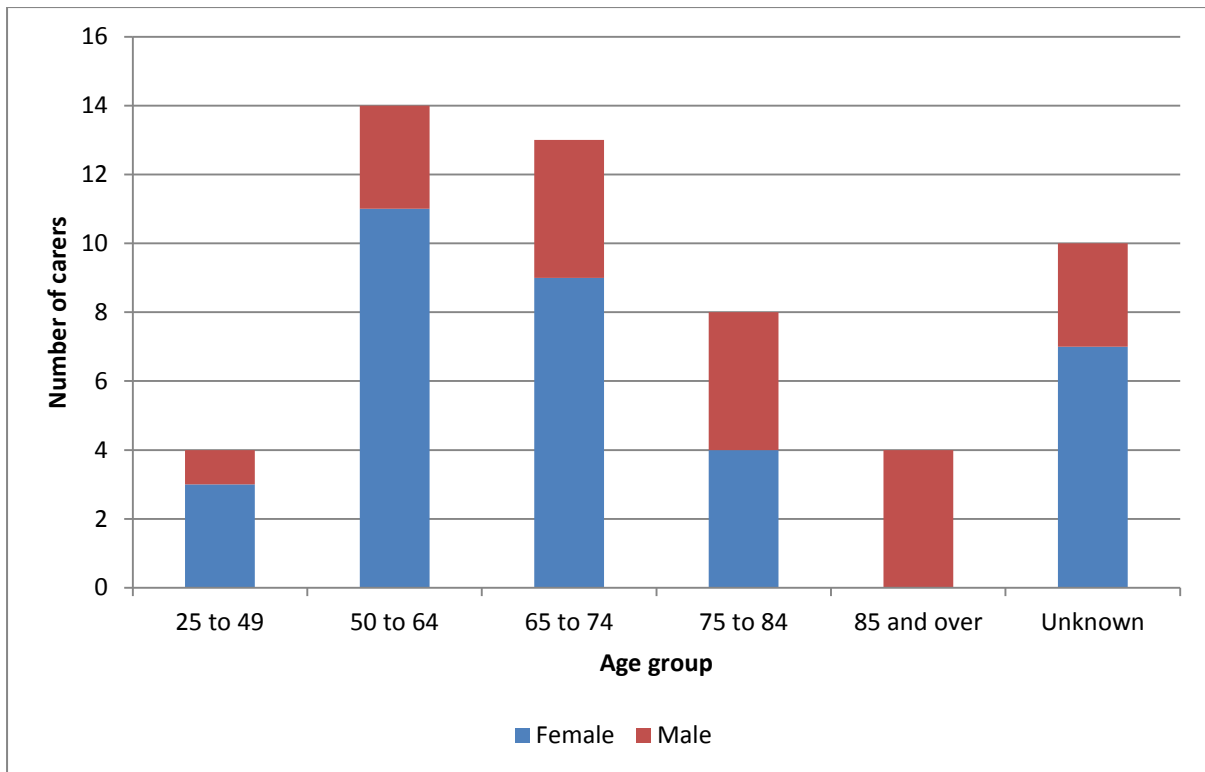
The Census shows that 5 in 10 carers in the City of London are male (49.9%), compared to 4 in 10 carers in London (42.5%) and England (42.2%); however, 6 in 10 carers (61.4%) in the City providing care for 50 or more hours a week are female.

The figure below shows that the age profile of carers in the City of London peaks between 50 and 64; 38.9% of carers are in that age group and 15.9% of people aged 50 to 64 are carers. 17.1% of carers aged under 65 are providing 20 or more hours of care a week; for carers aged 65 and over, this jumps to a third (33.3%).



*Distribution of City of London carer population by age; Source: Census (2011)*

The figure below shows the age and gender breakdown of 53 carers known to the City of London Corporation who received an assessment or reassessment of their needs in 2014/15. This shows that the known carers are predominantly female (64.2%) and aged 50 to 74 (50.9%).



*Age and gender of carers known to social care; Source: City of London Corporation*

Compared to the information about carers in the City of London from the 2011 Census, male carers are underrepresented and carers aged 65 and over are overrepresented in the number of carers known to adult social care. The age profile is more balanced when looking at carers providing the most care (20 or more hours a week) who may be seen as more likely to have had a carer’s assessment.



## **Carer ethnicity**

In the City of London, 29.2% of the carer population are from BME groups (all communities that are non-white British) compared to 42% of the general population in the Square Mile. 5.4% of the BME population in the City of London provide unpaid care, compared to 9.6% of the White British population. The table below shows that this ranges from 3.1% of the Black/African/Caribbean/ Black British population, to 7.6% of the Asian/Asian British population.

<b>Ethnic Group</b>	<b>Population</b>	<b>Provides care</b>	<b>% provides care</b>
White: English/Welsh/Scottish/Northern Irish/British	4243	408	9.6%
White Irish/Gypsy or Irish Traveller/Other White	1556	71	4.6%
Black/African/Caribbean/Black British	193	6	3.1%
Asian/Asian British	940	71	7.6%
Mixed/multiple ethnic group	289	11	3.8%
Other ethnic group	154	9	5.8%

*Percentage of the population who provide unpaid care in the City of London, by ethnic group; Source: Census (2011)*

## **4.3 The impacts of caring**

Caring for others can adversely affect your health and wellbeing and research has consistently shown this.<sup>15</sup> Census data shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities.

### **Carer health**

2 in 10 carers (19.9%) in the City of London report being in 'not good' health, compared to 1 in 10 non-carers (11.5%). 4 in 10 people (38.8%) providing 20 or more hours of unpaid care a week report being in 'not good' health; this increases to 6 in 10 carers (58.7%) aged 65 and over.<sup>16</sup> More than 110 carers in the City (including more than 50 aged 65 and over) declare their health to be 'not good'. This includes around 30 who declare their health to be 'bad or very bad'.

Out of the areas in the City with the highest numbers of carers, Golden Lane in particular has a high proportion of carers in poor health, with 3 in 10 (29.0%) saying their health is 'not good' against 2 in 10 (17.0%) in Barbican.

### **Economic activity**

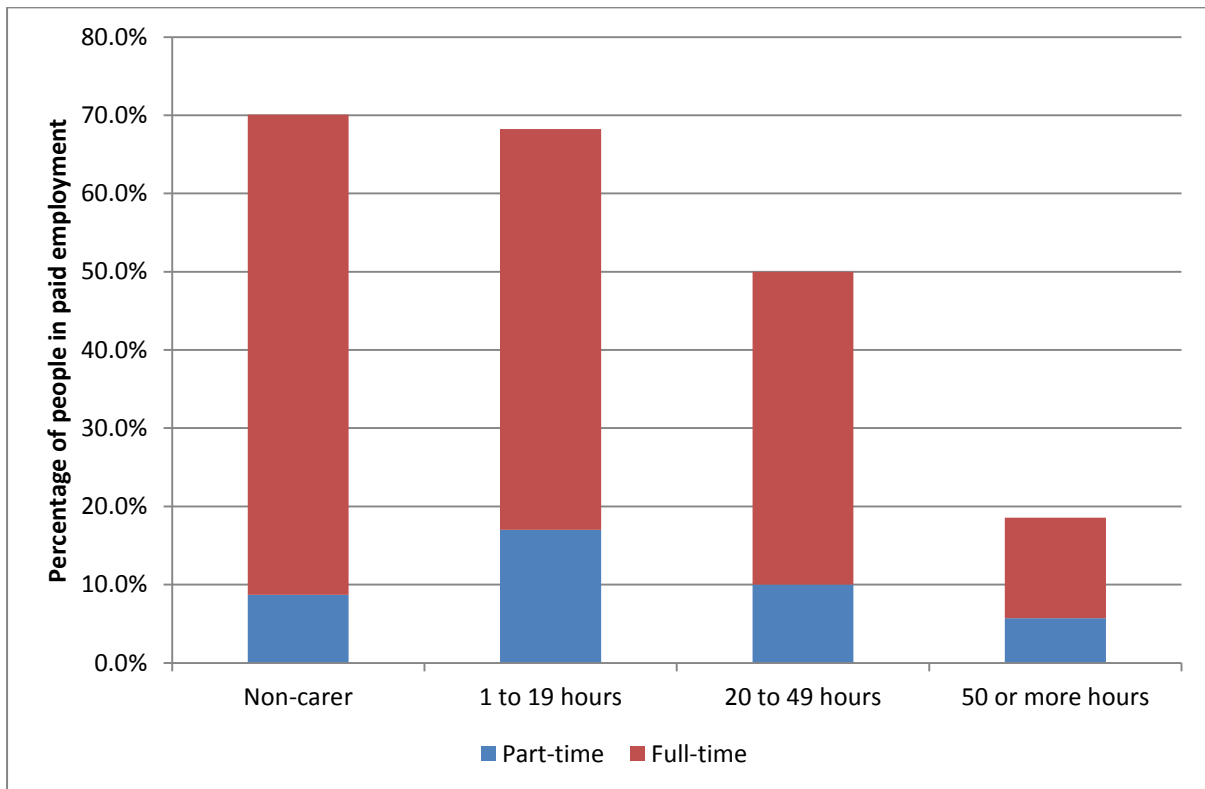
In the City of London, the proportion of carers aged 16 and over in full-time employment is 45.5%, lower than the 61.4% of non-carers aged 16 and over. Carers

<sup>15</sup> In Sickness and in Health (Carers Week, 2013); State of Caring report (Carers UK, 2015)

<sup>16</sup> Responses of 'fair', 'bad' and 'very bad' represent 'not good' health

are more likely to be in part-time employment; 15.0% of carers are in part-time work against 8.7% of non-carers.

As you would expect, the figure below shows that the proportion of carers in employment differs significantly depending on the intensity of their caring role. 7 in 10 people (68.2%) providing unpaid care for 1 to 19 hours a week are in some type of employment, against less than 2 in 10 (18.6%) who provide care for 50 or more hours a week.



People aged 16 and over in paid employment in the City of London by hours of care provided a week; Source: Census (2011)

### Carer finances

There were 20 carers claiming Carer’s Allowance in the City of London in February 2015 – equivalent to £64,584 annually – and this number has been steady for more than five years. All claims have been active for at least two years and half have been active for five years or more. All claimants are aged between 50 and 64.<sup>17</sup>

<sup>17</sup> Source: Nomis

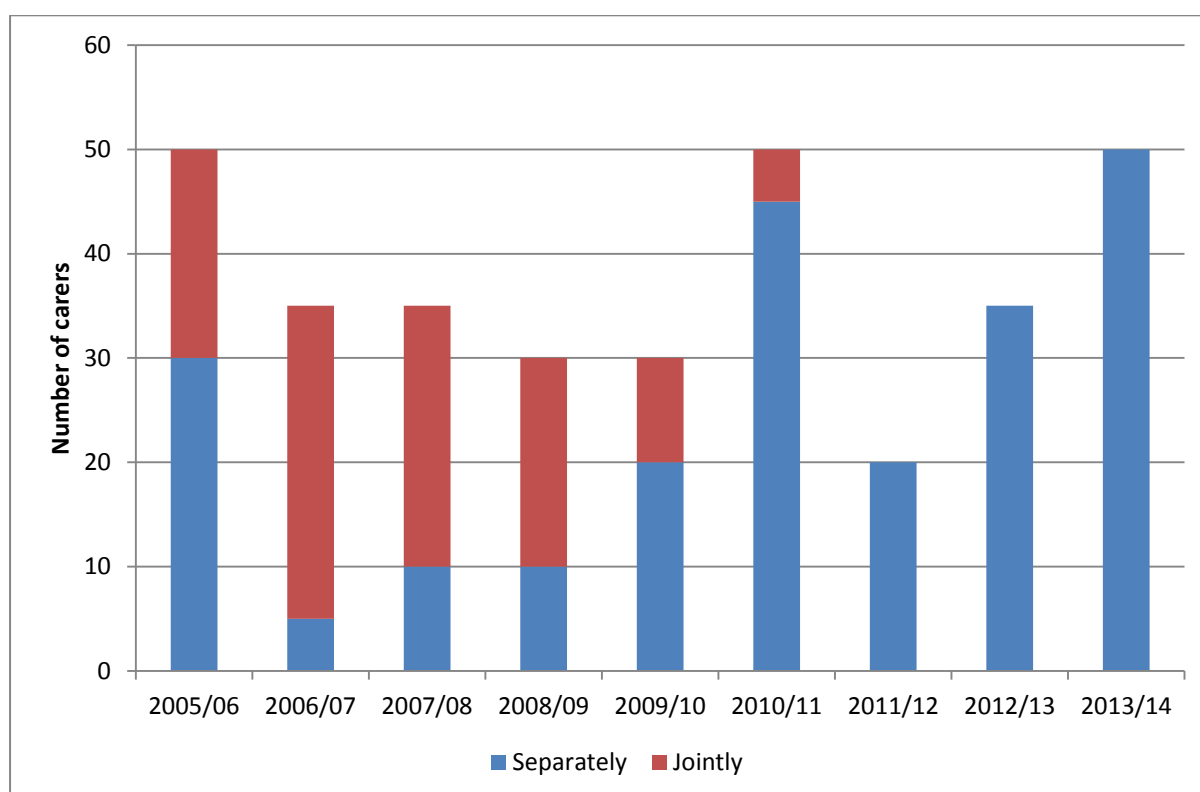
## 4.4 The current City offer for carers

### *Support for carers from statutory services*

The City of London Corporation's Adult Social Care Team is part of People's Services under the Community and Children's Services department. The team works across all client groups and includes specialist support for adult mental health, occupational therapy and reablement, as well as care navigator roles linked to primary and secondary care.

The majority of carers' assessments are carried out by social workers and they lead to a support plan which includes a Care Act compliant personal budget.

Carers can choose between a separate assessment of their needs and a joint assessment with the person they care for. The figure below shows how many carers' assessments or reviews have taken place in the City of London each financial year since 2005/6. This shows the number of assessments has fluctuated between 50 and 20. In 2013/14 it had peaked again at 50. Provisional data for 2014/15 shows that 53 carers' assessments were carried out.



Carers can access planned respite care, which enables them to go out and feel reassured that the person they care for is being well looked after. Emergency respite care can also be made available if necessary.

The City of London shares health services with Hackney and although there is an NHS GP practice in the City – The Neaman Practice – it does not serve all residents and some access services from neighbouring boroughs including Tower Hamlets, Camden and Islington. There are 12 private GPs working in the City.

New care navigator roles are helping to lessen the gaps experienced by patients and carers when accessing acute services within other health authorities. They assist carers to access support, ensuring the safe discharge of City of London residents. These roles have been key in developing more effective partnerships with professionals in primary and secondary care services and in coaching and supporting medical staff to enable them to better identify carers.

The care navigators work closely with The Neaman Practice in the City and support social prescribing to improve health and wellbeing of residents. This is currently only available to those residents who attend this practice. The care navigators are working with other GP practices based outside of the City to ensure residents who attend those surgeries are well supported.

In partnership with Adult Social Care, lending libraries in the City provide a collection of books for carers which can be borrowed or reserved free of charge. Libraries also stock the Books on Prescription collection.<sup>18</sup>

### ***Local carer-specific services and support***

The City of London Corporation commissions its own carers' service from an organisation called Elders Voice, known as City Carers' Service. City Carers' Service provides support, information and advice to adult carers and can help them to find practical and emotional support around their caring role. It holds a monthly carers' support group in the morning at Tudor Rose Court, Barbican and occasional activities throughout the year, particularly during Carers Week.

### ***Universal support services***

City 50+ is a service provided by Toynbee Hall for people aged over 50 and living in the City of London. It provides signposting and specialist advice and support with a range of issues. This could be one off support or regular involvement through coffee mornings and social activities.

St Luke's Community Centre in Islington works with people aged 55 and over, including some City carers. It offers people a space to drop in and learn new skills, receive help and advice and make new friends. It also offers a Men's Shed service which is a dedicated space and programme of activities for older men living in Islington and the City of London.

City Advice offers a range of services for anyone living, working or studying in the City of London including information, advice, signposting and advocacy on a range of issues such as welfare benefits, employment, housing and health.

The City of London Volunteering Service provides a befriending service for people who are housebound or isolated.

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<sup>18</sup> <http://reading-well.org.uk/>

## 5. Consultation and engagement

### 5.1 Survey of Adult Carers in England

In 2014/15, the City of London Corporation participated in the Survey of Adult Carers in England. This mandatory biennial survey captures carers' thoughts and opinions on a variety of topics that are considered to be indicative of a balanced life alongside their caring role. Results are used to inform national policy.

Carers are asked six questions about their quality of life and the table below summarises the results for each of these. Please note that the City of London sample size is low (20-25 carers in 2012/13 and 26-28 in 2014/15) so it is difficult to generalise for the whole population.

<b>Subject</b>	<b>Positive statement</b>	<b>2012/13</b>	<b>2014/15</b>	<b>Change</b>
Occupation	I'm able to spend my time as I want, doing things I value or enjoy	34.8%	15.4%	↓
Control	I have as much control over my daily life as I want	45.5%	35.7%	↓
Personal care	I look after myself	61.9%	66.7%	↑
Safety	I have no worries about my personal safety	95.5%	96.4%	↑
Social participation	I have as much social contact as I want with people I like	60.9%	46.4%	↓
Encouragement and support	I feel I have encouragement and support	57.1%	57.7%	↑

*Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)*

The table below shows some of the other results from the survey. A number of indicators have fallen since 2012/13, but this is particularly significant for the proportion of carers who reported that they had as much social contact as they would like.

<b>Indicator</b>	<b>2012/13</b>	<b>2014/15</b>	<b>Change</b>
Proportion of carers who reported that they had as much social contact as they would like	60.9%	46.4%	↓
Overall satisfaction of carers with social services	55.6%	54.2%	↓
The proportion of carers who report they have been included or consulted in discussions about the person they care for	84.6%	78.3%	↓
The proportion of carers who find it easy to find information about services	78.6%	82.4%	↑

*Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)*

## 5.2 Carers' strategy engagement

In developing this strategy, a series of engagement activities with carers and other stakeholders were held to understand everyone's views and experiences:

<b>Method</b>	<b>Number of responses/attendees</b>
A survey of key stakeholders	6 people including members of the Adult Social Care team, voluntary sector and estate management
Stakeholder focus group	3 people working in the voluntary sector
A survey of carers	35 unpaid carers
Focus group with carers	6 unpaid carers

The carer survey and focus group asked questions about the caring journey – from becoming a carer through to when caring changes – and sought people's views and experiences of being a carer in the City of London and using the services that are available to them.

Key findings from the engagement activities included:

- The City of London Corporation has raised the profile of caring in the City, increasing the number of known carers
- City Carers' Service is doing its best but there could be more flexible support offered and outreach work
- Carers on the east side of the City have the most difficulty accessing support services of all City carers
- A new carers' strategy will offer a fresh perspective on what's being done already and identify strategies to find hidden carers
- Carers were not always aware if they had had a carer's assessment
- Some carers who had an assessment felt that they could not be honest in front of their cared for
- An improved information provision for carers and better communication would make best use of support that is already available
- Some carers felt they did not get enough information at an early stage to allow them to carry out their role effectively
- Carers felt that better communication and more regular contact from services would help
- Two thirds of carers said that their GP is aware they are a carer, but more than half said their GP had not offered them information or signposting
- The Neaman Practice is considered proactive in identifying carers
- Care navigator role has proved to be an excellent resource to identify and signpost carers
- 35% of carers said that caring has had a negative effect on their physical health and 45% said it has had a negative effect on their mental health
- Three quarters of carers do not have an agreed emergency or contingency plan in place should they be unable to care and the future is a source of anxiety

- Support group model does not appeal to all carers and needs to be more flexible

## 6. Priorities

The six priorities for this new strategy have been developed following consideration of a number of factors:

- Consultation with carers and stakeholders in the City of London
- National and local outcomes for health and social care and carers' support
- National evidence of best practice

Each priority has 3-4 associated outcome measures that demonstrate what achievement of the priority will look like.

<p><b>Priority 1:</b> Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for</p>
<p><b>Outcome measures:</b></p> <ul style="list-style-type: none"> <li>• Carer identification is embedded across all services that have regular contact with people and families</li> <li>• Carers are identified at the earliest opportunity regardless of their own level of awareness</li> <li>• Carers are able to access information, advice and services to prevent, delay or reduce their needs for support and the needs of their cared for</li> </ul>
<p><b>Why this priority?</b></p> <ul style="list-style-type: none"> <li>• Identification and support of carers should be 'everybody's business' as carers come into contact with a wide variety of services and local venues</li> <li>• Supporting carers and their cared for at an earlier stage can lead to improved outcomes for carers and can save money on costly health interventions in the longer term</li> <li>• Data suggests that there are ten times as many carers in the City of London than have been identified by services</li> <li>• Many carers in the City told us that caring was something that happened gradually and they can spend a long time in denial</li> </ul>
<p><b>Quotes from carers:</b></p> <ul style="list-style-type: none"> <li>• "I wished when I took over the job...that there was a formalised mentoring system... one contact person who tells you about your role...at the moment you have to pick it up as you go along."</li> <li>• "I'm never quite sure what is a social services and what is a medical issue...I'm so glad I have a care-coordinator... if I have any questions I go to her."</li> <li>• "You don't know what you don't know."</li> </ul>
<p><b>What we will do:</b> We will:</p> <ul style="list-style-type: none"> <li>• Embed mainstream carer identification across health, social care and other internal and commissioned services that have regular contact with people and families</li> <li>• Develop an outreach model for carers' support</li> </ul>



- Develop the preventative support offer for carers that seeks to delay their own needs both as a carer and as a service user including information and advice, health screening, benefits checks and peer support
- Develop information and advice for carers available online through the City of London Corporation web site.

**Priority 2:** Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break

**Outcome measures:**

- Carers have access to integrated and personalised services to support them in their caring role and which offer choice and control
- Support for carers is tailored to their individually assessed needs and aspirations
- Services are accessible to all and consider the specific needs of different communities and groups of carers
- Carers are able to access support that allows them to take a break when they need to

**Why this priority?**

- The Care Act 2014 has further strengthened carers' rights to assessment and support including promoting their wellbeing
- Everyone's caring role and aspirations can be different and therefore the level and type of support that's needed will vary from person to person
- There should not be an institutional assumption that carers are willing and able to provide care

**Quotes from carers:**

- "My mum wouldn't go into respite, even when I was in hospital... the cleaner stayed for a couple of nights."
- "No one asked me, how are you doing?"
- "There was no conversation about me and my role."
- "I don't have any free time, I take time out."

**What we will do:**

We will:

- Ensure carers' assessment process is Care Act compliant
- Develop the carers' personal budget process including an e-marketplace solution
- Ensure processes are in place that allow carers to take a break from caring for a one off, short term or longer term need.

**Priority 3:** Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised

**Outcome measures:**

- Carers are respected as expert care partners throughout the care process and treated with respect and dignity
- Carers are actively and positively involved and consulted in the care and

<p>support provided to their loved ones</p> <ul style="list-style-type: none"> <li>• Carers are involved in the planning and design of local services</li> </ul>
<p><b>Why this priority?</b></p> <ul style="list-style-type: none"> <li>• Carers should always be involved in assessments of adults with care and support needs if they are providing care to meet that person's needs</li> <li>• Carers hold a great deal of knowledge about their own needs as well as the needs of the person they care for that is vital to support a better understanding</li> <li>• Assessments and support plans should have regard to the needs of the whole family.</li> </ul>
<p><b>Quotes from carers:</b></p> <ul style="list-style-type: none"> <li>• "Didn't realise I was caring, it was just there."</li> <li>• "Institutional assumption that you will provide care."</li> <li>• "No plan, they just ask you questions and you answer to the best of your ability, but nothing after that."</li> <li>• "It goes back to the other question that it depends what you feel able to say in front of the other person."</li> </ul>
<p><b>What we will do:</b> We will:</p> <ul style="list-style-type: none"> <li>• Involve carers in assessment and care planning</li> <li>• Develop a training programme for carers that considers their needs as part of a wider workforce</li> <li>• Develop informative and interactive events for carers.</li> </ul>

<p><b>Priority 4:</b> Carers are supported to improve and maintain good physical and mental health and wellbeing</p>
<p><b>Outcome measures:</b></p> <ul style="list-style-type: none"> <li>• Opportunities to promote, improve and maintain carers' physical and mental health are embedded across all services including a wider range of local health services</li> <li>• Carers are provided with all the information and support they need to stay healthy and well and make positive lifestyle choices</li> <li>• Carers are supported to ensure their caring role is not putting them at risk and they have all the information they need to care safely</li> </ul>
<p><b>Why this priority?</b></p> <ul style="list-style-type: none"> <li>• Local and national research shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities and that this gets worse as the caring role intensifies</li> <li>• Carers are much more likely to be able to sustain their caring role if they are in good health</li> <li>• A third of carers who completed our survey indicated that caring had had a negative impact on their physical health and almost a half indicated that it had had a negative impact on their mental health</li> </ul>
<p><b>Quotes from carers:</b></p> <ul style="list-style-type: none"> <li>• "You don't know often what the problem is that you have... you have to learn as you go along... I want someone who knows what they're talking about to</li> </ul>

tell me what to do."

- "I have a continual problem with tiredness, it's usually my fault as I stay up late...but hey it's free time."

**What we will do:**

We will:

- Ensure consistent support for carers at GP practices, in particular those based outside of the City
- Extend social prescription model to carers and offer support through community venues
- Target carers for preventative public health programmes
- Offer a web of emotional support to suit a wider group of carers.

**Priority 5:** Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

**Outcome measures:**

- Opportunities to improve carers' individual social and economic wellbeing are embedded across all services
- Carers are able to have their own life alongside their caring role and avoid becoming socially isolated
- Carers are able to access support to enable them to fulfil their educational and employment potential
- Carers are supported to maximise their income and access information and advice related to their financial situation

**Why this priority?**

- Local and national research shows that carers are far less likely to be in employment than non-carers and that this gets worse as the caring role intensifies
- National research shows that carers are facing serious and lasting financial consequences due to the extra costs of caring
- Carers in the City told us that caring had negatively impacted on their employment, leisure time and social life
- Less than half of City's carers who participated in the Survey of Adult Carers in England 2014/15 said they have as much social contact as they want and this figure has got worse since 2012/13

**Quotes from carers:**

- "...trapped by this financial hole that you can't get out of."

**What we will do:**

We will:

- Ensure carers' assessments and support planning promote carers to have a life of their own outside of caring
- Develop a 'carers' card' offering local discounts and emergency support
- Encourage carers to access income maximisation services
- Support working carers through corporate responsibility links.

**Priority 6:** Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

**Outcome measures:**

- Carers are provided with information, tools and strategies at an early stage to prepare them for changes in their caring role and emergency situations
- Carers are treated in a sensitive manner and provided with support when their caring role comes to an end
- Former carers are supported to transition into mainstream services
- Young carers and parent carers are prepared for the transition into adult carers' support services and supported through the process

**Why this priority?**

- In line with City's Dementia Strategy, carers should be fully supported through end of life care, be involved in planning and have access to advice and support
- Three quarters of carers said they did not know what they would do if they were unable to care

**Quotes from carers:**

- "You find by bitter experience what works and what doesn't work."
- "I think it's the emergency thing, supposing I died first, knowing that services are there to provide an emergency system to sort things out... I would have confidence and faith in them."

**What we will do:**

We will:

- Offer contingency planning as part of the assessment and review process
- Develop an emergency/future planning scheme for carers
- Support carers when their caring role comes to an end
- Support carers to have a life after caring
- Supporting young carers and parent carers during transition.

## 7. Glossary

### **Carer**

A carer is anyone who cares, unpaid, for a friend or family member who is older, disabled or seriously ill. Unpaid carers are sometimes mixed up with paid carers, or care workers.

### **Carer's Allowance**

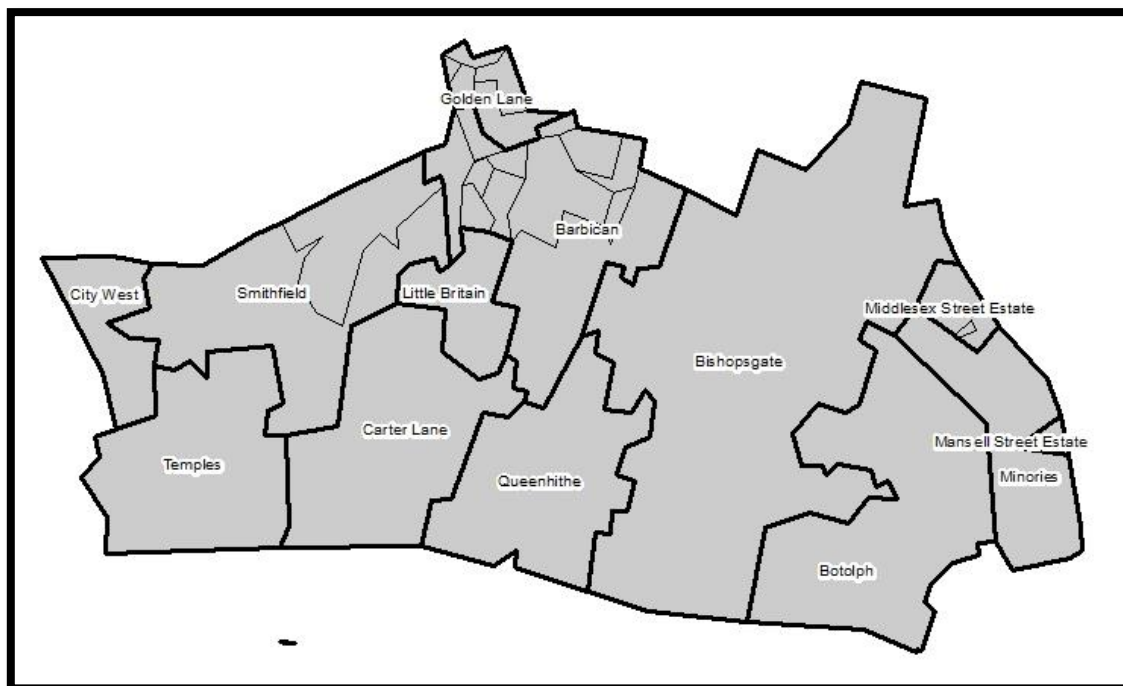
A taxable weekly benefit to help you look after someone with substantial caring needs.

### **Carers' Assessment**

An opportunity for carers to discuss how caring affects their life and the support or services they need to be able to carry on caring, if they are willing.

### **Census Resident Zone**

It is not practical to analyse geographical data at ward level for the City of London, where the wards are primarily made up of business voters and the residential population is low. Therefore, Census Resident Zones have been created for the purposes of analysis, which are based upon aggregation of Output Areas. Output areas are the lowest statistical levels upon which Census data is published. The map below shows the 13 Census Resident Zones in the City of London.



*Map of the City of London showing 'Census Resident Zones'*  
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## ***Commissioning***

The process of ensuring that the right local services are available to meet people's needs.

## ***Eligibility***

The national eligibility criteria set a minimum level for adult care and support and carer support. All local authorities must at a minimum meet people's needs at this level.

## ***Integrated care and support***

A partnership in which health and social care work together, putting the needs and experiences of people, their carers and families at the centre of how services are organised and delivered.

## ***Outcome***

The result that happens or is expected to happen following provision of care and support.

## ***Parent carer***

Parents or carers of a child with a disability or additional needs. Parent carers have generally been recognised to be supporting children and young people aged under 18.

## ***Personalisation or personalised services***

Personalisation is a social care approach which means that everyone who receives support, whether provided by statutory services or funded by themselves, will have choice and control over what that support looks like in any care setting.

## ***Social prescription***

Social prescriptions are about connecting people to non-medical sources of support to improve their health and wellbeing, for example, exercise, learning and self-help.

## ***Transition***

The process of change for young people with disabilities as they progress from childhood to adulthood.

## ***Young carers and young adult carers***

Young carers are children and young people who help to look after family members who have a disability, illness, mental health condition, or substance misuse issue. They often take on responsibilities that would not normally be expected of someone their age.

<b>Committee:</b>	<b>Dated:</b>
Health and Wellbeing Board	27 November 2015
<b>Subject:</b> Integration of health and social care	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For information</b>

## Summary

This report updates the Health and Wellbeing Board on developments in integrated care both nationally and in the City of London Corporation.

With pressures on health and social care systems nationally, and a drive towards more person centred care, integrated care has become a key mechanism for achieving efficient, effective and holistic services which are delivered at the right time and in the right place.

The City Corporation already works in a range of ways which promote integration and will continue to develop these.

With a number of devolution conversations underway between central and local government, there are emerging examples of combined health and social care budgets being devolved to specific areas. Further details are awaited on this and its potential implications.

## Recommendation

Health and Wellbeing Board members are asked to:

- Note this report.

## Main Report

### Background

1. Integrated care refers to health and /or social care working in a co-ordinated way, especially for those with long term of complex conditions and who are more likely to need ongoing health and social care support. It is about providing the right services at the right time in a way which is seamless to the patient.
2. NHS England states 'For health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a

more holistic approach to health, care and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered’.

3. Medical advances and an ageing population mean that people are now living longer lives but often with complex and long term conditions such as diabetes, asthma or heart disease. Such conditions need long term care and support and with increasing pressures on public services, integrated care also offers the opportunity to provide more effective and efficient services.
4. Integrated care has been rising up the political agenda. In 2013, the National Collaboration for Integrated Care and Support (including the Department of Health, the Association of Directors of Adult Social Services and NHS England) published a document ‘Integrated Care and Support: Our Shared Commitment’<sup>1</sup> to set out the principles of integrated care. In the same year, the Better Care Fund was announced to help facilitate more integration between health and social care services at a local level and a programme of integrated care pioneers was also announced.
5. The City of London Corporation works in a number of ways to facilitate integration of health and social care. The Health and Wellbeing Board is the accountable body for the Better Care Fund while the Adult Wellbeing Partnership, which reports to the Board, is responsible for providing oversight and operational guidance to the integrated care agenda.
6. With the development of the devolution agenda, there have been discussions around devolution of health and social care budgets as in the Manchester devolution agreement. This is a developing area.

## **Current Position**

### ***Integrated care in the City of London***

7. The City of London has complex care pathways which means that integration is key in order to ensure residents receive seamless and timely services to meet their needs. There are a number of ways in which the City Corporation facilitates integrated care:
  - The Adult Social Care Team is an integrated team including social workers, reablement workers, an Occupational Therapist and Mental Health Support. They work with a wide range of health partners and work with the One Hackney and City model (see below)
  - Two Care Navigators are in place to help City residents navigate the complex care pathways to ensure they get the services they need when leaving hospital. This helps to promote independence, good health and wellbeing and prevent hospital readmission

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/198748/DEFINITIVE\\_FINAL\\_VERSION\\_Integrated\\_Care\\_and\\_Support\\_-\\_Our\\_Shared\\_Commitment\\_2013-05-13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf)



- The City Corporation is part of the One Hackney and City pilot – an integrated care model for adults with complex or long term conditions. The model includes hospitals, GPs, our Care Navigators and the Adult Social Care Team working together to ensure people’s needs are met in an holistic and co-ordinated way. It also provides a range of voluntary sector services which City of London residents can access
  - The City Corporation also has its own Better Care Fund (BCF) which sets out plans to facilitate health and social care to work together at a local level. It is based on a pooled budget of NHS and local authority funding which for 2015/16 is £777,000. The plan, which includes contributions to the One Hackney and City model, telecare, reablement and care navigators, was agreed by the Health and Wellbeing Board in September 2014. The plan is now being rolled out and quarterly performance reports are signed off by the Health and Wellbeing Board. It has been announced that there will be another round of the BCF for 2016/17. The exact amount of funding will be agreed as part of the Comprehensive Spending Review but early discussions on what could be included in the bid are underway
  - Work with health partners is underway to develop integrated IT systems to enable systems to speak to each other to share information in order to deliver joined up care and support
  - The Care Act 2014 promotes partnership and integration to strengthen outcomes for residents and patients and this is the foundation of much of our work for example around safeguarding, carers and preventative work with housing.
8. The Health and Wellbeing Board is the accountable body for the Better Care Fund and integration is one of the priorities for the refreshed Joint Health and Wellbeing Strategy. The Adult Wellbeing Partnership, which reports to the Health and Wellbeing Board, is responsible for providing oversight and operational guidance to the integrated care agenda.

### ***Integration and devolution***

9. There are a number of conversations about devolution taking place nationally between central and local government. A number of deals have been agreed and some, like the Manchester agreement, are progressing the devolution of health and social care budgets which is a further step in the integration agenda.
10. Devolution could happen at different levels – local, sub-regional or regional, or a combination of levels. There will be no common model – it will reflect local agreements and will be iterative.
11. The City Corporation is in conversation with a range of partners in London, including City and Hackney CCG, about any of their plans for devolution and any potential implications of this for the City.

## **Corporate & Strategic Implications**

12. Delivering the Better Care Fund is an action of the Department of Community and Children's Services Business Plan.

13. Integration is a priority in the refreshed Joint Health and Wellbeing Strategy.

## **Conclusion**

14. The integration of health and social care is high profile and will continue to be so. The City of London Corporation is committed to this and will continue to progress relationships with partners.

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	27 <sup>th</sup> November 2015
<b>Subject:</b> Healthy Behaviours Partnership	<b>Public</b>
<b>Report of:</b> Commissioning and Performance Manager (Public Health)	<b>For Information</b>

## Summary

At the meeting in September 2015, Members received proposals for a new combined Substance Misuse and Tobacco Control Partnership to be formed to provide strategic oversight of the new combined commissioned service and replace the former Tobacco Control Alliance and Substance Misuse Partnerships. It was proposed that this partnership be a subsidiary of the Health and Wellbeing Board. This report provides further information on the purpose of the partnership and the terms of reference of the group.

The partnership will meet three times a year, to coincide with every other Health and Wellbeing Board meeting, and will provide strategic oversight of all substance misuse and tobacco control work undertaken within the City of London. This meeting frequency will allow the Health and Wellbeing Board to provide oversight and governance of the group, including performance of the programmes of work.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. On the 1<sup>st</sup> October 2015 a new combined Healthy Behaviours Service was commissioned from Westminster Drug Project (WDP) to provide all substance misuse and tobacco control services for residents and workers in the City of London. In September 2015 it was suggested to Members that a partnership be established as a subsidiary of the Health and Wellbeing Board to oversee all tobacco control and substance misuse work.
2. Prior to the new service commencing substance misuse and tobacco control services were provided through a mixture of in-house provision and commissioned services, and governance of the services was managed

separately by the Substance Misuse Partnership and Tobacco Control Alliance, neither of which formally reported to any Committee at the City.

3. The proposal for a new combined group creates efficiencies in officer time, as well as providing Members with more strategic oversight and management of the service. At the September meeting of the Health and Wellbeing Board, Members requested further information on the format of the new partnership and information on the terms of reference of the group.

### **Purpose of the Partnership**

4. The partnership provides strategic oversight of all substance misuse and tobacco control work undertaken across the City. This includes all work completed by the City's commissioned provider WDP; work undertaken within compliance including littering, smoking in smoke-free areas, licensing and trading standards; work undertaken with and by the City of London Police and work undertaken on a London-wide basis that the City participates in.
5. The partnership provides oversight of the performance of all programmes of work and reviews proposals for new ways of working across the programme areas. Examples of this are the former Tobacco Alliance pilot schemes for smoke-free spaces; the use of electronic cigarettes within services and the "cut down to quit" scheme.

### **Membership**

6. The membership of the partnership includes:
  - Public health
  - Commissioning
  - People's services (adult social care, children and families and homelessness)
  - Cleansing services
  - Environmental health
  - Trading standards
  - Community safety
  - Health and safety
  - The City of London Police
  - The City and Hackney Clinical Commissioning Group (CCG).
7. The terms of reference specify that membership may be extended to include representatives from WDP, the provider of services in the City, for agenda items related to performance. It was felt by the group that it would not be appropriate for them to be involved in the entirety of the partnership.

### **Frequency of Meetings and Reporting**

8. Meetings of the partnership will be held three times per year in order to coincide with alternate Health and Wellbeing Board meetings. A short update report with information on the discussions held will be provided to the following Health and

Wellbeing Board meeting, with a representative from the group attending to present the report.

9. Both substance misuse and tobacco control performance will continue to be reported in the board's bi-annual performance report. Any exceptions as discussed at the partnership will be reported as part of the update report from the partnership.

### **Corporate & Strategic Implications**

10. The establishment of the new partnership as outlined in this report supports the following priorities from the Joint Health and Wellbeing Strategy:
  - a. Ensure that more City workers have healthy attitudes to alcohol and drinking
  - b. Ensure that more City workers quit or cut down smoking

### **Appendices**

- None

### **Background Papers**

- Integrated Substance Misuse and Tobacco Control Services Tender – 18<sup>th</sup> September 2015

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<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board – For decision	27/11/2015
<b>Subject:</b> London Sexual Health Transformation Project	<b>Public</b>
<b>Report of:</b> Commissioning and Performance Manager (Public Health)	<b>For Decision</b>

## Summary

From April 2013, local authorities have been mandated to provide comprehensive sexual health services to their residential population. To date, the City of London Corporation has been working with local authorities across London to look at the potential of commissioning a Pan-London sexual health service which represents value for money for all authorities involved.

The vision for this service has now been set, with a specification currently being written by the authorities. This report presents Members with information on the vision and proposals for the new service, along with proposals for the future commissioning of these services.

## Recommendations

Members are asked to:

- a. Agree to take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services;
- b. Agree to join a pan London procurement of a web based system to include a front end portal for advice, guidance and access to services including access to home/self-sampling kits for sexually transmitted infections;
- c. Agree to join a pan London procurement of a confidential partner notification system.

## Main Report

### Background

1. Local authorities took responsibility for commissioning sexual health services in April 2013, as part of changes under the Health and Social Care Act 2012.
2. Members will remember from approvals given in July 2015 that The City has been a part of a Pan-London group of local authorities negotiating with providers

of Genito-Urinary Medicine (GUM), services for the screening and treatment of Sexually Transmitted Infections (STIs), to negotiate GUM payments for 2015.

3. In addition the City has been a part of the London Sexual Health Services Transformation Programme which has brought together 26 local authorities based in London to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including GUM and Sexual and Reproductive Health Services (community contraceptive services). The aim of this programme is to lead the transformation of the service model to deliver measurably improved and cost effective public health outcomes and meet the increasing demand.
4. Procurement for the new services will commence in February 2016, with the new contract(s) awarded by the end of the year to allow for an April 2017 start.

### **The Case for Change**

5. There are five main reasons why this project is necessary:
  - a. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years.
  - b. There are noticeable variations in access and activity across London boroughs, with high numbers of residents from across London accessing services in Central London.
  - c. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together.
  - d. We must continue to ensure strong clinical governance, safeguarding and quality assurance arrangements are in place for commissioning open access services.
  - e. We want to respond to current and future financial challenges and ensure we are making the best use of resources available.

### **The Vision for Sexual Health Services in London**

6. The front door into services will be web based, a single platform providing patients with information about sexual health, on line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests.
7. There will be fewer major centres for people with more complex sexual health needs, but the services that are commissioned will be open longer hours and will be properly linked with a network of integrated one stop shops at local level which will be able to meet many people's needs. They will also work closely with primary care. Transport links will be a critical element of determining locations for



clinics. There will also be improved data to help better identify and address need for prevention and specialist services, including new and emerging trends.

8. All major clinics will offer patients the opportunity to triage and self-sample on site and all services will be required to ensure that routine STI screen results are available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered a fast track appointment, ideally within 24 hours or will be fast tracked if they present to a walk in services. Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.
9. The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

### **Proposals**

10. In order to secure the value for money and improved services for City residents, Members are asked to approve recommendations to:
  - a. Take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services;
  - b. Join a pan London procurement of a web based system to include a front end portal for advice, guidance and access to services including access to home/self-sampling kits for sexually transmitted infections;
  - c. Join a pan London procurement of a confidential partner notification system.

### **Corporate & Strategic Implications**

11. The proposals within this report support the following strategic aims from the Department of Community and Children's Services Business Plan:
  - a. Priority Two – Health and wellbeing: Promoting the health and wellbeing of all City residents and workers and improving access to health services in the Square Mile.
  - b. Priority Five – Efficiency and effectiveness: Delivering value for money and outstanding services.

### **Implications**

12. The proposals continue to fulfil legal requirements to pay for cross-charging GUM services through tariff negotiations to ensure the City is achieving value for money.

### **Conclusion**

13. The proposals to Committee are the best way to ensure that City residents get access to services while ensuring the best possible value for the City.

### **Appendices**

- None

### **Background Papers**

- Sexual Health GUM (Genito-Urinary Medicine) Payment By Results Contracts – 10<sup>th</sup> July 2015

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<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	27.11.2015
<b>Subject:</b> Joint Health and Wellbeing Strategy Action Plan Progress Report	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>

## Summary

In September 2014, the Health and Wellbeing Board (HWB) approved an action plan to support the Joint Health and Wellbeing Strategy (JHWS). The action plan set out how each of the key priorities would be delivered. This report provides an overview of progress and shows that we are on track to deliver the required health and wellbeing outcomes for residents, rough sleepers and workers in the City of London.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. The Joint Health and Wellbeing Strategy (JHWS) sets out the priorities of the City of London Health and Wellbeing Board (HWB). It is accompanied by an action plan that describes how the strategy will be implemented. Both documents are refreshed annually and in September 2015 the HWB approved the updated action plan, which covers the final year to the end of the current strategy period.
2. The current priorities of the City of London's JHWS are:
  - More people with mental health issues can find effective, joined up help
  - More people in the City have jobs and more children grow up with economic resources (reduce child poverty)
  - More people in the City are physically active
  - City air is healthier to breathe
  - More people are socially connected and know where to go for help
  - The City is a less noisy place
  - Children and young people enjoy good physical and mental health
  - Promote integrated working between social care and health
  - More rough sleepers can get health care, including primary care, when they need it
  - Fewer City workers live with stress, anxiety or depression
  - More City workers have healthy attitudes to alcohol and City drinking
  - More City workers quit or cut down smoking

3. The JHWS and action plan are available via the Health and Wellbeing pages on the City of London website: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Pages/health-and-wellbeing-board.aspx> .
4. The HWB has asked to receive a progress report every six months, providing an update of progress against the action plan. The last report was received by the HWB in April 2015 and showed good progress against the action plan.
5. Performance reports are also submitted to the HWB every six months and include a range of health and wellbeing performance indicators (most recently in September 2015). Together with the performance reports, this progress report aims to pull together activity from across the different priority areas of the JHWS and enable the Board to monitor progress and identify further actions.

### Current Position

6. The table below highlights key activities and progress in each of the JHWS priority areas, including future actions that have been identified:

Priority	Progress update
<b>Residents</b>	
<p>More people with mental health issues can find effective, joined up help</p>	<ul style="list-style-type: none"> <li>• Mental health needs assessment (City Supplement): A City-specific version of the MHNA has been written.               <ul style="list-style-type: none"> <li>- The key factors influencing mental health were found to be: The ethnic make-up of City of London, its diverse range of religious faiths, the wide disparities between levels of deprivation in the City, its higher proportion of over-crowded households, the high number of rough sleepers and the high pressure and long hours of City roles.</li> <li>- Key findings regarding children and young people’s mental health were: Living in a low income family, having special education needs, being in Local Authority Care, being in the Youth Justice System and having poor physical health or a physical disability can increase a young person’s risk of having a mental health issue. Based on MINI2K-adjusted estimates in 2014 there were 52 children (age from 5-15) with a mental health disorder.</li> <li>- Key findings for adults’ mental health: Based on MINI2K-adjusted estimates in 2014 there were 190 adults) suffering from depression, 32 adults suffering from psychosis, 41 from schizophrenia and 83 from bipolar disorder. 1,294 are estimated to be suffering from a common mental health problem. High levels of depression are currently seen in the wards of Cripplegate and Portsoken in the City. By 2026 there is expected to be a 17% increase in the number of people with depression in City.</li> <li>- Key findings for older people’s mental health: Social</li> </ul> </li> </ul>

	<p>isolation is a risk factor for depression in older people and is likely to be more common amongst people who live alone. The number of older people living alone in City is currently around 381 and is expected to increase to 480 by 2020. Long-term conditions is a risk factor for mental health problems, the number of older people with a limiting long-term illness is expected to increase from around 415 to 530 by 2020. In 2012, there were estimated to be around 26 people aged 65+ in City suffering from depression. The total number of City residents predicted to have dementia in 2014 was 68 and this is predicted to increase to 104 by 2030. Around 17 older people are predicted to suffer from serious mental illness in City.</p> <ul style="list-style-type: none"> <li>• Mental Health Strategy: A draft mental health strategy has been written and is due to be approved at November's HWB. The strategy sets out the overarching aim for more people in the City to have good mental health, and describes how we intend to achieve this. It identifies four priorities which are: Prevention, Personalisation, Recovery, and Delivery.</li> <li>• Commissioning of public mental health services: Following the approval of the Mental Health Strategy, a commissioning plan for public mental health services will be brought to the HWB in early 2016, focusing on prevention.</li> <li>• CCG: Mental health is identified as a priority issue in the CCG's commissioning intentions and forward plan. The full commissioning intentions for 2016/17 are currently being finalised and will brought to the HWB in early 2016.</li> <li>• Five to Thrive: The CCG has taken the 'Five Ways to Wellbeing', a set of five things that people can do to improve and support their mental health and wellbeing, and created 5 to Thrive – a series of events and resources that anyone can use and take part in.</li> <li>• City and Hackney mental health crisis line: East London NHS Foundation Trust has launched a 24 hour mental health crisis response helpline for City of London residents. The helpline is staffed by mental health professionals and will support people with expert guidance in times of mental health distress and referrals to local services, with the aim of empowering and encouraging callers on their road to recovery.</li> <li>• Learning Well: The City of London Adult and Community Learning team has developed Learning Well, a community-based programme of activities which are designed to promote health recovery and wellbeing, specifically focusing on low-level mental health problems. It aims to create a space for mental wellbeing, self-understanding, treatment and recovery. The project will work with local partners such as Recovery Colleges, community-based projects, GPs and schools to deliver a wide-ranging programme of activities including Yoga, Pilates, creative writing, food and mood workshops,</li> </ul>
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	<p>mindfulness, singing, and routes back to employment.</p> <ul style="list-style-type: none"> <li>• Dementia Friendly City: Following the implementation of the Dementia Strategy, the City of London Corporation is making great strides in creating a 'Dementia Friendly City', where residents and local retail outlets and services have a keen awareness of the disease and offer support in a respectful and meaningful way. The Alzheimer's Society has now awarded the Corporation with 'Dementia Friendly Community' status. The 'Dementia Friends' campaign aims to remove the stigma of dementia, reduce people's fear and misunderstanding, and encourage people to remember that someone with dementia does not stop being an individual with unique life experiences, whilst also helping people understand the benefits of early diagnosis and care.</li> <li>• "Think Family" approach (social care): In order to embed a "Think Family" approach, Children and Families and Adult Social Care have developed a joint protocol for mental health. It is designed to support staff when assessing and supporting families where a parent or carer is believed to have a mental health problem, or where a child or young person may require a mental health assessment or support as part of transition arrangements. It recognises that mental health problems can impact on the whole family, and aims to ensure that issues are identified and supported in a holistic way.</li> <li>• Mental health needs assessment: The needs assessment has now been completed for City and Hackney. A City Supplement is being developed, considering the mental health needs of both residents and workers. Following this a strategy for mental health and commissioning options will be brought to the HWB and CCS Committee for approval.</li> </ul>
<p>More people in the City have jobs and more children grow up with economic resources (reduce child poverty)</p>	<ul style="list-style-type: none"> <li>• The Department of Community and Children's Services has received a report on child poverty in the City, prepared by the Family Intervention Project (FIP). The report is based on consultation and engagement with providers, community representatives and other stakeholders working across the housing estates at Golden Lane, Mansell Street and Middlesex Street. The intention of this work was to identify if any common needs or service gaps that the City might address. Their work found that the incidence of child poverty in the City is low, and specific households (and their individual needs) are hard to identify. Some families do not engage with support for reasons that include lack of awareness, stigma, and cultural and language barriers. The work will be discussed at the Early Help Group in order to develop an action plan.</li> </ul>
<p>More people in the City are physically active</p>	<ul style="list-style-type: none"> <li>• Exercise on referral: This service continues to consistently hit targets, as reported to the HWB during bi-annual reporting.</li> <li>• Health Checks, Obesity and Physical Activity service tender: A tender process was completed for this service earlier this year, for which the City received a good number of bids</li> </ul>

	<p>however the panel did not feel in a position to appoint. There were a number of learning points for both commissioners and bidding organisations based on this process, including looking at locations, governance and a key understanding of the City's population. This has been fed back to bidders and the market has been engaged in a review of the specification and tender documents. The service has now been put back out to tender, and it is anticipated that the new service will be in place by November 2016.</p> <ul style="list-style-type: none"> <li>• Healthy Schools: We are working with Sir John Cass Foundation Primary School to pilot a healthy schools programme, which includes joint exercise classes for parents and children, family walks throughout the City, healthy cooking classes, and fresh food stalls held in the school playground. A final report on the pilot will be brought to the HWB in January 2016.</li> <li>• Promoting walking and cycling: There is a great deal of work underway in the City to encourage more walking and cycling amongst both residents and workers: <ul style="list-style-type: none"> <li>- Transportation and Public Realm currently spend in excess of £10m per annum on green spaces, improving the built environment and generally making areas more attractive for pedestrian use (and cyclists).</li> <li>- In new developments planners are actively seeking to locate stairs next to lifts to encourage walking.</li> <li>- The City is actively looking to put in place cycle quietways to support the Mayor of London's strategy.</li> <li>- The City has supported the installation of "Boris Bike" stands, arranged Dr Bike sessions for cyclists and has a programme of installing cycle stands.</li> <li>- The City Corporation works with Living Streets who encourage walking by conducting street audits, running 'Walk Doctor' sessions for City businesses and running campaigns to promote walking in the City and our estates.</li> </ul> </li> <li>• Golden Lane Leisure Centre: Fusion ran a number of campaigns during the summer months to increase participation, including a Great Outdoors campaign about outdoor classes and sessions, Swim School promotions and links to Sport England's "This Girl Can" campaign via social media. Total participation in the GLSF centre at the end of Q2 was 69,969, only just below the YTD target at 99.6%, an increase of 3% on 2014/15. fusion have established links with a physiotherapist provider delivering physio sessions from the GLSF treatment room, with those attending signposted to GLSF membership to enable them to remain active and healthy.</li> <li>• Sports Development: <ul style="list-style-type: none"> <li>- Key areas of Sports Development activity in Q2 included the Fit for Sport summer camp which had an</li> </ul> </li> </ul>
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	<p>average attendance of 42 children per day and a total of 1,129. An initial breakdown of postcodes indicates that 25% of attendees were from CoLC postcodes.</p> <ul style="list-style-type: none"> <li>- London Youth Games, Europe’s largest annual youth sports event, saw children from schools in the City pick up Gold in Special Educational Needs and Disability (SEND) Football, Silver in the Water Polo, Silver in Para-Athletics and Bronze in the Aquathlon.</li> <li>- The Exercise on Referral programme received 32 referrals to the programme in Q2, of which the majority (27) were for City residents. As at the end Q2 the service was slightly above the YTD target for referrals received (118%). The Neaman practice continues to refer the highest proportion of clients into the service, referring 21 (65%) of the clients referred in Q2. The number of referrals from other partners in Q2 was down with only 2 other partners referring into the scheme. Of the 14 people due a 6-month follow up in Q2, 12 were successfully contacted and 8 of these were still active.</li> <li>- Young at Heart membership at the end of Q2 was below target (82%) - a marketing campaign is taking place in Q3 to increase membership. Attendance at YAH sessions is good .</li> </ul>
<p>City air is healthier to breathe</p>	<ul style="list-style-type: none"> <li>• Air Quality Strategy: An updated Air Quality Strategy for 2015 – 2020 has been published.</li> <li>• The City continues to monitor air pollutants to assess compliance with air quality objectives and provide alerts when pollution is high including installing detailed monitoring systems at Sir John Cass School.</li> <li>• Air promotion: Information is provided to Healthwatch for dissemination at events, over 6000 downloads of the CityAir smartphone app.</li> <li>• The city influences air quality policy across London to secure lower levels of air pollution in the Square Mile: The City provides the chair for the London Air Quality Steering Group and supports research by Policy Exchange on actions required across London to meet air quality limit values.</li> <li>• Local projects: <ul style="list-style-type: none"> <li>- Barbican and Mansell Street residents monitored local air quality in a year-long citizen science project.</li> <li>- Worked with Bart’s Health NHS Trust to reduce their local impact on air quality and train clinicians to provide advice to vulnerable patients about poor air quality. Engaging staff at Barts Health to switch to active travel.</li> </ul> </li> <li>- A pioneering CityAir business engagement programme has been rolled out across London. 20 CityAir businesses have been recognised as air quality champions.</li> <li>- The city awards an Annual Sustainable City Award for Air Quality and an Annual Considerate Contractors</li> </ul>



	<p>Environment Award</p> <ul style="list-style-type: none"> <li>- 20 mph zones</li> <li>- Actions to deal with idling engines including signs in hotspot areas and CEOs to ask drivers to turn engines off.</li> <li>- Ensure new developments are air quality neutral and new vehicles are low emission.</li> </ul> <ul style="list-style-type: none"> <li>• Planned work in the next six months includes: <ul style="list-style-type: none"> <li>- Feasibility study to look at options for significant reduction in emissions from diesel vehicles.</li> <li>- Look at feasibility of establishing a Low Emission Neighbourhood in the City.</li> <li>- Install PM2.5 analyser at Sir John Cass School.</li> <li>- Detailed Air Quality monitoring around Bank junction and Cheapside BID</li> <li>- Develop policy for air quality and procurement</li> <li>- Develop communications strategy for days of high air pollution.</li> </ul> </li> </ul>
<p>More people in the City are socially connected and know where to go for help</p>	<ul style="list-style-type: none"> <li>• City Advice Service: Following the recent re-tender of the City Advice Service, Toynbee Hall, in partnership with the Royal Courts of Justice CAB (RCJCAB), has been awarded the new three year contract to provide information and advice services to all communities within the City. The service will deliver targeted, free and impartial information and advice on a range of issues, such as benefits, employment and housing, through drop-in advice surgeries, a telephone advice line and casework. The new service will start mid-October. Key changes include: <ul style="list-style-type: none"> <li>- raising awareness of issues such as the Care Act or Welfare Reform changes, through targeted workshops, campaigns and events</li> <li>- helping service users become more confident in using online and phone channels of advice and self-help, where appropriate</li> <li>- appointing community ambassadors to direct people in need to the service.</li> </ul> </li> <li>• Adult Community Support Services: <ul style="list-style-type: none"> <li>- There are currently three contracts with providers supporting adults within the community-the City 50+ Service, the City Memory Group and the City Carers Service.</li> <li>- Following market research and service user consultation, Adult Community Support Services were remodelled to give a lead provider model integrating all three services. The specification was based on an outcomes model rather than an outputs-based model. The outcomes of the tender were: 2 bidders responding- 1 compliant and 1 non-compliant.</li> <li>- During the evaluation process, one of the subcontractors withdrew from the bid making it non-compliant. Additionally, the research from the</li> </ul> </li> </ul>

	<p>development of the carer’s strategy and feedback from carers raised some questions with the proposed model. The steering group is considering a revised approach to this specification including:</p> <ul style="list-style-type: none"> <li>○ A more flexible approach to the outreach and support group model to appeal to diverse carers, older people and people living with Dementia across the City</li> <li>○ greater focus on the identification of unknown/unengaged carers</li> <li>○ an increased budget</li> <li>○ a reduced focus on events</li> <li>○ no requirement for providing transport to events – the City can make use of the taxi contract for certain event transport</li> <li>○ Letting the contract in lots</li> <li>○ Re-branding the title of the tender to “Reach out Services”</li> </ul> <p>- The revised timescale is to go out to tender in December 2015, with a plan to start the new service in September 2016</p> <ul style="list-style-type: none"> <li>● Social prescribing: The CCG is continuing to fund a social prescribing model to improve the health of isolated over 50s who are registered with the Neaman Practice. The scheme aims to link people to non-medical services, such as local voluntary services or community activities to help improve their health and wellbeing.</li> <li>● Volunteering: We are continuing to work with SPICE to encourage volunteering in the City. The Time Credits scheme is a great success, with numbers of people signed up and credits earned/spent well above target.</li> <li>● Social isolation research: As part of a Knowledge Transfer Partnership with Goldsmiths University, the City Corporation is working on a research project into social isolation in the City. This research aims to examine the factors that contribute to the social isolation of residents in the City of London, and recommend community approaches and policy initiatives to increase social connectivity.</li> </ul>
<p>The City is a less noisy place</p>	<ul style="list-style-type: none"> <li>● Noise Strategy: The Noise Strategy Action Plan update has been submitted to the HWB, and outlines the steps to be taken to further manage and reduce noise, whilst also mitigating the effects on the wellbeing of residents, workers and visitors. The strategy is available online: <a href="http://www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/Pages/Noise-strategy-and-policy.aspx">www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/Pages/Noise-strategy-and-policy.aspx</a>.</li> <li>● Work has begun on refreshing the Noise Strategy for 2016 – 2020.</li> <li>● Work has begun to develop an ‘Environmental’ Supplementary Planning Document to assist architects,</li> </ul>

	<p>developers and others to meet the City's requirements on a range of issues including noise.</p> <ul style="list-style-type: none"> <li>• Noise mitigation and control is being embedded into the City's procurement policies.</li> <li>• We are working with TFL to ensure re-timed deliveries (night time freight) are carried out to avoid impact on the sleep of City residents.</li> <li>• Responsible licensing: We continue to support the Safety Thirst scheme, which includes consideration of noise from the night time economy.</li> </ul>
<p>Children and young people enjoy good physical and mental health</p>	<ul style="list-style-type: none"> <li>• We are developing our database and assessing the health needs of 0-19 year olds through two needs assessments.</li> <li>• Children's and young people's plan: We have developed our new children's and young people's plan which includes the objective of improving physical and emotional health and wellbeing from conception to birth and throughout life. An action plan will be developed.</li> <li>• The new health visiting specification is out to tender and should be up and running by November 2016. This new service will be focused on prevention.</li> <li>• Healthy Schools: We are working with Sir John Cass Foundation Primary School to pilot a healthy schools programme, the focus of which is reducing childhood obesity. This includes joint exercise classes for parents and children, family walks throughout the City and healthy cooking classes. A final report on the pilot will be brought to the HWB in January 2016.</li> </ul>
<p>Promote integrated working between social care and health</p>	<ul style="list-style-type: none"> <li>• There are a number of ways in which the City Corporation facilitates integrated care: <ul style="list-style-type: none"> <li>- The Adult Social Care Team is an integrated team including social workers, reablement workers, an Occupational Therapist and Mental Health Support. They work with a wide range of health partners and work with the One Hackney and City model- an integrated care model for adults with complex or long term conditions. The model includes hospitals, GPs, our Care Navigators and the Adult Social Care Team working together to ensure people's needs are met in an holistic and co-ordinated way. It also provides a range of voluntary sector services which City of London residents can access.</li> <li>- Two Care Navigators are in place to help City residents to ensure they get the services they need when leaving hospital.</li> <li>- The City Corporation has its own Better Care Fund (BCF) which sets out plans to facilitate health and social care to work together at a local level. The plan was agreed by the Health and Wellbeing Board in September 2014 and is now being rolled out with quarterly performance reports being signed off by the Health and Wellbeing Board. It</li> </ul> </li> </ul>

	<p>has been announced that there will be another round of the BCF for 2016/17. Early discussions on what could be included are underway</p> <ul style="list-style-type: none"> <li>- Work with health partners is underway to develop integrated IT systems to share information in order to deliver joined up care and support</li> </ul>
<b>Rough sleepers</b>	
More rough sleepers can get health care, including primary care, when they need it	<ul style="list-style-type: none"> <li>• Homelessness strategy: We are implementing the homelessness strategy, which includes specific support to tackle rough sleeping.</li> <li>• Outreach GP: An outreach GP is provided for rough sleepers in the City, working closely with our homelessness outreach service which aims to address physical health, mental health and substance misuse needs in a holistic way.</li> <li>• Tuberculosis (TB): We support a TB find and treat mobile x-ray screening service, which also tests for other blood-borne viruses.</li> </ul>
<b>City Workers</b>	
Fewer City workers live with stress, anxiety or depression	<ul style="list-style-type: none"> <li>• Business Healthy: Mental health is a key issue for City businesses, and we are supporting them through Business Healthy, our workplace health programme. This has included a high profile event hosted by the Lord Mayor for City business leaders in September focusing on mental health at work, and ongoing peer support and resources through our Business Healthy website and meetings.</li> <li>• Mental Health Strategy: The strategy considers the mental health needs of City workers as well as residents and rough sleepers.</li> </ul>
More City workers have healthy attitudes to alcohol and City drinking	<ul style="list-style-type: none"> <li>• Integrated Substance Misuse and Tobacco Control Services: Our new Integrated Substance Misuse and Tobacco Control Service launched in October. The service includes a remit on alcohol misuse by City workers. Prevention and promotion of healthy behaviours are central to the new service.</li> <li>• Business Healthy: Our members have identified alcohol and substance misuse as a key issue. In support of this we have hosted sessions on alcohol, drugs and addiction in the workplace and have focused many of our resources on the website on this issue.</li> </ul>
More City workers quit or cut down smoking	<ul style="list-style-type: none"> <li>• Smoke free children's play areas: On the 16th November, signs were placed in Tower Hill gardens, West Smithfield Rotunda Gardens and Portsoken Street Garden children's play areas asking smokers not to smoke in these areas. It is intended that having smoke free play areas will de-normalised smoking for children and reduce their risk of exposure to second hand smoke.</li> <li>• Smoking Harm Reduction initiatives: In March 2014 the City started a harm reduction pilot programme within stop smoking services, with the aim of getting more</li> </ul>

	<p>people engaged in stop smoking services and increasing the quit rates of those entering services. These programmes included a “cut down” programme, an extended 12 week stop smoking programme, and the use of electronic cigarettes in addition to traditional stop smoking services. The area that has been most successful is the electronic cigarette pilot within level III stop smoking services, and this part of the programme was agreed by members to be continued alongside traditional smoking cessation programmes.</p>
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7. As the activities described in the above table demonstrate, good progress is being made against the JHWS action plan and this will ensure that the agreed outcomes are delivered. Where appropriate, further actions have been identified to ensure this progress continues. There are no areas for concern where additional action is required.
8. The next progress report will be submitted to the June meeting of the HWB.
9. The current JHWS runs for a three year period from 2012/13 to 2015/16 and will be re-written in 2016, along with the accompanying action plan.

### **Corporate & Strategic Implications**

10. The action plan supports the JHWS, which is the key strategy of the HWB.
11. It is a statutory requirement for HWBs to produce a JHWS, and for it to be kept up-to-date.

### **Conclusion**

12. Good progress is being made against the action plan to deliver priority areas in the JHWS.
13. The JHWS is due to be rewritten in summer 2016, when both the priorities and action plan will be reviews.

### **Background Papers**

- 30<sup>th</sup> September 2014 – Joint Health and Wellbeing Strategy: Action Plan  
24<sup>th</sup> April 2015 – JHWS Action Plan Progress Report  
18<sup>th</sup> September 2015 – Joint Health and Wellbeing Strategy Refresh

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<b>Committee(s)</b>	<b>Dated:</b>
<b>Health and wellbeing board</b>	27.11.2015
<b>Subject:</b> Community Safety Update	<b>Public</b>
<b>Report of:</b> Manager of Community Safety team	<b>For Information</b>

## Summary

This report updates the Health and wellbeing Board of the activities carried out in the last quarter of the year by the Community Safety team- Safer City partnership. It includes information on activities carried out in the following topics:

Safety thirst scheme

Behind closed doors – Annual Domestic Abuse awareness event.

## Main Report

### Safety Thirst

1. The Safety Thirst scheme is open to all licensed premises in the City of London and aims to promote high standards in reducing crime and anti-social behaviour while also helping ensure there is a safe and pleasant environment for people to socialise and enjoy the City. It is a collaborative approach between those working in the trade and the City of London Corporation, City of London Police and London Fire Brigade.
2. All premises that meet the core standard can receive a 30% reduction of the Late Night Levy and the accredited premises of this year as every year were invited to an event at Guildhall on 12 October to mark their achievement and received a certificate and window sticker to promote the fact they are making a contribution to keeping their customers safe and the City a pleasant place to be.
3. This year we awarded 31 premises and we also celebrated the 2 premises that had gone the extra mile to be exemplary premises in the City by giving them the award of Premises of the Year. The premises were The Forge and The Brewery.

## **Behind closed doors**

4. After a successful event last year, City of London Police worked with the Community Safety Team, Victim Support, Paladin, Alter Ego and Fiona Bowman to deliver 'Behind Closed Doors', a conference to provide employers with an over-view of the complexities of domestic abuse and stalking.
5. 'Behind Closed Doors' was aimed at raising awareness to those working in facilities management, human resources and security. The conference helped to increase knowledge and provide insight into a manager's duty of care to people who are experiencing domestic abuse and stalking.
6. Speakers at the Conference were shown personal and professional experiences of stalking and harassment to help them:
  - understand what constitutes domestic abuse and stalking
  - how it occurs and
  - the specialist support available to people who live and work in the City
7. Starting at the end of November, the Christmas Campaign will run through the festive period. Bringing together a range of partners including the Safer City Partnership and the London Ambulance Service, the campaign will help people to have an enjoyable festive season and offer practical information and support.

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<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	27.11.2015
<b>Subject:</b> Healthwatch update report	<b>Public</b>
<b>Report of:</b> Chair of Healthwatch	<b>For Information</b>

## Summary

Healthwatch City of London provides regular update reports to inform the Health and Wellbeing Board of their activities and campaigns.

The attached report covers the following:

- 1 Barts NHS Trust
- 2 Work with the Bangladeshi Community in Portsoken ward
- 3 Signposting contract
- 4 Children and Young People consultation events
- 5 Healthwatch City of London annual conference 8 October
- 6 City of London Corporation Peer Review

## Recommendation(s)

Members are asked to:

- Note the report

## Appendices

- Appendix 1 – Healthwatch City of London, Report to Health and Wellbeing Board November 2015

## Healthwatch City of London

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**Report to Health and Wellbeing Board November 2015**

This report is for information and will cover six areas:-

- 1 Barts NHS Trust**
- 2 Work with the Bangaldeshi Community in Portsoken ward**
- 3 Signposting contract**
- 4 Children and Young People**
- 5 Healthwatch City of London annual conference 8 October**
- 6 City of London Corporation Peer Review**

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**1. Barts NHS Trust**

Healthwatch has been in discussions with a resident who is concerned about the lack of public consultation over the closure of gynaecological services at St Bartholomew's. Patients are now redirected to the Royal London Hospital when they had initially thought that their treatment would take place at St Bartholomew's.

Healthwatch has asked the Deputy Chief Nurse at Barts why the current patients were not written to before with the information and with an explanation as to why the consultations were not brought forward so that they could take place at Barts. Many City residents are telling us that with St Barts being such a specialist hospital that the needs of residents who do not fit into the specialisms are being shifted to other boroughs when they would prefer to be treated more locally and in surroundings they feel more comfortable with. A meeting between Healthwatch, the service user and the relevant Heads of Department at Barts is currently being arranged.

Issues regarding the installation of television sets and aerials and also the quality of patient dining are also being followed up on following recent PLACE assessments.

**2. Work with the Bangaldeshi Community in Portsoken ward**

Healthwatch City of London facilitated a 'techy tea party' where members of the community including City residents and the Asian Women's group at the Portsoken Community Centre were invited to the Bank of New York Mellon to meet the workers in their Blackfriars centre. This was a useful way of linking up City workers and members of the Portsoken community and the staff helped the Bangaldeshi group to get online and use digital communications to assist in their healthcare. Healthwatch will be developing this relationship further to ensure that the Bangaldeshi community receive the support required with regards to digital inclusion.

**3. Signposting contract**

The signposting service City Health will transfer to Healthwatch in January 2016 and the directory of services will be available on the Healthwatch website. A meeting between Toynbee Hall, the City of London Corporation and Healthwatch took place where the transfer was discussed. All is on track for a smooth transfer in January.

#### **4. Children and Young People**

Sessions have taken place over the summer where the Healthwatch sessional worker for younger people has engaged with families and young people at Stay and Play sessions in the City. Events have taken place at the Barbican, the Museum of London and Fusion. Some of the feedback and points raised have included:

- Better access to mental health services is needed particularly for younger people
- Cleaner public toilets required
- More out of hours GP services should be available including Saturday services and more guaranteed appointments are necessary
- More Health Visitors required after maternity discharge
- Easier access to information & more information about local service provision
- More midwives at UCLH at birth – there weren't enough!
- Rushton Street Health is very poor!
- The issue of sports provision for young people has been raised by a number of parents as a real need for the young people in the City. One parents said that Tower Hamlets children can access Tennis lessons for £2 a lesson and that City residents needs to travel to "poorer" boroughs to access cheaper resources.
- Other points raised include, healthy eating initiatives for young people, a good NHS dentist, reduced waiting times for doctors appointments, easier access to appointments (some people have to travel 45 minutes each way by public transport to access a health service) and cholesterol checks.

#### **5. Healthwatch City of London annual conference 8 October**

The Healthwatch City of London annual conference took place on 8 October at the Dutch Centre in the City and focussed on integrated care and the experiences of City residents with regards to boundaries and care pathways. A full report will be available shortly and some of the main issues that were raised in relation to hospital discharge and integrated care were:

- Timeliness – agencies need to join up to avoid gaps and ensure the speed and efficiency of action and discharge.
- The care package needs to ready in time and should be followed through with the assistance of a key worker. A full discharge checklist should be ready a few days before.
- Tribalism based on funding pots takes place and more pooled budgets are needed
- Transport should be provided for discharge or getting to follow up appointments – people are being sent further away and cannot get to their appointments.
- The patient needs to have clarity on what will be in place i.e. what time the support worker might arrive. Better communication is important.
- There is often a gap between assessment and what the patient is entitled to. Staff need to explain what patients may need to pay for or not.

#### **6. City of London Corporation Peer Review**

Healthwatch staff and board members have taken part in the peer challenge review to support self-evaluation and service development with a focus on the implementation of the

Care Act in relation to carers and personalisation. Healthwatch discussed the service we provide in the City of London, how we identify carers through our engagement and the issues identified for carers in the City.

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<b>Committee:</b>	<b>Date(s):</b>
Health and Wellbeing Board	27.11.2015
<b>Subject:</b>	<b>Public</b>
Health and Wellbeing Board update report	
<b>Report of:</b>	<b>For Information</b>
Director of Community and Children’s Services	

### Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments related to the work of 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. Updates include:

- Smoke free playgrounds
- Sustainable City Awards
- COLC smoking policy
- Workplace health centre
- HWB map on London Councils website

### Recommendation

Members are asked to:

- Note the report.

### Main Report

1. This report updates Members on key developments and policy issues that are related to the work of the Health and Wellbeing Board in the City of London. Details of where Members can find further information are also included.
  
2. **Smoke Free Playgrounds**  
 On the 16<sup>th</sup> November, three of our parks with children’s play areas became smoke free. This joint initiative between Public Health and Open Spaces recognises that children should have the right to a smoke free environment when out and about enjoying leisure time. Signs were placed in Tower Hill gardens, West Smithfield Rotunda Gardens and Portsoken Street Garden children’s play areas asking smokers not to smoke in these areas. It is intended that having smoke free play areas will de-normalised smoking for children and reduce their risk of exposure to second hand smoke which will in turn make it less likely that young people will start smoking in the first place.

The contact officer is Poppy Middlemiss: 020 7332 3002

3. **Sustainable city awards**

Sustainable City Awards: Nominations for the national Sustainable City Awards are now open. The Sustainable City Awards are the UK's foremost green business award scheme and are given to organisations which have demonstrated excellence in sustainable development. There is a new Health and Wellbeing award this year and the theme of the awards is Health and Wellbeing. This exposure will raise the profile of Business Healthy and the work we do at the Health and Wellbeing board. Please encourage businesses across London and the UK to apply. Please email [sca@cityoflondon.gov.uk](mailto:sca@cityoflondon.gov.uk) for an application form and more information

Contact Officer: Farrah Hart 020 7332 1907

4. **COLC smoking policy**

The City of London internal Human Resources department have written a No Smoking Policy with regards to E-cigarettes, personal vaporizers and electronic nicotine delivery systems that mimic tobacco smoking and produce a vapour. The policy established a smoke and e-cigarette related vapour free environment at work and protects staff from the potential effects of passive smoking and vapour inhalation. It is applicable to all premises and vehicles in which City of London Corporation staff work. Staff will not be allowed to smoke around entrances to buildings which City Corporation staff work. No smoking will be allowed by staff whilst they are on duty. The Policy contains an exemption for Public Health smoking cessation services based in the Guildhall. Under these circumstances e-cigarettes may be demonstrated to services users.

The No Smoking Policy is live and should be launched with the City's new Wellbeing Strategy in January.

5. **Workplace health centre**

Members have decided that the Corporation cannot directly pay for the projected £8 million pound capital costs to build the workplace centre. The potential of offering the existing retail units and car park space to a developer is now being examined. We will attempt to keep the Workplace Health Centre as part of the development, on the basis that although the Workplace Health Centre will only contribute a rental of £250,000 per annum; the overall income from the retail and health centre offer will be enough to enter into a partnership with a developer. This revised proposal will go to our members in December 2015 and the HWB will be updated on the outcome.

6. **HWB map on London Councils website**

The London Councils have added a useful tool to their website. They have made an interactive map where you can click on each London Borough to find out information on their Health and Wellbeing Board; this includes board member names, meeting dates and board priorities. They are also posting a



blog from a different Health and Wellbeing board each month and we have volunteered to produce the February post. The map can be found here:  
<http://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/health/health-and-wellbeing-boards/health-and-wellbeing>

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<b>Committee:</b>	<b>Dated:</b>
Health and Wellbeing Board	27 November 2015
<b>Subject:</b> The Health and Wellbeing Board's input to other Committees	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For decision</b>

## Summary

The Health and Wellbeing Board does not have its own budget, therefore it is vital that it influences other City of London Corporation committees and partner organisations in order to carry out its work.

The membership of the Health and Wellbeing Board includes representatives from different committees and partner organisations. Its reporting structures ensure that information updates flow between the Health and Wellbeing Board and other committees, boards and advisory groups. Additionally, at officer level, the views of the Health and Wellbeing Board are represented cross departmentally, with Health and Wellbeing Officers working collaboratively with their colleagues across a wide variety of projects and policies.

## Recommendation

Health and Wellbeing Board members are asked to:

- Note this report
- Endorse the adoption of a Health and Wellbeing Board forward plan that is supported by
  - a. regular agenda planning meetings with the Chairman and policy officers in the Town Clerk's department, to identify corporation-wide issues that touch on health and wellbeing
  - b. Regular engagement with the City and Hackney CCG, Tower Hamlets CCG and NHS England, as part of the agenda-planning, to identify external health and wellbeing issues that have an impact on the City

## **Main Report**

### **Background**

1. The Health and Wellbeing Board does not have its own budget, therefore it is vital that it influences other City of London Corporation committees and partner organisations in order to carry out its work. This report note sets out the HWB's involvement with other committees and explores possible options for future activity.

### **Current Position**

#### ***Membership***

2. The membership of the Health and Wellbeing Board is designed so that key City of London committees and partner organisations are represented. Members include:
  - Three Members elected by the Court of Common Council
  - Chairman/representative of Policy and Resources Committee
  - Chairman/representative of Community and Children's Services Committee
  - Chairman/representative of the Port Health & Environmental Services Committee
  - Director of Public Health
  - Director of the Community and Children's Services Department
  - Environmental Health and Public Protection Director
  - Clinical Commissioning Group (CCG)
  - Healthwatch
  - Safer City Partnership
  - City of London Police

#### ***Reporting***

3. Currently formal reporting between committees consists of the following:
4. Summary reports from each meeting of the Health and Wellbeing Board are sent to the Safer City Partnership, Adult Safeguarding Sub-Committee and Adults Advisory Group, to ensure these groups/committees are kept up to date with the work of the Health and Wellbeing Board.
5. Regular update reports are received by the Health and Wellbeing Board from the Safer City Partnership and Adult Wellbeing Partnership. The latter is a sub-committee of the Health and Wellbeing Board. A Healthy Behaviours Partnership is also currently being established as a sub-committee of the Health and Wellbeing Board.

6. Performance and progress reports are received on a six-monthly basis and enable the Health and Wellbeing Board to monitor whether the priorities set out in the Health and Wellbeing Strategy are being successfully delivered. Several of our priorities have a significant impact on health and wellbeing but do not come under the traditional remit of public health, health and social care services. These include priorities about air quality, noise pollution and physical activity and child poverty. This means that joint working with Port Health and Public Protection, Open Spaces, Planning and Transport, Built Environment and Economic Development is vital and the Health and Wellbeing Board is informed of progress and achievements through these reports.
7. In addition, key documents such as the Noise Strategy and Air Quality Strategy are received by the Health and Wellbeing Board.

### ***Joint working***

8. A key strength of the Health and Wellbeing Board in the City is the strong network with officers across the Corporation. Officers representing the Health and Wellbeing Board work alongside their counterparts in other departments to influence their strategies, policies and work plans and ensure that health and wellbeing concerns are properly represented. Recent examples include collaboration on:
  - Air Quality Strategy and action plan
  - Contaminated Land Policy
  - Noise Strategy
  - Open Spaces Strategy
  - Local Plan (with Built Environment)
  - London Supplementary Planning Guidance (with GLA and Built Environment)
  - Environmental enhancement plans and Thames Strategy (street scene and the role of active transport)
  - Community Trigger and anti-social behaviour (with Community Safety)
  - Implementation of 20mph speed limit (with Transportation)
  - Plans to encourage more walking and cycling in the City (with Transportation)
  - Learning Well programme (with Adult Education)
  - Books on Prescription, health checks and community events (with Libraries)
  - Suicide Prevention Action Plan (with Police Committee and Safer City Partnership)
  - COLC employee health and wellbeing work (with Establishment Committee)
9. Through this programme of activity, the Health and Wellbeing Board has proven itself to be a valuable consultation resource for other committees including

- Planning and Transportation Committee
- Licensing Committee
- Port Health and Environmental Services Committee
- Safer City Partnership
- Police Committee
- Establishment Committee
- Open Spaces and City Gardens Committee
- Culture, Heritage and Libraries Committee

10. Its work also influences external and partnership organisations including:

- City Healthwatch
- City and Hackney Clinical Commissioning Group
- NHS England
- The Greater London Authority (GLA)
- Public Health England (PHE)
- Transport for London (TfL)

11. The Health and Wellbeing Board has also been extremely effective in engaging with the public including residents and, to a lesser degree, City workers. Examples of this include the Love Health day and a number of other specific consultation events. The Board has been assisted in this by its close relationship with City Of London Healthwatch

12. Over the last two and a half years the Health and Wellbeing Board and its Chairman have engaged with a wide range of partners and stakeholders and have reviewed a significant number of key issues and policies that impact on the health and wellbeing of its community. However a significant proportion of the work that the Board has undertaken has been reactive to issues or initiatives that have developed elsewhere.

13. There is potential for the Health and Wellbeing Board to extend its sphere of influence, and to take a more strategic approach to forward planning to enable it to be more pro-active.

14. It is therefore recommended that the Health and Wellbeing Board adopts a Health and Wellbeing Board forward plan that is supported by

- c. regular agenda planning meetings with the Chairman and policy officers in the Town Clerk's department, to identify corporation-wide issues that touch on health and wellbeing

- d. Regular engagement with the City and Hackney CCG, Tower Hamlets CCG and NHS England, as part of the agenda-planning, to identify external health and wellbeing issues that have an impact on the City

## **Conclusion**

Whilst the Health and Wellbeing Board has made excellent progress in influencing the work of committees within the City of London Corporation, there is potential for it to increase its influence with external health partners, as well as to take a more strategic approach to forward planning.

## **Appendices**

- none

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