Public Document Pack

# Health and Wellbeing Board

**Date:** **FRIDAY, 29 JANUARY 2016**

**Time:** **11.30 am**

**Venue:** **COMMITTEE ROOM - 2ND FLOOR WEST WING, GUILDHALL**

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

**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 could be the subject of audio or 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. **PROVISION OF NON-ALCOHOLIC DRINKS AT CITY-HOSTED EVENTS**
Report of the Remembrancer.

**For Information**
(Pages 7 - 8)

5. **FEMALE GENITAL MUTILATION STRATEGY**
Report of the Director of Community and Children's Services.

**For Decision**
(Pages 9 - 48)

6. **SUICIDE PREVENTION ACTION PLAN REPORT**
Report of the Director of Community and Children's Services.

**For Decision**
(Pages 49 - 68)

7. **PRESENTATION: UPDATE FROM TOWER HAMLETS CCG**
Jane Milligan (Chief Officer, Tower Hamlets Clinical Commissioning Group) to be heard.

**For Information**

8. **BETTER CARE FUND 2016/17**
Report of the Director of Community and Children's Services

**For Decision**
(Pages 69 - 72)

9. **UPDATE REPORT**
Report of the Director of Community and Children's Services.

**For Information**
(Pages 73 - 78)

10. **HEALTHY SCHOOLS PILOT REPORT**
Report of the Commissioning Manager.

**For Decision**
(Pages 79 - 88)

11. **CITY OF LONDON CORPORATION'S HEALTH AND WELLBEING PROGRAMME: CITYWELL**
Report of the Director of Human Resources.

**For Information**
(Pages 89 - 98)

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

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

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# HEALTH AND WELLBEING BOARD

## Friday, 27 November 2015

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday, 27 November 2015 at 11.30 am**

**Present**

**Members:**
Revd Dr Martin Dudley (Chairman)
Jon Averns
Helen Isaac
Glyn Kyle
Dr Gary Marlowe
Simon Murrells
Dhruv Patel
Jeremy Simons

**Officers:**

| | | |
|---|---|---|
| Natasha Dogra | - | Town Clerk's Department |
| Sabina Johal | - | Town Clerk's Department |
| Neal Hounsell | - | Community and Children's Services Department |
| Simon Cribbens | - | Community and Children's Services Department |
| Farrah Hart | - | Community and Children's Services Department |
| Ellie Ward | - | Community and Children's Services Department |
| Lorna Corbin | - | Community and Children's Services Department |
| Tirza Keller | - | Community and Children's Services Department |

1. **APOLOGIES OF ABSENCE**
   Apologies had been received from Deputy Joyce Nash, Karina Dostalova, Gareth Moore and Paul Haigh.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations on interest.

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

4. **MINUTES OF THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**
   The Board received the minutes of the Health and Social Care Scrutiny Sub Committee meeting held on 2 November. Members noted that the Review of Health and Social Care Overview and Scrutiny Governance had been considered by the subcommittee and would be discussed at the meeting of the Community and Children's Services Committee on 11 December 2015.

Discussions ensued regarding the formation of the new stand-alone Health and Social Care Scrutiny Committee and whether it was necessary to omit Members serving on Community & Children's Services and the Health & Wellbeing Board. The Board were informed that 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.

Received.

5. **CCG UPDATE PRESENTATION**

The Board received a presentation from Dr Gary Marlowe and noted the following:

- A risk summit was held on at Homerton Hospital 28 September where it was agreed that a combined action plan picking up on the maternal deaths, CQC report and CCG report would be produced. The CCG Maternity Programme Board, with external support, would monitor the progress
- An external peer review of progress towards the end of 2015 would be undertaken and the CQC would make a further inspection to review progress against action plans.
- The CCG would attend St Barts and Royal London site specific quality meetings.
- The CCG would continue to collect duty of candour information.
- £8.8m of additional investment would be made into the GP Confederation for additional Primary Care services. This would be scrutinised by the Local GP Provider Contracts Committee without local GP involvement.

In response to a query, Members were informed that 21 practices offered extended hours, however there was limited scope to expand this due to workforce issues. It was also noted that practices had been running Sunday hours, but they had seen limited take-up from local patients.

Members requested that the City of London Police submit a report for the Board's consideration regarding how the police force interface with mental health services in the City. The Board agreed that it would be timely to discuss this matter and asked for the report to be submitted to the January or March Board meeting.

Discussions ensued regarding the issues of eating disorders and self-harm amongst city workers and young people studying in the City's schools and academies. Officers agreed to write to the Head teachers of the independent schools and academies to investigate whether this was a current problem, and if so, how it was being tackled.

Received.

6. **CCG COMMISIONING INTENTIONS 2016/17**

The Board received the report of the CCG and noted that the aims for achievement in City and Hackney were:

- 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

Received.

7. **CITY OF LONDON MENTAL HEALTH STRATEGY**

The Board received the Mental Health Strategy and noted that it was developed based on the findings of the *Mental Health Needs Assessment for the City of London* (2015). The mental health strategy set out the overarching aim for more people in the City to have good mental health, and described how the City intended to achieve this. It identified four priorities which are: Prevention, Personalisation, Recovery, and Delivery.

In response to a query, it was noted that the focus of the strategy was delivering better outcomes for residents, rough sleepers and workers. It aimed to improve the mental health of people in the City, keep people well and then ensured we provide effective support when mental health problems do arise. Members noted that the report would now be considered by the Community and Children's Services Committee at their meeting on 11 December 2015.

Resolved – that the Mental Health Strategy be approved.

8. **CARERS' STRATEGY AND PEER REVIEW**

The Board received the refreshed Carers' Strategy 2015–18 and a peer review which had been recently undertaken on the City of London Corporation's work with carers.

Received.

9. **INTEGRATION OF HEALTH AND SOCIAL CARE**

The Board received the update on developments in integrated care both nationally and in the City of London Corporation.

Received.

10. **HEALTHY BEHAVIOURS PARTNERSHIP**

The Board received the Healthy Behaviours' Partnerships informing Members that the partnership would meet three times a year, to coincide with every other Health and Wellbeing Board meeting, and would provide strategic oversight of all alcohol, substance misuse and tobacco control work undertaken within the City of London. The meeting frequency would allow the Health and Wellbeing

Board to provide oversight and governance of the group, including performance of the programmes of work.

Received.

11. **LONDON SEXUAL HEALTH COMMISSIONING TRANSFORMATION PROJECT**

The Board received a report of the Commissioning and Performance Manager informing Members that from April 2013, local authorities had been mandated to provide comprehensive sexual health services to their residential population. To date, the City of London Corporation had 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 had now been set, with a specification currently being written by the authorities.

Resolved – that Members:

- Agreed to take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services;
- Agreed 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;
- Agreed to join a pan London procurement of a confidential partner notification system.

12. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN PROGRESS REPORT**

The Board noted the Joint Health and Wellbeing Strategy Action Plan progress.

Received.

13. **COMMUNITY SAFETY UPDATE**

The Board received the community safety update. It was agreed by Board Members that the Licencing Policy had dramatically reduced the number of licencing hearings taking place, with none being required this municipal year.

Received.

14. **HEALTHWATCH UPDATE REPORT**

The Board Members received an update from Healthwatch.

Received.

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

Members of the Board noted the update report.

Received.

16. **THE HEALTH AND WELLBEING BOARD'S INPUT TO OTHER COMMITTEES**

The Board Members considered a report informing them that the Health and Wellbeing Board did not have its own budget, therefore it was vital that it influenced other City of London Corporation committees and partner organisations in order to carry out its work.

Members noted that performance and progress reports were received on a six-monthly basis and enabled the Health and Wellbeing Board to monitor whether the priorities set out in the Health and Wellbeing Strategy were being successfully delivered. Several of the priorities had a significant impact on health and wellbeing but did not come under the traditional remit of public health, health and social care services. These included priorities about air quality, noise pollution and physical activity and child poverty. This meant that joint working with Port Health and Public Protection, Open Spaces, Planning and Transport, Built Environment and Economic Development was vital and the Health and Wellbeing Board was informed of progress and achievements through these reports.

Members were informed that the Department of Community and Children's Services were recruiting for the post of a Public Health consultant for the City Corporation. Report authors would be encouraged to consult with this person to ensure health aspects of their reports were referenced and investigated. The Board agreed that other City Corporation committees did consider health aspects of their decisions however there was room for this to be further embedded.

Resolved – that Members endorsed the adoption of a Health and Wellbeing Board forward plan that was 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; and

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.

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

The Chairman informed the Board that he had asked the Remembrancer to submit a report to the January meeting of the Health and Wellbeing Board regarding the provision of non-alcoholic beverages at City Corporation events.

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

There was no urgent business.

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.

20. **NON PUBLIC MINUTES**
Resolved – that the minutes be agreed as an accurate record.

21. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

22. **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 1.05 pm**

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Chairman

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

| **Committee(s)** | **Dated:** |
|---|---|
| Health and Wellbeing Board | 29 January 2016 |
| **Subject:**<br>Provision of non-alcoholic beverages at City hosted events | **Public** |
| **Report of:**<br>Remembrancer | **For Information** |


**Summary**

This report outlines the current arrangements for the provision of non-alcoholic beverages at City Corporation events.


**Recommendation**

Members are asked to:

- Note the current arrangements
- Note that the provision of alcoholic drinks at business-related events is being considered by Members as part of the current effectiveness of hospitality review

**Main Report**

**Background**

1. Reducing alcohol consumption is a strategic priority of the Health and Wellbeing Board. The Health and Wellbeing Board is keen to demonstrate the City Corporation's commitment to help reduce health issues caused by excessive alcohol consumption, by facilitating the provision at City hosted events of healthier alternatives.

2. The issue has been raised as to whether non-alcoholic beverages are sufficiently available at City events.

**Current Position**

3. At City hosted receptions, caterers are requested to provide both water and an alternative soft drink. At Committee dinners until recently, the choice was sometimes restricted to water and orange juice. Caterers are now required to provide a greater choice.

4. There is an increasing range of non-alcoholic options. For example, at the recent reception for the Chinese State Banquet, the non-alcoholic alternatives were water, "apple and ginger fizz", and lychee and coconut water.

5. The ratio between alcoholic and non-alcoholic drinks provided at Committee and other City-hosted receptions, is usually two to one, although Guildhall caterers have estimated that the proportion of non-alcoholic drinks consumed is typically only a quarter of the total.

6. In providing drinks for an event, the Guildhall events team and the caterer will look carefully at the nature of the guest list for the event. For example, the requirements for a military event are likely to be different to a Commonwealth related event.

7. Given the importance of encouraging any consumption of alcoholic drinks is kept at a moderate level, the events team intend to ask caterers to ensure that there is ample opportunity for those who wish to switch from alcoholic drinks to non-alcoholic beverages part way through a reception to do so.

8. To support the City's sustainability agenda, caterers are encouraged to serve tap water rather than bottled water to help reduce packaging, wastage and minimise the carbon footprint.

**Effectiveness of hospitality review**

9. The provision of wine at business-related events during the day was considered as part of the effectiveness of hospitality review. The Hospitality Working Party at its meeting on 11 December 2015 recommended that wine should be served at lunches by exception, and not at business-related lunch events. The review is being considered by the Policy and Resources Committee at its meeting on 21 January.

**Recommendation**

10. Members are invited to note the current arrangements, and that the service of wine at business related events held during the day is currently being considered by Members as part of the wider effectiveness of hospitality review.

**Paul Double**
City Remembrancer

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| | |
|---|---|
| **Committee:**<br>Health and Wellbeing Board | **Date:** 29 January 2016 |
| **Subject:**<br>Female Genital Mutilation strategy | **Public** |
| **Report of:**<br>Director of Community and Children's Services | **For Decision** |


**Summary**

This report introduces the Tackling and Preventing FGM Strategy which is a joint Strategy with the London Borough of Hackney. The Strategy aims to promote the welfare of girls and women by reducing FGM and supporting those that have been affected by this illegal and harmful practice.

This is a multi-agency strategy highlighting the need for different agencies to work together to help prevent and tackle FGM in the City of London and Hackney.

The Strategy focuses on the following three priorities:

1) Prevention and early intervention
2) Strong and effective leadership
3) Effective protection and provision

The Strategy, which includes an action plan, underwent a consultation process in August 2015 and this report outlines the main responses and key officers involved its development.


**Recommendation(s)**

The Health and Wellbeing Board is asked to:

1) Approve the City of London and London Borough of Hackneys' Tackling and Preventing FGM Strategy

**Main Report**

**Background**

1. This report outlines the strategy for preventing, identifying and tackling Female Genital Mutilation (FGM) in the City of London and the London Borough of Hackney. This strategy has been developed in conjunction with the London Borough of Hackney.

2. It has been developed with regard to existing knowledge of the issue and has drawn on evidence about effective practice from national research and local multi-agency focused discussions, legislation, policy and guidance

3. The strategy also sets out actions to be taken by local agencies over a three year period that will aim to: prevent FGM from happening; improve the response of

professionals to girls and women who have undergone or are at risk of FGM; and make specialist information and advice available to the right people

4. The joint FGM strategy will be presented to the London Borough of Hackney Health and Wellbeing Board on 13th January 2016. Officers will give City of London Health and Wellbeing Board members a verbal update of the outcome of this meeting.

**Aims and Priorities**

5. The overarching aim is to promote the welfare of girls and women by reducing FGM and the deleterious impact of the practice by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support to those who need it the most. The strategy focuses on the following three priorities:

6. **Priority 1:** Prevention and Early Intervention

This priority is about the safety of girls and women at risk of FGM. Key actions under this priority include:

- Conducting an audit of relevant agencies to examine what and how information is collected and recorded on FGM.
- Identify key staff and ensure they are effectively trained to identify and support those at risk of FGM.
- Developing and implementing a local public awareness campaign which focuses on preventing FGM.

7. **Priority 2:** Strong and Effective Leadership

This priority is about local agencies taking a zero tolerance approach to FGM. Key actions under this priority include:

- Reviewing specifications for new and existing services that work with girls and/or women to ensure that providers understand how to address FGM issues.
- Developing the City of London's FGM protocol and encouraging other key agencies to adopt it.

8. **Priority 3:** Effective Protection and Provision

This priority is about meeting the health and wellbeing needs of girls and women affected by FGM. Key actions under this priority include:

- Engaging with girls and women who have been affected by FGM to understand which interventions and services have been most effective.

- Developing and publicising a directory of key health and support services available to those affected by FGM.

**Engagement and Involvement**

9. The following teams and agencies were asked to comment on the draft strategy in August 2015

    - Children and Young People's Service (Hackney Council)
    - City and Hackney Clinical Commissioning Group
    - City and Hackney Safeguarding Children's Board
    - City of London Healthwatch
    - City of London Police
    - Community and Children's Services (City of London Corporation)
    - Community Safety (City of London Corporation)
    - Domestic Violence and Abuse Team (Hackney Council)
    - City and Hackney GP Confederation
    - Hackney Learning Trust
    - Homerton University Hospital NHS Foundation Trust
    - Hackney Council for Voluntary Services
    - Metropolitan Police (Hackney)
    - NHS England
    - Hackney's VAWG Forum

**Equality Impact Assessment (EIA)**

10. The London Borough of Hackney have undertaken an EIA for the FGM strategy which the City of London Corporation fully supports.

11. Prevalence data, national and international research information indicate that girls and women from countries in Africa and the Middle East are more likely to be at risk of FGM, however it should be made clear that FGM is happening within a number of different communities, and may also involve individuals marrying into a community where FGM is practiced. Research conducted by Trust for London and City University shows that London has the highest prevalence of FGM for any city in England or Wales.[1]

[1] Prevalence of FGM in England and Wales: National and Local Estimates available at http://www.trustforlondon.org.uk/wp-content/uploads/2015/07/FGM-statistics-final-report-21-07-15-released-text.pdf

12. The EIA recognises the overall positive impact that the strategy could have on different equality groups, and on cohesion in empowering girls and women to speak out against FGM. The proposed actions should result in a positive impact on girls and women particularly in terms of their health and wellbeing.

13. The action plan includes a targeted publicity campaign which will target communities where FGM is still being practised. It is possible this type of targeted work may have a negative impact on cohesion and good relations as actions to prevent FGM may conflict with deep rooted traditions. Additionally, these groups may be perceived negatively by non-practicing communities. However, as FGM is illegal and extremely harmful it is important a clear message is promoted to practising communities to ensure they are aware of dangers, illegality and to help challenge many misconceptions. In addition, we will be working with survivors from these communities to ascertain the appropriate methods to prevent FGM while minimising the negative impact on cohesion and good relations.

**Conclusion**

14. The City of London and London Borough of Hackney FGM strategy sets out the City of London's aim to promote the welfare of girls and women by reducing FGM and supporting those that have been affected by this illegal and harmful practice and how we intend to achieve this.

**Appendices**

15. Appendix 1: City of London and London Borough of Hackney FGM Strategy.

**Poppy Middlemiss**

Strategy Officer – Health and Children

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# Tackling & Preventing Female Genital Mutilation (FGM) - City and Hackney Strategy 2016 -2019

## 1. Introduction & Background

1.1 This document outlines our strategy for preventing, identifying and tackling Female Genital Mutilation (FGM) in Hackney and the City of London. It has been developed with regards to the existing knowledge of the issue and has drawn on evidence about effective practice from national research and local multi-agency focused discussions, legislation, policy and guidance.

1.2 In July 2013, Hackney was successful in its application for a grant from the King's Fund, "Local Vision" systems leadership programme. The bid aimed to identify the required system change for reducing the risk of FGM faced by girls and women in Hackney and to identify the services that might be needed by women who have experienced it. An initial analysis of the approach to tackling FGM was conducted between 12th November and 17th December 2013. Individual meetings and focus groups were conducted across professional groups and communities to understand current practice and identify opportunities.

1.3 City of London Corporation has a history of successful collaboration with Hackney – sharing both a children's safeguarding board and clinical commissioning group. As such it is partnering with Hackney in the adoption and delivery of this strategy, drawing on shared expertise and ensuring that the risks and issues within the City's much smaller population are not overlooked. Specific features of the City's population and services have been drawn out, and the local delivery of the strategy in the City will be supported by a specific actions in the action plan.

1.4 To get an indication of how widespread FGM is in the local area, and what policies or training are in place we asked ourselves the following questions:

- How many members of FGM-affected communities live in the area?
- Is there a policy on FGM, and who is accountable for leading and implementing it?
- Which area does FGM prevention fall under?
- What training is there for professionals like health, teaching and safeguarding workers?
- What steps have been taken to use the national multi-agency guidelines on FGM?

- Are designated senior staff for safeguarding aware of FGM and have they ensured that their staff are aware of the potential risks?
- What support services are available for survivors?
- How can we engage with survivors, the community and faith groups

1.4 A number of individuals meetings took place with partners and a multi-agency working group was then established and met several times during 2014. The working group has made a start, but due to ongoing national developments the journey towards tackling the practice of FGM will be a lengthy one where continual reflection, learning and review of progress will be essential.

1.6 Building upon extensive work already undertaken, this strategy presents a roadmap for the future towards which all local professionals can work and in so doing eliminate the practice of FGM. It focuses on the following three main priorities:

- **Prevention and early intervention**
- **Strong and effective leadership**
- **Effective protection and provision of support**

## 2. KEY ACHIEVEMENTS SO FAR

2.1 This strategy should be read in the context of the significant work already undertaken by partner agencies in developing the local response to FGM. Below is a summary of key achievements already accomplished which are helping to address FGM

### Hackney

- Established a multi-agency FGM steering group which coordinates the development of the FGM action plan.
- Information on FGM has been included in Hackney's Sex and Relationships Education (SRE) support documentation.
- Piloted a whole school approach to FGM in two primary school through the Christopher Winter Project.
- Engagement with anti-FGM campaigners (such as Daughters of Eve, Family Action, Forward, Hawa Trust) to understand their perspective on what actions are needed to prevent FGM.
- IT systems in health and Children's Social Care have been updated to record all cases of FGM.
- Funding for local voluntary community organisations working to tackle this issue.
- Homerton University Hospital has developed a FGM policy
- The Independent Chair of the City and Hackney Safeguarding Children Board's (CHSCB) engagement with FGM survivors, voluntary sector groups and a local imam.
- The production of an awareness DVD produced by the CHSCB in partnership with local survivors and Hackney Council for Voluntary Service.
- Community conference held in partnership with Hawa Trust.
- Survey administered to the community to garner their views on the types of support services needed.
- The Children and Young People's Scrutiny Commission conducted an investigation to explore the multi-agency response to FGM.

## City of London

- A City of London FGM needs assessment has been conducted outlining the likely scale of the issue in the City and approach to addressing FGM.
- A FGM Single Point of Contact (SPOC) in the Public Protection Unit has been established. The SPOC is a City of London Detective Constable who has been trained and works with the Metropolitan Police Service on operation at airports during summer holidays to identify those at risk.
- Established a Vulnerable Victim Coordinator, who holds weekly outreach sessions within the Mansell Street Estate Library, giving the community the opportunity to discuss issues.
- The Vulnerable Victim Coordinator and SPOC have worked together on a training package for frontline police officers and staff on FGM, how to respond and how to support people. This was delivered to different departments in the force
- City of London Police have created a Standard Operating Procedure for FGM and frontline officers and Public Protection Unit officers trained in identification and support for women and girls who have experienced FGM. These have been delivered to different departments in the force along with the training package.
- Between January and March 2015 the City of London Police held ten multiagency half day training events covering various aspects of public protection and this included an input in FGM. There were police officers, staff and other agencies present.
- A poster campaign early 2015 around the City and internally raising awareness of what FGM is. The posters were put up in GP surgeries, Mansell Street Estate and City of London libraries.
- In February 2015 an FGM awareness day was held in the City, this aimed to inform business employees that FGM is an offence, contact details for support and asked the public be aware within their own communities and workplaces
- Sessions are being held with foster carers to make them aware of the issues surrounding FGM.

- FGM is on the agenda of the City of London Children Looked After and Care Leavers Improvement Group.

## 3. PURPOSE OF THE STRATEGY

3.1 This document sets out the strategic aims and priorities on tackling and preventing FGM. This strategy should be considered alongside other key strategies, policies and procedures such as, the forthcoming Hackney Council's Violence against Women and Girls Strategy[1] (VAWG), City of London Children and Young People's Plan 2015-2018, London Child Protection Procedures, FGM Multi-agency guidelines, Working Together to Safeguard Children (2015) as well as the Department of Health FGM Guidance.

3.2 This strategy outlines how we aim to prevent FGM from happening, improve services and professionals' responses to girls and women who have undergone or are at risk of FGM, and ensure sensitive specialist support, information and advice is available and targeted to the right people.

3.3 This FGM strategy and its accompanying action plan (page 25) have been produced to take stock of research, recent policy and legislative changes and approaches to tackling FGM across Hackney and the City of London. The strategy illustrates the steps that will be taken to realise our strategic vision.

3.4 The overarching aim is to promote the welfare of girls of women and reduce FGM and the deleterious impact of the practice by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support. We are focusing on the following three priorities:

### Priority 1: Prevention and Early Intervention

3.5 The aim of this priority is to ensure the safety of the girls and women at risk of FGM. Key actions under this priority include:

[1] This strategy is due to be developed following the outcome of the domestic violence and VAWG review

- Conducting an audit on relevant agencies to examine what and how information is collected and recorded on FGM.
- Identify key staff and ensure they are effectively trained to identify and support those at risk of FGM.
- Developing and implementing a public awareness campaign which focuses on preventing FGM.

## Priority 2: Strong and Effective Leadership

3.6 The aim of this priority is to ensure key partners promote zero tolerance to FGM. Key actions under this priority include:

- Develop services specification requirements for new and existing commissioned services that are working with girls and/or women to ensure these providers understand how to address FGM issues.
- Officially launching the FGM protocol and encouraging other key agencies to adopt it.
- Embedding tackling and preventing FGM into existing safeguarding and VAWG strategies.

## Priority 3: Effective Protection and Provision

3.7 The aim of this priority is to ensure the health and wellbeing needs of girls and women affected by FGM are met. Key actions under this priority include:

- Engaging with girls and women who have been affected by FGM to understand which interventions and services have been most effective.
- Developing and publicising a directory of key health and support services available to those affected by FGM.
- Communicating with key professionals to ensure they recognise their responsibility to refer appropriate cases to the police for further investigation.

## 4. Our Vision

4.1 The overarching vision for this strategy is to promote the welfare of girls and women, preventing FGM and the harmful impact of the practice as well as to understand the issue locally whilst providing strong leadership, protection and support to those who need it the most.

4.2 This strategy aims to make advances to achieve the following:

- Girls and women are provided with the opportunity to understand that they have a right to be protected from being harmed and are confident to seek support.
- Boys and men understand the impact of FGM on the physical, emotional health and wellbeing of girls and women and the part they can play in eliminating the practice.
- Educate influential men and women who condone FGM to ensure they understand it is an illegal and harmful practice
- Girls and women who are particularly at risk of FGM are identified and supported by their families/carers, professionals and their community to speak out against the practice.
- Girls and women who are have experienced or are at risk of FGM are identified, safeguarded and supported for as long as they need.
- Professionals, families, carers, and communities can identify the signs of FGM, know what to do with that information, and are aware of agencies' responses and responsibilities to protect and promote the welfare of girls and women.
- Those who subject girls and women to FGM are identified and held to account.

## 5. GUIDING PRINCIPLES

5.1 This strategy is based on the following key principles

- Girls and women at risk of or who have undergone FGM, should be seen, heard and helped.
- FGM is a crime and a serious violation of human rights.
- It is a form of violence against girls and women.
- It is child abuse.
- There are no health benefits associated with FGM
- Sharing of FGM data is essential to safeguard those at risk
- Reducing FGM requires a multi-agency approach

## 6. WHAT IS FGM

### Definition

6.1 **FGM is child abuse, it is a form of violence against women and girls and is a violation of human rights.**

6.2 FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons[2].

6.3 FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. However, **it has no health benefits and harms girls and women in many ways.**

6.4 FGM has been classified by the World Health Organisation into 4 main types:

[2] http://www.who.int/mediacentre/factsheets/fs241/en/

| | |
|---|---|
| **Type 1 – Clitoridectomy** | Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). |
| **Type 2 – Excision** | Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina). |
| **Type 3 – Infibulation** | Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. |
| **Type 4 – Other** | All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area. |

6.5 The age at which girls undergo FGM varies enormously according to different communities. The procedure may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

## Consequences of FGM

6.6 As mentioned earlier, there are no health benefits related to FGM. It involves removing and damaging healthy and normal female genital tissues, and hence interferes with the natural function of female bodies. The practice causes severe pain and has several immediate and long term health as well as psychological consequences, including difficulties in childbirth also causing dangers to the child.

6.7 The list below shows some of the short term and long consequences arising from FGM

- Severe pain
- Urinary and wound infections (such as Hepatitis B)
- Excessive bleeding
- Fractures or dislocation
- Difficulties menstruating
- Renal failure

- Damage to reproductive system
- Complications in pregnancy and child birth
- Emotional and psychological issues which may lead to long term mental health problems
- Difficulties with personal and family relationships
- Death

## FGM related legislation

6.8 With the passing of the Prohibition of Female Circumcision Act 1985, FGM became a specific criminal offence. This was subsequently replaced by the current offences set out in the Female Genital Mutilation Act 2003 for England, Wales and Northern Ireland.

6.9 Under the FGM Act 2003, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris, except for necessary operations performed by a registered medical professional on physical and mental health grounds. It is also an offence to assist a girl to perform FGM on herself. Any person found guilty of an offence under the Act will be liable to a maximum penalty of 14 years imprisonment or a fine or both.

6.10 The 2003 Act created extra-territorial offences to deter people taking girls abroad for mutilation but the victim or perpetrator must either be a UK national or a permanent UK resident. Therefore, the law failed to protect girls and cover perpetrators, with a different residency status. The Serious Crime Act 2015 blocked this loophole by covering those who are 'habitually resident' in the UK.

6.11 The Serious Crime Act 2015 also brought in a number of other changes:

- **Duty to notify the police of FGM (mandatory reporting):** This section places a duty on those who work in 'regulated professions' namely healthcare professionals, teachers and social care workers, to notify the police when, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl who is under-18. Failing to comply with the duty will be dealt with via existing

disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Barring Service as appropriate.

- **Anonymity for victims:** lifelong anonymity for alleged victims of FGM. The aim here is to increase reporting of FGM by encouraging victims to report FGM offences and to increase prosecutions by helping the victim feel safe in their anonymity if they report a crime against them.
- **Duty to protect a girl:** there is a new offence of failing to protect a girl under the age of 16 from FGM. A person is liable if they are 'responsible' (possess parental responsibility) for a girl or have assumed responsibility for caring for a girl at the time when the offence is committed against her (this can include a Local Authority who has parental responsibility).
- **FGM Protection Orders:** the high court or family courts will be able to make a protection order, which can be used to protect a girl who may be at risk of an FGM offence or a girl to whom FGM has been committed. It will be a criminal offence to breach the order and the penalty will be a maximum penalty of five years imprisonment or as a civil breach punishable by up to two years' imprisonment.

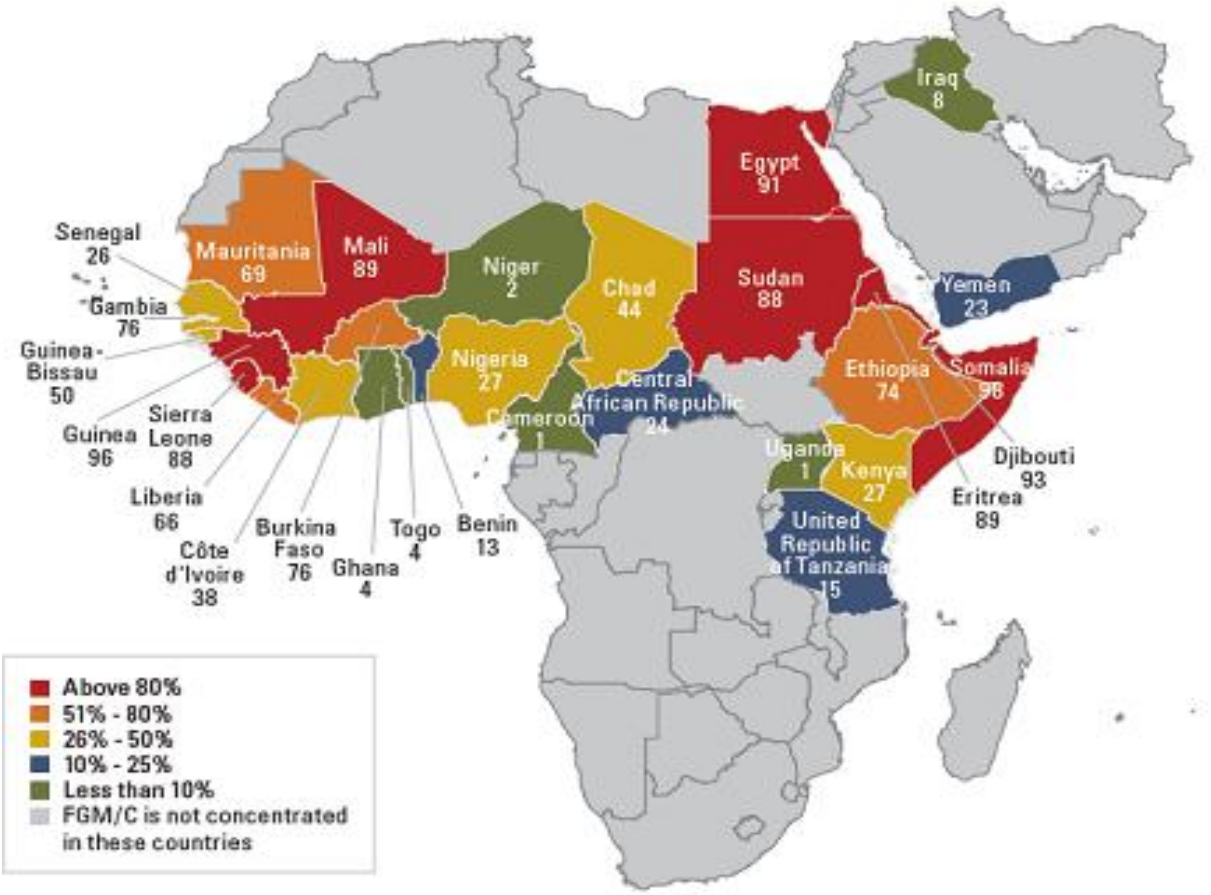
# 7. PREVALENCE OF FGM

## International prevalence

7.1 More than 125 million girls and women alive today have undergone FGM in the 29 countries in Africa and Middle East where FGM is concentrated.[3] The World Health Organisation estimates that between 100 and 140 million girls and women worldwide have experienced FGM and around 3 million girls undergo some form of the procedure each year in Africa alone.[4]

7.2 As shown in Figure 1, FGM is mainly practiced in the western, eastern and north-eastern regions of Africa. It is also practiced in some countries in Asia as well as the Middle East, and among migrants from these areas.

**FIGURE 1 - PREVALENCE OF FGM AMONG WOMEN AGED 15-49 YEARS IN AFRICA AND THE MIDDLE EAST**




Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997-2012

## National prevalence

[3] UNICEF. Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change, 2013.

[4] http://www.who.int/mediacentre/factsheets/fs241/en/

7.3 A prevalence study in the UK estimated that approximately 60,000 girls under the age of 15 years in 2011 were born in England and Wales to mothers who had undergone FGM.[5]

7.4 It is estimated that approximately 103,000 women aged 15 to 49 and around 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.[6]

7.5 Figures produced by Trust for London and City University shows that London has the highest national prevalence for any city with an estimated 2.1% of women affected by FGM.[7]

7.6 Data produced by City University estimates that between 2005 and 2013, 1,114 girls were born to women with FGM, which represents 5.3% of all females births in City and Hackney. In addition, it is also estimated that 3,193 girls were born to women from FGM practising countries. This study combined the data for the City of London and Hackney and separate data for each local area is unavailable.

## 8. FGM IN HACKNEY

### Local figures

8.1 A statistical study by FORWARD was conducted in 2007 using the 2001 census data estimated that 921 women with FGM had given birth in Hackney between 2001-2004.[8]

8.2 All women using Homerton University Hospital antenatal services were routinely asked if they have been "cut" before mandatory recording came into effect in 2014. The Homerton has approximately 6,000 births a year and the number of women who

[5] http://www.trustforlondon.org.uk/wp-content/uploads/2014/01/FGM-statistics-report-July-14.pdf
[6] Macfarlance & Dorkenoo 2014
[7] Prevalence of FGM in England and Wales: National and Local Estimates available at http://www.trustforlondon.org.uk/wp-content/uploads/2015/07/FGM-statistics-final-report-21-07-15-released-text.pdf
[8] FORWARD 2007: available at http://www.forwarduk.org.uk/key-issues/fgm/research

disclosed a history of FGM, at booking for maternity care (usually 12 weeks) from January 1st 2008 to 31st December 2013 was 245 according to the Electronic Patients Record system. It is possible that a greater number of women do not disclose but are recognised later.

8.3 The Homerton hospital undertakes approximately 10 FGM deinfibulations ("reversals") a year.

8.4 The Learning Trust has provided information from the annual school census on the number of pupils from different ethnic groups at schools across the borough. Of the countries where FGM is practised only 6 countries are covered by the school census. The number of girls whose parents are from a practising country was recorded as 3,028 in 2014 and 3,165 in 2015.

8.5 Between December 2014 and November 2015, 140 referrals were made to Children Social Care because there were concerns about potential risk of FGM. In none of the cases the girl had FGM performed.

## 9. FGM IN THE CITY OF LONDON

9.1 The Office for National Statistics does not publish data on the exact country of birth for City of London residents. In addition to this and other data restrictions, it is hard to ascertain the prevalence and risk of FGM in the City and London, however a statistical study conducted by Trust for London and City University (July 2015) showed that, between 2005 to 2013, there were ten girls who were born to women from FGM practising countries.[9] There were no girls aged between 0 to 15 years living in the City of London who were born in countries where FGM is prevalent, however female children born to mothers who were born in FGM practising countries may be at risk themselves.

[9] Trust for London, ONS 2015
"This work contains statistical data from ONS which is Crown Copyright. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates

9.2 Latest census data (2011) does how that there are 45 women born in or near countries where there is a high prevalence of FGM (North, Central and Western Africa)[10], which may be an indication of the level of risk o City of London residents.[11]

9.3 It is recognised that the high volumes of people entering the City of London would indicate there are girls and women who are a risk or who have undergone FGM will be traveling within the area.

## 10. Recording and Reporting of FGM

10.1 Since April 2014, it is mandatory for NHS healthcare professionals to record FGM in a patient's healthcare record, if they identify through the delivery of healthcare services that a woman or girl has had FGM.[12]

10.2 In September 2014, it also become mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health.

10.3 While there is no requirement to ask every girl and woman whether they have had FGM, professional judgement (in line with the Department of Health guidance) should be used to decide whether to ask the patient.

10.4 It is best practice to share information between healthcare professionals to support the ongoing provision of care and effort to safeguard women and girls against FGM. For example, after a woman has given birth, information about her FGM status should be included in the discharge summary record which is sent to the GP, Family Nurse and Health Visitor. In addition, it is useful to include that there is a history of FGM within the Personal Child Health Record (often called the "Red Book").

10.5 In October 2015, there will be a mandatory requirement for healthcare professionals, teachers and social care workers to notify the police when they

[10] Office for National Statistics, 2011 Census: Local characteristics, table LC2103EW, Country of birth by sex and age

[11] This is likely to be a overestimation, as not every country in North, Central and Western Africa practice FGM)

[12] FGM Prevention Programme: Requirements for NHS staff - Statement by the Department of Health and NHS England

discover that an act of FGM appears to have been carried out on a girl (under 18 years). Guidance will be issued by the regulatory bodies for each profession.

## 11. FGM Protocol

11.1 A Hackney FGM protocol has been developed which enables health professionals to use a FGM screening tool (which incorporates the Department of Health FGM Guidance) to help identify women who have experienced FGM and are pregnant with a girl or have girls in their home.

11.2 The aim of this protocol is to help certify that any organisations signed up will be committed to ensuring that upon the identification of a woman having been subjected to FGM:

- The woman will be offered appropriate and consistent support and guidance
- Contact will be made with Children's Social Care Services when deemed appropriate and in line with London Safeguarding Children Board and local safeguarding procedures
- An assessment of risk of FGM being performed on all female children under the age of 18 years within the identified women's household will be carried out by Children's Social Care.

11.3 At present, this protocol has been adopted by Homerton University Hospital Foundation Trust Hospital and Hackney Children's Social Care.

11.4 The strategy includes an action to develop a multi-agency protocol, following the publication of the statutory guidance on FGM. In addition, the City of London will liaise with colleagues in Hackney, Tower Hamlets and Islington in order to develop a protocol to ensure girls and women are offered consistent support and guidance, contact is made with the City of London Children's Social Care and a risk assessment is carried out. This will be formally agreed in the hospitals where we know City women give birth, namely the Homerton, University College London and the Royal London

## 12. Our Priorities

12.1 The following strategic priorities, informed by national developments, research and the voices of girls and women provide the focus for further developing our local arrangements and responses to FGM. An action plan have been developed against these areas.

### Priority 1: Prevention and early intervention

**Prevention is key to ending FGM and must be one of the focal areas to centre our work. FGM is preventable, so with appropriate awareness and preventative work targeting attitudes and beliefs about the practice this can be achieved. The focus of this priority is to ensure that professionals are able to understand the risks and respond to concerns about the possible risks of FGM taking place. This priority also focuses on identifying girls and women at risk or who have already undergone FGM to ensure that they can access the appropriate level of support to ensure their safety. In addition, this priority also addresses the need for residents in Hackney and the City of London to live in an environment that promotes a culture based on equal rights, safeguarding, preventing girls and women being subject to FGM and building the resilience of girls and women.**

In support of this priority, some primary and secondary schools have already included work on FGM within the content of Personal, Social and Health Education (PSHE) and SRE. In understanding its role in implementing strategies to prevent FGM, Public Health has provided schools with financial support to deliver this to students and funded the Christopher Winter Project to work in two primary schools to implement a pilot whole school approach involving work with students, staff and parents. This innovative and unique approach will be used, as a template for other schools to follow. In addition, some secondary schools in Hackney currently partner with Brook and FORWARD, to provide training to staff and direct work with students. Awareness-raising activities have been delivered to staff across schools and the health sector (GPs, health visitors, school nurses etc.).

Our overarching aim with this priority is **'to ensure the safety of girls and women who are at risk of FGM'**

Through continued focus on this priority area it is intended that by 2018 Hackney and the City of London will have made significant progress towards being a place where:

1. Improved identification of girls and women who are at risk or have undergone FGM by universal services.

2. Systems are in place to enable all relevant agencies to capture and record information on girls and women who present with or are at risk of FGM.

3. Schools deliver PSHE and SRE where they strive to take a whole-school approach to safeguarding girls at risk and preventing FGM.

4. Pregnant women and new parents will have access to information to improve their understanding of the health implications, legal position, how to safeguard their daughters and where to access services.

5. Professionals adopt a consistent attitude towards identification, assessing risks, offering support and making appropriate referrals.

6. There are clear processes and mechanisms to enable practitioners to assess and identify risk.

7. There is a clear understanding amongst professionals about how, when and why to share information both within and across agencies.

8. Engagement with young people, parents/carers and communities creates public confidence in the actions of agencies and these groups feel safe to refer concerns to statutory services.

9. Girls and women who are particularly vulnerable to FGM are identified early and supported by professionals, and their community to prevent and build resilience against violence.

10. Making best use of voluntary sector capacity through outreach to girls, women, men and faith leaders.

11. Organisations within the voluntary sector working to tackle FGM use effective evidence based approaches to change attitudes, behaviours and beliefs in communities.

12. Professionals who come into contact with girls and women have the relevant knowledge to help them identify who within the community is at risk of FGM.

13. Professionals, parents/carers, young people, in addition to residents of Hackney, can speak out against FGM, know who to contact to report their concerns, and know what will be done in response.

14. FGM is understood by professionals as being violence against girls and women and that it can overlap with other issues e.g., witchcraft, mental health, domestic violence, forced marriage etc.

## Priority 2: Strong and effective leadership

**The focus of this strategic priority is a recognition of the need for ongoing strong leadership to successfully tackle FGM.** Agencies should be aware of their responsibilities and obligations in relation to FGM. Tackling FGM requires a joint and coordinated approach and this can only be achieved through strong leadership at all levels. Political leaders, Chief Executives, Directors and senior leaders in all organisations, together with leaders in the local community, have a responsibility to set a culture within which FGM is not tolerated, where it is not seen as a cultural issue and where their staff adopt an approach involving respectful uncertainty. Their staff must also have an understanding of cultural competence and cultural sensibilities, along with an understanding that cultural sensitivities should not override safeguarding concerns. Continuing to promote a culture that encourages professional curiosity and challenge is fundamental. Strong leadership ensures this approach is hardwired into the professional and community response to FGM.

Supporting this priority, FGM remains a key strategic focus in the CHSCB business plan and as such is subject to the statutory objectives of the CHSCB; coordinating what is done by partners and scrutinising the effectiveness of the arrangements to tackle FGM. In addition, Public Health recognise the importance of its role in tackling FGM. Enhanced governance arrangements as well as scrutiny from the Children and Young People Scrutiny Commission also ensure FGM is kept firmly on the agenda across key strategic leaders.

Our overarching aim with this priority is **'to ensure key partners promote zero tolerance to the practice of FGM'.** Through a continued focus on this priority, it is intended that by 2018, the City and Hackney will be places where:

1. The safety and wellbeing of girls and women affected by FGM continues to be a priority across all relevant organisations and community settings and this is evidenced in respective strategic planning.

2. The culture of organisations set by senior leaders are receptive to the needs of communities affected by FGM and that young people, parents/carers and communities feel confident that their concerns are taken seriously and help is provided when needed.

3. Strong leadership will lead to a trajectory where communities are confident that statutory services tackle FGM.

## Priority 3: Effective protection and provision of support

**This priority arises from the an understanding that to safeguard girls and women from undergoing FGM and protecting those who have experienced the harmful practice, professionals need to adopt a multi-agency response, they must be aware how to identify and support those who are affected by FGM. In addition, those who perpetrate violence towards girls and women are held accountable for their actions.**

Supporting this strategic priority, professionals in Hackney and the City of London are identifying cases of girls and women at risk of or have experienced FGM, referring them to the police and Children's Social Care to take a multi-agency approach towards intervention and investigations. It is recognised that prosecution alone will not prevent FGM from taking place however, where such a response is required the legislation must be used, as this sends the right message; Zero tolerance on the practice of FGM.

Our overarching aim with this priority is **'to ensure the health and wellbeing needs of girls and women affected by FGM are met'**. By 2018 City and Hackney will protect girls and women from FGM through:

1. Ensuring that all professionals are aware of the FGM multi-agency guidance and that FGM is embedded within safeguarding arrangements and protocols
2. Ensuring that frontline staff have an enhanced awareness of FGM
3. Ensuring that there are clearly identified referral pathways
4. Ensuring existing psychological and physical health services are able to meet the health and wellbeing needs of girls and women.
5. Empowering girls, women, boys and men to speak out against and to have to voice in how services are being delivered.
6. Creating avenues to engage communities to contribute towards designing FGM services in order to reduce barriers to accessing support and health services.
7. Partner agencies ensuring that their commissioning processes include the need to protect and support girls and women at risk of / or who have undergone FGM.

## 13. Tackling & Preventing FGM Action Plan 2016-2019

13.1 This strategy recognises that there have been some good progress made but further actions are essential to fully address FGM. The three year action plan below is based on the three main priorities identified in this strategy

- Prevention and early intervention
- Strong and effective leadership
- Effective protection and provision of support

13.2 Progress against this action plan will be monitored and updated annually to the CHCSB and Health and Wellbeing Boards (HWB), with more frequent reporting with the multi-agency FGM steering group and the Violence against Women and Girls Forum.

13.3 The 'RAG Status, *Measure* & Update' column will be used to show progress against each action. Words in *italics* represents the type evidence expected.

| **PRIORITY 1: PREVENTION & EARLY INTERVENTION**<br>**Overarching Aim – To ensure the safety of girls and women at risk of FGM** | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| **1.1** | FGM status (i.e., those at risk or those who have undergone FGM) is systematically recorded by agencies that are | The multi-agency FGM steering group to regularly examine data on FGM cases and those at risk and identify and encourage other relevant agencies that should be recording this information | Public Health (Hackney Council) | Quarterly update<br>Bi-annual meetings | • *Minutes of FGM steering group*<br>• *IT systems in place*<br>• *Annual report to CHSCB* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| | mandatorily required to do so and explore ways other agencies can record data | Conduct an audit to understand the effectiveness on how key agencies collect, record and use information on FGM status | CHCSB | March 2017 | • *FGM audit results* |
| | | Professionals and key staff are identified and undergo training to understand their role and responsibilities in tackling FGM | CHCSB | Dec 2017 | • *Number of key staff identified and trained*<br>• *Evaluation of training* |
| | | The City of London will update IT systems in health and Children's Social Care to record all cases of FGM | City of London Children's Social Care | March 2016 | • |
| **1.2** | Children and young people in different settings are aware of what FGM is and where to seek help and report concerns | Ensure the new 5 to 19 year olds service is able to assist in preventing FGM from occurring as well as supporting children and young people affected by FGM | Public Health | December 2018 | • *Service specification of new service* |
| | | Build on the Christopher Winter Project pilot and encourage more primary schools to undertake a whole-school approach to | Public Health | December 2018 | • *Meetings with schools*<br>• *SRE funding* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| | | raise awareness of FGM, ensuring all school staff, governors and parents are informed | | | |
| | | Strengthen the approach taken by secondary schools, building on the work undertaken by Forward and Brook. | Public Health | December 2018 | • *Meetings with schools (incl Head Teachers Forum, Designated Safeguarding Teachers Forum*<br>• *SRE funding* |
| | | The City of London to work with Sir John Cass Primary School in order to raise awareness regarding FGM, including staff and parents. | City of London Children's Social Care | December 2016 | • *Meetings with school* |
| **1.3** | Effective training and clear pathways are in place to ensure all relevant agencies are able to identify and | Agencies who routinely work with pregnant women and new parents to be trained to identify the risk of FGM and know when and how to refer to other agencies | CCG | December 2016 | • *Agencies identified and number of staff trained (including CHSCB training)* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| | assist those who have already undergone FGM or those we are at risk | Develop a multi-agency FGM protocol following the publication of statutory guidance | CHSCB Public Health | June 2016 | • *Multi-agency FGM protocol* |
| | | Design and implement specific FGM training sessions targeted at key agencies | CHSCB | March 2016 | • *Training materials and dates of sessions*<br>• *Training promoted to key agencies* |
| | | Identify current training on VAWG to ensure FGM issues are discussed in a consistent way | TBC following review of VAWG work | | • *FGM audit tool*<br>• *Training material* |
| | | Promote the Home Office FGM e-learning module to key agencies | CHSCB | March 2016 | • *Link to e-learning modules available on agencies websites*<br>• *Number of staff completing e-learning module* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| **1.4** | Community groups and residents understand what FGM is and are able to help prevent it from occurring | Develop a public awareness campaign that adheres to Forward's 'Community Engagement Standard' and focuses on preventing FGM through targeting the following groups<br>• Girls and women at risk<br>• Boys and men<br>• Families from communities known to practice FGM<br>• General public<br>• Health professionals & key workers<br>• Faith Leaders | Public Health | March 2016 | • *Communication plan*<br>• *List of key events/engagement work*<br>• *Evaluation reports*<br>• *Promotion of FGM materials e.g. FGM Passport.* |
| | | Work with local organisations who are already working on FGM and related issues to engage with key community groups to promote the health and wellbeing of girls and women | CHSCB & Public Health | June 2016 | • *Identify key organisations*<br>• *List agreed actions*<br>• *Minutes from meetings* |

| PRIORITY 2: STRONG & EFFECTIVE LEADERSHIP<br>Overarching Aim – To ensure key partners promote zero tolerance to FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **When** | **RAG Status<br>*Measure* & Update** |
| **2.1** | Relevant agencies have proper processes, policies and procedures in place to address FGM | Implement an official launch of the FGM Protocol, confirming sign up from key agencies | CHSCB | June 2016 | • *FGM Protocol finalised*<br>• *Launch organised*<br>• *Publicity materials* |
| | | Conduct an audit on what FGM related processes, policies and procedures are in place | CHSCB | March 2017 | • *FGM audit* |
| **2.2** | Tackling and preventing FGM is embedded into VAWG strategies | The Council VAWG strategy to include specific priorities on addressing FGM | TBC following review of VAWG work | | • *New VAWG strategy includes FGM* |
| | | Ensure FGM related actions are monitored and discussed at the VAWG forum | Public Health | Bi-annual updates | • *Agenda and minutes of VAWG Forum meetings* |
| **2.3** | Relevant services commissioned by the CCG, Hackney Council or the City of London understand their role in preventing and tackling FGM | Conduct an audit on commissioned services to identify which ones need to implement changes to safeguard girls and women against FGM | CHSCB | March 2017 | • *Audit tool template developed & distributed*<br>• *Analysis of audit returns*<br>• *Action plans implemented* |
| | | Develop service specification requirements for agencies that work with girls and/or women to ensure these agencies understand how to address and tackle FGM | CCG<br>Public Health | March 2017 | • *Service specification developed and rolled out* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| **2.4** | Progress on tackling and preventing FGM is routinely publicised | Annual update reported at the Health and Wellbeing Boards and CHSCB to include<br>• Number of women and girls who have undergone FGM along with key demographics (such as age, ethnicity)<br>• Number of women and girls who have been identified as at risk<br>• Audit of cases to identify the follow-up actions/inventions carried out by different agencies and known outcomes<br>• Number of health professionals trained to identify those at risk<br>• Feedback from the women and girls who have engaged with services<br>• Details on how the above information is being used by agencies to identify new measures and address any gaps<br>(any data published will be anonymised) | Public Health | Annually | • *Annual report* |

| PRIORITY 1: PREVENTION & EARLY INTERVENTION<br>Overarching Aim – To ensure the safety of girls and women at risk of FGM | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **Target date of completion** | **RAG Status *Measure* & Update** |
| | | Provide updates for the Children and Young People's Scrutiny Commission | Public Health | Dec 2016 | • *FGM Scrutiny Report update* |
| | | Dedicated information on FGM and progress made available on key agencies websites and other media formats | CHSCB | March 2016 | • *Information on websites*<br>• *Other publicity material* |
| **2.5** | Key partners to promote their commitment toward tackling and preventing FGM | Coordinate a joint approach to raise awareness on the annual FGM Zero Tolerance Day (6 February) and International Women's Day (8 March) | Public Health | March 2016 | • *Publicity of FGM Zero Tolerance Day & International Women's Day* |
| | | The CHSCB to ascertain that there is a designated safeguarding officer for VAWG in partner agencies and that this role includes FGM. | CHSCB | March 2017 | • *FGM audit tool (will include question on who the designated safeguarding officer is)* |

| PRIORITY 3: EFFECTIVE PROTECTION & PROVISION OF SUPPORT<br>Overarching Aim – To ensure the health and wellbeing needs of girls and women affected by FGM are met | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **When** | **RAG Status<br>*Measure* & Update** |
| **3.1** | Girls and women who have undergone FGM are protected and have access to appropriate services | Training on FGM for professionals to include what actions are mandatory and what options are available to ensure the safety and support of a girl or woman who has undergone FGM | CHSCB | March 2016 | • *Training materials* |
| | | The NSPCC FGM helpline to be promoted to all professional and community groups | CHSCB | March 2016 | • *Training materials*<br>• *Staff guides/handbooks*<br>• *Publicity material* |
| | | Conduct audit of existing provisions which can be accessed by girls and women who have undergone FGM | Public Health | Dec 2016 | • *Review of existing provisions*<br>• *FGM audit* |
| | | Develop a directory of key health and support services available for girls and women who have undergone FGM | Public Health | March 2016 | • *Online directory developed and link promoted* |

| PRIORITY 3: EFFECTIVE PROTECTION & PROVISION OF SUPPORT<br>Overarching Aim – To ensure the health and wellbeing needs of girls and women affected by FGM are met | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **When** | **RAG Status<br>*Measure* & Update** |
| **3.2** | Girls and women who are at risk of FGM are protected and have access to appropriate services | Training on FGM to ensure professionals and key staff are clear on their legal requirements to report cases of FGM which may include a referral to the police and other support services | CHSCB | March 2016 | • *Training material*<br>• *Number of cases referred to the police*<br>• *Number of prosecutions* |
| | | Where age appropriate girls and women who are potentially at risk should be involved in developing a safety plan | Children's Social Care | Reported annually | • *Training material*<br>• *Audit of FGM cases* |
| **3.3** | Girls and women feel empowered to speak out against FGM | Engage with girls and women who have been affected by FGM as well as key community groups to learn which interventions and services have been most effective | HCVS | TBA | • *Report from discussions with girls and women*<br>• *Scrutiny report* |
| | | Support girls and women who have undergone FGM (or are at risk) through the legal process (e.g., FGM protection orders) | Met Police<br>City of London Police | TBA | • *Training materials*<br>• *Feedback from affected girls and women* |

| PRIORITY 3: EFFECTIVE PROTECTION & PROVISION OF SUPPORT<br>Overarching Aim – To ensure the health and wellbeing needs of girls and women affected by FGM are met | | | | | |
|---|---|---|---|---|---|
| **No.** | **Outcome** | **Actions** | **Lead** | **When** | **RAG Status<br>*Measure* & Update** |
| **3.4** | Those who perpetrate violence towards girls and women are held accountable for their actions | Health care staff, teachers and Children's Social Care staff are made aware of their mandatory requirement to report cases of FGM to the police within one month | CHSCB | March 2016 | • *Training material*<br>• *Number of cases referred to the police*<br>• *Number of prosecutions* |
| | | Ensure all frontline police staff in the City of London Police undergo FGM awareness training | City of London Police | March 2016 | • *Training materials*<br>• *SPOC* |
| | | FGM related training and awareness campaigns to include the consequences for perpetrators | CHSCB & Public Health | March 2016 | • *Communication plan & evaluation*<br>• *Publicity material*<br>• *Training material* |

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|---|---|
| **Committee:**<br>Health and Wellbeing Board | **Date:** 29 January 2016 |
| **Subject:**<br>Suicide Prevention Action Plan | **Public** |
| **Report of:**<br>Director of Community and Children's Services | **For Decision** |


## Summary

This report introduces the City of London Suicide Prevention Action Plan and gives an overview of the progress of 'The Bridge Pilot' initiative to reduce the number of suicides that occur from London Bridge.

In January 2014 the HM Government Preventing Suicide in England 'One Year On'[1] report was published which called on local authorities to:

- Develop a suicide prevention action plan
- Monitor data, trends and hot spots
- Engage with local media
- Work with transport to map hot spots
- Work on local priorities to improve mental health

As a result a City of London Suicide Prevention Action Plan has been developed. The action plan sets out six priority areas for actions and how each of these will be delivered.

One key action resulting from the plan is 'The Bridge Pilot'; a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce the number of suicides that occur from bridges within the City of London by training.


## Recommendations

The Health and Wellbeing Board members are asked to:

- Approve the Suicide Prevention Action Plan
- Review the progress of the actions within the Suicide Prevention Action Plan annually.
- Note the progress of 'The Bridge Pilot' and endorse this initiative.

## Main Report

### Background

1. Following the transfer of public health from the NHS to local government in April 2013, suicide prevention became a local authority led initiative involving close collaboration with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors.

2. Suicide is one of the top twenty leading causes of death for all ages worldwide**.** Suicide is a major issue for society and a serious but preventable public health problem. Suicide can have lasting harmful impact- economically, psychologically and spiritually on individuals, families, and communities. While its causes are complex and no strategy can be expected to completely prevent suicide, there is much that can be done to ensure that we reduce the likelihood of suicide and to ensure support is available for people at their most vulnerable.

3. 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.

4. Data from the coroner confirmed that there were 34 completed suicides in the City of London in the five years from 2009 to 2014. Seven of these were residents of the City of London and 27 were non-resident.

5. The most common method is drowning in the Thames (32%), followed by falling from a height (26%). Nationally hanging is the most common method in both men and women. This inconsistency with national data is likely due to the preponderance of structures (tall buildings and bridges crossing the River Thames) in the City providing the means to commit suicide. Drowning as a method of suicide had a particular increase in recent years.

**Current Position**

6. A task and finish group including stakeholders from the Metropolitan Police, the City of London Police, Public Health, The Clinical Commissioning Group, Port Health and Public Protection, the City of London coroner and the Samaritans was set up to aid the development of the City of London Suicide Prevention Action Plan. The group signed off the plan on 3rd November 2015.

7. The action plan outlines the ways in which City of London public health and local partners aim to work towards a reduction in suicides among the resident and worker populations of the City of London as well as those who may travel to the City of London with the intention of committing suicide.

8. The City of London Suicide Prevention Action Plan (attached as Appendix Two to this report) outlines actions across six priority areas for action taken from the National Suicide Prevention Strategy (NSPS) with accompanying recommendations which have been tailored to address our local needs.

9. Overall objectives of this action plan are to are to:
    - Reduce Suicide rates in the at risk populations (residents, workers and those who may travel to the City to commit suicide)
    - Provide better support for those bereaved or affected by suicide

10. The following areas have been identified as priority areas for action in the City of London

- 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
    - One action to come of this priority area is 'The Bridge Pilot' which is described in more detail below
- Provide better information and support to those bereaved of affected by suicide
- Support the media in delivering approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

11. A monitoring template is to be developed by the public health team to track the progress of the implementation of the action plan. A group consisting of those organisations leading on actions from the plan will meet every six months and a lead officer from each organisation will be asked to give an update. An update report on the action plan progress with a review of suicide data in the City of London will be produced for the Health and Wellbeing Board annually.

**The Bridge Pilot**

12. The Bridge Pilot is a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce the number of suicides that occur from bridges within the City of London. From London Bridge in 2014 there were 52 calls for help and eight who jumped. One of the recognised approaches to reducing suicide at iconic sites is to encourage help seeking behaviour such as signposting to support.

13. Six signs with the Samaritan's free phone number have been placed on London Bridge (shown in appendix 1). Further to this the Metropolitan Police have put together a training package to be rolled out to frontline staff free of charge. The training will be a 6 hour session and will address the stigma of suicide and encourage approaching people who are at risk.

14. Westminster and Lambeth Councils have been contacted regarding involvement in this pilot. We are planning that Samaritans signs encouraging help seeking behaviour will also be placed on Waterloo and Hungerford bridges as these bridges see the highest numbers of attempted suicides.

15. The Bridge pilot will begin in February 2016 and it will last 12 months to see if this impact levels of suicide attempts in from London Bridge. The rate of suicide calls and incidents will be monitored and compared to baseline figures from 2014 and 2015.

## Conclusion

16. The Suicide Prevention Action Plan has been developed in conjunction with local stakeholders and sets out the City of London's intention to reduce suicides rates in residents, workers and those from outside the square mile.

17. The Bridge Pilot is an outcome of the Suicide Prevention Action Plan and it will begin in February 2016.

## Appendices

Appendix 1 – Sign which has been placed on London Bridge
Appendix 2 – City of London Suicide Prevention Action Plan


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[1] Department of Health, Preventing suicide in England: One year on, First annual report on the cross-government outcomes strategy to save lives, 2014

Appendix 1 – Sign which has been placed on London Bridge

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# Suicide Prevention Action Plan
# City of London

January 2016

# 1 Introduction

1.1 Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a significant social inequality and public health issue, with more than 6,000 people across the United Kingdom and Republic of Ireland taking their own lives each year. Tens of thousands more attempt suicide each year.

1.2 The City of London (the City) 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.

1.3 The City has three potential population groups who are at risk: 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 (neighbouring boroughs which also have high buildings and bridges, for example, Westminster, may be experiencing similar issues).

1.4 This document recognises suicide prevention in the wider context of mental health. It sets out actions focused on achieving our overarching aim to reduce the number of people who attempt suicide in the City and how we can work with our partners to support people when they find themselves in a situation which may leave them wanting to take their own lives.

# 2 Background

## *Policy background*

2.1 Following the transfer of public health from the NHS into local government in April 2013 suicide prevention became a local authority led initiative involving close collaboration with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sector. In January 2014 the Preventing Suicide by the Government in England 'One year On' report was published which called on local authorities to:

- develop a suicide prevention action plan
- monitor data, trends and hot spots
- engage with local media
- work with transport map hot spots
- work on local priorities to improve mental health

2.2 In 2012 the government published a 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'[i]. This National Suicide Prevention

Strategy (NSPS) focuses on six key areas for action from which this action plan bases its own priorities:

1) reduce the risk of suicide in key high-risk groups
2) tailor approaches to improve mental health in specific groups
3) reduce access to the means of suicide
4) provide better information and support to those bereaved or affected by suicide
5) support the media in delivering sensitive approaches to suicide and suicidal behaviour
6) support research, data collection and monitoring.

2.3 The City of London Corporation's 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 City of London has recently published its Mental Health Strategy which outlines the aim to improve the mental health of people in the City, keep people well and make sure we provide effective support when mental health problems do arise.

2.4 The City and Hackney public health team conducted a suicide audit in 2014 looking at suicides in residents from 2009 to 2013. A recommendation from the audit involved the development of a local suicide prevention action plan. This document aims to address this recommendation as well as build upon the key areas highlighted by the government taking into account all those at risk.

### *Key trends in City of London Suicide data*

2.5 While it is relatively straightforward to collect data about residents, the other two groups which represent the majority of incidents, are harder to collect data on and as a result there has previously been a lack of data on non-resident suicides.

2.6 Data from the City of London coroner found that in the five years between 2009 and 2014 there were 34 suicides in the City of London. 23 of these were beyond reasonable doubt and the cause of death was recorded as suicide. The other 11 were open verdicts but included by the coroner in his report because it is likely they were suicides. Only seven of these suicides were residents of the City of London.

2.7 It is well known that young men are the most at risk group of suicide in the developed world. Nationally men are three times more likely to commit suicide than women. This is reflected in the City of London where 73.5% of suicides were men between 2009 and 2014. 70% of people who committed suicide in the city of London were aged between 25 and 54.

2.8 The most common method of committing suicide in the City of London is drowning in the Thames (32%), followed by falling from a height (26%). Nationally hanging is the most common method in both men and women. This inconsistency with national data

is likely to be because the structures (tall buildings and bridges crossing the River Thames) in the City provide the means to commit suicide.

2.9 Additionally 68% of those who committed suicide in the City of London betewwn 2009 and 2014 were single and just 18% were married.

## *Mental health needs in the City of London*

2.10 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

2.11 The City of London has a diverse range of ethnicities and religious faiths. 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.

2.12 There are also strong contrasts in levels of deprivation amongst the residential areas, with some areas experiencing unemployment and overcrowding. 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.

2.13 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.

2.14 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.

2.15 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.

2.16 The City of London has a very high number of rough sleepers, on average 20-25 people sleep on the streets of the City of London every night. The vast majority are male. A third to half of homeless people sleeping rough have mental health problems.

2.17 Around 415,000 people work in the square mile, City workers are mainly aged between 20 and 50 and the majority of men. 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.

# 3 Areas for action

3.1 The priority areas below are built around the key areas for action from the NSPS and the recommendations have been tailored to address our local needs.

### *1) Reduce the risk of suicide in key high risk groups*

3.2 The NSPS identifies the following high risk groups who are priorities for prevention:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups e.g. doctors, nurses, veterinary workers, farmers and agricultural workers.

3.3 Nationally, suicide is commonest in adult men. Analysis of suicides on the City by the coroner showed that 70% of all suicides occurred in those aged 25-54 and nearly three quarters of cases were in men. City workers have a male-dominant workforce and a younger age profile (20 to 50 years old), so fit this at-risk group. There are also a higher than average proportion of male City of London residents in this age group.

3.4 There are many factors which make men more susceptible to suicide including a reluctance to seek help and cultural expectations that they are strong which can make them more vulnerable to psychological factors such as humiliation and impulsiveness. We know men are more likely to choose more dangerous methods of self-harm, meaning a suicide attempt is more likely to result in death. The Government's "Preventing suicide in England: Two years on"[ii] report highlights the need to provide services appropriate for men in settings other than the traditional health settings. The action table at the end of this document includes recommendations to reduce the risk of suicide in young and middle-aged men.

### *2) Tailor approaches to improve mental health in specific groups*

3.5 The NSPS identifies the following vulnerable groups:

- children and young people, including those that are vulnerable such as looked after children, caregivers and children and young people in the Youth Justice System
- survivors of abuse or violence, including sexual abuse
- veterans
- people living with long-term physical health conditions
- people with untreated depression

- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers.

3.6 Recommendations from the City and Hackney Suicide audit included increased education and awareness in schools about self-harm as well as increased service provider training e.g. for GPs and teachers on how to deal with self-harm in children. There are 1,062 resident children aged 0-19 in the City of London (ONS, 2014). The City of London has one maintained primary school and sponsors three secondary academies and one primary academy in neighbouring boroughs. It is also the proprietor of three independent schools.

3.7 The Multicentre Study of Self-harm in England[iii] showed a rise in self-harm in girls under the age of 16 years in 2010-2012 compared to 2007-2009. This increase was seen in both the number of self-harm episodes (16% increases) as well as the number of girls presenting with self-harm (10% increase). The action table at the end of this document focuses on recommendations to improve mental health in children and young people.

### *3) Reduce access to the means of suicide*

3.8 According to evidence the suicide methods most amenable to intervention are:

- hanging and strangulation in psychiatric inpatient and criminal justice settings
- self-poisoning
- those at high risk locations
- those on rail and underground networks

3.9 The City's location and distinctive infrastructure including the high rise buildings, rail and underground networks and the River Thames provide different means for suicide.

3.10 In the data obtained from the City of London Coroner we found that between 2009 and 2014 the most common methods of suicide were as a result of drowning and due to falling from height. A pilot project is currently being introduced to reduce suicides on London Bridge. The action table at the end of this document includes recommendations to target high-risk locations and railways.

### *4) Provide better information and support to those bereaved or affected by suicide*

3.11 The NSPS emphasises the need to respond in an effective and timely manner to those bereaved or affected by suicides. Public Health England has produced 'Help is at Hand', a resource providing both practical information and emotional support for those who are experiencing bereavement resulting from suicide. Furthermore, Public

Health England is piloting 'real-time' surveillance of suicides in collaboration with the police who are usually first on the scene of a suicide[iv]. The aim of this is to provide accurate information to front line local authority and NHS staff to enable them to respond to local clusters of suicides and to provide timely support to people bereaved by suicide. The action table at the end of this document includes recommendations to help those bereaved or affected by suicide.

### *5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour*

3.12 The media have a responsibility to deal with suicide in a sensitive manner as there is evidence that media reporting and portrayals of suicide can lead to copycat behaviour especially among young people and those already at risk. Similarly, a vulnerable person who might not otherwise have attempted suicide could strongly identify with a particular characteristic of a person who has died by suicide, and this may lead them to take their own life.

3.13 In order to prevent imitative or copycat behaviour the Samaritans have released advisory media guidelines and a supplementary factsheet for reporting suicide which provide practical recommendations for reporting suicide across all media. Coverage of suicide can have a positive effect by encouraging people to seek help. Sensitive coverage can also help reduce the taboo around talking about suicidal feelings as well as challenging stigma. The NSPS suggests two key methods of supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:

- promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media
- continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention service.

### *6) Support research, data collection and monitoring*

3.14 The NSPS has three recommendations to support research, data collection and monitoring:

- build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
- expand and improve the systematic collection of and access to data on suicides
- monitor progress against the objectives of the NSPS.

3.15 City and Hackney have recently completed a suicide audit based on mortality data for City and Hackney residents from the Office for National Statistics and Public Health Knowledge and Data Gateway. Furthermore, data for suicides in the City of London was collected from the Coroner directly. Valuable information can be obtained from the Coroner and efforts should be made to develop local partnership systems to

identify and respond to suicide trends and clusters or to pick up on areas for service development to prevent future suicides.

3.16 The City of London Police can also provide data on attempted suicide by analysing Section 136 booklets. The Police can use section 136 of the Mental Health Act to take a person to a place of safety when they are in a public place. They can do this if they think a person has a mental illness and are in need of care.

## 4 Action table

4.1 The action table below set out actions for the City of London Corporation and partners to implement under each priority area described above. The lead organisation for each action is given alongside the time frame. Where possible how the action will be measured/what the action will look like if it is successful has also been described in the table.

| | | | |
|---|---|---|---|
| **Name** | | Suicide Prevention Action Plan | |
| **Duration:** | | 2016-2019 | |
| **Relevant strategies:** | | Mental Health Strategy | |
| **Board responsible for monitoring plan:** | | **Health and Wellbeing Board** | |
| **Owner:** | | **Nicole Klynman/Poppy Middlemiss** | |
| **Implementation date:** | **TBC** | **Review date:** | **TBC** |

| | |
|---|---|
| **Priority:** | Reduce the Risk of Suicide in Key high risk groups |
| **Objective (if applicable):** | To reduce the risk of suicide for young and middle-aged men |

| Ref: | Action: | Start: | End: | Measure/outcome: | Lead officer/partner: |
|---|---|---|---|---|---|
| 1.0 | Promote the training of frontline staff in organisations including the City of London Police, the metropolitan police and staff who work near at risk locations in mental health first aid to help them engage men in conversations about<br>- Wellbeing and mental health<br>- Accessing appropriate information/self-help support | February 2016 | January 2019 | Number of frontline staff trained in mental health first aid | City of London corporation Commissioned organisations |
| 1.1 | Promote and provide information, training and supporting resources to City employees through Business Healthy | February 2016 | January 2019 | Information relevant to suicide on the Business Healthy resource pages Number of Business Healthy members | Public health Business Healthy |
| 1.3 | Support City of London businesses to achieve the London Healthy Workplace Charter awards and also to comply with HSE Stress Management Standards and NICE Guidance. | February 2016 | January 2019 | Number of businesses which have achieved the London Healthy Workplace Charter | CoL Port health and public protection Business Healthy |

**Suicide Prevention Action Plan/2016-2019**

| | |
|---|---|
| **Priority:** | Tailor approaches to improve mental health in specific groups |
| **Objective (if applicable):** | Tailor approaches to improving the mental health of children and young people in the City of London |

| Ref: | Action: | Start: | End: | Measure/outcome: | Lead officer/partner: |
|---|---|---|---|---|---|
| 2.0 | Improve mental health among specific groups through the implementation of the Mental Health Strategy | February2016 | January 2019 | Development of the Mental Health Strategy Action Plan | Public Health |
| 2.1 | Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular school nurses | February 2016 | January 2019 | Proportion of school nurses to have had mental health first aid training | Schools |
| 2.2 | identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems | February 2016 | January 2019 | Implementation of protocol to meet the needs of children living in households with adults with additional needs | City of London Children's Social Care |
| 2.3 | Provide accessible and engaging interventions for children and young people who offend, in their area and in custodial or secure settings in order to improve their mental health. | February 2016 | January 2017 | Number of youth offenders accessing interventions | Youth justice settings |
| 2.4 | Investigate the possibility of putting help seeking information such as leaflets referring to services in Section136 Suites in hospitals | February 2016 | January 2017 | Number of hospitals which agree to put help seeking materials in S136 suites. | Public health |

| **Priority:** | Reduce access to the mean of suicide |
|---|---|
| **Objective (if applicable):** | Reduce the opportunities people have to commit suicide in the City of London |

| **Ref:** | **Action:** | **Start:** | **End:** | **Measure/outcome:** | **Lead officer/partner:** |
|---|---|---|---|---|---|
| 3.0 | Include suicide risk in health and safety considerations by Local Authority Planning departments and Environmental Health Officers and developers when designing high structures that may offer suicide opportunities | February 2016 | January 2019 | Suicide considerations in standard risk assessment/health and safety tick box template. | CoL Planning and Port Health and public protection |
| 3.1 | Implement, monitor and evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location | February 2016 | January 2017 | Signs on City of London Bridges<br>Number of frontline staff trained by Metropolitan Police | The Samaritans/ Public Health/Metropolitan Police |
| 3.2 | Review suicide risk reduction audit guidance associated with mental health inpatient settings (e.g. 12 points to a safer service) and see which approaches can be adopted | February 2016 | January 2017 | Recommendations made based on Suicide risk reduction audit guidance | CCG |
| 3.3 | Engage with TFL and network rail to identify opportunities to further prevent suicide at their locations. | February 2016 | January 2019 | Relationship to be built between City of London public health and TFL/network rail | Public Health |
| 3.4 | Increase Lifebuoy provision on and near City of London Bridges. | February 2016 | January 2017 | Number of lifebuoys on City of London bridges | RNLI |
| 3.5 | Set up 'London Bridge Watch' on all London Bridges – a project to establish trained teams onto bridges at key vulnerable times to provide on-site counselling. | February 2016 | January 2018 | 'London Bridge Watch' set up | RNLI |

| **Priority:** | Provide better information and support to those bereaved or affected by suicide |
|---|---|
| **Objective (if applicable):** | Those who are bereaved or affected by suicide to feel informed and supported throughout their experience |

| **Ref:** | **Action:** | **Start:** | **End:** | **Measure/outcome:** | **Lead officer/partner:** |
|---|---|---|---|---|---|
| 4.0 | Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life. | February 2016 | January 2019 | Number of primary care staff who have received training | CCG |
| 4.1 | Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages. | February 2016 | January 2019 | Proportion of families who are referred to bereavement services. | City of London Police |
| 4.2 | Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce. Risks to be assessed by the City Corporations Health and Safety Team and any preventative /remedial measures are identified for action. | February 2016 | January 2019 | Number of risk assessments undertaken by the CoL Health and Safety team following suicides in city of London businesses | CoL Health and Safety Business Healthy |
| 4.3 | Promote Public Health England 'Help Is At Hand' document to key partners and make available in City libraries. | February 2016 | January 2017 | Help is at hand document readily available in libraries. | Public Health |
| 4.4 | Provide accessible, concise information on the processes and standards in a Coroner's enquiry to family members. | February 2016 | January 2019 | Number of families given information | The Coroner |

| **Priority:** | Support the media in delivering sensitive approaches to suicide and suicidal behaviour |
|---|---|
| **Objective (if applicable):** | The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders. |

| **Ref:** | **Action:** | **Start:** | **End:** | **Measure/outcome:** | **Lead officer/partner:** |
|---|---|---|---|---|---|
| 5.0 | Ensure that local/regional newspapers and other media outlets:<br>• Provide information about sources of support and helplines when reporting suicide<br>• Avoid insensitive and inappropriate graphic illustrations with media reports of suicide<br>• Avoid use of photographs taken from social networking sites without relative consent<br>• Avoid the re-publication of photographs of people who have died by suicide<br>• Report appropriately where there is evidence of a cluster | February 2016 | January 2019 | All suicides reported on in a sensitive and appropriate way | City of London media team |
| 5.1 | Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the sensitive nature of suicides. | February 2016 | January 2019 | Number of organisations aware of the Samaritans media guidelines. | The Samaritans |
| 5.2 | Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide | February 2016 | January 2019 | Evidence of challenge of harmful or inappropriate material | City of London Police |
| 5.3 | Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS) | February 2016 | January 2019 | E-safety workshops held in schools | Schools |

| **Priority:** | Support research, data collection and monitoring |
|---|---|
| **Objective (if applicable):** | A comprehensive database of suicide in the City of London to be built |

| **Ref:** | **Action:** | **Start:** | **End:** | **Measure/outcome:** | **Lead officer/partner:** |
|---|---|---|---|---|---|
| 6.0 | Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge | February 2016 | January 2019 | Shared with relevant partners | Public Health |
| 6.1 | Increase local data collection and research into the circumstances surrounding self-harm | February 2016 | January 2019 | Complete suicide dataset to be created | Public Health |
| 6.2 | Develop the mechanisms for evaluating local suicide prevention work | February 2016 | January 2019 | Monitoring template created for suicide prevention action plan and for the Bridge Pilot. | Public Health |
| 6.3 | Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies | February 2016 | January 2019 | Joined up working and information sharing between the coroner and public health | Public Health |
| 6.4 | Work with the City of London Police to ensure data is routinely collected on attempted suicide in the City from Section 136 booklets | February 2016 | February 2017 | S136 data to collected by the City of London Police and shared with public health | Public Health |
| 6.5 | Work with neighbouring boroughs to ensure a cohesive and integrated approach to suicide prevention | February 2016 | January 2019 | Westminster and Lambeth councils to also be involved in the 'Bridge Pilot' | Public Health |

The City of London would like to thank Hackney public health department for providing the initial Hackney and City of London Suicide Prevention Action Plan from which this report has been adapted. Particular acknowledgement goes to Isma Naeem.

[i] Department of Health, Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives, 2012

[ii] Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

[iii] Department of Health, Multicentre Study of Self-Harm in England, available from: URL: http://cebmh.warne.ox.ac.uk/csr/mcm/

[iv] Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

| Committee(s) | Dated: |
|---|---|
| Health and Wellbeing Board | 29 January 2016 |
| **Subject:**<br>Better Care Fund 2016-17 | **Public** |
| **Report of:**<br>Director of Community and Children's Services | **For Decision** |


## Summary

The Better Care Fund (BCF) was first introduced to the Health and Wellbeing Board in January 2014. The City of London has had its own BCF plan for 2015/16 which was approved by the Board in September 2014. It is a requirement that BCF plans are signed off by local Health and Wellbeing Boards.

The Comprehensive Spending Review in November 2015 announced funding for the 2016/17 BCF and an outline timetable for submission of the plans has been set out.

This report provides the Board with information about the framework for the 2016/17 BCF and the proposed timetable for its development.

Given the cycle of Health and Wellbeing Board meetings and the proposed BCF timetable, it may be necessary to delegate authority to approve the plan in order to meet the deadlines for submission.


## Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Note the report.
- Delegate authority to the Director of Community and Children's Services in consultation with the Chairman to approve priorities and content of the Better Care Fund Plan where the timescales do not fit with the cycle of full Health and Wellbeing Board meetings.

## Main Report

### Background

1. The Better Care Fund (BCF) aims to facilitate the integration of health and social care services at a local level. It requires Clinical Commissioning Groups (CCGs) and local authorities in every area to pool budgets and agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8bn to the BCF with many local areas contributing an additional £1.5bn taking the total BCF fund to £5.3bn. The City of London pooled

budget for 2015/16 was £776,000 and the plans were agreed, as required, by the Health and Wellbeing Board.

2. For 2016/17, the national BCF will be increased to a mandated minimum of £3.9bn, subject to the conditions set out in paragraph 3 below. The local flexibility to pool more than the mandatory amount will remain. Further details are awaited on the allocations for the BCF and are expected shortly. Officers will update the Board on developments at the 29 January meeting.

3. NHS England have set the following conditions which local areas will need to meet to access the funding:

   - A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
   - A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed off by the relevant local authority and CCG
   - A requirement that plans are approved by NHS England in consultation with the Department of Health and the Department of Communities and Local Government
   - A requirement that a proportion of each area allocation will be subject to a new condition around NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

4. There are also a number of national conditions which plans have to demonstrate how they will meet:

   - Plans to be jointly agreed between local CCGs and local authorities
   - Maintain provision of social services;
   - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings and to facilitate transfer to alternative care settings where clinically appropriate;
   - Better data sharing between health and social care, based on the NHS number;
   - Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
   - Agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by the plans

   These national conditions were applied to the 2015/16 plans and will remain for 2016/17. There will be an additional two national conditions for 2016/17 which will replace a £1bn performance fund (included in the £3.8bn noted in paragraph 1) which had existed in the BCF for 2015/16. These are:

   - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
   - Agreement on a local action plan to reduce delayed transfers of care.

5. In the 2015-16 BCF framework, local areas were asked to set targets against the following five metrics:

   - Admissions to residential care homes
   - Effectiveness of reablement
   - Delayed transfers of care
   - Patient / service user metric
   - A locally proposed metric

6. The Health and Wellbeing Board are the accountable body for the BCF and will be required to approve the priorities and the final submission for the BCF.

**Current Position**

7. The proposed timetable for the submission of the plans for BCF 2016/17 is as follows:

   - Initial submission (headline finance and proposals) 8 February 2016
   - Revised submission mid-March (exact date to be confirmed)
   - Final submission mid – late April 2016 (exact date to be confirmed)

8. The timing of Health and Wellbeing Board meetings and the revision of any timetables for BCF submissions mean that it may not be possible to align the sign off process with full Health and Wellbeing Board meetings. Where this is the case, it is proposed that authority is delegated to the Director of Community and Children's Services, in conjunction with the Chairman of the Health and Wellbeing Board, to agree the priorities for the BCF and the submissions.

9. Officers will give an update at the 29 January meeting on the funding position and proposals that will be submitted on 8 February.

10. The Health and Wellbeing Board will continue to be the accountable body for the BCF and its performance.

**Corporate & Strategic Implications**

11. The BCF fits with the Corporate Plan under the following priorities:

    **KPP2** Improving the value for money of our services within the constraints of reduced resources

    **KPP3** Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health

12. The Department of Community and Children's Services Business Plan includes the strategic priorities of health and wellbeing and efficiency and effectiveness.

13. The Government's agenda of promoting integrated care is designed to put the person at the heart of the services they receive, to maximise the opportunity for innovative services, to create a new culture within health and social care and to deliver cost efficiencies.

**Implications**

14. Given the City of London residential population is small compared with other local authorities, having separate pooled budgets of each integration project would not be viable. For the 2015/16 fund, the whole fund was combined into one City-specific pooled budget and it is proposed that this approach is taken again.

15. Once further details of the allocation and proposed priorities are developed, specific financial and legal advice will be required. If any joint-funded posts were developed as a result of the fund then HR advice on management arrangements would also be required.

**Conclusion**

16. The BCF provides an opportunity to further integrate health and social care services at a local level. The Health and Wellbeing Board will be required to agree the priorities and submissions for the City of London BCF plan for 2016/17. Further details for the 2016/17 programme will be published by NHS England shortly.

**Appendices**

- None

**Background Papers**

- Health and Wellbeing Board Paper 31 January 2014
- Health and Wellbeing Board Paper 1 April 2014
- Health and Wellbeing Board Paper 27 November 2015

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| **Committee:** | **Date:** |
|---|---|
| Health and Wellbeing Board | 29.01.2016 |
| **Subject:**<br>Health and Wellbeing Board update report | **Public** |
| **Report of:**<br>Director of Community and Children's Services | **For Information** |


**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:

- Healthwatch Update
- Safer City partnership update
- 20 mph scheme update
- Contaminated Land Strategy
- City of London Standards for Houses in Multiple Occupation
- London Health and Care Collaboration Agreement
- Agenda planning meetings
- Square Mile Health service launched in the City
- JSNA calendar update


**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. **Healthwatch Update**

2.1. Annual conference**-** The Healthwatch City of London annual conference took place on 8 October. There were 72 attendees including residents from the City, services providers, staff from the City of London Corporation and the City and Hackney CCG, City workers and representatives from surrounding boroughs. Stalls held included the Barbican Library, Social Action for Health, City Advice, Stoptober, Adult Social Services, City and Hackney CCG for maternity and medications review, City air pollution, London Cancer and the Adult Community Rehab team.

A presentation on integrated care in the City was given by Chris Pelham, Department of Community and Children's Services. The full report is available at: http://www.healthwatchcityoflondon.org.uk/news/report-healthwatch-city-london-annual-conference

2.2. Children and Young People - Healthwatch will have a stand at Canto Court Halls, a student residence near the City, to engage with the City student population. Healthwatch plans to work with Hackney Youth parliament on running a consultation on mental health services for young people in City and Hackney.

2.3. Ophthalmology engagement work- Healthwatch City of London is taking part in a joint engagement project with Healthwatch Hackney to look at ophthalmology and eye care in City and Hackney to give local residents a say in how they want their services delivered in the future. The results will be published in a publically available report.

2.4. Christmas event with Bank of America Merrill Lynch**-** Healthwatch and the Bank of America Merrill Lynch organised an event to target social isolation. The event enabled City workers to interact with older people and gave Healthwatch the chance to discuss health and wellbeing issues with the staff in the financial district. Comments included that transferring of prescriptions to City pharmacies worked well.

Contact Officer: Janine Aldridge, Healthwatch City of London Officer, T: 020 7820 6787

## 3. **Safer City Partnership**

3.1 2015 Festive Campaign: The Safer City Partnership worked with the GLA, London Ambulance Service, London Fire Brigade, Metropolitan Police Service, CoL Police and the London Drug & Alcohol Policy Forum to run the Christmas Campaign titled 'Eat, Drink and Be Safe.' This campaign involved advertising on the London Underground, engagement activities in the City to give out information on staying safe, and a social media campaign. The launch of the campaign was covered by BBC London television, the Evening Standard and other media. Evaluation of the campaign will be carried out and the results fed back to the Health and Wellbeing Board

3.2 Rape Awareness Conference: On Friday 22 January, City of London Police and Victim Support held the No Blurred Lines conference which focused on raising awareness of rape and sexual assault. The conference was open to professionals and identified local services that can support people who have been affected.

3.3 Prevent (Radicalisation): The Community Safety Team have been working to identify departmental leads across all Corporation departments who will help deliver the City's Prevent responsibilities. The Prevent duties introduced in the summer of 2015 place specific responsibilities on Local Authorities. The City of London Corporation has undertaken work to raise awareness of how concerns relating to suspected radicalisation should be raised and dealt with. Work needs to be undertaken to ensure all staff, especially those in contact with the public

are aware of the issue and our statutory duties. The Community Safety Team is working closely with colleagues in DCCS on this area of work, particularly with regard to safeguarding issues.

3.4 Safer City Partnership Strategy 2016-19: On 2 March 2016 the Safer City Partnership will be considering its strategy for the coming three years. Agreed priorities include Violence Against the Person, Night Time Economy Crime and Nuisance, Acquisitive Crime, Anti-social Behaviour and the Prevent strategy. There will also be work to reduce incidents involving cyclists. Issues relating to alcohol consumption and drug use are clearly linked to a number of these priorities. There are also links to mental health and quality of life issues. The Community Safety Team will be working with colleagues in the coming weeks to ensure our objectives and ambitions support those of the Health and Wellbeing Board.

Contact Officer: David Mackintosh**,** Community Safety Manager**,** 020 7332 3848**,** david.mackintosh@cityoflondon.gov.uk

## 4. **20mph speed limits in the City**

4.1 On 20 July 2014, the City implemented the new 20mph speed limit across the City as part of the Road Danger Reduction Plan. At the same time Transport for London introduced experimental 20mph speed limits on two routes that run through the City. The key objective of the scheme was to contribute to reversing the trend of the increase in traffic casualties in the City.

4.2 Monitoring and Outcomes: The data from the first 12 months of the scheme shows the following outcomes:

- The speed data shows that the average speed is 1.5mph lower than before the scheme was introduced. This is higher than the forecast 1mph reduction in average speeds.
- There was a reduction in the number of monitored sites found to have a mean speed above 20mph. This reduced from 16 to 7 of the 46 sites monitored.
- Provisional casualty data over the period of August 2014 until June 2015 show there has been a continued increase in the number of slight injuries to people walking and cycling. It is possible that the increase in casualties would have been higher or of a more serious nature had it not been for the lower speed limit.

4.3 Further analysis of the casualty data will be collected up to summer 2017 and an in depth analysis of casualty data will be reported as part of the Road Danger Reduction Plan.

Contact Officer: Jereme McKaskill, Department of the Built Environment: 020 7332 3580

## 5. **Land Contamination Strategy**

The City of London Corporation has revised its Contaminated Land Strategy to comply with additional refined statutory guidance given by The Department of

Environment, Food and Rural Affairs (Defra) in 2012. The strategy fulfils the City of London's statutory obligation to set out its wider approach to contaminated land and its inspection duties within the Square Mile. Public health colleagues were consulted during the development of the strategy to ensure it supports the Health and Wellbeing Board's overarching aim to promote the health and wellbeing of residents and workers in the City. The key priorities of the strategy are to protect human health, protect controlled waters, protect designated ecosystems, prevent damage to property and prevent further contamination of land. A draft strategy was approved by Port Health and Public Protection Committee in March 2015 and then went out for public consultation. The final version was approved by the Port Health and Public Protection Committee at their November meeting.

Contact Officer: Rachel Sambells, Markets and Consumer Protection: 020 7332 3313

6. **City of London Standards for Houses in Multiple Occupation 2016**

The Corporation has produced a set of Standards for Houses in Multiple Occupation designed to protect tenant's safety and health. This set of standards aims to give guidelines to ensure properties are brought up to and maintained at an acceptable standard within the recommendations of the Housing Health and Safety Rating System. The guidance refers to basic minimum standards for fire protection, room sizes, management and amenity provision.

Contact Officer: Rachel Sambells, Markets and Consumer Protection: 020 7332 3313

7. **London Health and Care Collaboration Agreement**

7.1 In December 2015, the Government agreed a health devolution package with London health and care partners, including the 33 local authorities, 32 Clinical Commissioning Groups (CCGs), the Mayor of London, NHS England and Public Health England. The agreement involves five pilots to test new ways of working across London's large and complex health economy with the longer term aim for further devolution of London's healthcare out of Whitehall and into the hands of local leaders. One of the pilot areas is Hackney, which will focus on integrating health and social care within Hackney.

7.2 The City will maintain a watching brief. The City is not part of the scheme, and existing services for residents will not be affected by the pilot; however it will have the option to opt-in at a later date if the pilot is a success.

7.3 The CCG will devolve a portion of its budget to this pilot and this will be strictly ring-fenced – the rest will be retained to ensure that services for City residents and people who live on the borders of Hackney will be able to access their health and social care from other providers in the usual way (i.e. as is the situation now). DCCS and The Neaman Practice are being kept informed of the process, and will be consulted on future involvement. Representatives from the City will sit on one of the task and finish groups for the devolution, to ensure that the needs of City residents are not jeopardised at any point.

Contact Officer: Community and Children's Services, 020 7332 1907.

8. **Agenda Planning Meetings**

The HWB approved a report at the November's meeting which set out how the board can take a more strategic approach to forward planning. Based on the recommendations of this report, a meeting has been set up to plan the agenda for April's Health and Wellbeing Board and identify any corporate wide issues to be addressed in future meetings.

If any members have suggestions for agenda items please contact Tizzy Keller: 0207 332 3223.

9. **Square Mile Health service launched in the City**

Last autumn, Westminster Drugs Project was awarded a three year contract to deliver substance misuse treatment and prevention services to communities in the City. The new service, Square Mile Health, is working in partnership with Queen Mary University London and all City pharmacies and is leading the way in promoting healthy attitudes towards drugs, tobacco and alcohol across the City. Square Mile Health is a free and confidential service aimed at employees and businesses and offers health screening, workshops and one-to-one follow up appointments, amongst other things, to support people. The Department of Community and Children's Services recently invited key internal and external partners working in the health arena to an event at the Guildhall to find out more about the service.
Contact Officer: Lorna Corbin, Community and Children's Services, 020 7332 1173

10. **JSNA developments and publication dates**

There are a number of JSNA updates planned for the coming months:

| | |
|---|---|
| January 2016 | **City & Hackney Health & Wellbeing Ward Profiles**- These profiles will explore the demographic, social and economic characteristics of the population within each of the new wards, and provide a range of local health information.<br><br>**Mental Health and Substance misuse chapter**- this will cover the mental health and wellbeing of residents from childhood to older age to draw out key issues at each life stage.. |
| February 2016 | **Refresh of Society & Environment**- This chapter will include a description of the local social, economic and environmental factors that influence people's health and will outline relevant health inequalities.<br><br>**City and Hackney JSNA website-** Design and work for the new |

| | |
|---|---|
| | website is scheduled to start in February. |
| April-December 2016 | - Lifestyle and behaviours<br>- Adult, health and illness<br>- Children and young people's health and wellbeing |

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| **Committee(s)** | **Dated:** |
|---|---|
| Health and Wellbeing Board | 29 January 2016 |
| **Subject:**<br>Healthy Schools Pilot Project | **Public** |
| **Report of:**<br>Commissioning Manager | **For Decision** |


## Summary

This report provides a summary of the programme of work developed to contribute to Sir John Cass's Foundation primary schools application to the Healthy Schools programme and given its success proposes the work continue and extend to other sites in the City.


## Recommendation

Members are asked to:

- Approve the continuation of the Healthy Schools Project and the extension of the food stall to other sites in the City.

## Main Report

### Background

1. Over the course of 2014 officers worked with Sir John Cass's Foundation Primary School (SJC) to plan for a programme of work to contribute to the school's application to the Healthy Schools Programme, as well as supporting the aims to improve health and wellbeing both in the school and the local community.

2. In line with these aims, the following work streams were established:

    a. Fruit and Vegetable stall
    b. Healthy cooking classes and cookbook
    c. Additional exercise for parents and children.

3. This paper summarises the work completed and proposals for continuing this work.

### Fruit and Vegetable Stall

4. From May to December 2015 East London Food Access (ELFA) were commissioned to run a fresh fruit and vegetable stall as a pilot project from the school on Thursday afternoons, in order to encourage healthier eating among

children, families and teachers at the school. The stall is run in conjunction with volunteers, who in turn learn business skills.

5. The full evaluation report for this pilot can be found at Appendix 1, but the key outcomes included a high number of customers at the stall with a high level of customer satisfaction and an increase in children attending the stall, which in turn has contributed to creating healthy eating habits among people using the stall. There has been high engagement from both parents and teachers , with a lot of support from the Parent Teacher Association (PTA).

6. It was identified during the project that there were longer travelling times to and from the school than had been anticipated, making the stall less financially viable. ELFA have worked with the school to try and resolve this issue. One approach could be to hold stalls at multiple site in the City on the same day, which would result in a better use of resources, and allow any surplus from the school stall to be shared amongst other sites. Potential additional sites have been identified including the Artizan Street library and the City of London Community Education Centre,

7. The stall has been very popular with teachers, parents and children. . It is proposed that the stall continue at the school for an additional year, and be expanded to further sites as appropriate in order to make the best use of resources. In order to continue with the progress already made, members are asked to approve a waiver to contract with ELFA to continue this work.

**Healthy Cooking Classes and Cookbook**

8. The Adult Skills and Learning Team provide cooking classes from the school on Friday evenings, which have proven very popular with parents. In order to build on this success, the recipes used were reviewed to ensure they fit with public health messages, and to link with the use of the fruit and vegetable stall the day before. The review was completed and the classes have continued as healthy cooking classes.

9. It is proposed that these classes continue, and continue to be reviewed on a regular basis in order to ensure that they are up to date with the latest public health guidance, for example in relation to sugar and salt.

10. In addition to this a cookbook was developed by the class in order to showcase their work and enable recipes to be shared across the community. The recipes from the group are now ready, and the Adult Skills and Learning Team are looking to produce this as a book available to the school.

**Additional exercise for parents and children**

11. At the start of the pilot project at the school, discussions were had around activities available to both parents and children at the school. As Members will be aware there are a wide range of activities available at the school, which take

in physical activity. As such, there was not a large amount to add to this area of work. Nevertheless, alongside the fruit and vegetable stall staff have been providing competitive challenges for children including skipping, hula hoop and obstacle challenges which have got parents and children moving more than they otherwise would. This has proved very popular on dry days and it is proposed that this is continued alongside the stall.

**Proposals**

12. It is proposed that the healthy schools project be continued, including the fruit and vegetable stall, the healthy cooking classes and additional exercise opportunities.

**Corporate & Strategic Implications**

13. The proposals within this report support the following aims of the Joint Health and wellbeing Strategy:

    a. Be assured that more people in the City are physically active
    b. More people in the City take advantage of public health preventative interventions.

**Implications**

14. The cost of running the project is approximately £15,000 per annum. This can be fully funded from the ring-fenced public health budget.

**Conclusion**

15. Members are asked to support the proposal to continue with the Healthy Schools Project.

**Appendices**

- Appendix 1 – Healthy School Project Evaluation

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**Appendix 1-Healthy School Evaluation**

# Sir John Cass's Foundation Primary School

## *Healthy School Project*

**May - December 2015**

**Introduction**
Sir John Cass's Foundation Primary School (SJCS) is a one form entry school with some 180 families/250 children. The school community is richly diverse in terms of ethnicities and first language backgrounds.

As part of the Healthy School Project at the SJCS, funded by public health and jointly set up by the City of London Public Health and Adult Skills and Education teams, East London Food Access (ELFA) Ltd, was commissioned to run a weekly fresh produce stall in the school playground on Thursday afternoons between May and December 2015.

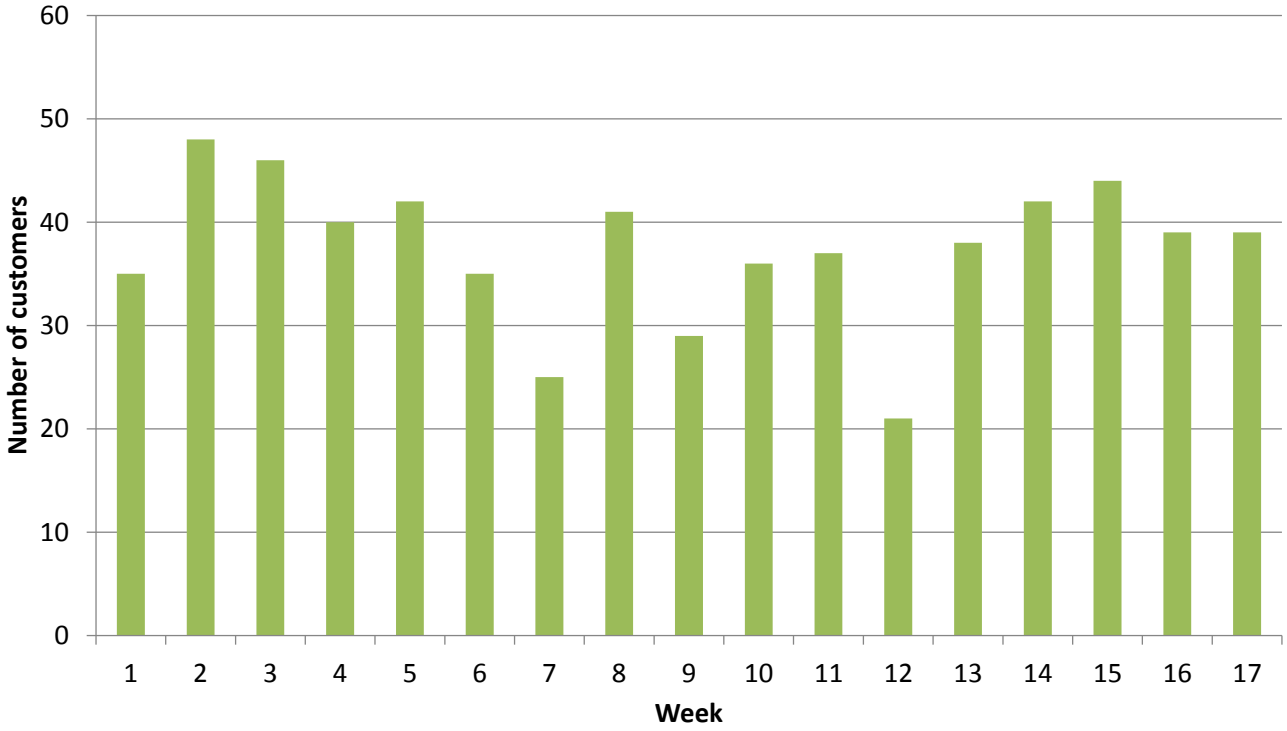
The stall operated in the playground for one hour when parents and carers picked up their children at the end of the school day. ELFA made available for sale a comprehensive range of quality fresh fruit and vegetables, including local, seasonal and ethnic produce, all at competitive prices.

The aim of the Healthy School Project was to promote healthy living at SJCS through activities that engaged children, parents and carers in thinking about what they buy and eat, how they cook, what they grow and how they exercise. The ELFA stall quickly became a key element of the project, creating a focal space for:

- the exchange of ideas and information
- children-centred opportunities to have fun and enjoy exercising and eating healthy food
- parental involvement through volunteering to help run the stall
- the availability of excellent quality fresh produce at prices well below the norm in the area

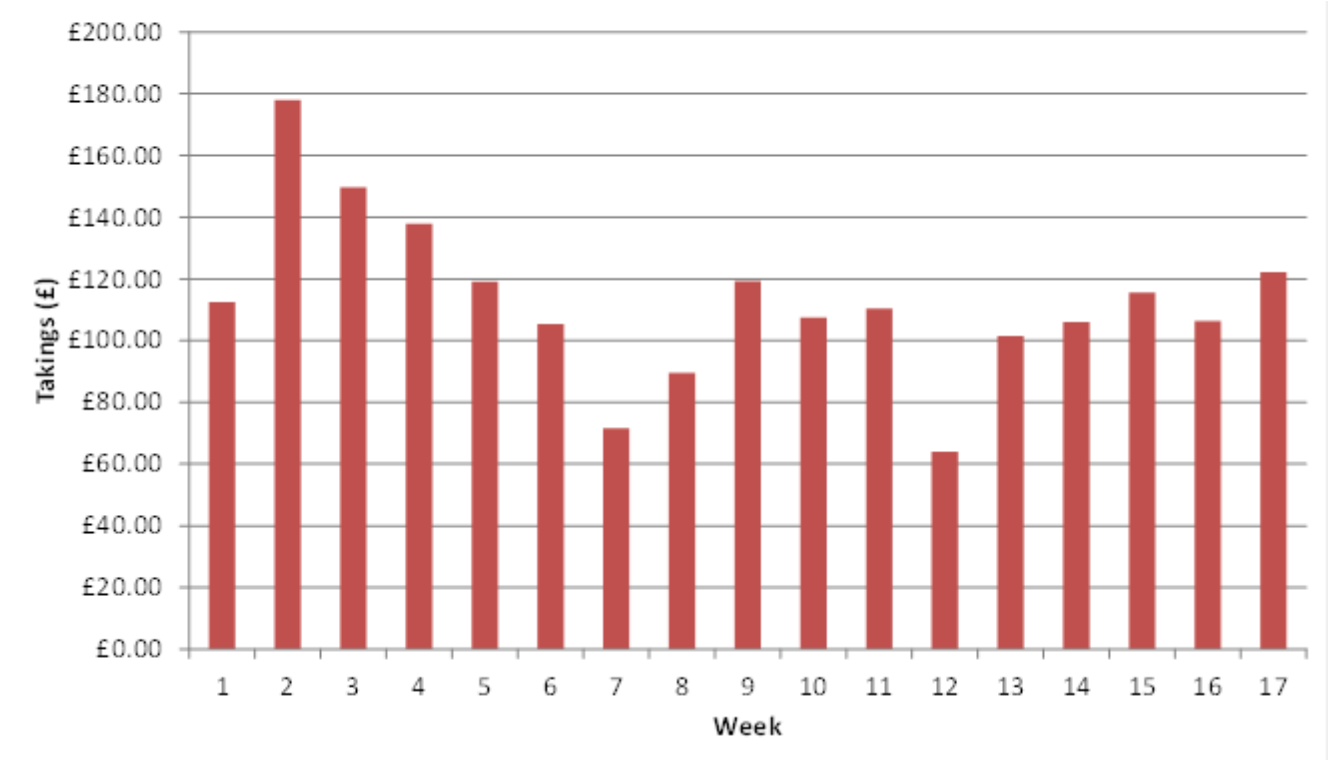
**The number of customers who made purchases from the stall was consistently high.** Figure one below shows that the number of customers peaked in week two with nearly 50 customers before settling to a more consistent rate of around 35- 40 customers per week. The summer term (weeks one to six) experienced slightly more customers due to the popularity of seasonal berries. There were two weeks of low takings both of which were due to circumstances beyond the control of the staff. Week seven was the first week back after the summer holidays and on week 12 there was a lot of rainfall.

**Figure one: Number of Customers at Sir John Cass Fruit Stall, Thursday Afternoons, May-December 2015**




Average spend per customer was £3.00, which might typically afford 5 apples or pears, a small bunch of bananas, a cauliflower or four large bunches of spinach, or a net of garlic. Figure two below shows the takings over the weeks which largely reflect the number of customers.

**Figure two: Taking by week at Sir John Cass Fruit Stall, Thursday Afternoons, May- December 2015**



**Satisfaction survey**

45 parents and carers who purchased products from the stall were surveyed in the last three weeks of term.

- 93% believe their children enjoy sampling fresh fruit and vegetables from the stall
- 93% believe the stall has a positive impact on their children's health
- 91% believe the stall provides high quality fresh produce
- 91% believe the stall offers value for money

**Children's engagement**

Over the 17 weeks, children began buying fruit and vegetables independently of their parents/carers. Children who at first were shy to speak were found to gradually more confident, asking questions about the produce and the prices. One parent spoke of supervising her son each week whilst he made purchases and counted his change.

**Creating healthy eating habits**

Each week 30 fruit kebabs were prepared in advance and sold at 10p each. These often sold out within minutes. One father told the stall holders that he has started to make fruit kebabs with his children at home. The fruit kebabs are now the 'brand' of the stall.

The children sampled different types of fruit and raw vegetables, such as tomatoes, carrot, cucumber and pepper sticks. Many overcoming a reluctance to try different foods.

Activities such as constructing a "fruit and vegetable face" or a "clock" on a plate from pieces of ready cut produce were extremely popular and encouraged the children to then eat the healthy food. Fruit smoothies were made at the end of the Summer Term as a treat, with a "health warning" to parents about the sugar rush that smoothies bring.

Over the weeks, the stall holders noticed a notable decrease in the number of parents bringing sweets, doughnuts or biscuits for the children to snack on after school on Thursdays and a marked increase in the children leaving the playground eating fruit.

**Staff involvement**

The project received excellent support from staff at SJCS, not least from the Leadership Team who recognised the potential benefits of the stall for the whole school. The Deputy Head played a significant role throughout the two terms facilitating the integration of the stall into the school.

In the Summer Term a PE teacher volunteered to organise competitive challenges for the children on three Thursday afternoons - skipping, hula hoop and obstacle course challenges with winners receiving strawberry, raspberry and sunflower plants as their rewards.

Many teachers and school administrators bought produce from the stall each week. The school cleaner purchased apples which he juiced at the weekend for his family. Some members of staff commented that they had begun cooking again, stimulated by the fresh produce they were buying. The school began to purchase fruit for the staff room in September.

**Parent and PTA engagement**
Over the two terms, parental involvement with the stall gradually increased:

- The small PTA committee has supported the project and has encouraged parents to become involved
- There have been 8 parent volunteers who have helped on a weekly rota basis since September
- ELFA were in contact with Spice, the agency who develop Time Credit systems, to investigate how to use time credits to incentivise volunteering. Unfortunately, training is required and this is available quarterly. Should the commission to extend the fresh produce stall be extended, ELFA will book to undergo training in January 2016 and time credits may then be available to reward volunteer time.
- Parents have read with interest the Plant Histories prepared over the two terms on strawberries, avocados, beetroots and potatoes and have stopped to read and talk about them.

As the project became more established and parents came forward to help, they established a relationship with the stall holders, stories and recipes were exchanged, resulting in the production of The Fruit Kebab Recipe book. The recipe book is now edited and copies will be printed by the City of London for the school early in 2016.

**Permaculture - interest, workshop and next steps**
Over the course of the Autumn term, one of the mothers who used the stall regularly discussed her interest in permaculture with ELFA's Director. As a result of their conversations she approached the Head Teacher and he agreed to fund a workshop for parents, led by ELFA's Director, entitled Permaculture in 60 Minutes. The workshop took place at the school in December 2015.

As a result of the workshop, a meeting will be held in January 2016 to consider whether a Sustainable Development Group can be set up at SJCS. The long-term aims of such a group would be to explore how permaculture design could help build the future sustainability of the school.

**The Future**
Feedback from the school, parents and carers is extremely positive and there was a strong consensus that the school community would like the ELFA stall to continue operating for at least the rest of the academic year. On the last Thursday of December there was great disappointment expressed that the stall might not be returning in January 2016.

**Building parental involvement** has been a challenge but has gradually gained momentum. A strategy to sustain parental interest and involvement is needed. ELFA has an excellent, reliable volunteer who has come and supported the stall at SJCS but on-going parental involvement is needed if the stall is to become sustainable. Working with Spice in the future will support with this aim. The next steps might be for the Leadership Team to call a meeting of parents and carers and ELFA, specifically contacting and inviting all the parents who have already volunteered or have expressed a desire to help run the stall, to discuss ways forward including the use of Time Credits and Permaculture Design.

**Weather and use of outdoor pavilion** in the winter months. Bad weather can have a very adverse impact on the stall. However, on one occasion the stall set up inside the school and was held along a ground floor corridor. It worked well, though it required more time and effort to set up. Nevertheless, this might be a strategy to employ in the future.

**Driving to and from school** is extremely time consuming for ELFA and wasteful in terms of ELFA's resources. There is an interest in commissioning a fresh produce stall at some additional sites including the Artizan Street Library and the City of London Community Education Centre with a potential start date in Quarter 1 2016/7. The aim will be to operate a stall (or equivalent) at a time to complement the stall at Sir John Cass. This will result in a sharing of driving time to and from the sites. There may also be networking opportunities resulting from participation in the Time Credits system which would need to be followed up closely during the next term. The feasibility of holding a stall or collaborative buying group at other locations such as libraries is currently being explored.

**Surplus** and what to do with produce not sold is an issue that needs further discussion. There are a number of ways forward which can be investigated. Stock records were maintained during the stall operation and these can be examined. In the short term it may be possible to design the re-use of a proportion of the surplus through use in cooking lessons, bulk buying, sales to local food establishments, school caterers etc. The school is already purchasing a significant amount of fruit for the staff room and some provision could be made to develop the involvement of by users of The Cass Child and Family Centre. Due to issues with access users do not currently support the stall. Next term the operation of a sister outlet at either Artizan Street Library or the City of London Community Education Centre will offer further potential solutions.

A key factor is the economic value of the surplus itself as often the time spent distributing the surplus is in excess of the value of the surplus itself. However the aspiration to reduce surplus to a minimum remains central to ELFA's aspiration to operate the stall in a sustainable way.

The design of a system of measures to absorb the surplus could also be considered by the Permaculture Design Group.

The fresh produce stall has had a positive and inclusive impact on the SJCS community and it is to be hoped that further funding will enable greater parental involvement and the development of its original aims.

Marina Spiegel Les Moore

January 2016

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| Committee: | Date: |
|---|---|
| Health and Wellbeing Board | 29th January 2016 |
| **Subject:**<br>City of London Corporation's Health and Wellbeing Programme: CityWell | **Public** |
| **Report of:**<br>Director of Human Resources | **For Information** |


**Summary**

Good physical health and mental wellbeing are vital to a productive and motivated workforce. By adopting a progressive and proactive approach to the wellbeing of our staff, the City can reduce further sickness absence and presenteeism levels. By implementing a wellbeing strategy and investing in the health of our employees, the Corporation will see in return higher levels of engagement and productivity from our staff, and continue to attract and retain the highest calibre of talent. A documented strategy provides the Corporation with the opportunity to build on the achievement of receiving a silver award in the Healthy Workplace Charter in October 2014, and it will enable us to demonstrate excellence in our next application.


**Recommendation**

Members are asked to:

- Note the report
- Support the wellbeing strategy

**Main Report**

## 1. Introduction

1.1. Traditionally health and wellbeing in the workplace has focused on upholding a reactive approach to support employees who have become unwell. However, the City aims to take an increasingly holistic approach and introduce preventative measures to promote health and wellbeing. This is essential, as good physical health and mental wellbeing are vital to a productive and motivated workforce.

1.2. As many people spend a significant proportion of their lives in work, we recognise that the employer plays a pivotal role in affecting the health and wellbeing of employees, and therefore the workforce is the ideal environment to promote healthier working practices and positively influence lifestyle choices. By investing in the health of our employees, the Corporation will see in return higher levels of engagement and productivity, and it will continue to attract and retain the highest calibre of talent.

1.3. Sickness absence at the City of London is comparatively low in comparison to local authorities across London, however it is our aspiration to continue to reduce

these figures even further to strive for optimum efficiency, whilst also increasing the health and wellbeing of Corporation employees.

1.4. In addition to reducing sickness absence, our ambition is to also reduce levels of presenteeism, in which productivity is lost due to employees coming into work whilst being unwell and therefore not performing at their best. As it is a subjective concept, it is difficult to quantify the cost implications of presenteeism.

1.5. Furthermore, we live in a society with an ageing population, in which people are living longer and therefore are required to work longer than ever before. This trend is reflected in the employee age demographic at the City of London, in which the most common age bracket are those aged between 50 and 59, closely followed by those between the age of 40 to 49. This has a significant effect on the overall health of the workforce. We have considered these factors within our proposed interventions to ensure that our strategy is relevant and accessible to employees at all ages.

## 2. Background

2.1. The City's Economic Development Office commissioned a report on the 'Best Practice in Promoting Employee Health and Wellbeing' in 2014. The report included a strong forward by Mark Boleat, the Chairman of the Policy and Resources Committee, which prompted the City's HR department to take part in the Healthy Workplace Charter for the first time. The City received the 'achievement' award. The results highlighted that whilst many basic wellbeing initiatives had already been established, employees would benefit from these being joined up under a multi-component wellbeing programme.

2.2. The feedback raised some areas where the City could improve. These were to closely cross-reference the Sickness Absence policy with the Organisational Stress policy, and employees could benefit from my work on anti-stigma. The Corporation has already started work to progress the development of equality and inclusion by establishing 'Staff Diversity Networks'. Each network has a Chief Officer sponsor and the aim of the networks is to provide employees with an inclusive, safe and confidential forum to support each other. The session run on a quarterly basis and groups include:

- Black, Asian, Minority Ethnic (BAME) Network
- Carers Network
- Disability Network
- Faith and Spiritual Wellbeing Network
- Lesbian, Gay, Bisexual and Transgendered (LGBT) Network
- Women's Network

2.3. The City has added health and wellbeing to the Human Resources strategy and in recent months everything which is currently on offer to employees has been under review including; policy, management training, healthcare services and leisure facilities.

2.4. The Corporation launched the wellbeing survey in April 2015. It was active for the month of April and remained on the staff intranet page for the entire period until it closed.

2.5. The employee survey allowed us to gather baseline data, which enabled us to build a picture of the physical health and mental wellbeing of Corporation employees. This knowledge is critical when designing, planning and delivering an effective and meaningful wellbeing programme, which includes appropriate interventions. The data is also important for the future of the strategy in order to ascertain whether our interventions are having meaningful impacts on our employees.

2.6. The final response rate for the employee survey was 1394 responses, which is equivalent to 38% of all Corporation staff. Employees were represented in the survey from every department. Please see Appendix 1 for an overview of the survey results.

2.7. To evaluate the progress of our interventions, it will be essential to repeat the wellbeing survey on an annual basis. This will enable the City to continue to assess the developing needs of our employees, identify trends of progression and highlight areas which need additional support and attention. It will be most important for the success of the project that our interventions reach all Corporation employees, across all occupations, departments and locations.

2.8. Employees in a number of locations also had the opportunity to participate in consultation groups. Employees were engaged in the development process to increase employee buy-in and to create a platform to gather a variety of ideas from differing perspective. Sessions ran at Guildhall, Tilbury Docks, Epping Forest, Ashtead Common, Hampstead Heath and Tower Bridge.

## 3. Corporate & Strategic Implications

3.1. Our aim is to establish a resilient health and wellbeing programme, which continues to develop and adapt to the changing needs of Corporation employees in years to come. We have identified the name ‘CityWell’ for the programme, the strapline to accompany the strategy will be ‘Working Well Together’.

3.2. To inform our approach, the Corporation has taken inspiration from the ‘Five Ways to Wellbeing’, which was developed in 2008 by the New Economics Foundation. This has helped shape our interventions, as the NEF have identified simple steps which individuals can take to enhance their daily lives. The framework will include all the following elements; take Notice, Learn, Be Active, Connect and Give.

3.3. The themes and interventions have been divided to cover a three year period. Whilst the themes mentioned below will be run in subsequent years, there will be minor elements from all areas that will run in every year, though the focus will be on the key theme.

### Year 1 – Take Notice and Learn

3.4. The first year will prioritise raising awareness of mental health in the workplace, through an internal promotion campaign, partnering with a mental health charity

and signing the 'Time to Change' pledge and the Government's Public Health Responsibility Deals.

3.5. Since consulting with our employees we have gained a greater understanding that managers can significantly affect the way our employees feel about the work they do. As a result, we have reviewed our management training, as we appreciate the importance of approachable and communicative managers. We will establish new courses which incorporate wellbeing into their focusing our attention on addressing mental ill health and workplace stigma and discrimination.

3.6. We will encourage our employees to take notice of their own physical and mental health as well as the wellbeing of those around them. As part of our proactive and preventative approach, we will seek to introduce a 'Know Your Numbers' campaign where we will encourage staff to be aware of their key health metrics: blood pressure, cholesterol and Body Mass Index. Annual health assessments for at-risk employees could also be added to our benefits range to ensure employees feel more empowered to improve both their physical health and mental wellbeing, and balance these with their job demands.

3.7. We will increase the amount of seminars and learning opportunities around recognising the signs of mental ill health and wellbeing topics such as; nutrition, sleep quality and mindfulness. Our Staff Diversity Networks will also continue to work on tackling stigma and discrimination in the workplace.

3.8. We will also ensure that our employees are informed about the services available to them and we will promote services such as the Employee Assistance Programme. We will signpost what is included in the service and how it can be accessed.

**Year 2 – Be Active**

3.9. The second year of the programme will draw attention to physical activity and exercise. We will use nudge behaviours to encourage employees to make more use of the stairs by introducing an evidence-based initiative, 'StepJockey'. This will incentivise those who predominately take the lift to choose to take the stairs as an alternative.

3.10. In addition, we will promote our in-house gym, studio and other outdoor benefits, such as the open spaces in the City through internal communication channels. We hope to increase the amount and variety of fitness classes in the studio and signpost staff who do not work at Guildhall to the close proximity of the services available.

3.11. We will also undertake a comprehensive review of the food options available to employees in the staff restaurant. We hope to provide a wider variety of healthy options at a competitive price to encourage staff to choose the healthy alternatives.

**Year 3 – Connect and Give**

3.12. The third year of the programme will focus on the importance of volunteering and sharing skills throughout the organisation. We will promote the benefits of

volunteering and available opportunities through internal communication channels. Corporately the City already does a lot of work by way of volunteering, and therefore we have decided to put this theme towards the end of the strategy and work with the Corporate Responsibility team to deliver wellbeing interventions surrounding this theme.

**Management Information**

3.13. To evaluate the progress of our interventions we must be able to track performance. Our baseline data comes from our wellbeing survey, which will be repeated on an annual basis. This will enable the City to continue to assess the developing needs of our employees, identify trends of progression, harness anonymous data from health assessments and 'Know Your Numbers' campaigns. We will also be able to measure engagement and highlight areas which need additional support and attention. In addition, departmental dashboards have been established with information extrapolated from the employee survey. A screenshot of the front page of the dashboard can be seen in Appendix 2.

**Communication and Branding**

3.14. It is essential to the success of the project that our interventions reach all Corporation staff across all occupations, departments and locations. The branding is expected to permeate the entire strategy. Our ambition is to create a brand which falls in line with the corporation's overall strategic plan. Establishing a brand is vital to the success of this project for the following reasons:

- It promotes recognition. If our branding is consistent and easy to recognise it can ensure individuals feel confident about our message and feel comfortable using the services we provide. As a result, signposting has been a significant reason why employees have not been aware of many of our current wellbeing arrangements

- It provides motivation and direction for our employees. A clear brand strategy provides the clarity that our employees will need to be successful in reaching their wellbeing goals

- It generates referrals. A strong brand is critical to generating referrals, which creates an ideal environment for signposting

- It creates an emotional connection. A good brand connects with people at an emotional level; they feel good when they encounter it. Accessing this positive emotional experience will help our employees engage with our policies and interventions, thereby enabling us to be effective. It is our aim that by doing this we will bring visibility to the topic areas and interventions, which will motivate employees to be active participants in the corporate offer

## 4. Implications

4.1. Corporate Human Resources within the Town Clerks department leads on matters relating to health and wellbeing for the Corporation. This includes the responsibility for effective management information in monitoring sickness absence. In addition, it is tasked with the promotion of health and wellbeing

throughout the City's departments, taking into consideration the wide variety of occupations in a number of locations and environments.

## 5. Conclusion

5.1 Our aim is to establish a resilient health and wellbeing programme, which continues to develop and adapt to the changing needs of Corporation staff in years to come. The programme has been shaped by the data collected from the wellbeing survey and the employee consultation groups. To evaluate the progress of our interventions, it will be essential to repeat the wellbeing survey on an annual basis. This will enable the City to continue to assess the developing needs of our employees, identifying trends and progressions and highlighting areas which need additional support and attention. It is most important for the success of the project that our interventions reach all Corporation staff, across all occupations, departments and locations.

**Appendices**

- Appendix 1 – Wellbeing Results, Headline Figures
- Appendix 2 – Screenshot of Wellbeing Dashboard

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Appendix 1 – Wellbeing Results, Headline Figures

**To what degree do you feel that the City of London is committed to your health and wellbeing?** (Answered by 1322)

| Answer Choices | Responses by % | Response Actual |
|---|---|---|
| Completely | 4% | 51 |
| Significantly | 26% | 344 |
| Moderately | **45%** | 590 |
| A Little | 18% | 241 |
| Not at All | 7% | 96 |

**Are you aware if the City has a stated approach to health and wellbeing?** (Answered by 1314)

| Answer Choices | Responses by % | Response Actual |
|---|---|---|
| Completely | 7% | 86 |
| Significantly | 18% | 235 |
| Moderately | **31%** | 409 |
| A Little | 22% | 295 |
| Not at All | 22% | 289 |

**Do you think that the City of London cares about your health and wellbeing?** (Answered by 1307)

| Answer Choices | Responses by % | Response Actual |
|---|---|---|
| Completely | 4% | 56 |
| Significantly | 23% | 296 |
| Moderately | **42%** | 547 |
| A Little | 22% | 290 |
| Not at All | 9% | 118 |

**Do you feel that your line manager cares about your health and wellbeing?** (Answered by 1294)

| Answer Choices | Responses by % | Response Actual |
|---|---|---|
| Completely | 22% | 290 |
| Significantly | **38%** | 489 |
| Moderately | 22% | 278 |
| A Little | 11% | 140 |
| Not at All | 8% | 97 |

**Do you feel that the City of London has a strong culture of encouragement, recognition and positive feedback?** (Answered by 1294)

| Answer Choices | Responses by % | Response Actual |
|---|---|---|
| Completely | 3% | 38 |
| Significantly | 21% | 276 |
| Moderately | **39%** | 508 |

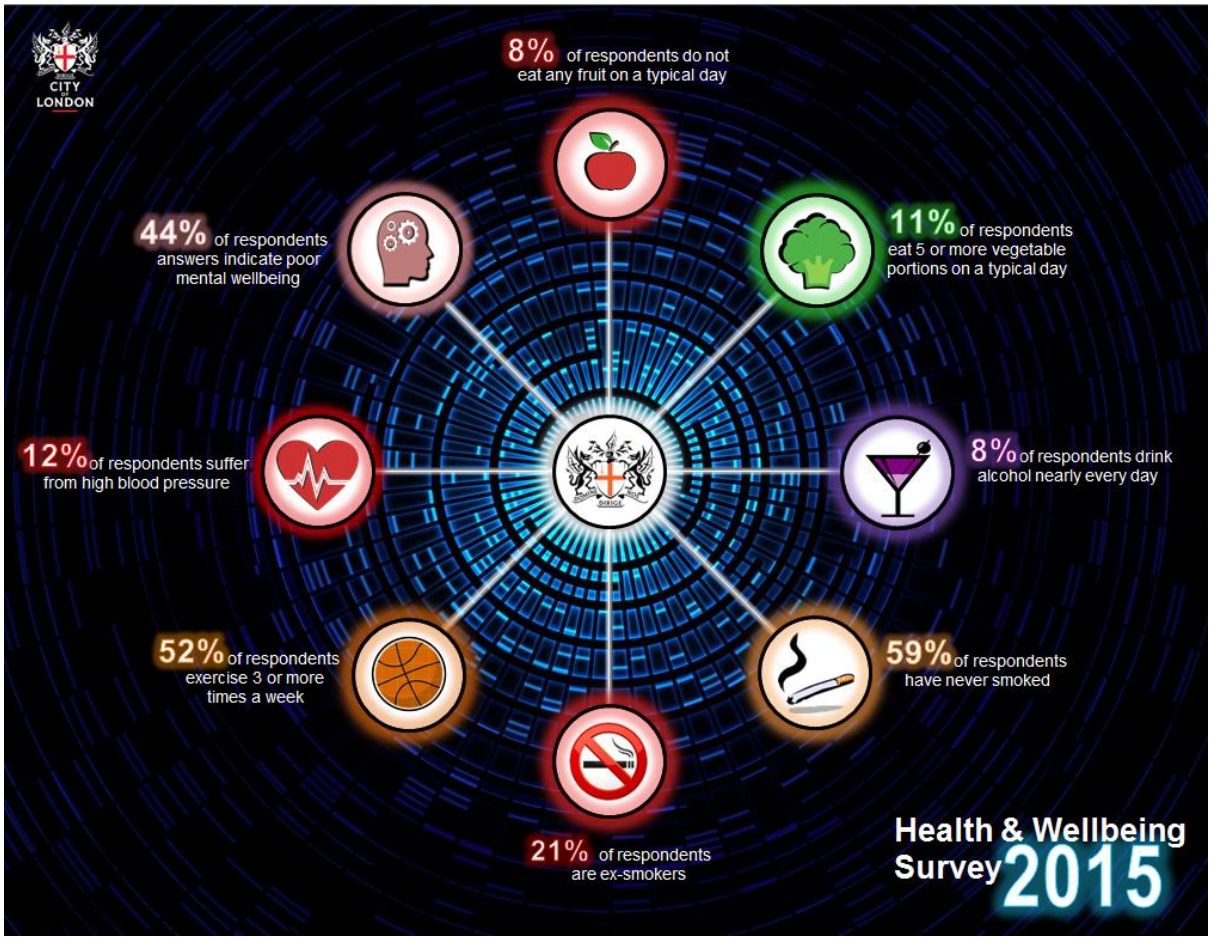
| | | |
|---|---|---|
| A Little | 22% | 284 |
| Not at All | 15% | 188 |

**Mental Health Scoring**
Included in the survey were five questions which were constructed by the World Health Organisation (WHO) to examine mental health and wellbeing levels. The results suggest that 44% of the answers given by respondents indicate that they have poor mental wellbeing, which is an indicator of depression. 15% of respondents indicate that they have significantly poor mental wellbeing, which total 70 employees. This is comprised of 7% male (32 employees) and 8% female (38 employees). (Answered by 1160)

**The top themes emerging from the survey data were:**

1. An annual health assessment
2. Opportunity to learn techniques and strategies to manage stress
3. Increased number of healthy food options
4. Improved relationships with colleagues
5. Opportunities to exercise more during the day
6. More control over how I do my work
7. More regular breaks from sitting time
8. Access to an Employee Assistance Programme
9. Opportunities to feel more connected through volunteering
10. Help to lose weight
11. Help to stop smoking

Appendix 2 – Wellbeing Dashboard



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