



## Health and Wellbeing Board

**Date:** FRIDAY, 16 JUNE 2017  
**Time:** 11.30 am  
**Venue:** COMMITTEE ROOMS, 2<sup>ND</sup> FLOOR WEST WING, GUILDHALL.

**Members:** Deputy Joyce Nash  
Jon Averbs  
Dr Penny Bevan  
Andrew Carter  
Karina Dostalova  
Glyn Kyle  
Dr Gary Marlowe  
Simon Murrells  
Randall Anderson  
Paul Haigh  
Tom Anderson  
Jeremy Simons  
Matthew Bell

**Co-opted  
Member:** Paul Haigh

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

**Lunch will be served in the Guildhall Club at the rising of the Board.  
N.B. Part of this meeting may be the subject of audio visual recording.**

**John Barradell  
Town Clerk and Chief Executive**

# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ORDER OF THE COURT OF COMMON COUNCIL**  
To receive the Order of the Court of Common Council dated 27 April 2017.  
**For Information**  
(Pages 1 - 2)
4. **ELECTION OF CHAIRMAN**  
The Committee are invited to elect a Chairman in accordance with Standing Order 29.  
**For Decision**
5. **ELECTION OF DEPUTY CHAIRMAN.**  
The Committee are invited to elect a Deputy Chairman in accordance with Standing Order 30.  
**For Decision**
6. **MINUTES**  
To agree the minutes of the previous meeting.  
**For Decision**  
(Pages 3 - 8)
7. **DEPARTMENTAL BUSINESS PLAN: DEPARTMENT OF COMMUNITY AND CHILDREN'S SERVICES**  
Report of the Director of Community & Children's Services.  
**For Information**  
(Pages 9 - 16)
8. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 17 - 32)
9. **SOCIAL WELLBEING STRATEGY**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 33 - 74)
10. **SUICIDE PREVENTION ACTION PLAN**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 75 - 96)

11. **BUSINESS HEALTHY STRATEGY**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 97 - 112)
12. **BETTER CARE FUND**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 113 - 118)
13. **SEXUAL HEALTH TRANSFORMATION PROGRAMME GOVERNANCE**  
Report of the Director of Community & Children's Services.  
**For Decision**  
(Pages 119 - 122)
14. **HEALTH AND WELLBEING UPDATE REPORT**  
Report of the Director of Community & Children's Services.  
**For Information**  
(Pages 123 - 134)
15. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
17. **EXCLUSION OF PUBLIC**  
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

**For Decision**

**Part 2 - Non Public Reports**

18. **BI-ANNUAL HEALTH AND WELLBEING PERFORMANCE REPORT**  
Report of the Director of Community & Children's Services.  
**For Information**  
(Pages 135 - 144)
19. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
20. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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PARMLEY, Mayor	<b>RESOLVED:</b> That the Court of Common Council holden in the Guildhall of the City of London on Thursday 27th April 2017, doth hereby appoint the following Committee until the first meeting of the Court in April, 2018.
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## HEALTH & WELLBEING BOARD

### 1. **Constitution**

A Non-Ward Committee consisting of,

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- a representative of the Clinical Commissioning Group (CCG) appointed by that agency
- a representative of the SaferCity Partnership Steering Group
- the Environmental Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

### 2. **Quorum**

The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

### 3. **Membership 2017/18**

- 4 (4) Joyce Carruthers Nash, O.B.E., Deputy
- 3 (2) Karina Dostalova
- 1 (1) Thomas Alexander Anderson

Together with the Members referred to in paragraph 1 above.

### **Co-opted Members**

The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

### 4. **Terms of Reference**

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-
  - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
  - ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;

- b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- c) appointing such sub-committees as are considered necessary for the better performance of its duties.

### 5. **Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

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**HEALTH AND WELLBEING BOARD**

**Friday, 27 January 2017**

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,  
27 January 2017 at 11.30 am**

**Present**

**Members:**

Deputy Joyce Nash (Chairman)  
Gareth Moore (Deputy Chairman)  
Jon Averbs  
Dr Penny Bevan  
Karina Dostalova  
Neal Hounsell  
Glyn Kyle  
Jeremy Simons  
Nigel Challis

**In Attendance**

Paul Haigh

**Officers:**

Natasha Dogra – Town Clerk’s Department  
Farrah Hart – Community & Children’s Service Department  
Marion Willicome-Lang – Community & Children’s Service Department  
Sarah Greenwood – Community & Children’s Service Department  
Poppy Middlemiss – Community & Children’s Service Department

**1. APOLOGIES OF ABSENCE**

Apologies were received from Simon Murrells, Gary Marlowe and Dhruv Patel.

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

There were no declarations of interest.

**3. MINUTES**

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

**Matters Arising:**

Board Members agreed that a supply of ‘StepJockey Initiative’ signs should be made available for all City Corporation sites and consideration would be given to making the signs available for use on the City’s housing estates.

**4. PRESENTATION: END-OF-LIFE CARE**

The Committee received a presentation regarding end of life care and noted that the City and Hackney CCG has 4 priority work streams within its plan:

- Prevention

- Planned Care
- Crisis Care
- Early years

The Board noted that the aims in City and Hackney were:

1. To Improve recording of ACP's and preferred place of death.
2. To achieve the England average for deaths outside hospital.
3. To improve experience of care at end of life.
4. To improve coordination and responsiveness of services including OOH

**Resolved** – that the update be received.

5. **PRESENTATION: NOISE STRATEGY**

The Committee received a presentation regarding the noise strategy and noted that it focused on 5 key areas:

- Evidence base
- New developments
- Transport and street works
- Dealing with noise complaints
- Protecting and enhancing the acoustic environment and soundscape

Officers informed Members that over 55% workers and visitors feel the City is either loud or very loud. Traffic is the most dominant noise source in the City and now linked to studies with increased dementia risks. The City has changed since 2012; the 'Future City' agenda to plan for the increased worker and residential populations planning has begun for 2036 and beyond. Public Health has a duty to 'make the City a less noisy place'.

An extensive consultation has been carried out with much support for the strategy. This presentation was considered alongside the report below.

**Resolved** – that the update be received.

6. **CITY OF LONDON NOISE STRATEGY 2016 - 2026**

The City of London Corporation published its first Noise Strategy in 2012. The Strategy, approved by the Port Health and Environmental Services Committee on 1<sup>st</sup> May 2012, expired in 2016.

A Noise Strategy for 2016 to 2026 was produced and is appended to this report. It contained 67 actions grouped into 5 key work areas to manage and minimise exposure to excessive noise whilst striving to enhance the quality of the acoustic environment and soundscape of the City of London.

The Noise Strategy will help ensure that the City Corporation fulfils its statutory obligations for managing and minimising exposure to excessive noise. It also reflects the priority placed on the effects of reducing the impact of unwanted sound and the provision of areas of respite from the noisy urban environment on the health of residents, workers and visitors as detailed in the City and Hackney Joint Strategic Needs Assessment.



**Resolved** – that Members received the noise strategy.

7. **ANNUAL REPORT OF THE CITY & HACKNEY SAFEGUARDING CHILDREN BOARD**

Members noted that as part of its statutory functions, the City & Hackney Safeguarding Children Board is required to produce an annual report that reflects a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

**Resolved** – that the update be received.

8. **SUICIDE PREVENTION ACTION PLAN ANNUAL UPDATE**

Members were provided with an update on the progress of the City of London Suicide Prevention Action Plan, one year after it was approved by the Health and Wellbeing Board. It was suggested that the Action Plan be refreshed in order to produce a joint document with the City of London Police to increase the scope of the document, improve partnership working and prevent duplication.

This Board also received an overview of the progress of ‘The Bridge Pilot’ initiative to reduce the number of suicides that occur from London Bridge. It was noted that Officers were working with the Canary Wharf Head of Security to assist with their Suicide Prevention Initiatives.

**Resolved – that Members:**

- Approve that the City of London Suicide Prevention Action Plan be refreshed in order to produce a joint strategy with the City of London Police.
- Review the progress of the actions within the Suicide Prevention Action Plan annually.
- Note the progress of ‘The Bridge Pilot’ and endorse this initiative.

9. **JOINT HEALTH AND WELLBEING STRATEGY**

Members received the final City of London Joint Health and Wellbeing Strategy (JHWS) for following a public consultation period. The Strategy set out the City of London Health and Wellbeing Board’s commitment to improving the health of City residents, workers and rough sleepers.

The Board Members noted that the priorities were:

- Priority 1: Good mental health for all
- Priority 2: A healthy urban environment
- Priority 3: Effective health and social care integration
- Priority 4: Children have the best start in life
- Priority 5: Promoting healthy behaviours.

**Resolved** – that Members approved the content of this report and adopt the Joint Health and Wellbeing Strategy.

10. **NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Director informed Members that following the proposals around the

integration of health and social care. Delegated authority was sought to allow the Director to review and sign up to the Memorandum of Understanding (MoU) for the shadow governance arrangements of the North East London Sustainability and Transformation Plan. The Memorandum of Understanding is not legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements.
- The principles and processes that will underpin the NEL STP governance arrangements.
- The governance framework / structure that will support the development and implementation of the NEL STP.

**Resolved** – that the update be received.

#### 11. **HACKNEY DELEGATED PRIMARY CARE COMMISSIONING**

The Board received an update on the *Delegated Primary Care Commissioning* from the City and Hackney Clinical Commissioning Group (CCG) provides an overview of the CCG's plans for devolved powers in Hackney.

Members noted that as outlined in the devolution business case and agreed by the Hackney Health & Wellbeing Board and the local partners, our vision for City & Hackney was to work together with our patients and providers to deliver an integrated, effective and financially sustainable system that meets the population's health and wellbeing needs. Officers wanted the acute services to fully integrate with community, social care, primary care and tertiary services and we have many successes to build on.

The redesign of the health and social care system through the Hackney Devolution Pilot was intended to improve outcomes for local people. It offered a chance to drive greater integration across the system to achieve common goals and improve outcomes in the priority areas.

**Resolved** – that the update be received.

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

**Resolved** – that Members of the board received an update report focussing on:

- Healthwatch report
- Safer City Partnership update
- Corporate Alcohol Strategy
- Social Wellbeing Panel
- Better Care Fund (BCF) performance
- Launch of Low Emission Neighbourhood
- New City and Hackney Joint Strategic Needs Assessment chapters
- Cooking courses at Golden Lane
- Sustainable City Awards
- Public Health England CityWell case study

**Resolved** – that the report was received.

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

There were no questions.

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

The Chairman of the Board informed Members that Dr David Vasserman would soon be retiring from the Neaman Practice. Board Members wished Dr Vasserman well for the future.

15. **EXCLUSION OF PUBLIC**

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

16. **UPDATE ON CONTRACT DELIVERY WESTMINSTER DRUGS PROJECT**

The Board received a report regarding the delivery of the Westminster Drugs Project. Members agreed that the Board should receive an update from Officers later in the year.

**Resolved** – that the report was received.

17. **AWARD OF THE LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME E-HEALTHCARE SERVICES CONTRACT: REQUEST FOR DELEGATED AUTHORITY**

The Board received a report regarding the award of London Sexual Health Transformation Programme contract. Members agreed that the Board should receive an update from Officers later in the year.

**Resolved** – that the report was received.

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

There were no questions.

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

There was no urgent business.

**The meeting ended at 1:00pm**

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Chairman

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<b>Committee(s)</b>	<b>Dated:</b>
Health & Wellbeing Board	16 June 2017
<b>Subject:</b> Departmental Business Plan: Department of Community and Children's Services	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For information / feedback</b>

## Summary

This report presents, for information, the high level business plan for the Department of Community and Children's Services (DCCS) for the year 2017-18. A draft of this high-level plan was circulated to the Health and Wellbeing Board prior to the Common Council elections.

The new high level business plan for DCCS was approved at the Community and Children's Services Committee on 11 May 2017. It details refreshed departmental priorities and the key outcomes we are aiming to deliver for the period of the plan.

This report also presents an early draft of the Corporate Plan 2018-23 to give Members an opportunity to provide informal feedback before wider consultation on the plan takes place in the autumn with staff, partners and other external stakeholders.

## Recommendation(s)

Members are asked to:

- Note the high-level business plan for the Department of Community and Children's Services
- Note the draft Corporate Plan 2018-23 and provide initial feedback on the content.

## Main Report

### Background

1. A new framework for corporate and business planning is currently being developed, led by the City Corporation's Head of Corporate Strategy and Performance. The aim is for all the work carried out by or supported by the City Corporation to contribute to one overarching goal. This will be achieved by:
  - Identifying the overarching goal and the specific outcomes that support it in the refreshed Corporate Plan;
  - Ensuring that all the work carried out by departments, including projects and development plans, contributes to delivery of the outcomes in the refreshed Corporate Plan, and is included in their business plans;

- Enhancing the “golden thread”, such that everything we do and develop is captured within appropriate departmental business plans, team plans, and individual work plans;
  - Developing a culture of continuous improvement, challenging ourselves about the economy, efficiency and effectiveness of what we do and the value we add.
2. As this new approach involves parallel changes to a number of high-level processes, it will take 2-3 years to be fully implemented, so how plans are presented to Members is likely to develop during this time.

### **Departmental Business Plans**

3. Revised departmental business planning documentation is being introduced in response to Member requests for consistency of presentation across the organisation, and a desire to see a succinct statement of key ambitions and objectives for every department. For this year, we have introduced new standardised high-level summary departmental plans. These will also allow corporate Committees and Sub Committees to see what is being proposed and delivered across the organisation as a whole.
4. Prior to the March Common Council elections, where meeting dates permitted, departments presented draft high-level departmental plans for discussion with their Service Committees. Following feedback from Members and Chief Officers, the standard template for and content of these high-level plans has been finalised. As well as key information on ambitions, budget and planned outcomes, the template requires departments to include information on their plans for cross-departmental and departmental projects, development of the department’s capabilities, and a horizon-scan of future opportunities and challenges.
5. This report presents at Appendix 1 the high-level plan for the Department of Community and Children’s Services. The high-level plan is supported by a more detailed plan for 2017-18, in the format used in previous years. This provides more information on the items highlighted in the high-level plan. During 2017-18, development work will take place on the format of the detailed business plans, with a view to a standard format being introduced for 2018-19 onwards, which will align more closely with the high-level plans.
6. Further work will also take place on monitoring and reporting against the agreed outcomes at both corporate and departmental levels. This responds to Members’ demands for more focussed and meaningful performance measures which demonstrate impact on outcomes rather than just outputs and activity. Ways in which reporting can become streamlined will also be considered.

### **Department of Community and Children’s Services**

7. The new DCCS Business Plan has been developed in consultation with departmental senior managers and their teams. Activities and engagement took place with all teams across the department to capture staff views on the priorities we should focus on and the outcomes that are important to the users of our

services. In interactive sessions staff and managers came up with suggestions for their services. These ideas were captured and distilled into an outcomes framework for the department. A summary of the departmental priority objectives is provided in the high level plan in Appendix 1.

8. A set of key performance indicators (KPIs), from across all the DCCS divisions, have been identified that will allow progress against outcomes to be measured. These are supported by a wide range of other performance indicators that will be used to support the monitoring and reporting of departmental activities.

### **Corporate Plan 2018-23**

9. In parallel with the development of the high-level departmental plans, work has continued on developing a refreshed Corporate Plan for 2018-23. This will include a mission statement which is specific and relevant to the City Corporation; ambitious long-term outcomes against which we can measure our performance.
10. Draft 15-year ambitions developed by Chief Officers in the People, Place and Prosperity Strategic Steering Groups have been edited into three broad strategic objectives, aligned with a draft mission. Twelve draft outcomes are grouped under these objectives to form the basis of the refreshed plan. To support the development of this plan a new Corporate Strategy Network of senior officers has been established. As a first task, this network is mapping activities listed in departmental business plans to draft outcomes in the Corporate Plan so that we can see where our efforts are currently being directed, and use this information to help inform future decisions.
11. A draft of the Corporate Plan is presented at Appendix 2 to give Members an opportunity to provide feedback on the plan before it is discussed at the informal meeting of the Resource Allocation Sub Committee in June. The draft mission, strategic objectives and grouped outcomes are on the first page of the draft plan. The second page describes the strategic principles, competencies and commitments that underpin how we will go about delivering the outcomes.
12. Members will have a further chance to comment on the Corporate Plan at Service Committees and in other working groups in the autumn.
13. Formal consultation will also take place with staff, partners and other stakeholders from September.
14. Officers are aiming to seek full Member approval of the Corporate Plan 2018-23 from the Court of Common Council prior to publication before the start of the 2018-19 financial year. Once the refreshed Corporate Plan has been approved, there will be closer alignment between the Corporate Plan and departmental business plans; for example departmental plans will explicitly refer to the relevant outcomes from the Corporate Plan.

## **Implications**

15. There are no identified financial, risk, legal, Human Resources or equalities implications for this report.

## **Conclusion**

16. This report presents the high level business plan for the Department of Community and Children's Services for information, and an early draft of the Corporate Plan 2018-23, to give Members an opportunity to provide initial feedback before it is discussed at the informal meeting of the Resource Allocation Sub Committee in June and opened out to wider consultation in the autumn.

## **Appendices**

### For Information

1. High level departmental plan – Department of Community and Children's Services

### For Information

2. Draft Corporate Plan 2018-23

## **Background Papers**

- Draft High Level Business Plan for DCCS report to Community and Children's Services Committee – 17 February 2017.
- Departmental Business Plan: Department of Community and Children's Services report to Community and Children's Services Committee – 11 May 2017.

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### **Kate Smith**

Head of Corporate Strategy and Performance

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## We provide care, support and guidance to our diverse communities

### Our ambitions are that:

We support our communities so they:

- Feel safe and have good health
- Are able to achieve their potential
- Are able to exercise choice and feedback on the services they use.

### What we do is:

#### People:

- Adult Social Care, Children's Social Care, Education & Early Years, Homelessness and Rough Sleeping.

#### Commissioning & Partnerships:

- Performance monitoring and analysis, strategic planning and policy, policy development, service commissioning

#### Housing

- Community Development, Housing Benefits, Housing Estate Management and Sheltered Accommodation.

#### Barbican Residential:

- Barbican Estate Management, Property Services and Housing Development.

#### Education Unit:

- Academy Development, Adult Learning, Apprenticeships and Employability.

#### Barbican and Community Libraries / Information Services:

- Community Libraries, Information and Advice.

#### Public Health

- Business Healthy, Health Planning, Pan-London Sexual Health.

### Our budget - 2017/18 - £,000

	Local risk	Central risk
People	6,918	242
Commissioning & Partnerships	1,937	(111)
Housing Revenue Account (HRA)*	(1,230)	(450)
Housing (non - HRA)	810	67
Barbican Residential	(2,390)	(1,035)
Education	500	800
Community Libraries	2,145	309

Above shows the total local and central risk – a detailed breakdown of total net expenditure is shown in the full DCCS Business Plan.

\*HRA total income is £15,038,000  
Public Health grant = £1,657,000

### Our top line objectives are:

#### One - Safe:

- People of all ages live in safe communities, our homes are safe and well maintained and our estates are protected from harm

#### Two - Potential:

- People of all ages can achieve their ambitions through education, training and lifelong-learning

#### Three - Independence, Involvement and Choice:

- People of all ages can live independently, play a role in their communities and exercise choice over their services

#### Four - Health and Wellbeing:

- People of all ages enjoy good health and wellbeing

#### Five - Community:

- People of all ages feel part of, engaged with and able to shape their community

### What we will measure:

Key performance indicators have been identified that map to each of our top line objectives. These will support the monitoring and tracking of progress in delivering identified outcomes and impacts. A summary of these is contained in the detailed DCCS Business Plan.

### Corporate programmes and projects:

1. Deliver an outstanding education offer through our existing and new City of London family of schools
2. Secure efficiencies and better outcomes for service users through the integration of health and social care commissioning across the City of London and Hackney
3. Deliver an expanded corporate apprenticeship programme to provide outstanding employability, training and skills opportunities
4. Collaborate with other departments to ensure the City is a healthy place to live work and do business
5. Manage the transformation of pan-London sexual health services through the mobilisation of e-healthcare service and co-ordination of governance

### Departmental programmes and projects:

6. Improve outcomes and services for children and young people with special education needs and disabilities
7. Increase the City's stock of affordable housing on its HRA estates
8. Expand and develop resident involvement and community development programmes
9. Develop and deliver an "accommodation pathway" for rough sleepers
10. Collaborate with the City of London Police to deliver a joint suicide prevention programme
11. Improve outcomes and experience for adult social care users
12. Improve the breadth and quality of youth services

### How we plan to develop our capabilities this year:

- Developing and launching Workforce Development Strategy
- Strengthening our commissioning resource
- Reviewing departmental risk processes and ensure robust mitigation
- Delivering needs assessment and analysis, and strengthening performance monitoring to inform service design and delivery
- Implement new child and adult social care case management system

### What we are planning to do in the future:

- Respond to the impacts of devolution and public sector reform
- Identify future opportunities for integration of health and social care services to address budgetary and demand pressures
- Identify options to further increase housing supply within the City and across London
- Expand the range and level of apprenticeships offered by the Corporation
- Develop a Libraries First approach in line with the government's vision for public libraries to contribute to local and national priorities
- Identify opportunities to enhance service delivery provided by the addition of community libraries to the department.

### What we will measure:

1. School Ofsted rating and "progress 8" attainment
2. Patient outcomes
3. Apprenticeship delivery, completion and positive destinations
4. "Health in all policies" impact
5. Service take up and outcome
6. SEND dashboard indicators
7. Start on site and completions
8. Participation, reach and satisfaction levels
9. Bed spaces, occupancy and impact on rough sleeping
10. Effectiveness of interventions
11. Service user outcomes, satisfaction, delayed transfer of care; recommissioned telecare
12. Participation and reach of service; NEET young people.



# Draft Corporate Plan 2018 - 23

The City of London Corporation is the governing body of the Square Mile dedicated to a thriving City, supporting a strong, sustainable and diverse London within a globally-successful UK.

We aim to...

## **Benefit society**

By fostering a culture of inclusivity, opportunity and responsibility

## **Shape the future City**

By strengthening its connectivity, capacity and character

## **Secure economic growth**

By promoting the City as the best place in the world to do business

Everything we do supports the delivery of these three strategic objectives. We measure our performance by tracking our impact on twelve outcomes:

### **People**

- People live enriched lives and reach their potential
- People enjoy good health and well-being
- People enjoy our thriving and sustainable public spaces
- People are safe and feel safe

### **Place**

- The Square Mile is the ultimate co-working space: flexible, secure and inspiring
- The Square Mile is digitally and physically well-connected and responsive
- The Square Mile is known for world-leading culture and creativity
- The Square Mile has outstanding public spaces, retail, leisure and hospitality

### **Prosperity**

- The City has the world's best access to global markets and regulatory framework
- The City is the global hub for business innovation – new products, new markets and new ways of doing business
- The City nurtures and has access to the skills and talent it needs to thrive
- The City's activities at home and abroad are known to benefit society and business



# Draft Corporate Plan 2018 - 23

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## What we are responsible for...

London's world-leading financial and business centre, the Square Mile's local authority services, City of London Police, national economic security, London's Port Health Authority, five Thames bridges, London's biggest independent grant-maker, the UK's highest performing group of secondary Academies, three independent schools, Europe's largest multi-arts centre, numerous cultural and educational institutions, three wholesale markets, safe UK animal trade, housing, landholdings and historic green spaces

## We want to...

Deliver far more for the City, the capital and the country by collaborating with our unique breadth and depth of partners and stakeholders

## Our unique selling points are...

Our independent voice

Our convening power and reach

Our long-held traditions yet ability to be a catalyst for change

Our long-term view and local, regional, national and global perspectives

Our private, public and voluntary sector expertise

## We commit to...

Unlocking the potential of our many assets – our people, our stakeholders, our relationships, our buildings and the valued cultural, educational, environmental and commercial assets we oversee

Championing diversity and London's cosmopolitan nature

Listening to our customers and providing excellent services

Being active partners, open to challenge, leading and learning

Innovation, always looking for ways to deliver more and add value through new technologies and smart approaches

Good governance, by driving the relevance, responsibility, reliability and radicalism of everything we do

Upholding our values – Lead, Empower, Trust - and displaying passion, pace, pride and professionalism in everything we do

<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	16/06/2017
<b>Subject:</b> Joint Health and Wellbeing Strategy Action Plan	<b>Public</b>
<b>Report of:</b> Andrew Carter – Director of Community and Children’s Services	<b>For Decision</b>
<b>Report author:</b> Poppy Middlemiss – Strategy Officer (Health and Children)	

## Summary

This report outlines the development of the draft action plan which underpins the City of London Joint Health and Wellbeing Strategy

The draft action plan sets out how the City of London Health and Wellbeing Board will deliver the Joint Health and Wellbeing Strategy in order to improve the health of City residents, workers and rough sleepers, based on five priorities:

- Priority 1: Good mental health for all
- Priority 2: A healthy urban environment
- Priority 3: Effective health and social care integration
- Priority 4: Children have the best start in life
- Priority 5: Promoting healthy behaviours

## Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Approve the Joint Health and Wellbeing Strategy Action Plan

## Main Report

### Background

1. The Health and Social Care Act 2012 requires Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).
2. The City of London Health and Wellbeing Board approved its Joint Health and Wellbeing Strategy in January 2017, following consultation with a range of stakeholders, including a series of local events and engagement with residents and workers in the City of London
3. The strategy outlined the Health and Wellbeing Board’s five priorities:
  - Priority 1: Good mental health for all
  - Priority 2: A healthy urban environment

- Priority 3: Effective health and social care integration
  - Priority 4: Children have the best start in life
  - Priority 5: Promoting healthy behaviours
4. An action plan which outlines how we will deliver the vision and priorities of the Joint Health and Wellbeing Strategy has been developed in conjunction with the Health and Wellbeing Advisory Group. Members of the Health and Wellbeing Advisory Group include senior officers across the City Corporation whose work contributes to improving the health and wellbeing of City residents, workers and rough sleepers. This includes officers from Markets and Consumer Protection, HR, Housing, Libraries and Community Safety. The City of London Police are also represented.

### **Proposals**

5. The Joint Health and Wellbeing Strategy Action Plan lists actions under the strategy's five priorities. The action plan aims to draw together the key pieces of work being done by the Corporation and its partners to improve health and wellbeing in the City of London.
6. To reflect the new action plan, the key performance indicators list will be refreshed. The Health and Wellbeing Board will be updated on the progress of the action plan and accompanying key performance indicators every 6 months.
7. Some of the main additions to the new action plan include the implementation of the Social Wellbeing Strategy, raising the profile of health and wellbeing across the Corporation and reviewing and re-commissioning childhood obesity services with the London Borough of Hackney.

### **Corporate & Strategic Implications**

8. The Joint Health and Wellbeing Strategy Action Plan supports the following priority from the Department of Community and Children's Services Business Plan: Priority Two – Health and Wellbeing: Promoting the health and well-being of all City residents and workers and improving access to health services in the square mile.

### **Implications**

9. The Joint Health and Wellbeing Strategy is a statutory document

### **Health Implications**

10. The Joint Health and Wellbeing Strategy Action Plan will have a positive impact on health and wellbeing in the City of London.

## **Conclusion**

11. The City of London has a statutory requirement to produce a Joint Health and Wellbeing Strategy which outlines the commitment to improving the health of City residents, workers and rough sleepers.
12. Health and Wellbeing Board Members are asked to approve the City of London Joint Health and Wellbeing Strategy Action plan.

## **Appendices**

- Appendix 1 – Draft Joint Health and Wellbeing Strategy Action Plan

### **Poppy Middlemiss**

Strategy Officer (Health and Children)

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# Joint Health and Wellbeing Strategy Action Plan City of London

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## Joint Health and Wellbeing Strategy Action Plan/2017-2020

2017-202

<b>Name</b>	Joint Health and Wellbeing Strategy Action Plan		
<b>Duration:</b>	2017-2020		
<b>Relevant strategies:</b>	Noise, Air Quality, Social Wellbeing, Mental Health, Suicide Prevention,		
<b>Board responsible for monitoring plan:</b>	Health and Wellbeing Board		
<b>Owner:</b>	Consultant in Public Health		
<b>Implementation date:</b>	June 2017	<b>Review date:</b>	June 2018

<b>Priority:</b>	Good mental health For all				
<b>Objective (if applicable):</b>	For more children, adults and older people in the City of London to have good mental health.				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.1	Implement the Mental Health Strategy and Action Plan <ul style="list-style-type: none"> <li>Provide annual implementation and performance reports to the Health and Wellbeing Board</li> <li>Review and renew the strategy</li> </ul>	March 2015	March 2018 January 2018 January 2018	<ul style="list-style-type: none"> <li>Reduced occurrence, severity and duration of mental ill health</li> </ul>	DCCS (Strategy Officer, Health and Children)
1.2	Implement the Suicide Prevention Action Plan <ul style="list-style-type: none"> <li>Provide annual implementation and performance reports to the Health and Wellbeing Board</li> </ul>	June 2017	June 2020 June 2018	<ul style="list-style-type: none"> <li>Reduction in suicides and suicide attempts in the City of London</li> </ul>	DCCS (Strategy Officer, Health and Children); City of London Police M&CP / Port Health & Public Protection (Lead Officer - Health & Safety )
1.3	Implement the Social Wellbeing Strategy and action plan <ul style="list-style-type: none"> <li>Social Wellbeing Action Plan complete</li> <li>Annual update to Health and Wellbeing Board</li> </ul>	June 2017	June 2020 Sep 2017 June 2018	<ul style="list-style-type: none"> <li>Increased wellbeing among target groups as measured by the Loneliness Measurement Tool</li> </ul>	DCCS (Strategy Officer, Housing and Adults)

**Joint Health and Wellbeing Strategy Action Plan/2017-2020**

<b>Priority:</b>		Good mental health For all			
<b>Objective (if applicable):</b>		For more children, adults and older people in the City of London to have good mental health.			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
1.4	Investigate the feasibility of creating a workplace health centre in the City, which would offer specific support for mental health, particularly for lower-paid City workers. <ul style="list-style-type: none"> <li>Scoping document for workplace health centre to be taken to Health and Wellbeing board</li> </ul>	April 2017	December 2017  December 2017	<ul style="list-style-type: none"> <li>Feasibility study complete</li> </ul>	DCCS (Public Health Consultant; Project Officer, Business Healthy)
1.5	Promote initiatives in the Square Mile that encourage employers to support staff with mental health issues, such as the Lord Mayor’s Appeal’s “This is Me – In the City” <ul style="list-style-type: none"> <li>Business Healthy to recruit 10 new organisations to the This is Me campaign</li> <li>CoLC to promote the London Healthy Workplace Charter.</li> </ul>	June 2017  June 2017	June 2018  June 2020	<ul style="list-style-type: none"> <li>Increased participation in initiatives and events by employers</li> <li>Increased use of relevant Business Healthy resources</li> </ul>	DCCS (Business Healthy Project Officer) M&CP / Port Health & Public Protection (Lead Officer - Health & Safety )
1.6	Signpost City workers and residents to support for mental health issues <ul style="list-style-type: none"> <li>Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent’s Release the Pressure campaign) Follow up survey (September 2017)</li> </ul>	June 2017	17 <sup>th</sup> July 2017	<ul style="list-style-type: none"> <li>advertising campaign in place</li> <li>increase in website traffic to MH service page of COL website</li> <li>Positive impact reported by survey</li> </ul>	DCCS /Public Health consultant; Project Officer, Business Healthy)
1.7	Identify those who may be at risk of financial abuse in the City of London and develop work to raise awareness of the range of risks/methods associated with this form of abuse and how residents can protect themselves. <ul style="list-style-type: none"> <li>The co-ordination of data sharing between</li> </ul>	May 2017	May 2018  May 2018	<ul style="list-style-type: none"> <li>Increased awareness and resilience to risk</li> <li>Reduction in financial abuse of children, young people and adults</li> </ul>	M&CP / Port Health & Public Protection (Trading Standards Manager) DCCS (Assistant Director, People)

Joint Health and Wellbeing Strategy Action Plan/2017-2020

<b>Priority:</b>		Good mental health For all			
<b>Objective (if applicable):</b>		For more children, adults and older people in the City of London to have good mental health.			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
	partners <ul style="list-style-type: none"> <li>Identify vulnerable residents.</li> <li>An awareness and prevention leaflet circulated to residents.</li> <li>A proactive awareness-raising service offer developed for residents.</li> <li>A launch event to coincide with International Fraud Awareness week</li> </ul>		May 2018 June 2017  November 2017  November 2017		

<b>Priority:</b>		A healthy urban environment			
<b>Objective (if applicable):</b>		To create a healthy place for people who live in, work in and visit the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
2.1	Support the implementation of the Air Quality Strategy <ul style="list-style-type: none"> <li>Develop and promote an improved system for notifying City residents and workers of pollution incidents</li> <li>Reduce emissions from new developments through publication of a Supplementary Planning Document for air quality</li> <li>Develop and implement an action plan for reducing emissions from</li> </ul>	June 2017	March 2020 November 2017  August 2017  March 2018	<ul style="list-style-type: none"> <li>Improved air quality (reduced particulate matter)</li> </ul>	MCP / Port Health& Public Protection (Air Quality Manager)

**Joint Health and Wellbeing Strategy Action Plan/2017-2020**

<b>Priority:</b>		A healthy urban environment			
<b>Objective (if applicable):</b>		To create a healthy place for people who live in, work in and visit the City of London			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
	combustion plant machinery				
2.2	<p>Support the Implementation of the Noise Strategy</p> <ul style="list-style-type: none"> <li>Reduce environmental impacts of construction and demolition by consulting on a draft and launching a refreshed and updated Construction Code of Practice.</li> <li>Investigate options for improving the evidence base for noise and soundscape issues and produce a report of recommendations.</li> </ul>	June 2017	<p>March 2026 June 2018</p> <p>March 2018</p>	<ul style="list-style-type: none"> <li>Report produced and evidence base proposed</li> </ul>	M&CP / Port Health & Public Protection ( Pollution Team Manager)
2.3	<p>Ensure health and wellbeing is considered and incorporated into the Local Plan</p> <ul style="list-style-type: none"> <li>Public Health to engage with consultation and scoping meetings for the Local Plan and identify health and wellbeing considerations</li> </ul>	June 2017	<p>November 2017 November 2017</p>	<ul style="list-style-type: none"> <li>Health and wellbeing considerations incorporated into the Local Plan</li> </ul>	DCCS/ Public Health (Strategy Officer, Health and Children)
2.4	<p>Raise profile of Health and Wellbeing Board agenda and Health in All Policies.</p> <ul style="list-style-type: none"> <li>Hold a learning lunch for staff on health and wellbeing and the influence different departments can have</li> <li>Coordinate Health and Wellbeing Board Advisory group with senior officers from across the City Corporation.</li> </ul>	May 2017	<p>May 2018</p> <p>December 2017</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>Increased awareness and reference to health issues in corporate and departmental policies</li> </ul>	DCCS (Executive Support Officer)

## Joint Health and Wellbeing Strategy Action Plan/2017-2020

<b>Priority:</b>		A healthy urban environment			
<b>Objective (if applicable):</b>		To create a healthy place for people who live in, work in and visit the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
2.5	Develop a Housing Strategy which will look at our approach to housing management and set out approach to delivering 700 new home in the Housing Revenue Account by 2025. <ul style="list-style-type: none"> <li>Finalised strategy to be presented at the Health and Wellbeing Board</li> </ul>	June 2017	March 2018  March 2018	<ul style="list-style-type: none"> <li>New homes delivered</li> </ul>	DCCS (Strategy Officer, Housing and Adults)

<b>Priority:</b>		Effective health and social care integration			
<b>Objective (if applicable):</b>		That further development of integrated health and social care services reflect and meet City residents' needs effectively			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.1	Maintain a focus on integration at the Adult Wellbeing Partnership, SEND Programme Board, Children's Executive Board and other key strategic forums with partners	Ongoing	Ongoing	<ul style="list-style-type: none"> <li>City needs and opportunities for health are identified and articulated</li> </ul>	DCCS/ Integration Programme Manager
<b>3.2</b>	<b>Better Care Fund 2017 - 19</b>				
	Secure approval of Better Care Fund for 2017/18	April 2017	March 2018	<ul style="list-style-type: none"> <li>City of London plans approved by NHSE</li> </ul>	DCCS/ Integration Programme Manager
	Secure approval of Better Care Fund for 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> <li>City of London plans approved by NHSE</li> </ul>	DCCS/ Integration Programme Manager
	Meet national conditions for BCF for 2017/18	April 2017	March 2018	<ul style="list-style-type: none"> <li>National conditions met</li> </ul>	DCCS/ Integration Programme Manager
	Meet national conditions for BCF for 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> <li>National conditions met</li> </ul>	DCCS/ Integration Programme Manager

Joint Health and Wellbeing Strategy Action Plan/2017-2020

<b>Priority:</b>		Effective health and social care integration			
<b>Objective (if applicable):</b>		That further development of integrated health and social care services reflect and meet City residents' needs effectively			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
	Delivery of BCF plans 2017/18	April 2017	March 2018	<ul style="list-style-type: none"> <li>Delivery of BCF plans on time and to budget</li> </ul>	DCCS/ Integration Programme Manager
	Delivery of BCF plans 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> <li>Delivery of BCF plans on time and to budget</li> </ul>	DCCS/ Integration Programme Manager
3.3	<b>Integrated Commissioning</b>				
	Establishment of integrated commissioning governance for the City of London		April 2017	<ul style="list-style-type: none"> <li>City Integrated Commissioning Board established</li> </ul>	DCCS/ Integration Programme Manager
	Workstreams, Transformation Board and ICBs receiving City specific information where appropriate and necessary	Ongoing	Ongoing	<ul style="list-style-type: none"> <li>Appropriate City representation within governance structure</li> <li>City element of agendas / reports and work undertaken</li> </ul>	DCCS/ Integration Programme Manager

<b>Priority:</b>		All Children have the best start in life			
<b>Objective (if applicable):</b>		Every child to reach their full potential			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
4.1	Work with school staff to come up with and deliver offer for Sir John Cass Primary School to contribute to Healthy School application <ul style="list-style-type: none"> <li>Sir John Cass Primary School to be accredited as a Healthy School</li> </ul>	June 2017	June 2018  June 2018	<ul style="list-style-type: none"> <li>Healthy school status achieved</li> </ul>	DCCS (Public Health Commissioning Manager, Strategy Officer, Health and Children)

**Joint Health and Wellbeing Strategy Action Plan/2017-2020**

4.2	<p>Develop a service to increase levels of parental employment in the City</p> <ul style="list-style-type: none"> <li>• Service specification developed</li> <li>• Service delivered to City residents</li> </ul>	June 2017	<p>June 2018</p> <p>Aug 2017 November 2017</p>	<ul style="list-style-type: none"> <li>• Level of participation in programme</li> <li>• Employment outcomes secured</li> </ul>	DCCS (Strategy Officer, Health and Children)
4.3	<p>Develop a Children and Young People’s Plan</p> <ul style="list-style-type: none"> <li>• Develop comprehensive child health needs assessment</li> <li>•</li> </ul>	June 2017	<p>March 2018</p> <p>September 2017</p>	<ul style="list-style-type: none"> <li>• Finalised plan to be presented to Health and Wellbeing Board</li> </ul>	DCCS (Strategy Officer, Health and Children)
4.4	<p>Review childhood obesity services with the London Borough of Hackney and agree a revised strategy</p> <ul style="list-style-type: none"> <li>• Strategy for commissioning childhood obesity services developed and implemented</li> <li>•</li> </ul>	June 2017	<p>April 2018</p> <p>September 2017</p>	<ul style="list-style-type: none"> <li>• Services aimed at reducing childhood obesity commissioned jointly with the London Borough of Hackney</li> </ul>	DCCS (Strategy Officer, Health and Children)
4.5	<p>Promote MECC training to frontline staff working with children.</p> <ul style="list-style-type: none"> <li>• Make Every Contact Count training provided for frontline staff (including schools and children centres) to partners</li> </ul>	June 2017	<p>May 2020</p> <p>October 2017</p>	<ul style="list-style-type: none"> <li>• Increased participation in training</li> </ul>	DCCS (Strategy Officer, Health and Children)
4.6	<p>Work with Open Spaces to promote opportunities for play for young people within the City of London and also open spaces outside of the Square Mile</p> <ul style="list-style-type: none"> <li>• Communications strategy developed for Children’s Centres and other partners to promote opportunities for play.</li> </ul>	June 2017	<p>May 2020</p> <p>December 2017</p>	<ul style="list-style-type: none"> <li>• Increased awareness and take up of opportunities</li> </ul>	DCCS/ Public Health (Strategy Officer, Health and Children, Communications Manager); Open Spaces



<b>Priority:</b>		Promoting healthy behaviours			
<b>Objective (if applicable):</b>		Reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
5.1	Develop and implement a Corporate Alcohol Strategy <ul style="list-style-type: none"> <li>Alcohol Strategy approved by Health and Wellbeing Board</li> </ul>	May 2017	May 2020 September 2017	<ul style="list-style-type: none"> <li>Improvements in responsible licencing</li> <li>Reductions in crime and antisocial behaviour in relation to alcohol</li> <li>Awareness-raising with businesses and local communities.</li> </ul>	DCCS (Executive Support Officer) M&CP / Port Health & Public Protection (Licensing Team Manager) Community Safety
5.2	Reduce harm of second hand smoke and stop young people from taking up smoking <ul style="list-style-type: none"> <li>Increase the number of smoke free spaces in the City</li> </ul>		June 2018	<ul style="list-style-type: none"> <li>Reduced parental smoking</li> <li>Reduced smoking in parks and play areas</li> </ul>	DCCS/ Public Health (Poppy Middlemiss)
5.3	Help tobacco users to quit <ul style="list-style-type: none"> <li>Continue to commission stop smoking service which includes e-cigarette offer.</li> <li>Hold public health awareness raising campaigns such as Stoptober</li> <li>Trading standards to enforce new tobacco product regulation (plain packaging, vaping chemicals ,</li> </ul>	June 2017	March 2020 Ongoing October 2017 October 2017	<ul style="list-style-type: none"> <li>Increase in resident and workers quitting smoking</li> </ul>	Public Health (Public Health Commissioning Manager, Project Officer, Business Healthy); WDP;

Joint Health and Wellbeing Strategy Action Plan/2017-2020

<b>Priority:</b>		Promoting healthy behaviours			
<b>Objective (if applicable):</b>		Reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
	underage sales) <ul style="list-style-type: none"> <li>Smokefree awareness raising and enforcement in CoLC owned areas – e.g. Leadenhall Market</li> </ul>		October 2017		M&CP (Trading Standards Manager) M&CP / Port Health & Public Protection (Lead Officer, Health & Safety ) City Surveyors)
5.4	Establish new GUM service provision in the City of London	June 2017	May 2018 May 2018	<ul style="list-style-type: none"> <li>New clinic is opened and operational</li> </ul>	DCCS (Public Health Consultant)
5.5	Work with E-sexual health service to achieve channel shift and reduce clinic visits	June 2017	May 2018 May 2018	<ul style="list-style-type: none"> <li>Increased uptake of the e-sexual health service and corresponding reduction in terrestrial clinic visits by 10%.</li> </ul>	DCCS (Public Health Consultant)
5.8	Develop a profile of the health needs of rough sleepers	June 2017	May 2018 May 2018	<ul style="list-style-type: none"> <li>Report to be presented at the Health and Wellbeing Board</li> </ul>	DCCS (Homelessness and Housing Options Manager)
5.9	Input to the new corporate catering contract, ensuring that it incorporates the promotion of healthy eating behaviours	June 2017	September 2017 March	<ul style="list-style-type: none"> <li>Prominent positioning of healthy options in the Gild</li> <li>Attend Catering Service Group working meetings and input to tender process</li> </ul>	DCCS (Business Healthy Project Officer) M&CP / Port Health & Public

Joint Health and Wellbeing Strategy Action Plan/2017-2020

<b>Priority:</b>		Promoting healthy behaviours			
<b>Objective (if applicable):</b>		Reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
			2018 January 2018	<ul style="list-style-type: none"> <li>Seek Member approval to get an holistic Healthy Eating Strategy enshrined in the 2018/2019 Food Safety Enforcement Plan</li> </ul>	Protection (AD (PP)Lead Officer Food Safety)
5.10	Reduce injuries and fatalities on City of London roads <ul style="list-style-type: none"> <li>Public health to support the Road Danger Reduction Team in promotion of road safety initiatives</li> </ul>	June 2017	Ongoing	<ul style="list-style-type: none"> <li>Successful implementation of schemes such as “Bank on Safety”</li> </ul>	DCCS (Strategy Officer, Health and Children) Business Healthy Project Officer)
5.11	Promote active commuting <ul style="list-style-type: none"> <li>Public Health to support the Active City Network to promote active commuting such as walking and cycling.</li> </ul>	June 2017	May 2020	<ul style="list-style-type: none"> <li>Increased walking and cycling by commuters</li> </ul>	DCCS (Strategy Officer, Health and Children Business Healthy Project Officer)
5.12	Develop and implement Business Healthy Strategy <ul style="list-style-type: none"> <li>Business Healthy Strategy agreed at Health and Wellbeing Board</li> </ul>	June 2017	May 2020 June 2017	<ul style="list-style-type: none"> <li>Increased membership and participation by employers</li> </ul>	DCCS (Business Healthy Project Officer)
5.13	Increase residents’ capacity to cook healthy and affordable food <ul style="list-style-type: none"> <li>Commission two healthy cooking courses for adults in the City of London in 2017/18</li> <li>Commission healthy cooking course for young people in the City of London</li> </ul>	April 2017	March 2018 March 2018 October 2017	<ul style="list-style-type: none"> <li>Increased participation in schemes</li> </ul>	DCCS (Strategy Officer, Health and Children))
5.14	Encourage City workers/residents to take out gym memberships <ul style="list-style-type: none"> <li>Trading Standards to work with gyms to improve gym</li> </ul>	June 2017	May 2018	<ul style="list-style-type: none"> <li>Increased usage of Golden Lane Leisure centre and other facilities</li> </ul>	M&CP / Port Health & Public Protection

**Joint Health and Wellbeing Strategy Action Plan/2017-2020**

<b>Priority:</b>		Promoting healthy behaviours			
<b>Objective (if applicable):</b>		Reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
	membership cancellation clauses				(Trading Standards Manager)

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<b>Committee(s)</b>	<b>Dated:</b>
Community and Children’s Services – For Decision Health and Wellbeing Board – For Decision	11 May 2017 16 June 2017
<b>Subject:</b> Social Wellbeing Strategy	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services	<b>For Decision</b>
<b>Report author:</b> Adam Johnstone, Strategy Officer	

## Summary

This report presents a proposed Social Wellbeing Strategy for the City of London Corporation.

Tackling social isolation and loneliness has been identified as a priority in the DCCS Business Plan, in the City Corporation’s Joint Health and Wellbeing Strategy and Mental Health Strategy and by the Adult Advisory Group.

The Strategy recommends that the City Corporation should take a number of actions to reduce loneliness and improve social wellbeing. These are based on community research carried out by Dr Roger Green of Goldsmiths, University of London and recommendations made by the Social Wellbeing Panel.

## Recommendation

Members are asked to approve the proposed Social Wellbeing Strategy.

## Main Report

### Background

1. A recent report from Age UK found that one in three people aged 65 or over are lonely. This is an important public health issue. Loneliness leads directly to lower personal wellbeing and has a significant impact on physical and mental health, which in turn leads to earlier than expected health and social care needs. It can also mean that a person is more at risk of abuse or neglect.
2. The City Corporation already provides a number of services to tackle social isolation, including the Reach Out Network of groups for older people, carers and those with a diagnosis of dementia; a befriending service commissioned from Age Concern; and a range of classes, groups and events delivered through the libraries, Golden Lane Sport & Fitness Centre, the Adult Skills and Education Service, Spice Time Credits and the Neighbourhood Development team.

3. However, there are still reasons to believe that City of London residents may be at risk of loneliness. In 2014, the City Corporation, together with Healthwatch, held a series of Aging Well in the City events. Residents consistently raised tackling social isolation and loneliness as a priority. The City's older population and the prevalence of single-person households also make loneliness statistically more likely.
4. Doing more to tackle social isolation has subsequently been identified as a priority in the DCCS Business Plan, in the City Corporation's Joint Health and Wellbeing Strategy and Mental Health Strategy and by the Adult Advisory Group.
5. The City Corporation commissioned Dr Roger Green of Goldsmiths, University of London to investigate the extent and causes of and possible solutions to loneliness for older people in the City of London. His research was presented to the Community and Children's Services Grand Committee in July 2016 and has underpinned the development of the Social Wellbeing Strategy.
6. In September 2016, the Community and Children's Services Grand Committee approved the formation of a Social Wellbeing Panel to learn more about how to reduce loneliness in the City of London and to hear about successful interventions implemented elsewhere. The Panel heard from experts on social isolation among several different groups and made recommendations that form the basis of the Social Wellbeing Strategy.

### **Social Wellbeing Strategy**

7. The Social Wellbeing Strategy is presented in Appendix A. This looks at the evidence for the extent and effects of loneliness, explores what interventions have been most successful elsewhere and recommends a number of actions the City Corporation should take to reduce loneliness. These are presented below in four themes.
8. A month-long public consultation was carried out, with face-to-face events, a consultation website and leaflets in libraries and other public venues. In total, 55 people responded, and 80 per cent agreed or strongly agreed with the Social Wellbeing Strategy. A summary of the consultation is provided in Appendix B.

### **Theme One: Asset-Based Community Development**

9. An asset-based approach makes the most of the skills and talents already present in the community. This recognises that local people know what is best for their community, that peer support is the most effective way of helping people through difficulties and that volunteering is a way to wellbeing in its own right.
10. The actions proposed under this theme include a Community Connector service to link up individuals based on communities of interest; continued neighbourhood development work to grow communities of place; and targeted interventions for three groups of City residents at greater risk of experiencing loneliness – expectant and new parents, older lesbian, gay, bisexual and transgender (LGBT)

people and older black and minority ethnic (BAME) women.

### **Theme Two: Shared Spaces**

11. Shared spaces are essential if relationships are to develop naturally and if community building is to take place. Spaces should be welcoming and informal and host activities with a wide appeal, while services should seek to engage with people in the places where they naturally go.
12. The actions proposed under this theme include exploring the feasibility of capital works at Barbican Library to create a new community space; proposals to enhance current community spaces at Golden Lane and Mansell Street; and working with other community spaces such as supermarkets, places of worship and GP surgeries.

### **Theme Three: Early Intervention**

13. Providing timely support can limit the effects of loneliness. Support can be provided by offering light-touch interventions in relaxed settings, which encourages people to open up and seek help for more serious issues, and by having sustained and consistent communication reiterating that help is available.
14. The actions proposed under this theme include increasing awareness of social activity with a one-stop website and a City 'Over 50s' guide, including social wellbeing outreach in the work of leisure services and building partnerships between City Corporation services and the Clinical Commissioning Group's pilot Social Prescribing Service.

### **Theme Four: Building Skills**

15. Increasing the ways in which residents can communicate, by helping them to either improve their language skills or get online, means they can enjoy social opportunities that were previously unavailable to them. Encouraging people to develop interpersonal skills can also help them form and maintain relationships.
16. The actions proposed under this theme include providing additional English for Speakers of Other Languages (ESOL) classes for residents and IT training to enable more people to get online and connect with friends and family or those who share their interests.

### **Next Steps**

17. If the Social Wellbeing Strategy is approved, officers will develop an action plan detailing how each of the proposed actions will be progressed. The action plan will include an assessment of the likely cost of each action.
18. It is proposed that a bid is submitted to use funds from the Community Infrastructure Levy for capital works in the Barbican Library.

19. At this stage, officers believe the actions in the Social Wellbeing Strategy would not require significant additional funding and could be resourced from within existing budgets such as the Better Care Fund.

### **Corporate & Strategic Implications**

20. The second priority in the Community and Children's Services Business Plan 2015–17 is to promote wellbeing so that people in the City feel safe, are socially connected and supported, and feel a sense of pride in and satisfaction with the community where they live. Reducing social isolation and loneliness supports this objective.

### **Financial Implications**

21. The financial implications are as set out in the report.

### **Legal Implications**

22. Section 1 of the Care Act 2014 requires local authorities to promote individual wellbeing, and this strategy is in accordance with the City of London's statutory duty.

### **Equalities Implications**

23. An Equalities Test of Relevance exercise has been carried out for the Social Wellbeing Strategy, attached as Appendix C. As this found that the strategy would have either a positive or neutral impact on all protected characteristic groups, a full Equality Impact Assessment has not been carried out.

### **Conclusion**

24. The proposed Social Wellbeing Strategy would enhance the City Corporation's efforts to reduce social isolation and loneliness. This is an important way to improve the health and wellbeing of City residents. Socially connected individuals have better physical and mental health, develop support needs later in life and are at less risk of abuse.

### **Appendices**

- Appendix A – Social Wellbeing Strategy
- Appendix B – Public consultation summary
- Appendix C – Equalities Test of Relevance

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# **Social Wellbeing Strategy 2017**

Reducing loneliness and  
building communities

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## 1. Vision and objectives

The City of London Corporation's Adult Wellbeing Principles includes a commitment that people are not socially isolated and that they have the relationships and support they need. The objective of this strategy is to realise this commitment in practice.

## 2. Background

### 2.1 The extent of loneliness

Loneliness is a national issue. A report from Age UK found that 7 per cent of people aged 65 or over in England said they always or often felt lonely. Including those who say they are sometimes lonely, the figure rises to 33 per cent.<sup>1</sup> There are reasons to believe that the City may be particularly affected, due to its older population and the prevalence of single person households. Greater London has an average of 11 per cent of residents over 65, while the City has 14 per cent, and 51 per cent of these older people live alone, compared to a national average of 33 per cent.

While loneliness can affect anyone, certain groups have been found to be more at risk. Older people are significantly more likely to be at risk, especially when coupled with a loss of income or existing relationships, living alone or in residential care. Being single, widowed, divorced or never married increases the risk of loneliness, as does having a partner or child but not feeling close to them.<sup>2</sup> A range of personal characteristics make loneliness more likely, such as entering later old age (75 years and over), being from an ethnic minority community, being gay or lesbian or having a mobility, cognitive or sensory impairment.<sup>3</sup>

While social isolation is mostly viewed an issue for older people, it can be an issue at any stage of life. A survey conducted on behalf of Family Action found that one in five new mothers lack support networks to help them through pregnancy. Among mothers living in low income households or from certain ethnic minorities, the figure rises substantially.<sup>4</sup> Research by the New Economics Foundation estimated around 1 million workers in the UK experience loneliness, with a total cost to employers of £2.5 billion per year.<sup>5</sup>

Policy makers are concerned about loneliness for three reasons. Firstly, because dissatisfaction with one's level of social contact leads to lower personal wellbeing. Secondly, being lonely has a significant impact on an individual's physical and mental health, which in turn leads to earlier than expected support needs and requires the provision of health and social care services.<sup>6</sup> Finally, social isolation can mean that someone is more at risk of abuse or neglect.

A survey by the Campaign to End Loneliness found that 16 per cent of over 60s would not know where to go for help if they were feeling lonely, while many more people are unwilling to seek help or identify as lonely because of the stigma associated with the issue. This is therefore not an issue which all individuals will have the capacity to solve for themselves and intervention from the statutory, voluntary and community sectors is required.

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<sup>1</sup> Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

<sup>2</sup> Panayotes Demakakos, Susan Nunn and James Nazroo (2006), 'Loneliness, relative deprivation and life satisfaction', Retirement, health and relationships of the older population in England

<sup>3</sup> Campaign to End Loneliness 'Risk Factors: Factsheet', <http://campaigntoendloneliness.org/guidance/wpcontent/uploads/2015/06/Risk-factorsGFLA.pdf>

<sup>4</sup> Janaki Mahadevan (2012) 'New mums lack support to cope with isolation and depression', Children and Young People Now.

<sup>5</sup> New Economics Foundation and the Co-op (2017), 'The Cost of Loneliness to UK Employers'

<sup>6</sup> The costs of an individual being chronically lonely are estimated at £12k per year in additional GP and A&E visits and social care costs.

## 2.2 Social isolation and loneliness

While isolation and loneliness are closely linked, they are two distinct concepts. Isolation is an objective term to describe a person with limited social connections. Loneliness is a subjective measure of a person's feelings about their social relationships. It is a deeply personal state and a level of social contact that may satisfy one person may leave another feeling profoundly alone.

While the two states are related, one does not imply the other. It is possible to be isolated but not lonely. A person may prefer solitude and find that this has no impact on their quality of life. It is also possible to be lonely in a crowd. Older people in large households and care homes are more likely to feel lonely.<sup>7</sup> Both isolation and loneliness are recognised as issues that should be addressed to improve wellbeing, although it is uncertain whether they have independent effects or whether isolation only impacts on health through loneliness. There are therefore three groups to consider when working to improve social wellbeing:

- the socially isolated and lonely – the most obvious target of any intervention, whose loneliness may be reduced by reducing their level of social isolation;
- the socially connected but lonely – interventions targeting this group may concentrate more on improving the quality of existing relationships, providing opportunities for specific interactions or reframing attitudes to the time they are alone;
- the socially isolated but satisfied – although happy with their limited social relationships, this group could be at risk if their personal circumstances change.

The importance of preventative work with this third group is highlighted by a recent investigation by the British Red Cross and the Co-op.<sup>8</sup> Their research identified that life transitions, when an individual's relationships or role in society suddenly and substantially changed, were common triggers for loneliness. An example of such a transition could be retirement, becoming a parent or experiencing bereavement. While offering support after the event is important, the effect can be more effectively mitigated by ensuring the individual has adequate social connections prior to the transition point being reached.

## 2.3 Policy context

The 2010 Marmot Review sought to identify the most effective evidence based strategies for reducing health inequalities. These included:

- putting empowerment of individuals and communities and reducing social isolation at the heart of action on health inequalities;
- paying attention to the importance of stress and mental health in shaping physical health and life chances, and the importance of personal and community resilience;
- concentrate on the 'causes of the causes' – that is, invest more in the material and psychosocial determinants of health.

The Care Act 2014 creates a clear imperative for a range of partners to take action on loneliness. It states that a local authority must promote wellbeing when carrying out its support duties. The wellbeing principle includes; personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by an individual over day to day life, participation in work, education and leisure activities, social and economic wellbeing, maintaining personal relationships and the individual's contribution to society. Loneliness and social isolation present substantial barriers to a number of these principles.

<sup>7</sup> Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

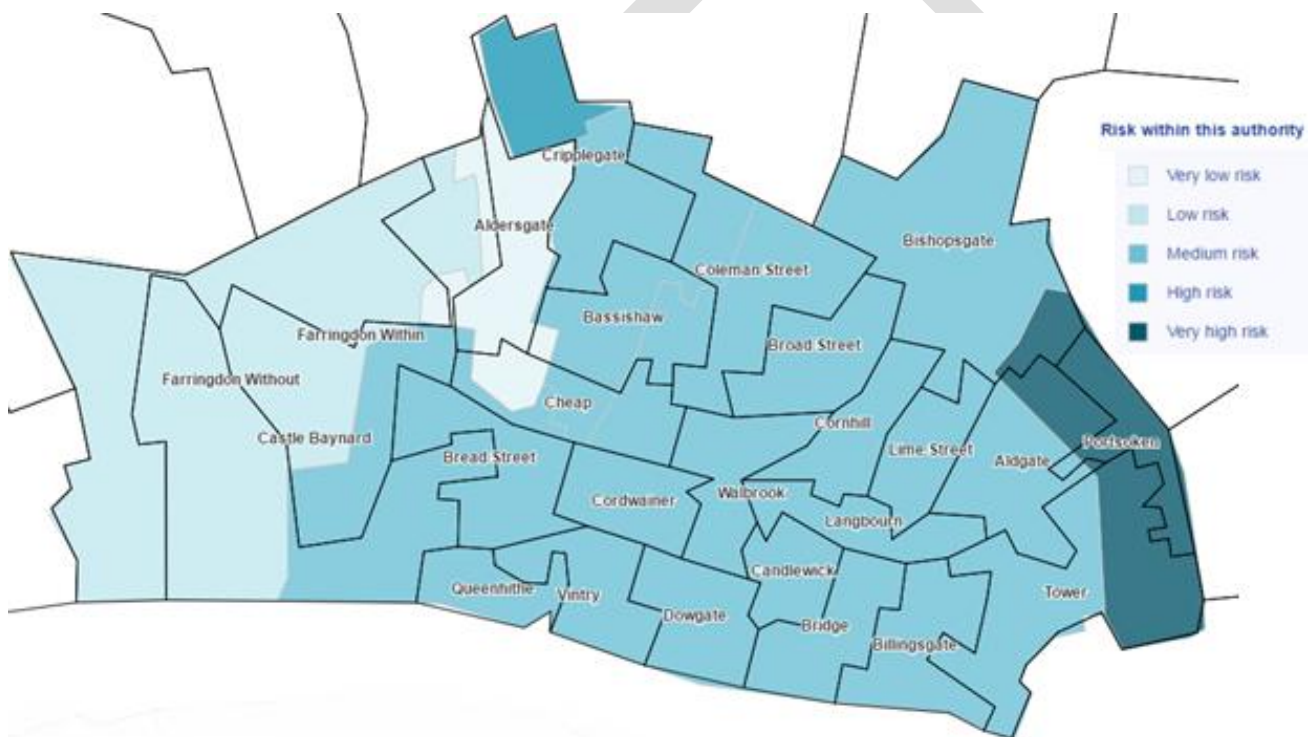
<sup>8</sup> Co-op and British Red Cross (2016) 'Trapped in a bubble: An investigation into triggers for loneliness in the UK'

### 3 Loneliness in the City

#### 3.1 Older people

In the City 14 per cent of residents are aged 65 and over, higher than the Greater London average of 11 per cent. The City also has a higher proportion of people in later old age with 4 per cent of the population over 75 years of age, compared to a Greater London figure of 3 per cent. The City has a large number single person households and around a fifth of these are home to a person over 65. In the City, 34 per cent of people live alone; 31 per cent of people aged under 65 and 51 per cent of people aged 65 years or over.<sup>9</sup>

The majority of these people will not be lonely. However, as older age and living alone are strong risk factors, they can be used as a starting point to estimate the likely level of need. Age UK have analysed data from the English Longitudinal Study of Aging (ELSA) and the Office for National Statistics to predict the risk of loneliness in the older population. The darker areas of the map (below) show the areas with the greatest predicted prevalence of loneliness. The prediction is based age, marital status, household size and self-reported health. The darker the map, the greater the probability of loneliness predicted by the model.



This indicates that older people in two areas, Golden Lane and Portsoken, home to large concentrations of the City's population, stand out as being high risk and very high risk areas.

That the City's other main population centre, the Barbican, appears to be relatively low risk is likely due to the map's focus on poor physical health as a cause of, and thereby proxy for, loneliness. While older residents living in the Barbican may be less likely to report poor health than their counterparts living elsewhere in London, other sources of local evidence suggest that it would be a mistake to assume there is no problem with social isolation here.

The City Corporation and Healthwatch hosted a series of 'Ageing Well in the City' workshops to learn about people's needs as they grew older. A particular theme raised during the events was a need to do more to tackle social isolation and loneliness.

<sup>9</sup> Census 2011 / ONS

### 3.2 Working age people

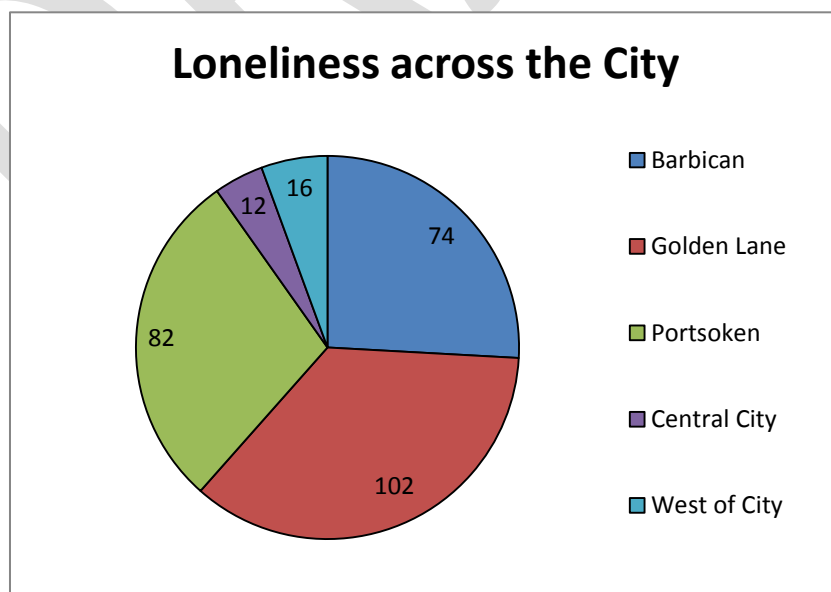
The Age UK and ELSA data only provides part of the picture, as loneliness can be an issue for people of any age. People with physical or mental health problems, caring or parental responsibilities, the long term unemployed and refugees and asylum seekers are all known to be at greater risk of loneliness. Other sources of data are needed to produce a more comprehensive picture.

In the City 42.5 per cent of Adult Social Care service users say they had as much social contact as they would like, similar to the average for Greater London of 41.8 per cent. Many carers are also both socially isolated and lonely as they can find their caring role leaves them with precious little free time to engage in social activity. Of City carers, 46.4 per cent are satisfied with their level of social contact compared to 35.5 per cent across Greater London. While the City compares favourably to the regional average, it still shows a majority experiencing loneliness.

Anecdotal evidence from Early Years Practitioners also suggests a considerable number of new City parents experience loneliness. This problem appears to cut across demographic groups. Nationally parents on low incomes or from BAME (Black and Minority Ethnic) groups are more affected by isolation. In the City these longer term residents tend to have enough of a social network to mitigate at least some of the problem. In contrast, high income professionals who move in to the City can become isolated from family and friends in other parts of the country and may be just as at risk.

### 3.3 A Combined estimate

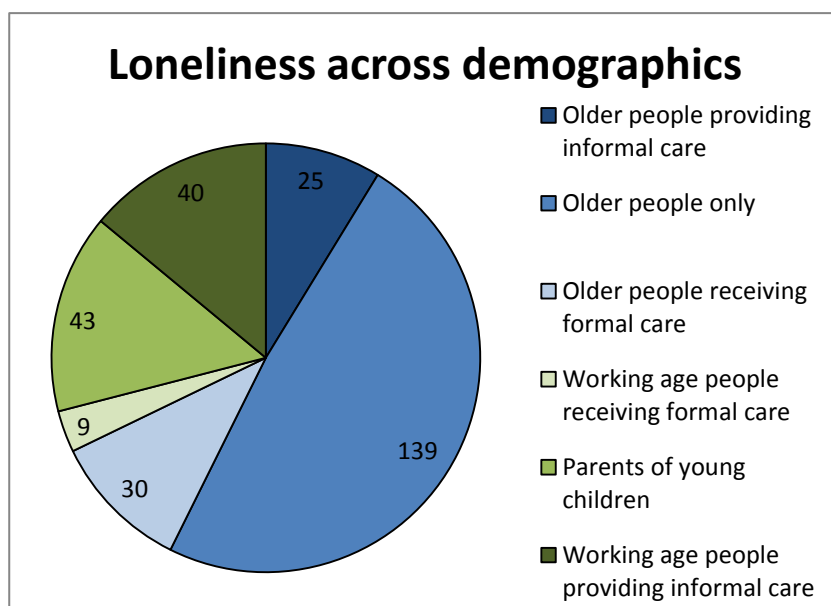
Combining these data sets to give a more complete overview of loneliness in the City replicates the geographic spread seen on the Age UK map on page 6. The Golden Lane and Portsoken areas are still home to the majority of individuals at risk of loneliness, the Barbican has a slightly stronger presence, accounting for just over a quarter of the total at risk population. Only a small number of people thought to be at risk of loneliness live outside these main residential areas.



The data can also be used to produce an estimate of who is most at risk of loneliness in the City. The 'loneliness across demographics' chart on page 8 provides an at a glance breakdown between older (blue) and working age (green) groups, as well as all those



providing informal care (by viewing the dark blue and dark green sections together) and all those receiving formal care (by viewing the light blue and light green sections together).



This suggests that around two thirds of lonely individuals in the City are over 65. Around half of the total is made up of older people who neither provide nor receive care, and as such they are unlikely to already be known to Adult Social Care services.

A quarter of lonely individuals are estimated to be informal carers and around two-thirds of these are of working age. Some, but by no means all, of these people will be known to Adult Social Care. In the 2011 Census, 121 people said they provided at least 20 hours of unpaid care per week. However, only 60 carers are known to Adult Social Care and only 22 per quarter engaged with the City Carers Service in 2015-16.

An estimated one in seven lonely City residents receives care from Adult Social Care. The majority of these are older people. A similar number of working age parents are thought to experience loneliness. These will all receive personal contact from a Health Visitor and an information pack from the FYi service, but those who become isolated are unlikely to have yet taken up the offer of the play groups and early help services that the City Corporation provides. Finding the isolated parents, informal carers and older people without care needs will be a crucial challenge in tackling loneliness in the City.

Many people who experience severe loneliness will not fall into any of the groups listed above. Again it must be recognised that loneliness is an experience unique to each individual and factors that may leave one person lonely, another would take in their stride. The estimates made above should be seen as a minimum, acknowledging that the figures for the Barbican based on ELSA data may be an underestimate and recognising that loneliness does not just affect older people, carers, new parents and people with disabilities. While it is helpful for services to target these groups, they should also be open to all and look to tackle loneliness wherever they encounter it.

### 3.4 Community research

In order to better understand personal experiences of loneliness the City Corporation commissioned Dr Roger Green, from the Centre for Community Engagement Research at Goldsmiths, University of London, to explore the level and nature of need in the local older



population. The study used a qualitative ethnographic approach to gain older residents' views. While living in the City of London was experienced by older residents in a number of different ways, the experience of being socially isolated or lonely was voiced by many residents. A number of themes emerged from this:

- Many residents chose to live in the City because of the anonymity that comes from living in the centre of a large conurbation. This solitude can turn to isolation and become problematic following a major change such as retirement or bereavement.
- Other residents spoke of feeling separated from friends and relatives living elsewhere in the UK or abroad. While many maintained regular phone contact, they still complained of feeling isolated from family.
- Some minority groups appeared to be underrepresented in existing community networks. This was evident with LGBT\* (lesbian, gay, bisexual and transgender) and BAME older people.
- Some residents felt isolated by the extremely urban built environment and those in later old age or with physical disabilities found the physical layout of their estates difficult.<sup>10</sup>

### 3.5 Local profiles

By combining the analysis of the ELSA, social care and early years data with Dr Green's research, local estimates of loneliness can be produced for each area of the City.

#### **Loneliness in the Barbican**

Anecdotal evidence suggests that the socially isolated here are 'asset rich and income poor' older people. Our model suggests that around two thirds of those at risk of loneliness in the area are over 65. Around 1 in 5 provide unpaid care and around 1 in 6 receive formal care.

Of the working age people thought to be at risk of loneliness, 1 in 3 are informal carers and 2 in 3 are new parents. Very few working age people receive formal care in the Barbican.

Dr Green's study observed that isolation was also a particular issue for older LGBT people in the Barbican area, with limited engagement with community activities or good neighbour schemes.

#### **Loneliness in Golden Lane**

Our estimate suggests that loneliness in Golden Lane is overwhelmingly an older people's issue, with 80 per cent of those thought to be affected over 65. While the proportion providing informal care is in line with the City average and a slightly higher number receive formal care, the vast majority have no known care needs.

Income may be a factor restricting social activities for some older people on Golden Lane. Of the City's 130 Pension Credit claimants in August 2015, 50 lived on Golden Lane. Claimants tended to share several of the risk factors associated with loneliness, such as living alone and being in later old age.

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<sup>10</sup> Roger Green and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London.'

Of the working age people thought to be at risk of experiencing loneliness on Golden Lane, half are informal carers and half are parents of young children. Again, few working age people receive formal care here.

### **Loneliness in Portsoken**

Our loneliness estimate in Portsoken produces a more even split between age groups, with working age people accounting for 40 per cent of the total. Around half of these are providing informal care, a third are new parents and 1 in 5 are recipients of social care.

Three quarters of the older people thought to be at risk of loneliness in Portsoken neither provide informal care nor receive formal care. Very few older people here provide informal care, while 1 in 5 receives a care package from Adult Social Care. Portsoken has a higher number of Pension Credit claimants (60) than Golden Lane, despite having fewer people of pension age overall, indicating that income is likely to be an even larger barrier to socialising here.

Dr Green's study found that ethnicity was associated with loneliness on the Mansell Street Estate, with one resident saying she felt that there was 'no bridge' between the different communities. This research, along with national data and the relative youth of Portsoken's BAME population, indicates that problems with loneliness are likely to be especially prevalent.

### **Loneliness in the West and Central areas of the City**

Our estimate suggests there is less loneliness in the West and Central areas of the City. These non-residential areas are home to 32 per cent of the population but only 10 per cent of the people thought to be at risk of loneliness.

The picture of who is lonely is also very different here, with primarily working age people thought to be affected. In the centre of the City, loneliness is primarily thought to affect parents of young children. In the West of the City unpaid carers stand out as making up almost half of the total. Housing tenure is likely to restrict the population in both of these areas to affluent individuals. Targeted interventions aimed at busy professionals juggling work with parenting or caring responsibilities should be considered here.

## 4 Current provision

The estimates of loneliness given in section 3 do not take into account the positive impact made by current efforts to reduce isolation. A wide range of activities are already on offer in the City that provide opportunities for social interaction.

### 4.1 City Corporation provision

The City Corporation aims to reduce loneliness through the Reach Out Network of support groups for older people, carers and people with memory problems or a diagnosis of dementia.

Age Concern are commissioned to provide a volunteer befriending and shopping service for older people or people with mild to moderate mental health problems. This includes telephone and e-befriending for those with limited mobility.

Many classes and groups are also available in City libraries, through the Adult Skills and Education Service and as part of the Young at Heart programme run from the Golden Lane Leisure Centre.

### 4.2 Neighbourhood development

The City Corporation's Neighbourhood Development Team aims to build and support strong and inclusive groups that enable people to feel more connected to their community and happier in their homes.

Their work includes supporting residents associations to develop and grow, running one-off events on estates and longer term projects such as the CityPlay East and Remembering Yesterday, Celebrating Today, and supporting the Neighbour Networks that provide an easy way for neighbours to volunteer in their local communities.

Spice Time Credits are a crucial part of the City Corporation's neighbourhood development work. Time Credits encourage people to volunteer or form their own groups. Spice's 2015 evaluation found that 60 per cent of volunteers said their level of social contact had increased as a result of Time Credits and 32 per cent said they felt less socially isolated.

### 4.3 Community activity

A wide range of community groups operate in the City, many of them using the Spice framework. Gardening is hugely popular in the City, with groups operating on most estates and Friends of City Gardens working throughout the City. Each estate also has an older people's group and residents' association. Ward members in Portsoken put on a busy programme of events and social activities.

St Luke's community centre in Islington and St Hilda's community centre in Tower Hamlets have busy schedules of classes and events, including regular older people's lunch clubs. Specific provision for the Bangladeshi community is available in the form of lunch clubs at Toynbee Hall and Sonali Gardens as well as the Mohila Women's and Girl's Spice Time Credits groups that meet at the Portsoken Health and Community Centre.

As well as running the City Corporation's befriending service, Age Concern City of London run a range of other projects promoting social and digital inclusion. These include busy Walking for Health groups, regular trips, Techy Tea Parties and targeted work with the most disadvantaged communities in the Square Mile.

#### 4.4 Health related provision

The City and Hackney Clinical Commissioning Group (CHCCG) has commissioned Family Action to run a social prescribing pilot project. If a person's GP thinks they might benefit from taking part in activities or joining social groups, they will refer them to the scheme. The surgery's Wellbeing Coordinator will then meet with the person to talk through the options available and work with them to find local activities, services or advice that suit their needs and interests.

One Hackney and City provide a similar service for the most vulnerable patients as well as those with serious physical and mental health problems.

The City and Hackney Wellbeing Network helps people to build resilience and to alleviate issues such as stress, anxiety and low mood. As well as offering a large number of arts and activity based groups, courses developing emotional resilience, managing difficult emotions and building self-confidence are very relevant in the context of reducing loneliness.

#### 4.5 Provision for new parents

The City has one Children's Centre within its borders, the Cass Child and Family Centre in Aldgate. City parents can also access the Golden Lane Children's Centre nearby in Islington. A range of drop in Stay & Play sessions and bookable advice, support and educational activities are on offer. Three community libraries offer a weekly schedule of parent and child activities such as Storytime, Rhymetime and Stay & Play.

The Adult Skills and Education Service offers a range of courses intended for parents to take with their children, such as Family Arts and Crafts and Learning Through Play. Courses are also available to address the practical issues that may be contributing to parental isolation, such as English for Speakers of Other Languages (ESOL), CV writing and interview skills. Little Outdoor Explorers, developed by the Family and Young People's Information Service, is an occasional six-week course designed to build confidence in parents with children under five, by helping them to venture out into the urban environment.

Targeted City parents will receive two additional Health Visitor assessments (supplementing the mandatory five) in their home with a focus on maternal mental health, maintaining infant health, promoting development and keeping safe. The targeted offer is aimed at first time parents and families identified as having needs such as physical or mental health problems, substance misuse issues and safeguarding or domestic abuse concerns.

The Hackney WellFamily Service is a primary care service commissioned by the CCG and provided by Family Action, aimed at addressing complex psychosocial needs. The service provides recovery-focused and holistic interventions including a mix of individually targeted and flexible practical and emotional support.

## 5 Evidence on interventions

### 5.1 Literature Review

There is limited evidence on what makes an intervention to reduce loneliness effective. A systematic review by Cattan and White was able to draw some limited conclusions about what showed the most promise.<sup>11</sup> Another evidence review compiled for the National Institute for Health Research made similar recommendations.<sup>12</sup>

The researchers concluded that group based interventions showed promise in reducing loneliness, especially when targeted at a specific group and with a specific activity in mind. Long-term effectiveness was improved by providing activities that enhance self-esteem and personal control. Where groups have a support purpose, such as post-bereavement, attendance needs to be over a period of five months or more to be of benefit.

One on one contact from health or social care workers may be successful at achieving other objectives, but has no impact on loneliness. One on one contact from a volunteer appears to be of limited impact, with the majority of studies failing to find a statistically significant impact.

While this indicates a preference for group based interventions, many group based interventions already exist and yet loneliness persists. This is because groups are only accessible for those who already possess the social skills to participate. The one on one interventions that have shown promise are those that aim to find and work with individuals at the stage before they can begin access group activities.

The outcome of technology-assisted interventions depends on whether existing relationships are being developed or new ones are being sought. There is some limited evidence that loneliness can be reduced by training older people to communicate online with friends and family. However, three systematic reviews of telephone-based interventions looking to match people with new contacts showed no decrease in loneliness.

Evidence also suggests that an asset based approach is likely to be effective in tackling loneliness. This means involving participants in the design and delivery of services in order to harness the skills, knowledge and connections already present within a community. Working in an asset based way is more likely to be successful as it is better able to deliver services that the intended beneficiaries want, to genuinely involve people as co-producers and to be sustainable in the long term.<sup>13</sup>

### 5.2 The Social Wellbeing Panel

The City Corporation established the Social Wellbeing Panel to gather further evidence on successful interventions implemented elsewhere and to learn more about how to reduce loneliness in the City.

Based on community research and feedback from residents, the Panel chose to hear from experts on isolation amongst new parents, Black and Minority Ethnic older people, those living in the commercial areas of the City and people with physical and mental health issues. Despite these groups having different circumstances, shared themes emerged from each evidence session.<sup>14</sup> These themes, discussed in the next four sections, will be the building blocks of any attempt to reduce loneliness.

<sup>11</sup> Cattan, M. White, J. Bond and A. Learmouth (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions' *Ageing and Society* 25:1. p.41-67.

<sup>12</sup> Interventions for loneliness and social isolation; The University of York Centre for Reviews and Dissemination (2014)

<sup>13</sup> Jane Foot (2010) 'A glass half-full: how an asset approach can improve community health and well-being'

<sup>14</sup> Improving Social Wellbeing in the City of London: Reducing loneliness and building communities (2017)

### 5.2.1 Asset Based Community Development

In every evidence session witnesses spoke of the strength of volunteers, the effectiveness of peer support and the benefits of placing trust in communities. Local people are experts in their own lives and know what community assets they value and what further support they need to thrive. Local people already have the trust of their neighbours, the networks to reach people seen as 'hard to reach' by public services and the life experiences and language necessary to build relationships.

As well as providing valued support to others, volunteering can be transformative for the volunteer, building skills, confidence and social capital, instilling a sense of purpose and having a significant impact on personal wellbeing. Witnesses from a maternity support project spoke of their volunteers going on to train as midwives and doulas, while a community research project saw their interviewers grow in confidence and independence during the life of the project, becoming agents of change in their own communities.

Taken together, these principles lead to an asset based approach. This moves from seeing communities as repositories of need, such as loneliness and isolation, to being the source of opportunities and strengths, like volunteers and neighbours with lived experience. Instead of seeing people as clients receiving a service, commissioners should move to viewing people as citizens, each with something to offer and with the capacity to develop their own potential.

A word of caution was sounded that an asset based approach can take time to show results. Some communities will need an initial investment to strengthen and support local associations and it will take time to build up confidence and a sense of empowerment, as well as to build trust and assure local people that there is a genuine intention to share power with them. Finding enough suitable volunteers who can commit sufficient time to a project and sustain their involvement in the long term can also be a challenge.

In the City of London, this approach is most developed in the Portsoken Ward on the City's eastern edge. Here the ward's elected Members act as facilitators for community activity, securing funding and asking local people to decide what is most needed. While residents have the final say, Members have a preference for activity with a clear purpose, such as gardening or social trips, as this has proven to be most effective at bringing people together.

Regular and keen attendees are seen to be the most effective means of promoting events. They are asked to reach out to friends and neighbours who may be more isolated and to bring them along. This kind of low commitment activity may also be a good way of recruiting new volunteers and act as a catalyst for more involvement.

### 5.2.2 Shared Spaces

Another common theme to emerge was the need for shared spaces where relationships can develop naturally and where community building can take place. This can include some public sector places such as libraries, other inclusive spaces like cafes or venues run by community groups or simply areas of the streetscape that are welcoming, safe and encourage people to socialise.

To be effective assets for enhancing social wellbeing, shared spaces must be welcoming and informal. They must not appear to be, and should not be, the front door of statutory services. Many people will be unwilling to engage in venues where they fear judgement or where they may be given more help than they are ready to receive. Trust must be built up gradually on neutral ground, with contact moving at a pace set by each individual. Referrals to formal support, while important, can only be made once relationships are established and myths are dispelled.



Shared spaces should also have a broad appeal, offering activities and events that a wide variety of people want to participate in. Not only will a wide appeal enable more relationships to form, it is also an essential part of engaging with isolated people, as it prevents an intervention from becoming stigmatised.

While venues are important, those delivering loneliness interventions should not feel tied to their own bricks and mortar. Taking opportunities to engage with people in the informal spaces where they normally are is equally important. Venues such as housing estates, supermarkets and faith buildings should not be ignored.

### 5.2.3 Early Intervention

All of the speakers at the Social Wellbeing Panel stressed the importance, but also the challenge, of early intervention. If loneliness leads to lower personal wellbeing and risks to physical and mental health, providing support sooner is clearly preferable. It is also easier to deal with problems at an earlier stage, before the psychosocial effects of loneliness, such as lower confidence and a reluctance to engage with others, become entrenched.

The shared spaces discussed above play a crucial role in early intervention. People may not be comfortable approaching statutory services for help, but important issues can come out in informal and comfortable spaces once trusted relationships have been built up. Food or entertainment can draw people into venues and often more serious issues are raised. Other people participate when they realise there are people willing to listen and help is available.

There is also a need to work hard to let people know support is available. Poorly advertised support will only be accessed by those who would have found it anyway, those who are already well connected or who have the skills required to easily find and access help. Providing written information, in the right places and in the right format, as well as keeping health and community professionals briefed on the support available is a starting point. However, the best method of reaching the most isolated is to have advocates within the community who will vouch for services and actively promote them to a wide network.

A culture change across services can also play a part in early intervention and every service provider should be encouraged to ask themselves what they can do to improve social wellbeing. GP practices have developed this approach well, with social prescribing schemes enabling doctors to refer patients at risk of loneliness to social support.

### 5.2.4 Building Skills

A final theme to emerge was the potential to reduce people's risk of loneliness by building their skills. This could be about enabling people to have more ways to communicate, either through learning a shared language or by getting online and learning how to make new connections and keep in touch with friends and family on social media and Skype.

It could also look to the Recovery College Model and involve increasing people's ability to manage their own health conditions, thereby being better able to focus on other aspects of life such as social wellbeing. This is relevant beyond mental health, and includes helping everyone to develop the skills needed to make new connections and ensure their current relationships are healthy and mutually beneficial.

The effectiveness of skills development interventions can be enhanced by using asset based approaches and shared spaces. Recovery colleges use a co-production approach between a professional tutor and a peer supporter who is an 'expert by experience'. Languages and IT classes will have the best reach with their target audiences if they are supported by volunteers from those communities and if they are delivered in a local and welcoming venue.

## 6 Approach One: Asset Based Community Development

The evidence from the literature review and the Social Wellbeing Panel points to Asset Based Community Development as an effective way to tackle loneliness. Community based responses have the potential to reach isolated individuals that officials ones could never hope to connect with, to be sustainable in the long term and to maximise opportunities for social contact and personal growth by involving local people in their design and delivery.

The City Corporation has a role to play in creating the conditions necessary for community groups to thrive and in supporting vulnerable members of the community to feel able to take part and contribute their personal assets. However, the City Corporation should not seek to define community for residents and should recognise that many different understandings of this concept exist. Communities of interest, place and circumstance all enable people to connect to others and the most suitable approach will vary from person to person.

### 6.1 Communities of interest - Community Connectors

Throughout Dr Green's research, City residents report being lonely but also feeling that something is holding them back from engaging in the community life they know exists on their doorstep. He found that many lonely people were waiting for a helping hand to take the first step and approach these groups, either because they were unaware of what was available, because of a lack of confidence and a fear of rejection or simply because long established habits can take some encouragement to break.

Instead of waiting for lonely individuals to ask for help, there is a need for a more nuanced befriending approach that reaches into communities directly and pro-actively. Community Connector volunteers would help people to reconnect with their community using the individual's interests and skills. They would offer positive encouragement and emotional support, as well as practical help to identify activities that align with the person's passions and abilities. At first the volunteer may accompany the person to a new activity, or it may be enough to buddy them up with other new attendees. Ultimately the aim is to help build each person's confidence so they are able to take part independently.

Volunteers would be the face of the project and would use their existing social networks to contact people at risk of loneliness, making their approach more likely to be trusted and accepted and giving the project a wide reach into local communities. Referrals would also be sought from concerned family members or neighbours, frontline City Corporation staff who notice something amiss, and self-referrals from people who realise they need some additional support. Partnering with the Fire Service's Home Fire Safety Visits could give the Community Connectors direct access to some of the most isolated people in the City. Where a similar partnership was trialled in Cheshire, an Age UK advocate was invited into 98% of visited homes, resulting in the provision of further support in 36% of cases.

This quote from a worker in Gloucester shows how the project would work in practice:

*"I received a call about a lady in her 70s living alone. I made contact and after discussing her interests I put her in touch with people attending her local chapel. She also enjoyed scrabble but had recently lost her fellow players due to illness. I was aware of another single lady living close by, who also enjoyed scrabble. With permission I passed on their contact numbers. Soon afterwards they arranged to meet and enjoy playing regularly. She says she is now much happier."<sup>15</sup>*

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<sup>15</sup> Campaign to End Loneliness, Promising approaches to reducing loneliness and isolation in later life, <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>



## 6.2 Communities of place – Neighbourhood Development

Neighbourhood development interventions may not be recognised as being intended to reduce loneliness by the communities they serve. Instead, they are focused on creating communities of place with shared activities bringing people together in a natural way.

As explored in 4.2, the City Corporation already has a successful Neighbourhood Development Team, which works to develop residents' groups and one-off events as well as promoting volunteering through Spice Time Credits and the Neighbour Networks.

The Volunteering Review found residents thought that more local and community based volunteering options would break down barriers between neighbours. In particular, there was a call for more housing estate based volunteering projects. This work will improve social wellbeing directly as people take part in activities, and indirectly, as when the community builds, people are more likely to look out for their neighbours.

Our approach to community development is to work with what is already there and keep momentum going, rather than continually changing our approach or suggesting new projects when development is slow-moving, but building. True community development means working with residents to assist them to develop and undertake activities that are inclusive and enjoyable for all, leading to long-term, workable community groups. We can do this by:

- continuing to support the 'Remembering Yesterday, Celebrating Today' programme of events which enables integration and intergenerational relationships to thrive;
- building the capacity of residents groups, using those at the Avondale Square estate as a benchmark and providing additional training and support where required;
- expanding our existing Neighbour Networks, providing support where necessary to foster these growing communities;
- offering clarity on where safeguarding procedures such as DBS checks are required and where they are not, and providing support for their administration;
- developing Time Credits as an empowerment tool for both estate staff and residents, encouraging a variety of new community groups to meet and develop;
- using mediation to improve communications with both newly-established and existing groups, to secure on-going relationships;
- building officer confidence to work with communities and to support resident led activity in its vital early stages;
- encouraging resident groups to cross estate boundaries and share what they do with others, working towards a City of London community;
- supporting Members and business organisations in the commercial areas of the City to better engage with their local resident populations.

## 6.3 Communities of circumstance

### 6.3.1 Perinatal support

All four witnesses speaking at the Social Wellbeing Panel's new parents evidence session agreed on the importance of providing support to new parents in both the periods before and after the birth of their baby. They also all spoke about the power of peer support and that using volunteers, rather than paid workers, would give a service the trust of the community, access to a greater number of isolated parents and the lived experience necessary to provide the right support to parents who are struggling.

The current offer to new parents is based around support provided by paid workers or informal group activities for parents and children in the libraries and Children's Centres. In

our consultation many parents told us that these groups were good for getting out and making acquaintances, but were not ideal venues for building deeper friendships.

This highlights a gap for a voluntary befriending service, supporting isolated parents from three months before birth up until their child's first birthday. A new perinatal support service would aim to develop a trained group of volunteers who were able to identify isolated new parents, encouraging them to form social groups with each other and provide mutual support, as well as signposting them to other services as trust is built up.

Our evidence on best practice told us that the most effective interventions started working with mothers from three months before birth. However, we recognise that this may present difficulties for working women. Consideration will need to be given to this when planning the work of the service. There should also be flexibility about what support means and it may be that these mothers would find it easier to engage online before their maternity leave begins.

### **6.3.2 Out and About at the Barbican**

Dr Green's research noted a greater level of isolation was experienced by the Barbican's LGBT\* community. In response, the City Corporation has commissioned Opening Doors London (ODL) to provide a pilot project working with this community.

ODL will establish a local, informal and supportive social group for LGBT\* City residents aged 50 and over called 'Out and About at the Barbican'. Activities will be determined by attendees' interests and there will be opportunities to connect with ODL's London wide programme of events and befriending. The Barbican Centre has agreed to provide a regular meeting space and there is potential to work with the centre on a cross art project that will culminate in an installation in the Barbican foyers.

Initially the group will be supported by a small number of volunteers to act as 'buddies' for those less confident about coming along. Over the course of a nine month pilot, a small group of volunteers from within the City of London group will be recruited and trained to deliver monthly sessions and buddying themselves. The Sessional Worker will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

### **6.3.3 The Mansell Street Women's Group**

Dr Green's research also noted that ethnicity was a driving factor of loneliness for some residents of the Mansell Street estate. The City Corporation has commissioned Age Concern City of London to provide a pilot project working with women, primarily of Bangladeshi origin, aged 45 and over.

Age Concern will establish a bilingual social group based locally to Mansell Street at the Portsoken Health and Community Centre. Activities will be determined by attendees' interests and there will be opportunities to connect with Age Concern's local programme of events. The City Corporation will also run a Speaking English with Confidence class through the group, available free of charge to any member interested in improving their spoken English. Age Concern are also exploring the possibility of offering IT classes, either with the City Corporation or in partnership with Queen Mary, University of London.

Initially the group will be supported by bilingual (Sylheti and English) Engagement Workers. Over the course of the pilot, they will identify and support members of the community to take on volunteering and coordinating roles to enable the group to move towards self-sufficiency. The Engagement Workers will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

## 7 Approach Two: Shared Spaces

Certain spaces in any area become locations where people not only ‘meet and greet’ each other but also where social and community capital emerges and where friendships and social networks can develop.

The Social Wellbeing Panel heard that to be at their most effective, these shared spaces should be separate from statutory services, be welcoming and offer activities with a wide appeal. Services should also move beyond their own spaces and seek to work with people in the places where they already go and naturally feel comfortable.

### 7.1 Libraries first

Public libraries provide a shared space where people feel they belong and which people feel comfortable visiting on their own. This provides an accessible, safe and relaxed space where people can access help at their own pace – as shown by the success of offering light-touch support at informal sessions in the libraries, such as the parent and child groups and Read and Relax group.

Efforts to improve social wellbeing should therefore take a ‘libraries first’ approach. Libraries are a place where many people naturally go, making them an ideal venue for outreach work. They are places where people feel at home, enabling trusting relationships to be built up. They are also an existing asset, reducing costs and offering value for money.

Some concerns have been raised that reduced library opening hours may limit their potential as community venues. However, the more libraries are used and the greater the number of services delivered through them, the better the budgetary pressures that have limited opening hours can be resisted.

### 7.2 Providing community space in City libraries

More can be done to fully utilise the City’s lending libraries as focal points for the community. The Barbican area lacks a suitable community venue and this shortage of suitable local venues can make it difficult for residents to organise their own group activities.

The library is already well used community hub, but it lacks a separate, multi-use, low-cost space, bookable by groups where social activities can be run.

By repurposing some of the space within the existing footprint of the library, such a space can be provided. This space can then enable a variety of community activity to take place in a local and accessible setting, as already takes place at the Artizan Library and the Portsoken Health and Community Centre.

Shoe Lane Library in the West of the City has recently been refurbished to host a new wellbeing area, a cosy seating space, iPads for reading e-magazines and a coffee machine, all of which should encourage social interaction.

### 7.3 Improving City Corporation community spaces

Of the City’s existing community spaces, two were identified in Dr Green’s research as not effectively facilitating informal relationship building. There were the Golden Lane Estate Community Centre and the Portsoken Health and Community Centre, known locally as the Green Box. Current projects offer an opportunity to these spaces.

The proposal to refurbish the Golden Lane Estate Community Centre, and locate the City of London Community Education Centre (COLCEC) and the Golden Lane Estate Office on the same site will allow the Centre to remain open for longer by sharing reception staff. This would overcome the issues with access arrangements and opening hours which have contributed to making Centre an underused space. An access agreement should also be arranged with the City of London Primary Academy Islington (COLPAI) to enable Golden Lane residents to use this as an additional community venue.

The freeholders of the Mansell Street estate, the Beetham Organisation, are exploring completely redeveloping the estate to increase the density of homes. The proposal includes the provision of a ground floor public Community Centre to replace the Portsoken Health and Community Centre, as well as a community rooftop top space for Guinness residents. This should provide a more effective and inviting community space for the area.

The management model used for these community spaces matters as much as the design. Residents should feel a sense of ownership, spaces should be inviting and easily adapted to a range of purposes, and booking should be accessible. Again, the Artizan Centre provides an example to follow. Residents can book space and party pay in Time Credits, achieving the dual aims of increasing the amount of activity and making the space more available to people on lower incomes.

The Aldgate Square scheme will also create a new public space conducive to relationship building, providing the Portsoken area with a pleasant, central, open space by the end of 2017. The Aldgate gyratory it replaces was a traffic dominated system that was difficult for all road users to navigate. Instead, the new scheme will be centred upon a large green space available for events, leisure and play. This will host will CityPlay East as well as City Café, a new community venue equidistant between the areas two housing estates.

#### 7.4 Using other community spaces

It is also important to think outside the spaces managed by the City Corporation and to offer support to people in the venues they naturally frequent. This will enable interventions to take place earlier and increase the chances of reaching those who are most isolated.

Potential venues could include the GPs' surgery, pharmacies, supermarkets, housing estate offices, pubs, cafés, places of worship and local cultural venues. For example, volunteers with the proposed perinatal support project could attend the Neaman Practice when the baby clinic is running and talk to new parents, offering further support if it is needed.

Local pharmacists are keen to be more involved with public health work and as 76 per cent of Neaman Practice patients have their prescriptions dispensed at either Portman's Pharmacy on Cherry Tree Walk or Chauhan's Chemist on Goswell Road, these venues provides a means to reach a large proportion of City residents.<sup>16</sup>

A recent study by the University of Hertfordshire highlighted the social benefits many older people gain from a trip to the shops and suggested that this could be enhanced by using slower checkout lanes to improve the social aspect of shopping or using special offers to encourage older people to shop at quieter times of the week, making the supermarket a less stressful and more enjoyable environment.<sup>17</sup> Dr Green's study found that the Waitrose on Cherry Tree Walk was a crucial 'bumping space' for Barbican residents and these ideas should be explored with store managers.

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<sup>16</sup> City and Hackney Joint Strategic Needs Assessment City Supplement (2014)

<sup>17</sup> Wendy Wills, University of Hertfordshire (2016) <http://www.foodprovisioninlaterlife.com>

## 8 Approach Three: Early Intervention

Given the risks to health posed by loneliness, and the cumulative impact over time, it is clearly preferable to offer support as soon as possible. Sustained and consistent communication is needed to reach the most isolated – with the most effective forms of communication being service users and volunteers who will champion services to others. There is also a role for all service providers to play in reducing social isolation, from GPs surgeries to libraries and leisure centres.

### 8.1 Social prescribing

The City already has a pilot social prescribing service, commissioned from Family Action by the CHCCG. This allows GPs to refer patients with social and emotional needs to a Wellbeing Co-ordinator to receive tailored support. This will typically take place over two or three sessions and might result in referrals to welfare advice, walking clubs, art clubs, exercise groups or further support from the community or voluntary sector. Referrals to mental health support or CBT (cognitive behavioural therapy) are also available. If helpful, volunteers with the service can accompany people to the first sessions of a new activity.

The Neaman Practice has improved from being a low referrer of patients into the scheme to an average one, but a number of actions could be taken to ensure social prescribing is fully utilised as a means to support isolated people:

- Raising awareness of social prescribing amongst patients and the public, so if people feel they would benefit from the service they can ask for it, and do not need to wait for their GP to offer;
- Enhancing the social prescribing offer to carers. For most patients, GPs will make a referral to social prescribing if issues of isolation become evident during a consultation. Given the likelihood of carers both experiencing loneliness and attending the GPs' surgery, GPs could pro-actively discuss social wellbeing with all carers and consider referrals to social prescribing;
- Building links with other City services. A referral agreement between Social Prescribing and Fusion Leisure is being piloted and an agreement with Spice Time Credits is being explored;
- Working with Tower Hamlets CCG and ensuring that their new social prescribing service has the information and capacity to effectively support people living in the East of the City;
- Making more use of One Hackney and City for patients with serious physical and mental health problems and those who have previously been reluctant to engage with support;
- The actions listed in improving information below will also help the Wellbeing Coordinators to better tailor their support to a patient's needs and interests. Wellbeing Coordinators work mostly with Hackney or Tower Hamlets patients, and there is a need to make it easy for them to know what is available in the City.

### 8.2 Improving information

There is already a large amount of community and voluntary activity in the City of London, but barriers can make it difficult for socially isolated people to get involved. Some of these barriers will take considerable effort to overcome while some may be dealt with more simply. Improving communication offers a way a relatively large number of people with low level needs can be supported to engage with the community.

Dr Green's research found that information about current activities had considerable room for improvement and speakers at the Social Wellbeing Panel stressed the need for sustained



and consistent communication reiterating that support is available, in order to intervene as early as possible and reach those most in need.

Communications about the social activity available in the City could be improved by:

- Providing a one-stop website listing community groups and social activities in the City of London;
- Producing a City Over 50s Guide listing the most popular community groups and services working to improve social wellbeing;
- Ensuring full use is made of existing publications such as City Resident and the Barbican Broadcasts to raise awareness of community activity;
- Making more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

### **8.3 Assertive outreach**

A range of City Corporation services, such as the Fusion Young at Heart Over 50s Group or the reading groups in the libraries provide opportunities for social contact and companionship. Looking at those who have recently dropped out of attending may help identify those affected by social isolation.

Initially staff from the service should contact the resident. They may have an unrelated issue for non-attendance, such as having moved out of the area, or they may have comments relevant to the service. However, staff should also be alert to any social issues that may arise and should either seek to deal with these themselves or seek permission to make a referral to the Community Connectors or other services as appropriate.

Training may be required to enable staff to make the calls confidently and effectively. Targeting people who have recently dropped out of attendance at a group may find people who have experienced a significant life event, such as bereavement. These conversations and subsequent referrals will need to be handled sensitively. The calls may raise a number of issues, for example a fall in income may have caused a resident to stop going to a sports club, and officers will need to access to a wide variety of service to meet this range of needs.

Social Workers should ensure that their work with carers promotes having a life outside of their caring role, making use of referrals to the Reach Out Network, Community Connectors and other sources of support as appropriate. The Carer's Strategy also commits to developing a carer's buddying system to provide additional one to one peer support.

### **8.4 Financial safeguarding**

The City of London Adult Safeguarding Board Sub Group has identified preventing financial abuse as a priority for the City, as this accounts for the second highest number of adult safeguarding alerts in the Square Mile.

Financial abuse has a complex relationship with social wellbeing. Those who are already isolated are more likely to become victims of financial abuse, while those who are targeted are at risk of experiencing a significant emotional impact, increased stress and anxiety, reduced self-esteem and family relationship breakdown.

To tackle financial abuse, a Task and Finish Group with representatives from the City Corporation, City Police and voluntary sector has been established. An awareness raising leaflet will be included alongside every 2017-18 Council Tax Bill and the participating organisations will explore how data sharing between them may enable those at risk of financial abuse to be identified and supported.

## 9 Approach Four: Building Skills

Developing skills can improve an individual's social wellbeing by enabling them to have more ways to communicate, make new connections and keep in better touch with friends and family. Improvements can also be made by learning to value existing personal relationships as wellbeing assets and by achieving personal development goals to build self-confidence or reframe an individual's attitude to the time they are alone.

### 9.1 Language skills

Improving the English language skills of those City residents who are not yet fluent will enhance their ability to make new friends outside of their own linguistic community. Chance encounters with neighbours or at the school gates will become more likely to lead to developing friendships, while gaining employment or joining a community group will be made easier. ESOL (English for Speakers of Other Languages) classes have an important role in promoting social integration and community cohesion.

In the 2011 Census, 101 residents said they could not speak English well or at all. These were mainly (80) working age people concentrated in the East of the City. In Portsoken 18 per cent of households contain no-one who speaks English as a main language, 4 per cent of households do not contain an adult who speaks English as a main language and 11 per cent of households contain some adults who do speak English as a main language and some who do not. This means 33 per cent of households in the area could benefit from additional English language education.

Offering additional pre-entry and entry level ESOL classes at Sir John Cass's Foundation Primary School in Aldgate or the Green Box on the Mansell Street Estate would make the classes more accessible to local people in Portsoken. Linking the classes to other community groups, such as the Mansell Street Women's Group with its bilingual outreach workers and community volunteers will extend the reach of the classes into the harder to reach sections of the community.

### 9.2: Technology tuition

Dr Green's research found that a large number of older people in the City had only very basic computer skills. This was particularly evident in discussing how residents became both physically and visually separated from their families who might live in another part of the UK or abroad, and felt very isolated from them despite regularly speaking to a child or grandchild over the phone. Many people were unaware of the social benefits of using Skype with a camera to keep in closer contact with family or friends.

Providing IT training would enable more people to get online and connect with friends and family or new people who share their interests. Age Concern City of London have previously run a training scheme, ciTy Smart, at the Artizan Library and COLCEC (which also runs its own computer classes). Whilst this was successful at promoting digital inclusion amongst those who are moderately active and engaged, IT training in community venues misses those who are most isolated and unable to travel.

The training should follow the principles laid out by the Good Things Foundation, which found that using peer support, from trained volunteers who have experienced similar challenges to their trainees, and lending people devices to use in their homes was particularly effective. The training should be responsive to the person's needs and interests, but with a focus on establishing social networks both on and offline. This could include closed Facebook and WhatsApp groups for participants, linking them in to special interest groups and forums online and using Skype to keep in touch with family and friends.

The training should also be supplemented by offline events, as it is a lot easier for people to chat to one another online if they have met in person first. Regular drop in IT sessions at a local venue should be available for those who can get there, while occasional social meetings with transport provided for everyone will enable digital relationships to flourish.

An intergenerational aspect to technology training should also be explored. This is something that was piloted previously as part of cITy Smart and St Paul's Girls School in the Barbican area have expressed an interest in playing a role.

### 9.3 Signposting to relationship advice

Research by Relate found that around one in five couple relationships are distressed to the point where the problems are having a clinically significant impact on one or both partners' wellbeing. There are also clear links between relationship distress and depression, anxiety, increased blood pressure and heightened risk of heart attacks.

Several life events older people are likely to experience, such as retirement, children leaving the home or becoming a carer can put relationships under considerable strain. However, only 4 per cent of Relate clients are over 60. Becoming a parent, particularly for the first time, also puts people at risk of experiencing personal and relationship distress. It is estimated that 40 to 70 per cent of couples experience a decline in relationship quality in their first year of parenthood.

Providers of counselling and support services typically operate a pay-what-you-can-afford model to ensure services are as accessible as possible. However, cultural attitudes often delay people seeking support and research indicates that most people who access relationship counselling believe they left it too late. Personal relationships are widely held to be a private matter and people often feel obliged to address any issues themselves without outside help. Similarly relationship support is often perceived as a specialist activity – the preserve of specific provider organisations. Frontline practitioners may need support to identify relationship distress, value relationships as an asset, and make appropriate referrals.

City Corporation officers and partner agencies should be offered training to help them identify relationship difficulties, respond using active listening and solution-focused techniques, and make appropriate referrals to further support. Embedding relationship support in services which are already accessed and trusted by people, such as GPs, health visitors, social workers and housing officers, can achieve more widespread take up.

Greater use should also be made of the social and emotional wellbeing courses offered by the City and Hackney Wellbeing Network. Courses are available at no charge to City residents and can help individuals to change how they respond to difficult emotions and situations, build self-confidence, develop emotional resilience and take part in arts and other activities in a relaxed and therapeutic setting.



## 10 Evaluating the impact

Evaluating the impact of any intervention to improve social wellbeing presents a number of difficulties. The stigma associated with loneliness can lead to significant levels of under-reporting. Loneliness is a fluid and subjective state, with vastly different experiences felt between individuals and by the same individual at different times. There will also always be considerable uncertainty as to whether the most vulnerable have been reached, as the most isolated are by definition not known to services and not easily found.

### 10.1 Public Health Outcomes Framework

The Public Health Outcomes Framework can provide one indicator. This asks Adult Social Care service users and informal carers whether they are satisfied with their current level of social contact. Improving these scores would be an encouraging sign. However, the confidence intervals attached to the data for the City of London are high, making any change unlikely to be statistically significant. The indicator also does not attempt to measure reductions in loneliness in the general population at a stage before they begin to require care, although the Department of Health has said that it will introduce such a measure.

### 10.2 Quantitative scales

Individual interventions should be evaluated using a quantitative scale to numerically measure participants' feelings about their own level of social contact. A number of different scales are available, with varying degrees of academic rigour, sensitivity and clarity between different types of loneliness.

The Campaign to End Loneliness Measurement Tool has undergone academic tests to ensure it produces valid and reliable results, it is short enough to be used routinely by service providers and it contains positive, sensitive, non-stigmatising language. Participants are asked to answer the following three questions on a scale of strongly disagree to strongly agree:

- I am content with my friendships and relationships
- I have enough people I feel comfortable asking for help at any time
- My relationships are as satisfying as I would want them to be.

Answers are combined to place each individual on a twelve point scale, ranging from lowest social wellbeing to highest.

This can be used to evaluate a service in two stages. All new participants should be asked to answer the questions at an early stage. This will provide a baseline and will also allow the service to check whether it is engaging with participants who truly need help to improve their social wellbeing. This is not intended filter out individual participants, as the scale has explicitly not been designed or tested to work as a screening tool. However, it may provide an indication that a service needs to refocus its outreach work.

After a period of six to twelve months all participants should be asked to answer the questions again. The focus will now be on how people's scores have changed over time. If someone scores '9' at one point, and then '7' three months later (after having been matched with a befriender, for example) it is reasonable to assume that their experience of loneliness has decreased.<sup>18</sup>

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<sup>18</sup> Campaign to End Loneliness 'Measuring your impact on loneliness in later life', <http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

## 11 References

Action for Children and Survival, (2015) Parenting Poll

Campaign to End Loneliness, 'Measuring your impact on loneliness in later life', <http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

Campaign to End Loneliness, (2015) 'Promising approaches to reducing loneliness and isolation in later life', <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

Campaign to End Loneliness, 'Risk Factors: Factsheet', <http://campaigntoendloneliness.org/guidance/wpcontent/uploads/2015/06/Risk-factorsGFLA.pdf>

Cattan, M. White, J. Bond and A. Learmouth (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions' *Ageing and Society* 25:1. p.41-67

City of London Corporation (2017) 'Improving Social Wellbeing in the City of London: Reducing loneliness and building communities'

City of London Corporation and the Social, Therapeutic and Community Studies Department of Goldsmiths University of London (2015) 'Social Isolation in the City'

Co-op and British Red Cross (2016) 'Trapped in a bubble: An investigation into triggers for loneliness in the UK'

Davidson, Susan and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

Demakakos, Panayotes and Susan Nunn and James Nazroo (2006), 'Loneliness, relative deprivation and life satisfaction', *Retirement, health and relationships of the older population in England*

Department of Culture, Media & Sport (2016) 'Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021'

Findlay, Robyn (2003) 'Interventions to reduce social isolation amongst older people: where is the evidence?' *Ageing & Society* 23, 647–658

Foot, Jane and Trevor Hopkins (2010) 'A glass half-full: how an asset approach can improve community health and well-being'

Green, Roger and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London'

Holt-Lunstad, Julianne, Timothy B Smith, and J Bradley Layton (2010), 'Social Relationships and Mortality Risk: A Meta-analytic Review', *PLOS Medicine* 7(p. 7)

Klee, D, Mordey, M, Phua, D, Russell, C (2014) 'Asset based community development – enriching the lives of older citizens' *Working with Older People*, Vol. 18 Iss 3 pp. 111–119

Koch, Regan and Alan Latham (2012), 'Rethinking urban public space: accounts from a junction in West London', *Transactions of the Institute of British Geographers*, 37 (4) p. 515-529

Mahadevan, Janaki (2012) 'New mums lack support to cope with isolation and depression', *Children and Young People Now*

New Economics Foundation and the Co-op (2017), 'The Cost of Loneliness to UK Employers'

Public Health England. (2015) 'Local action on health inequalities: Reducing social isolation across the lifecourse'

Sense (2016) 'A right to friendship? Challenging the barriers to friendship for people with disabilities',  
<https://www.sense.org.uk/sites/default/files/11636-FriendshipReport-Sngl-MR.pdf>

Shortwork for the London Borough of Tower Hamlets (2016) 'Community Perspectives on Loneliness, Year 1 Pilot 2015-16'

University of York Centre for Reviews and Dissemination (2014) *Interventions for loneliness and social isolation*

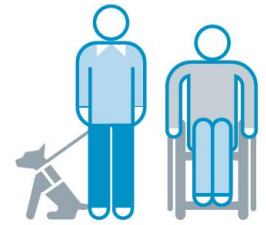
Victor, Christina (2011) 'Loneliness in old age: the UK perspective. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness'

Victor, Christina, Vanessa Burholt and Wendy Martin (2012), 'Loneliness and ethnic minority elders in Great Britain: an exploratory study', *Journal of Cross Cultural Gerontology* Mar 2012; 27(1): p. 65–78

Wills, Wendy, University of Hertfordshire (2016) <http://www.foodprovisioninlaterlife.com>

Windle, Karen, Jennifer Francis and Caroline Coomber (2011) 'SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes'

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## Social Wellbeing Strategy – Public Consultation Summary

A public consultation on the Social Wellbeing Strategy was held throughout September. A total of 55 people responded.

### Views on the Strategy

The consultation found wide ranging support for the Social Wellbeing Strategy:

- Four in five people agreed or strongly agreed with the Social Wellbeing Strategy overall

*“I like the holistic approach that combines personal support and community building.”*

However, some proposals were more popular than others:

- Three in four people agreed with Approach One (pro-actively reaching, understanding and supporting lonely individuals)

*“Some people are afraid to join groups so agree that having someone to encourage participation is a good idea.”*

- Four in five people agreed with Approach Two (unlocking the community's potential to respond to the challenge of loneliness)

*“Important that people come together naturally and do not feel forced.”*

- Two in three people agreed with Approach Three (valuing personal assets and improving skills to make the most of existing relationships and enable new ones to form)

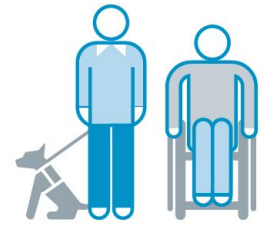
*“Through IT inclusion they can communicate and perhaps even remain in contact with families via Skype.”*

### Views of groups known to be at risk of social isolation

We also asked certain demographic groups whether enough was being done to meet their specific needs:

- Older people were very supportive, with 83 percent saying the strategy offered enough to their age group.





*"I have witnessed how elderly neighbours have suffered social isolation, so much so that they end up waiting sitting in a chair for a weekly visitor to come."*

- Parents of young children were also supportive, with 69 percent saying the strategy offered enough to meet their needs. Many also said a lack of childcare would stop them getting out.

*"Finding childcare can stop parents from getting involved. My mum can come in with notice, but for quick things it isn't worth her time or train fare. Local babysitting circles might help."*

- LGBT\* (Lesbian, Gay, Bisexual and Transgender) people were also positive, with 50 percent saying the strategy offered enough to meet the needs of older people from this community.

*"Something has to change. Old people are proud and do not want to bother younger people but we must insist that it's our duty as we too will be there one day."*

- People with disabilities were uncertain whether enough was being proposed to meet their needs, 25 percent said it was, 25 percent said it wasn't and 50 percent didn't know.

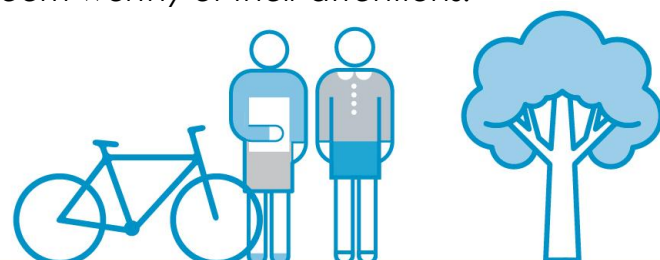
*"Be careful not to make people feel like they are some kind of project as opposed to actual care. Community cohesion isn't always dependent on council involvement."*

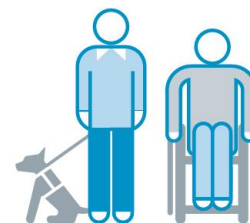
- People with caring responsibilities felt the strategy could propose more to meet their needs, 33 percent said it offered enough, 40 percent said it did not.

*"Many carers are both socially isolated and lonely, but have precious little free time to engage in anything else, due to the constraints of their caring role. This is important, as it informs approaches."*

- BAME (Black and Minority Ethnic) people were clear that not enough was being proposed to meet the needs of older people from these communities; only 9 percent said enough was on offer, while 46 percent disagreed.

*"We have a surfeit of middle aged, upper middle class, white women who would love nothing better than getting their hands on money so that they can inefficiently and ineffectively run patronising "groups" for those they deem worthy of their attentions."*





## Conclusions from the Consultation

Many useful suggestions and helpful comments were received during the consultation. As a result of this we know we need to:

- Ensure that the actions in Approach One do not come across as invasive or patronising and are genuinely community and volunteer led

*“The ‘Community Connector’ sounds like a horrific mix of interfering, middle class, busy-body / bully and City snooper.”*

- Look at what specialist support is available to help those with social anxiety engage with the wider community

*“For many people loneliness is a consequence of social anxiety/phobia. Providing opportunities for social contact is no use to someone for whom social contact is an ordeal.”*

- Look again at what more we can do to support carers who have too little time for themselves

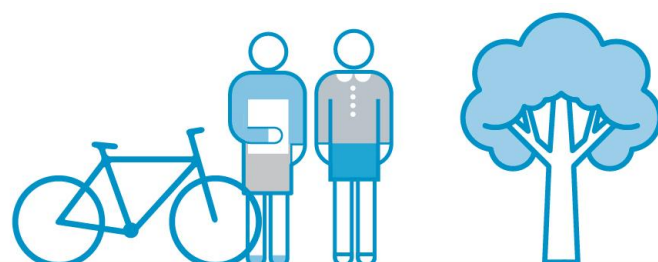
*“Nothing you are suggesting will enable me to go out and build a life of my own or have a relationship with someone.”*

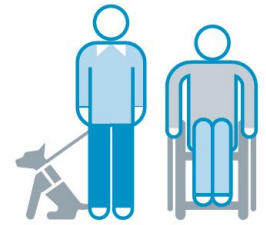
- Look at what extra support we can provide to parents, around childcare and around enabling deeper friendships to form between new parents

*“So hard to make friends as an adult - as subtle as possible to the approaches to groups is needed, otherwise you will just get the normal outgoing people turning up.”*

- Engage in targeted consultation with BAME City residents and seek advice from other local authorities and charities that have had success working to reduce isolation amongst older BAME people

*“Look at how other boroughs have established solutions for the needs and requirements of different ethnic groups, however having said that the City should not create too many sub-groups, we are all British.”*





## Our Next Steps

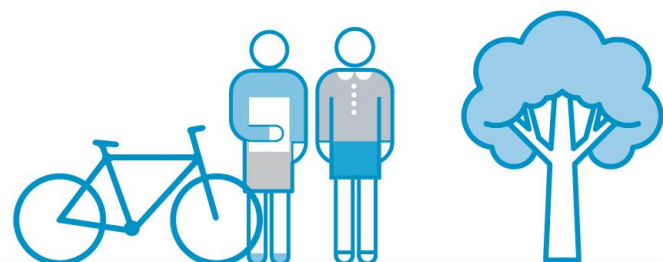
While the Social Wellbeing Strategy was well received in the public consultation, it is also clear we could do more to meet the needs of a number of specific groups.

The Chairman of Community and Children's Services Grand Committee has convened a Social Wellbeing Panel.

The Panel will hear from a range of expert witness from national charities, other local authorities and projects working directly to improve social wellbeing. It will look specifically at:

- the experiences of BAME older people
- the experiences of people with physical and mental health problems
- the experiences of parents of young children
- the experiences of City residents who do not live on the main estates
- promising approaches to improving social wellbeing.

The Panel will report in the new year and its conclusions, along with the feedback gained through the public consultation, will be used to shape the final draft of the Social Wellbeing Strategy.





# TEST OF RELEVANCE: EQUALITY ANALYSIS (EA)

The screening process of using the Test of Relevance template aims to assist in determining whether a full Equality Analysis (EA) is required. The EA template and guidance plus information on the Equality Act and the Public Sector Equality Duty (PSED) can be found on Colnet at: <http://colnet/Departments/Pages/News/Equality-and-Diversity.aspx>

## Introduction

**The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010 (s.149). This requires public authorities, in the exercise of their functions, to have ‘due regard’ to the need to:**

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and
- Foster good relations between people who share a protected characteristic and those who do not

The characteristics protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership.
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

### What is due regard?

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- It involves considering the aims of the duty in a way that is proportionate to the issue at hand
- Ensuring that real consideration is given to the aims and the impact of policies with rigour and with an open mind in such a way that it influences the final decision
- Due regard should be given before and during policy formation and when a decision is taken including cross cutting ones as the impact can be cumulative.

The general equality duty does not specify how public authorities should analyse the effect of their business activities on different groups of people. However, case law has established that equality analysis is an important way public authorities can demonstrate that they are meeting the requirements.

Even in cases where it is considered that there are no implications of proposed policy and decision making on the PSED it is good practice to record the reasons why and to include these in reports to committees where decisions are being taken.

It is also good practice to consider the duty in relation to current policies, services and procedures, even if there is no plan to change them.

### How to demonstrate compliance

Case law has established the following principles apply to the PSED:

- **Knowledge** – the need to be aware of the requirements of the Equality Duty with a conscious approach and state of mind.
- **Sufficient Information** – must be made available to the decision maker
- **Timeliness** – the Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken not after it has been taken.
- **Real consideration** – consideration must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient information** – the decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Equality Duty
- **No delegation** - public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
- **Review** – the duty is continuing applying when a policy is developed and decided upon, but also when it is implemented and reviewed.

**However there is no requirement to:**

- Produce equality analysis or an equality impact assessment
- Indiscriminately collect diversity data where equalities issues are not significant

- Publish lengthy documents to show compliance
- Treat everyone the same. Rather, it requires public bodies to think about people's different needs and how these can be met
- Make services homogeneous or to try to remove or ignore differences between people.

**The key points about demonstrating compliance with the duty are to:**

- Collate sufficient evidence to determine whether changes being considered will have a potential impact on different groups
- Ensure decision makers are aware of the analysis that has been undertaken and what conclusions have been reached on the possible implications
- Keep adequate records of the full decision making process

**Test of Relevance screening**

The Test of Relevance screening is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the PSED.

**Note: If the proposal is of a significant nature and it is apparent from the outset that a full equality analysis will be required, then it is not necessary to complete the Test of Relevance screening template and the full equality analysis and be completed.**

The questions in the Test of Relevance Screening Template to help decide if the proposal is equality relevant and whether a detailed equality analysis is required. The key question is whether the proposal is likely to be relevant to any of the protected characteristics.

Quite often, the answer may not be so obvious and service-user or provider information will need to be considered to make a preliminary judgment. For example, in considering licensing arrangements, the location of the premises in question and the demographics of the area could affect whether section 149 considerations come into play.

There is no one size fits all approach but the screening process is designed to help fully consider the circumstances.

**What to do**

In general, the following questions all feed into whether an equality analysis is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full equality analysis must be undertaken.

If no negative / adverse impacts arising from the proposal it is not necessary to undertake a full equality analysis.

On completion of the Test of Relevance screening, officers should:

- Ensure they have fully completed and the Director has signed off the Test of Relevance Screening Template.
- Store the screening template safely so that it can be retrieved if for example, Members request to see it, or there is a freedom of information request or there is a legal challenge.
- If the outcome of the Test of Relevance Screening identifies no or minimal impact refer to it in the Implications section of the report and include reference to it in Background Papers when reporting to Committee or other decision making process.

**1. Proposal / Project Title:** Social Wellbeing Strategy

**2. Brief summary (include main aims, proposed outcomes, recommendations / decisions sought):**

The strategy aims to reduce social isolation and loneliness amongst City of London residents. This is an important part of wellbeing and has an impact on physical and mental health and adult safeguarding. The strategy proposes a range of actions to identify and support lonely people, strengthen community responses to loneliness and offer skills training to at risk individuals to guard against loneliness.

**3. Considering the equality aims (eliminate unlawful discrimination; advance equality of opportunity; foster good relations), indicate for each protected group whether there may be a positive impact, negative (adverse) impact or no impact arising from the proposal:**

Protected Characteristic (Equality Group) <input checked="" type="checkbox"/>	Positive Impact	Negative Impact	No Impact	Briefly explain your answer. Consider evidence, data and any consultation.
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loneliness is particularly prevalent amongst older people. A recent report by Age UK found that 7% of over 65s said they were always lonely and 33% were often. Those in later old age (75+) are more likely to be affected. There are reasons to believe that this is a particular issue in the City, due to its older population and the prevalence of single person households. Greater London has an average of 11% of residents over 65, while the City has 14%, and 51% of these older people live alone, compared to a national average of 33%. The strategy is written with older people in mind and successful efforts to reduce loneliness will have a positive impact on this group.
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having a mobility, cognitive or sensory impairment puts an individual at greater risk of experiencing loneliness. The Public Health Outcomes Framework states that 57.5% of people receiving long term support from ASC in the City are dissatisfied with their current level of social contact. Reductions in loneliness will have a positive impact on this group and sections of the strategy on social prescribing, partnering with the Fire Service Home Visit program and use of IT skills training are written with this group in mind.
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transgender individuals are also generally at greater risk of experiencing loneliness. However, the research the City Corporation commissioned did not raise this as a particular local issue and this has not been a focus of the strategy. While lonely transgender people should be positively impacted by the actions the strategy outlines and would be welcomed at the proposed City of London LGBT* group, there is not enough evidence of need or specific targeting to suggest there would be group-wide positive impact.
Marriage and Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While having a partner and feeling close to them is a strong protective factor against loneliness, not feeling close to them is more of a loneliness risk factor than being single. Those who are separated, divorced or widowed are also at greater risk of isolation. The strategy targets both groups. It aims to provide relationship counselling at an earlier stage to those in partnerships experiencing problems.

				Services like the Community Connectors and Neighbour Networks aim to give single people meaningful social contact outside of their own households.
Pregnancy and Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Becoming a parent is a significant risk factor for loneliness. A recent survey for Family Action found 20% of new mothers lack adequate support networks. This rises to 30% in low-income households. We believe the problem is especially severe in the City due to the transient nature of part of the high-income population and anecdotal evidence from Children's Social Care and Early Years staff. The strategy aims to provide for this group by expanding social prescribing to new parents, suggesting advice and counselling to those who find having a baby puts their relationship under strain, and aiming to build supportive networks in communities and between neighbours.
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nationally, loneliness is worse amongst BAME groups. In the UK, 24% to 50% of older people born in China, Africa, the Caribbean, Pakistan and Bangladesh report that they are lonely. Research commissioned by the City Corporation found that ethnicity was a driver of loneliness in the Portsoken area, where 28% of the population are of Asian origin. The Bangladeshi population here has been historically 'hard to reach' and the loneliness interventions proposed will need carefully targeting to adequately engage this group. Several residents speaking to the researchers commented that there was no 'bridge' that allowed people from different groups to mix. Enhanced community development work will help with this. A third of Portsoken households contain at least one person with little or no English and these people are likely to originate from outside the UK. Providing additional ESOL classes will assist those whose language skills contribute to their isolation.
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Religion is not thought to act on an individual's risk of loneliness independently of race. Being an active member of a faith group can be a protective factor against loneliness. The loneliness strategy seeks to work with faith groups to utilise their ability to reach lonely people who share their beliefs. This will not be done to the detriment of people of no religion or belief and most actions proposed by the strategy have no religious aspect.
Sex (i.e gender)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It is hard to quantify the prevalence of loneliness by gender. Women are more likely to report being lonely. However, when viewed objectively women will have a far greater number of social connections than men who report the same level of loneliness. For this reason, there is thought to be significant under-reporting amongst men. The strategy targets both groups equally.
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loneliness is known to be an issue for older LGB people – caught between a LGB social scene that focuses on younger people and traditional community groups where they may feel unable to be themselves. The research the City Corporation

commissioned found this to be a pressing issue amongst older gay men in the Barbican Estate. The strategy seeks to address this and the City Corporation will work with Opening Doors London, a part of Age UK dedicated to supporting this group. An informal, local and supportive social group will be provided by ODL and supported by their volunteers and befrienders. Ultimately it is envisaged that the group will be run by City of London volunteers as they grow in skills and confidence.

**4. There are no negative/adverse impact(s)**  
Please briefly explain and provide evidence to support this decision:

Loneliness can affect anyone, but it is especially prevalent amongst people who have a number of the protected characteristics; older age, disability, pregnancy/maternity, BAME people and LGBT people. Because of their more at risk status, efforts to target loneliness in general terms will have a more positive impact on people who share these characteristics than on the average person. Targeted efforts to reach and support people with a particular 'at risk' protected characteristic will enhance this affect. Efforts to target loneliness will not have a negative impact on any group of people who share a protected characteristic, although the interventions proposed will need to be kept under review to ensure that no one at risk group is left behind.

**5. Are there positive impacts of the proposal on any equality groups?** Please briefly explain how these are in line with the equality aims:

Targeted efforts to tackle loneliness amongst older people, people with disabilities, new parents, BAME and LGB people should reduce longstanding inequality of opportunity between people who share these protected characteristics and those who do not. Examples such as an LGBT\* social group, community development work aiming to build bridges between neighbours of different ethnicities and relationship counselling and support for new parents will provide enhanced positive impacts on specific at risk groups. Efforts to support isolated individuals to join community activities and encourage new community groups to form will provide an opportunity to foster good relations between those who share these protected characteristics and those who do not.

<b>6. As a result of this screening, is a full EA necessary? (Please check appropriate box using <input type="checkbox"/>)</b>	<b>Yes</b>	<b>No</b>	<b>Briefly explain your answer:</b> No negative impacts on any of the protected characteristics groups have been identified.
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**7. Name of Lead Officer:** Adam Johnstone      **Job title:** Strategy Officer      **Date of completion:** 20 July 2016

<b>Signed off by Department Director :</b>	Ade Adetosoye	<b>Name:</b>	Ade Adetosoye	<b>Date:</b>	29/09/16
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<b>Committee(s):</b>	<b>Dated:</b>
Health and Wellbeing Board	16 June 2017
<b>Subject:</b> Suicide Prevention Action Plan	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services City of London Police Commissioner	<b>For Decision</b>
<b>Report author:</b> Poppy Middlemiss – Strategy Officer, DCCS	

## Summary

This report introduces the a refreshed version of the City of London Suicide Prevention Action Plan which is a jointly produced document between the City of London Corporation and the City of London Police.

## 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.

## 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 sector.
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. In January 2016 the Health and Wellbeing Board signed off the City of London's first Suicide Prevention Action Plan. Since then the Suicide Prevention Action Plan Working Group consisting of representative from Public Health, the CCG, City of London Police, the Samaritans, the RNLI and Port Health and Public Protection have completed 24 of 29 actions in the action plan.
7. Following the first annual update of the plan delivered to the Health and Wellbeing Board in January 2017 and given the progress so far in completing many of the actions the Board agreed the document should be refreshed.
8. The Board agreed the document should be refreshed as a joint strategy between the City of London Corporation and the City of London Police. Much of the frontline response to suicide in the City of London is delivered by the City of London Police. Producing a joint strategy will strengthen our working relationship with the City of London Police and improve our strategic response to suicide prevention in the City.

### **Proposals**

9. The refreshed Action Plan outlines the ways in which the City of London 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.
10. The City of London Suicide Prevention Action Plan (attached as Appendix One to this report) outlines actions across six priority areas taken from the National Suicide Prevention Strategy (NSPS) with accompanying recommendations which have been tailored to address our local needs.
11. Overall objectives of this action plan are to are to:
  - Reduce suicide rates in the at risk populations (residents, workers and those who travel to the City to commit suicide)
  - Provide better support for those bereaved or affected by suicide
12. 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 and women
- Tailor approaches to improve mental health in specific groups
  - With a focus on people with untreated depression and children and young people
- Reduce access to the means of suicide
- Provide better information and support to those bereaved of affected by suicide
- Support the media in delivering better approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

13. Some of the main additions to the refreshed joint action plan include the implementation of the street triage pilot, the inclusion of Street Pastors, the rollout of the 'Release The Pressure' campaign, cameras to be added to City of London bridges and an action focussing on migrant mental health.

14. 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.

## **Conclusion**

15. 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.

## **Appendices**

Appendix 1 – City of London Suicide Prevention Action Plan

### **Poppy Middlemiss**

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# Suicide Prevention Action Plan City of London

A joint document between City of London Corporation & City of London  
Police

DRAFT

2017-2020

## 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 Nationally, the overall trend has seen a decrease in suicide rates over the last decade however the female suicide rate is increasing. For every person who dies, between six and 60 are thought to be directly affected. The impact of suicides has a long lasting effect on individuals, families and communities, and it is important that all those affected by suicide are offered appropriate support. Self-harm is also a growing public health concern and some self-harming behaviours may be considered suicide attempts.
- 1.3 It is important to recognise that suicides are not inevitable and the way people are supported, particularly in times of crisis, can prevent suicides and suicide attempts. Key public sector services can have an impact on building individual and community resilience, which will have a positive impact on vulnerable groups.
- 1.4 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.
- 1.5 The City has three population groups who are potentially at risk of 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 (neighbouring boroughs which also have high buildings and bridges, for example, Westminster, may be experiencing similar issues).
- 1.6 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.
- 1.7 This document has been developed as a joint document between the City of London Corporation and the City of London Police. Suicide prevention is recognised as a public health led initiative within the City Corporation, however much of the frontline response to suicide is delivered by the Police. This joint strategy will improve our strategic response to suicide prevention in the City.

## 2 Background

### *National context*

- 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.
- 2.2 In 2012 the Government published 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'<sup>1</sup>. This National Suicide Prevention Strategy (NSPS) focuses on six key areas for action on 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 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.
- 2.4 In February 2017 the Local Government Association published 'Suicide Prevention: A guide for local authorities' which praises the progress made so far in reducing the national rate but asks for more emphasis on self-harm prevention and greater collaboration with schools and colleges.

### *Local Context*

- 2.5 The City 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. Since the last Suicide Prevention Action Plan the Health and Wellbeing Board has published a new Joint Health and Wellbeing Strategy. The Strategy covers 2017-2020 and identifies good mental health for all as a key priority for City residents, workers and rough sleepers. The City of London has also published its Mental Health Strategy and associated action plan 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.

- 2.6 The Vulnerability Steering Group (VSG) seeks to ensure that there is effective coordination and delivery of services by the City of London Police and ensures effective safeguarding measures are in place to protect vulnerable people from harm. The VSG works closely with partner agencies, including other forces, neighbouring boroughs and the City of London Corporation. Vulnerable Persons is one of the City of London Police's priorities set within the force's strategic assessment. Mental health and suicide are areas identified for focus within this priority. The VSG is responsible for providing strategic leadership and direction to improve the force's response to identifying, protecting and supporting those who are vulnerable and at the greatest risk of harm.
- 2.7 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.
- 2.8 The City of London Police have developed Standard Operating Procedures for suicide prevention outlining their proposed approach to threats, attempts and completed acts of suicide. This document is due to be reviewed in September 2017.

*Progress since the last action plan*

- 2.9 This is the second City of London Suicide Prevention Action Plan following the first which covered the period 2016-2017. The Suicide Prevention Working Group was set up in July 2015 to develop and oversee the implementation of the action plan. This group was established to develop a whole system approach to suicide prevention which is both meaningful and achievable. There is representation in the group from the City of London Police, the City of London Corporation, The East London Foundation Trust, the Clinical Commissioning Group and the London Samaritans and is chaired by a Consultant in Public Health and coordinated and supported by public health staff.
- 2.10 Of the 29 actions outlined in the initial action plan 24 have been completed and good progress has been made on a further three with two actions left outstanding. Refreshing the strategy will maintain momentum; continue the collaborative working of the current action plan and keep up to date with national guidance.
- 2.11 One main action from the initial action plan has been 'The Bridge Pilot'. A joint initiative between the City Corporation, the City of London Police and the Samaritans which began in April 2016 and aims to reduce the number of suicides attempted from

London Bridge. Six signs with the Samaritans free phone number have been placed on London Bridge. A training package has been developed and delivered to frontline staff, members of the public and City businesses with the help of East London Foundation Trust and City and Hackney Mind. In addition a leaflet has been developed to accompany the training. The outcomes will be evaluated in 2017.

- 2.12 The City of London Police have set up and coordinated the Bridges Working Group which has brought together all key partners involved in reducing suicide from all of the bridges in the City.

*Key trends in City of London Suicide data*

- 2.13 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.
- 2.14 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. Of these, 23 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.
- 2.15 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 per cent of suicides were men between 2009 and 2014. 70 per cent of people who committed suicide in the City of London were aged between 25 and 54.
- 2.16 The most common method of committing suicide in the City of London is drowning in the Thames (32 per cent), followed by falling from a height (26 per cent). 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.
- 2.17 Additionally 68 per cent of those who committed suicide in the City of London between 2009 and 2014 were single and just 18 per cent were married.
- 2.18 The City of London Police has created a profile of those who have attempted and completed suicide in the City of London since October 2015. Between October 2015 and October 2016 the headlines from this report show that:
- there were 153 suicide attempts in the City in this time (including some completed suicides)
  - 58% of suicides and suicide attempts in were male.

- very small numbers of those who attempted suicide were residents or workers in the City.
- the majority of incidents happen between 1500 and 2300 hours and Wednesday is the more common day for an incident to occur followed by Thursday, Fridays and Saturdays.
- incidents are much more common in the summer (from May to August).

*Mental health needs in the City of London*

- 2.19 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. It is important to note that the needs assessment looks at residents, workers and rough sleepers in the City, but we do not have the same information for those who travel into the City from other local authorities.
- 2.20 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.
- 2.21 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.
- 2.22 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.
- 2.23 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 per cent increase.
- 2.24 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 two to three times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health problems.
- 2.25 The City of London has a very high number of rough sleepers, on average 20 to 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.
- 2.26 Around 450,000 people work in the Square Mile, City workers are mainly aged between 20 and 50 and the majority are 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 At a national level, the following groups have been identified as at higher risk for suicide:

- 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 most common in adult men. Analysis of suicides in the City by the coroner showed that 70 per cent of all suicides occurred in those aged 25 to 54 and nearly three quarters of cases were men. The City has 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"<sup>ii</sup> 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 Nationally the following groups have been identified as vulnerable to suicide:

- 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 1,090 resident children aged 0-17 in the City of London (ONS, 2015). 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. It is thought that around 13 per cent of young people may try to self-harm at some point between the ages of 11 and 16, but the actual figure could be much higher. In 2014, national figures were published suggesting a 70 per cent increase in 10-14 years olds attending A&E for self-harm related reasons over the preceding 2 years. 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*

3.7 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

3.8 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.

3.9 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 or 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*

3.10 The NSPS emphasises the need to respond in an effective and timely manner to those bereaved or affected by suicides. Public Health England is a partner in the Suicide

Bereavement Support Partnership, which is the national hub for organisations and individuals working across the UK to support people who have been bereaved or affected by suicide. They have produced 'Help is at Hand', a resource providing both practical information and emotional support for those who are experiencing bereavement resulting from suicide.

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

- 3.11 The Samaritans have produced [advisory media guidelines](#) which provide practical recommendations for reporting suicide across all media. The guidelines aim to prevent any copycat behaviour. 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.
- 3.12 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 to provide ready access to suicide prevention service.

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

- 3.13 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.
- 3.14 City and Hackney 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.
- 3.15 The City of London Police can also provide data on attempted suicide by analysing Section 136 data. 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 is in need of care.

**4 Action table**

- 4.1 The action plan below is built around the key areas for action as described in the NSPS, which have been tailored to address the need in the City of London.

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<b>Name</b>	Suicide Prevention Action Plan		
<b>Duration:</b>	2017-2020		
<b>Relevant strategies:</b>	Mental Health Strategy		
<b>Board responsible for monitoring plan:</b>	Health and Wellbeing Board		
<b>Owner:</b>	Nicole Klynman/Poppy Middlemiss		
<b>Implementation date:</b>	June 2017	<b>Review date:</b>	June 2018

<b>Priority:</b>	Reduce the Risk of Suicide in Key high risk groups				
<b>Objective (if applicable):</b>	To reduce the risk of suicide for young and middle-aged men and women				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.1	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 and women in conversations about <ul style="list-style-type: none"> <li>- Wellbeing and mental health</li> <li>- Accessing appropriate information/self-help support</li> </ul>	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>• Number of frontline staff trained</li> <li>• Training material</li> <li>• Promotion of training</li> <li>• Examples where training has been used to good effect</li> </ul>	Public health
1.2	Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	June 2017	Ongoing (annual Updates)	<ul style="list-style-type: none"> <li>• Information relevant to suicide on the Business Healthy resource pages</li> <li>• Number of Business Healthy members</li> </ul>	Public health Business Healthy
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter award and also to comply with HSE Stress	June 2017	Ongoing (annual	<ul style="list-style-type: none"> <li>• Number of businesses which have achieved the</li> </ul>	CoL Port health and public protection

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<b>Priority:</b>		Reduce the Risk of Suicide in Key high risk groups			
<b>Objective (if applicable):</b>		To reduce the risk of suicide for young and middle-aged men and women			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
	Management Standards and NICE Guidance		updates)	London Healthy Workplace Charter	Business Healthy
1.4	Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent's Release the Pressure campaign).	June 2017	Initial 4 week push then ongoing (update to HWBB September 2017)	<ul style="list-style-type: none"> <li>• Tube/rail and digital adverts (June – 17<sup>th</sup> July)</li> <li>• Number of clicks onto website</li> <li>• Follow up survey (September 2017)</li> </ul>	Public Health
1.5	Train barbers in the City of London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	June 2017	Ongoing (6 month updates)	<ul style="list-style-type: none"> <li>• Number of barbers who undertake training</li> <li>• Feedback from barbers on how this is perceived and used</li> <li>• Exposure of campaign</li> </ul>	Public Health CCG
1.6	Provide suicide prevention training to primary care professionals	June 2017	December 2017	<ul style="list-style-type: none"> <li>• Number of practice nurses who have had mental health training</li> </ul>	CGG
1.7	Implement the 'Street Triage Pilot'. Advanced Mental Health Practitioner to accompany the City of London Police on callouts at peak times.	May 2017	December 2017	<ul style="list-style-type: none"> <li>• Evaluation of the 'Street Triage Pilot'</li> </ul>	ELFT City of London Police
1.8	Street Pastors to be positioned at high risk locations in the City at high risk times.	June 2017	To begin by June 2018 and ongoing	<ul style="list-style-type: none"> <li>• Street Pastors regularly patrolling the City.</li> </ul>	City of London Police

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<b>Priority:</b>		Reduce the Risk of Suicide in Key high risk groups			
<b>Objective (if applicable):</b>		To reduce the risk of suicide for young and middle-aged men and women			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.9	City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	June 2017	To be on website by September 2017 and ongoing	<ul style="list-style-type: none"> <li>Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses.</li> </ul>	WDP Square Mile Health

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<b>Priority:</b>		Tailor approaches to improve mental health in specific groups			
<b>Objective (if applicable):</b>		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:
2.1	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 <ul style="list-style-type: none"> <li>school nurses</li> <li>teachers</li> <li>clinicians</li> <li>social Workers</li> <li>police</li> <li>probation staff</li> <li>school staff</li> <li>community workers.</li> </ul>	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Number of practitioners to have been offered mental health first aid training</li> <li>Number of practitioner to have taken up mental health first aid training</li> </ul>	Public health

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2.2	Improve mental health among specific groups through the implementation of the Mental Health Strategy	April 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Annual progress of the mental health action plan.</li> </ul>	Public Health
2.3	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Every Looked After Child who needs it has a suicide prevention plan.</li> </ul>	City of London Children's Social Care CHCSB
2.4	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))	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>E-training module for parents to be disseminated to schools.</li> </ul>	CHCSB
2.5	Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Enhanced mental health service commissioned for Looked After Children and Care Leavers</li> </ul>	City of London Children's Social Care
2.6	Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Promotion of CCG lead five to thrive campaign</li> </ul>	CCG
2.7	Adapt the Public Health England document 'Identifying and responding to Suicide Clusters and Contagion' so shapes a local response.	June 2017	June 2018	<ul style="list-style-type: none"> <li>Document produced</li> </ul>	CHCSB
2.8	Commission suicide prevention training specific to raising awareness of the risks to children and young people	June 2017	June 2018	<ul style="list-style-type: none"> <li>Deliver 2 courses in the City of London</li> </ul>	Public Health

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<b>Priority:</b>		Reduce access to the mean of suicide			
<b>Objective (if applicable):</b>		Reduce the opportunities people have to commit suicide in the City of London			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
3.1	Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	June 2017	January 2019	<ul style="list-style-type: none"> <li>Suicide considerations in standard risk assessment/health and safety tick box template.</li> <li>Suicide considered in Health Impact Assessments</li> </ul>	CoL Planning and Port Health and public protection
3.2	Evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	April 2017	September 2017	<ul style="list-style-type: none"> <li>Evaluation to Health and Wellbeing Board</li> </ul>	Public Health
3.3	Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	April 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Number of people trained</li> <li>Examples where training has been used to good effect</li> </ul>	Public Health CoLP
3.4	Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	June 2017	Ongoing	<ul style="list-style-type: none"> <li>Relationship to be built between City of London public health and TFL/BTP/network rail</li> </ul>	Public Health
3.5	Replace the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'	June 2017	December 2017	<ul style="list-style-type: none"> <li>New signs on bridges</li> </ul>	RNLI City of London Built environment
3.6	Put RNLI signs on embankments to contain the message 'dial 999 and ask for the Coastguard'.	June 2017	June 2018	<ul style="list-style-type: none"> <li>Signs on embankment</li> </ul>	RNLI Public health
3.7	Put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	June 2017	December 2017	<ul style="list-style-type: none"> <li>Cameras on bridges</li> </ul>	One Safe City)

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<b>Priority:</b>		Reduce access to the mean of suicide			
<b>Objective (if applicable):</b>		Reduce the opportunities people have to commit suicide in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.8	Work with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges	April 2017	April 2018	<ul style="list-style-type: none"> <li>Signs on Tower and Southwark bridges.</li> </ul>	Public health

<b>Priority:</b>		Provide better information and support to those bereaved or affected by suicide			
<b>Objective (if applicable):</b>		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:
4.1	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	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Number of primary care staff who have received training</li> </ul>	CCG City of London Coroner
4.2	Offer those bereaved as a result of suicide with a Family Liaison Officer (FLO) until the end of inquest	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> <li>Number of people offered FLO</li> <li>Number of people who take up offer of FLO</li> </ul>	CoLP
4.3	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	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> <li>Proportion of families who are referred to bereavement services</li> </ul>	CoLP
4.4	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.	June 2017	Ongoing	<ul style="list-style-type: none"> <li>Follow up with businesses who have undergone training</li> <li>Promote the suicide</li> </ul>	CoL Health and Safety Business Healthy

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<b>Priority:</b>		Provide better information and support to those bereaved or affected by suicide			
<b>Objective (if applicable):</b>		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:
				prevention agenda within City business groupings such as the City Mental Health Alliance and "This Is Me – In the City" (Lord Mayor's Appeal)	
4.5	Risks to be assessed by the City Corporations Health and Safety Team following on from any suicides in the workplace and any preventative /remedial measures are identified for action	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> <li>Number of risk assessments undertaken by the CoL Health and Safety team following suicides in City of London businesses</li> </ul>	CoL Health and Safety
4.6	Promote Public Health England 'Help Is At Hand' document to key partners and make available in City libraries	June 2017	July 2017	<ul style="list-style-type: none"> <li>Help is at hand document readily available in libraries.</li> </ul>	Public Health
4.7	Provide accessible, concise information on the processes and standards in a Coroner's inquiry to family members	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Number of families given information</li> </ul>	The Coroner

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<b>Priority:</b>		Support the media in delivering sensitive approaches to suicide and suicidal behaviour			
<b>Objective (if applicable):</b>		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.			
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
5.1	Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> <li>• provide information about sources of support and helplines when reporting suicide</li> <li>• avoid insensitive and inappropriate graphic illustrations with media reports of suicide</li> <li>• avoid use of photographs taken from social networking sites without relative consent</li> <li>• avoid the re-publication of photographs of people who have died by suicide</li> <li>• report appropriately where there is evidence of a cluster</li> </ul>	June 2017	June 2020	<ul style="list-style-type: none"> <li>• All suicides reported on in a sensitive and appropriate way</li> </ul>	City of London Corporation and CoLP media Teams
5.2	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	June 2017	June 2020	<ul style="list-style-type: none"> <li>• Number of organisations aware of the Samaritans media guidelines</li> </ul>	The Samaritans
5.3	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	June 2017	June 2020	<ul style="list-style-type: none"> <li>• Evidence of challenge of harmful or inappropriate material</li> </ul>	City of London Corporation
5.4	Promote Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network	June 2017	June 2020	<ul style="list-style-type: none"> <li>• Posts on the Business Healthy website/ newsletter/ social media (World Suicide Prevention day - 10 September 2017)</li> <li>• Include as a resource in training packs</li> </ul>	Business Healthy Public Health

**NOT PROTECTIVELY MARKED**

**NOT PROTECTIVELY MARKED**

<b>Priority:</b>	Support research, data collection and monitoring				
<b>Objective (if applicable):</b>	A comprehensive database of suicide in the City of London to be built				
<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer/partner:</b>
6.1	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> <li>Shared with relevant partners</li> </ul>	Public Health
6.2	Develop the mechanisms for evaluating local suicide prevention work	June 2017	October 2017	<ul style="list-style-type: none"> <li>Evaluation of 'the Bridge Pilot'</li> </ul>	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	June 2017	Ongoing	<ul style="list-style-type: none"> <li>Joined up working and information sharing between the coroner and public health</li> </ul>	Public Health Port Health and Public Protection
6.4	Routinely collect data on attempted suicide in the City from Section 136 booklets	June 2017	Ongoing	<ul style="list-style-type: none"> <li>S136 data to be collected by the City of London Police and shared with public health</li> </ul>	City of London Police
6.5	Develop an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of London Police and the City Corporation.	June 2017	December 2017	<ul style="list-style-type: none"> <li>Data sharing agreement in place and signed by all partners</li> </ul>	Safer City Partnership

<sup>i</sup> Department of Health, Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives, 2012

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

**NOT PROTECTIVELY MARKED**

<b>Committee(s):</b>	<b>Dated:</b>
Health and Wellbeing Board	16 June 2017
<b>Subject:</b> Business Healthy Strategy 2017-20	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children’s Services	<b>For Decision</b>
<b>Report author:</b> Xenia Koumi, Project Officer – Business Healthy, DCCS	

## Summary

This report introduces the Business Healthy Strategy, 2017-20.

Business Healthy is an award-winning public health funded initiative that provides City employers with free support to promote better health and wellbeing among their staff, including events and signposting. Businesses are also encouraged to share best practice with each other. It also supports and promotes ongoing initiatives around health and wellbeing in the Square Mile, such as the Lord Mayor’s Appeal’s “This Is Me – In the City”, the London Healthy Workplace Charter and work being undertaken by other teams in the City Corporation.

## Recommendations

The Health and Wellbeing Board Members are asked to:

- Approve the Business Healthy Strategy
- Annually review the progress of the actions within the Business Healthy Action Plan (to be finalised in July 2017)

## Main Report

### Background

1. The City of London Corporation, as the local authority for the Square Mile, has a responsibility to ensure the health and wellbeing of not only its residents, but also more than 450,000 people working in the area each day.
2. Health and wellbeing is crucial to ensuring organisations’ success and increasingly, to being able to attract the best talent. This contributes to the City being able to attract the best talent and to be seen as an excellent place to do business.
3. The City has the highest density of jobs and firms in London and over 98% of businesses located in the Square Mile are SMEs (small and medium-sized enterprises, with 250 staff or fewer).

4. The Joint Strategic Needs Assessment and research published in May 2012<sup>1</sup> identifies City workers as a group that is generally younger and more male than London's population, who work long hours and experience high rates of stress, anxiety and depression. There are also high levels of smoking and other substance misuse. They often find it difficult to access healthcare without taking time off work, which makes the workplace an important setting for promoting and supporting healthy behaviours.
5. Business Healthy is an award-winning public health funded initiative that provides City employers with free support to promote better health and wellbeing among their staff, including events and signposting. Businesses are also encouraged to share best practice with each other. It also supports and promotes ongoing initiatives around health and wellbeing in the Square Mile, such as the Lord Mayor's Appeal's "This Is Me – In the City", the London Healthy Workplace Charter and work being undertaken by other teams in the City Corporation.
6. This helps to fulfil both local and national strategic objectives around creating and maintaining health workplaces and a healthy workforce.

### **Current Position**

7. The health and wellbeing of workers, including mental and physical, continues to be a growing priority for local and national stakeholders. Within this, Business Healthy's role to support and signpost City employers is increasingly important.
8. Business Healthy's network is growing, with currently 308 City organisations registered as members. This means that the variety of different businesses' needs is increasing, as are the topics within the umbrella term of workplace health and wellbeing. This must be reflected in Business Healthy's work going forward. To be able to remain relevant to City businesses, while recognising limits around resource and capacity, a strategic approach is required, outlining key priorities for the coming years.

### **Proposals**

9. A Business Healthy Action Plan is currently being developed, which will detail outcomes against the different priority areas. The Action Plan will be reviewed on an annual basis to measure progress and to ensure that it reflects the broader public health aims of the City of London Corporation.
10. Overall objectives of this action plan are to are to:
  - Promote the health and wellbeing of City workers.
  - Make sure that Business Healthy remains a relevant and useful resource for City businesses.
11. The following areas have been identified as priority areas for Business Healthy
  - Expand the Business Healthy network
  - Make Business Healthy the "go-to" health and wellbeing resource for City businesses

- Secure high-level buy-in
- Make Business Healthy financially self-sustaining

12. The latest research into the health and wellbeing of City workers was carried out in 2012 and a refresh is required. This will be included in the Business Healthy Action Plan.

## **Conclusion**

13. The Business Healthy strategy 2017-20 sets out how Business Healthy will contribute to the promotion of City worker health and wellbeing.

## **Appendices**

Appendix 1 – Business Healthy Strategy, 2017-20

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# City of London Corporation: Business Healthy Strategic Plan: 2017 - 2020

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## Introduction

The purpose of this Strategic Plan is to focus Business Healthy's efforts over the coming three years and to ensure that the initiative goes from strength to strength, with a corresponding improvement in the health and wellbeing of City workers. This will be achieved by focusing on four key priorities, which are outlined in this document, in addition to promoting the City of London Corporation and supporting the Public Health team's efforts. The strategy also contains key metrics and targets, to ensure that progress can be measured effectively. Business Healthy is entering its third year of operation and with a new Project Officer in place, this is an important time to evaluate what has gone before and how the project can be improved and become more successful going forward.

## Background

### The City of London

The City of London Corporation is the municipal governing body of the City of London, the "Square Mile", which is the historic centre of London and the location of much of the UK's financial sector. It provides Local Government and policing services for the area.

### Workers in the City and their health needs

The City's worker population greatly outweighs its residents, with over 450,000 people working in the City each day<sup>1</sup>. Over 1 in 100 of the UK's workforce are employed in the City, which makes it the local authority area with the highest daytime population density. The vast majority of City workers commute into the Square Mile from other London boroughs and elsewhere in the South East (39% travel from elsewhere in inner London, 29% from outer London and 32% from outside London<sup>2</sup>). The City has the highest density of jobs and firms in London, with approximately 16,600 businesses. Unsurprisingly, financial services dominate, with almost half of the capital's finance and insurance output coming from the City and over one-third of people employed in the financial services sector. There are 3,030 finance and insurance businesses, which makes it the most prominent sector, followed by professional services, business support services, information and communication and law. The City has a diverse business landscape, with the technology, media and communications sectors growing fast. 98.7% of businesses in the Square Mile are Small and Medium Enterprises (SMEs), with 250 or fewer members of staff.

While small businesses are in the majority, the large businesses account for around half of the total number of jobs, making them hugely influential when looking at the workplace as a setting for staff health and wellbeing. City workers are young – 55% are aged between 25 and 39. They tend to be educated to degree level (66%) and median pay is around double the national level. The Square Mile also has a highly international workforce.

The Joint Strategic Needs Assessment (JSNA) and the latest health survey<sup>3</sup> (carried out in 2012) identify City workers as being a group that is generally younger and more male than London's population, who work long hours and experience high rates of stress, anxiety and depression. There are also high levels of smoking, alcohol and other substance misuse among this population group. Given the long working hours in the City and the fact that most workers commute in from other areas, it is difficult for workers to access healthcare without taking time off work. This also makes the workplace a core setting for promoting preventative measures with a view to establishing long-term health-promoting behaviours. In addition, with the increased pressure on public services, employers increasingly recognise

their responsibilities to promote and look after the health and wellbeing of their staff, as well as the social and financial benefits of such activities.

The City of London Corporation has numerous commissioned services that can be accessed free of charge by City businesses (see Priority 2).

## What is Business Healthy?

Under the Health and Social Care Act, the City Corporation's Health and Wellbeing Board has a responsibility to promote the health and wellbeing of people who live and work in the City. With this in mind, Business Healthy was created in 2014 to "bring together businesses in the City to ignite a positive change in the health and wellbeing of their workforce"<sup>4</sup>. Senior managers and directors in the HR function (of larger businesses) and responsible persons in smaller businesses sign up to Business Healthy, where they are the point of contact for their respective organisations.

Business Healthy provides City businesses with support to promote better health and wellbeing among their workforce. While the needs of each individual and of individual business in the City are unique, there are broad areas of interest that Business Healthy can support. These include, but are not limited to:

- Anxiety and depression, including aspects such as financial wellbeing
- MSDs (musculoskeletal disorders)
- Nutrition and healthy eating
- Physical activity
- Substance misuse (alcohol, drugs and smoking)
- An ageing workforce
- Disability and long-term conditions
- Workplace culture that is conducive to healthy and good work
- Engaging the workforce and communication
- Securing senior buy-in
- Delivering an effective wellbeing programme

Through Business Healthy, City employers are encouraged to share experience and best practice with each other. Through its involvement in steering groups, Business Healthy helps to signpost Square Mile employers to health and wellbeing initiatives that they can access, such as the Lord Mayor's Appeal's "This is Me – In the City" and the City Mental Health Alliance. Business Healthy also provides a platform to showcase best practice among City employers to others within the network.

Whereas some features of City working may relate to certain aspects of employee wellbeing and health, such as the impact of stressful jobs and long working hours, these issues are not unique to the City itself, which is why it is important to welcome businesses, experts and other stakeholders operating in other parts of London, the UK and internationally, to become engaged in the discussion around health and wellbeing.

The objective of Business Healthy is: "to provide a community and online resource for business leaders committed to improving the health and wellbeing of their workforce". This means engaging with high-level decision-makers within City of London businesses, to provide five key services:

- *Exclusive content: Access all areas of the Business Healthy website, including hidden reports, research and links, plus exclusive blog articles.*
- *Member-only Events: Exclusive workplace health events, presentations, seminars and networking opportunities, hosted by Business Healthy.*
- *Private online forum: Access our private online forum to discuss issues with peers, post questions and topics and have your say.*
- *Expert-led workshops: Expert-led workshops on workplace health and wellbeing issues.*

- Business Healthy Updates: *Be the first to know about new resources, events, articles and hot topics posted on the Business Healthy site.*

## Strategic Context

### National

In recent years, workplace health and wellbeing has become increasingly prominent at a strategic level, both within the business and policy-making communities. Examples of the national strategic context that Business Healthy operates within include:

- NICE guidance on workplace health
- The Workplace Wellbeing Charter
- HSE's "Helping Great Britain Work Well" strategy
- Government dialogue and the work of the independent Mental Health Taskforce
- The "Time to Change" movement

### Local

On a more local level, examples of the strategic context are Public Health England and the London Healthy Workplace Charter/ Healthy London Partnership.

The objectives of Business Healthy fit within the wider City of London Corporation's vision to "support, promote and enhance the City of London as the world leader in international finance and business services, and...maintain high quality, accessible and responsive services benefiting its communities, neighbours, London and the nation".

They also align within the City of London Corporation's Department for Community and Children's Services' Business Plan and more widely, the City Corporation's three strategic aims (within its Corporate Plan):

- To support and promote The City as the world leader in international finance and business services;
- To provide modern, efficient and high quality local services within the Square Mile for workers, residents and visitors; and
- To provide valued services, such as education, employment, culture and leisure, to London and the nation.

Business Healthy is led by the City and Hackney Public Health team and overlaps with several other strategies, for example the Joint Health and Wellbeing Strategy (JHWS), the Mental Health Strategy, the Air Quality Strategy, the Noise Strategy, VAWG (Violence against Women and Girls) Strategy, the Suicide Prevention Action Plan and Corporate Alcohol Strategy, which are currently being developed. The health and wellbeing of City workers is a key priority of the JHWS. As such, Business Healthy's objectives should align with those of the broader Public Health team and its other activities.

This strategy was developed by taking into account the ongoing and forward-planning work of the City of London Corporation's Public Health team and the wider Department for Community and Children's Services. External factors, such as the focus of future public-facing campaigns with a health element within the City of London, also contributed in shaping the priorities of this strategy.

## Priorities

### Priority One: Expand the network

#### Why is this important?

As an online network, Business Healthy can only be as influential as the breadth of its reach. The more individuals, stakeholders and businesses engaged with Business Healthy, the bigger the impact of its work. Expanding the network is not only important in terms of increasing numbers, but also ensuring that this sustainable growth is of a high quality. Bringing large organisations on board will increase the number of employees reached through the initiative, but incorporation of smaller companies with less staff is equally important.

As of the start of December 2016, there were 846 individuals registered as members on the Business Healthy website and on the newsletter distribution list, representing approximately 424 different organisations. Approximately 265 (63 per cent) of these organisations are located in the Square Mile, with others operating on the City fringes, elsewhere in London and across the UK.

Another metric of Business Healthy's influence is its presence on social media. Business Healthy's following on social media sites Twitter and LinkedIn is constantly growing, with the websites representing key channels through which Business Healthy can engage with existing and new organisations alike, promote its work and that of its partners and can spread key messages. Through Tweeting when attending events involving its stakeholders, Business Healthy can establish its presence and boost its engagement.

#### What we will do

We will continue to expand Business Healthy's network through social media and other online engagement, in addition to events. Social media engagement and online engagement in a wider sense is cumulative, meaning that the more businesses and individuals engaging with Business Healthy, the more will become aware of it. Social media engagement translates to more registered members, but face-to-face networking is also important in increasing awareness of Business Healthy.

Online engagement and events will be structured and will reflect, wherever possible, relevant external international, national and local "milestones", such as Walk to Work Day, to maximise potential for online engagement, through the use of Twitter hashtags and public awareness. Updates on the Business Healthy Twitter and LinkedIn accounts will be daily, with a weekly blog post and additions to the "Resources" page, which will be highlighted in the newsletter. Existing Business Healthy members are being polled on their preferred frequency for receiving newsletters, with weekly and monthly delivery seen as the most popular. Events will continue to be open to Business Healthy members and non-members alike, with a view to signing up new organisations.

Collaboration and cross-promotion with internal City of London Corporation initiatives is also important where objectives align, such as CityWell, This Is Me, Active City Business Network, the Clean Streets Partnership and the Safer Streets Partnership. Efforts will continue to ensure joined-up working between Business Healthy and these different programmes.

In addition, there are a range of other communication channels through which Business Healthy can deliver its messages to City residents and workers, as listed in Appendix 2.

#### How will we measure progress?

A key metric is the number of individuals and businesses signed up as members on the Business Healthy website. Detailed figures are listed in Appendix 1.

Another key metric to measure the scope of Business Healthy's brand recognition is social media engagement and it is important to continue to boost the number of followers on both LinkedIn and Twitter. As of December 2016, Business Healthy's social media presence was not being used to its full potential, notably through its LinkedIn and Twitter accounts. Increased, targeted and cohesive activity through these channels can be used to increase engagement with businesses and residents within the Square Mile and boost brand recognition for Business Healthy. This may be particularly useful in increasing engagement with SMEs in the more creative industries, of which there are many in the City. The proposed social media targets can be found in Appendix 1.

## **Priority Two: Make Business Healthy the “go-to” health and wellbeing resource for City businesses**

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

Making Business Healthy the “go-to” health and wellbeing resource for City businesses and residents looking to boost their employees' or individual wellbeing is important to the viability of the initiative for several reasons. For its members and potential members, this will make Business Healthy stand out among other similar initiatives, thus encouraging others to join. Businesses providing health and wellbeing services to employers in the City currently have the opportunity to list themselves free-of-charge on the “Providers” page of the Business Healthy website. For those providers, Business Healthy being the most prominent resource will present a strong business case when discussing sponsorship opportunities. Members may access Business Healthy's online resources or attend its events for expert guidance, networking purposes, to gain support for their initiatives and potentially other reasons.

It is also important for Business Healthy to be identified as a “go-to” resource for media outlets, to provide commentary on any related issues and also to provide insight to central Government and key decision-makers. This will help to increase the profile of Business Healthy and allow us to access specialists to write content for the Business Healthy website and to present at Business Healthy events.

Identifying ways in which Business Healthy can become the “go-to” resource for City businesses and residents overlaps with the other priorities outlined in this strategy. Business Healthy's unique selling point is that it is focused on the Square Mile and encompasses all aspects of workplace health and wellbeing.

### **What we will do**

It is important to identify the tools and resources at Business Healthy's disposal that can be used to engage with City businesses and residents and promote information and guidance:

- Member-only events.
- Business Healthy website, [www.businesshealthy.org](http://www.businesshealthy.org), which encompasses the blog, the private online forum, latest research, expert guidance and directory of providers.
- Social media (the Business Healthy Twitter and LinkedIn accounts).
- Business Healthy newsletter, which is sent out to all members.
- Commissioned services.
- London Healthy Workplace Charter

There will be several standalone Business Healthy events and activities during 2017, focusing on one or more of the aforementioned key health and wellbeing issues. Numerous Business Healthy-led print and digital campaigns running throughout the year will support Business Healthy's messaging. In addition, where there is resource, Business Healthy can support and/or attend relevant partner events. These events will be of a high quality and be aimed at senior employees, generally in the HR function of an organisation, but alluding to the need

for high-level buy-in, as outlined below, some events should also appeal to the “C-suite”, i.e. Chief Executive Officers, Chief Operating Officers and Chief Information Officers. Business Healthy events and campaigns are outlined in the “Events Planning Calendar” in Appendix 3.

Following each event, attendee feedback will be collected, which will influence future planning and events, ensuring that Business Healthy events constantly improve. During 2017 and on an ongoing basis, it will be important to gauge which key health and wellbeing topics will be of interest to the business community in 2018 and beyond.

The Business Healthy website is a resource provided to members. Between August 2016 and November 2016, the website received 1989 “sessions” (interactions by a single user, which can contain multiple screen or page views), 1525 new visitors and 464 returning visitors. 54.6 per cent of visitors to the website were from “Organic” searches, arriving at the website through non-paid search engine results. These statistics are being recorded on a quarterly basis to monitor how the website is being used and are also helpful when looking at what functions the website needs to service members. By linking content posted on the social media accounts to the website wherever possible, the number of website users will increase.

High-quality resources that members can access on the Business Healthy website are important, particularly where they cannot be accessed elsewhere. For example, Business Healthy can collaborate with Public Health England (PHE) to develop practical guides for the Business Healthy resource page.

The website's member forum is currently under-utilised and steps will be taken to develop this, to encourage discussion, the sharing of best practice and resource sharing by businesses, which will in turn, draw members and potential members to the Business Healthy website. This will be

Members can be encouraged to showcase their work in employee and resident health and wellbeing, through writing blog posts and case studies for the website. There is also scope for the “Providers” page to be developed, through asking providers and local businesses to provide exclusive discounts and services to Business Healthy members. This will be explored when moving towards making Business Healthy financially self-sustaining (priority four).

Through the City of London Corporation, Business Healthy is able to offer its members specific services from external providers, often free of charge to City residents and/ or workers. In many instances, this is a unique offering and benefit of membership. Going forward, it is recommended that a comprehensive list of these services, including the terms and conditions, is promoted through the Business Healthy website and in face-to-face meetings. This list can be found in Appendix 4. There are opportunities to engage with local businesses and retailers to offer exclusive discounts and services to Business Healthy members, linked with employee and resident health and wellbeing. In turn, this will also boost engagement with the local community and with local branches of international and national businesses.

Business Healthy also works closely with colleagues at the City of London Corporation to promote and refer City businesses to the London Healthy Workplace Charter, which is another type of support on offer to them.

Other initiatives with a similar offering should be identified, whether they are operating within the Square Mile, London, or further afield and to see what their offering is to businesses. This will enable Business Healthy to align itself with the competition and also to identify opportunities to work in partnership with these schemes, to cross-promote and to enhance its own profile. This is also important as a way of ensuring efforts are not being duplicated and resources are not being wasted.



As outlined below, developing strong ties with local, national and international media outlets is important, to ensure that Business Healthy is the first point of call for commentary on news relating to workplace health and wellbeing. Wherever possible, Business Healthy presence in digital, broadcast and print news should not come at a cost to the initiative. Networking is a key aspect of building these relationships, as is having reliable sources and an original approach.

#### **How will we measure progress?**

Progress can be measured through growing use of the Business Healthy website, which is recorded on a quarterly basis as set out in Appendix One and good attendance at Business Healthy standalone and partner events, which is recorded following each event. Business Healthy events should be referred to in news publications as a way of branding the initiative as a reliable and trusted source of information. Referrals from Business Healthy contacts to the London Healthy Workplace Charter scheme is another way that Business Healthy's influence can be measured, with referred organisations achieving accreditation. We should also look to have Business Healthy cited in work, publications and events by other organisations operating in the field.

### **Priority Three: Secure high-level buy-in**

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

This refers to recognition and acknowledgment of Business Healthy's role and importance from both high-profile figures within the City of London Corporation and also from high-profile business leaders within the Square Mile. It is crucial to the ability of Business Healthy to prosper and grow and to achieve its core aim of bringing together businesses in the City to ignite a positive change in the health and wellbeing of their workforce. The more highly-regarded Business Healthy is, the more willing organisations will be to sponsor its activities, events and resources, thus improving the likelihood of it becoming financially self-sustaining.

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

It is important for City businesses to regard Business Healthy in a positive light and to be advocates for it. This will be achieved through ensuring valuable content and resources on the website and through hosting high-quality events throughout the year, which are attended by individuals of a similar standing and with decision-making responsibilities. Better relationships can be formed with experts in all areas listed above, to ensure a consistent level of relevant content for the website and speakers at Business Healthy events.

Endorsement of Business Healthy by City of London Corporation Members and other notable figures is crucial to ensuring the success of Business Healthy. That Business Healthy is an initiative established by the politically-neutral, well-recognised and long-established City of London Corporation is currently not being used to its full potential to attract City businesses large and small to become members. Over the coming year, efforts will be made to engage with more Members and other senior figures at the City of London Corporation and to familiarise all relevant Committees with its work.

A proposed high-profile Business Healthy conference in September 2017, held in the Square Mile and attended by senior decision-makers, politicians, external and internal supporters will demonstrate this high-level buy-in. London-focused groupings operating in a similar sphere, such as the Healthy London Partnership, Public Health England, the Mayor of London's office, the Greater London Authority, the City Mental Health Alliance, the CIPD and This Is Me – In the City, should be invited to participate as partners and co-hosts, which will boost the profile of Business Healthy and show it as a cooperative and supportive project, as many decision-makers already engage with, or are familiar with these groupings.



Efforts should also be made to develop stronger ties with local media outlets (print, broadcast and digital), including the Evening Standard, Metro, Financial Times, City Matters and City A.M., to promote the work of Business Healthy and to enhance its profile and brand awareness.

#### **How will we measure progress?**

Business Healthy should host at least one high-profile event in the Square Mile on a yearly basis, which garners news coverage locally and nationally. We should also look to have high-profile business leaders and experts speaking at Business Healthy standalone and partner events, providing expert insight and thought leadership.

### **Priority Four: Make Business Healthy financially self-sustaining**

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

Currently Business Healthy is sustained by the Public Health budget. The aim is to move away from this dependency and to become financially self-sustaining, whether through introducing paid advertising on the Business Healthy website, through event sponsorship, through paid-for membership, or a combination of all three. In all scenarios, Business Healthy must prove that it provides value-for-money to its members and to sponsors. Having an independent budget will allow Business Healthy more freedoms around the types of events and resources it can offer to its members and also independence from changes to centrally-allocated public budgets, which can fluctuate annually.

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

Business Healthy must establish its unique selling point (USP) and how it differs from other similar offerings in the Square Mile, such as the City Mental Health Alliance. Simultaneously, it must not be seen to be at odds with these other initiatives and must retain a collaborative and cooperative outlook. The USP may focus on Business Healthy as a unique initiative under the scope of a public body, engaging with and representing members of the most business-focused area in London and the UK.

City of London Corporation rules must be researched to set the boundaries of what is allowed by Business Healthy regarding commercial activity. If permitted, there are opportunities to introduce paid-for listings on the Business Healthy's "Provider" page and paid-for advertisements on the website. In early December 2016, there were 29 organisations registered on the page, which can be accessed by members looking to procure certain services.

Business Healthy could also introduce a fee for members to attend some of its events, however, their value-for-money must first be proved and secondly communicated. The feedback process completed following each event could be a useful tool in harnessing this information.

It is expected that moving to financial self-sustenance will take time and may not be completed within the duration of this strategy. Business Healthy should look to fully establish itself by 2018/19, with a view to setting a timeframe from this point onwards. Once procedures are in place, annual financial targets should also be set.

#### **How will we measure progress?**

Over the coming years Business Healthy will use increasingly less of the Public Health budget, through identifying corporate sponsors for events and campaigns. Regarding fundraising,

different options should be tested, for example charging for events, charging for advertising at events and/ or introducing a membership fee. Ultimately, progress will be measured by how much of the Public Health budget is used by Business Healthy, year on year.

The following targets are set for the duration of this strategy (2017-20) for Business Healthy. It will aim to reduce its reliance on the public health budget by:

- 2017-18: -5%
- 2018-19: -10%
- 2019-2020: -17%

## Looking forward

Once this strategy has been approved, an Action Plan will be developed that will outline step-by-step how each of the objectives will be achieved, including indicators as to timeframes. The Plan will be updated annually.

This strategic plan should be reviewed at least annually to ensure that the strategic objectives are being followed, the priorities are still relevant and that the goals are being attained.

### Longer term strategic goals

Alongside the aim to make Business Healthy financially self-sustaining, additional longer term strategic goals should be considered, reflecting current trends and prospective areas of interest over the coming years. These could include:

- Business Healthy influencing and leading the City of London Corporation's role as a business rates collector, based on ongoing discussions in the West Midlands around the "Wellbeing Premium". This could manifest in reducing business rates for smaller companies that demonstrate a commitment to – and investment in – worker health and wellbeing
- Incorporating the health impacts and considerations of a multigenerational workforce and the needs of younger and older workers in the City.
- Exploring opportunities for the City Corporation to add mental health support for City workers to its range of existing commissioned services. This would be subject to finding appropriate funding.

## Appendix 1: Engagement Targets

By December 2017, we aim to have 1,206 individual members registered on the Business Healthy website, representing 603 individual organisations. This represents an additional 360 members from the December 2016 figures. 375 of these organisations will be based within the City of London. The aim is to have a higher proportion of member organisations operating in the City than is the case currently. We aim to ensure that a significant proportion of these organisations will be Small and Medium Enterprises (SMEs), which constitute businesses with 250 employees or less. Small and Medium Enterprises (SMEs) are a huge untapped area of potential membership. Making the blogs, resources and other items on the website accessible only to registered members will promote growth. These targets will be revised in December 2017 for the coming year.

### Social Media Engagement Targets

The proposed social media targets are 1,100 Twitter followers (an increase of 41 per cent) by December 2017 and 153 LinkedIn followers (an increase of 41 per cent). These targets will be achieved by using the tools at Business Healthy's disposal, as outlined below and progress is measured and recorded monthly.

## Attendance at Business Healthy events:

- Jan-17: "A Listening Ear" (internal event for Nomura staff): 70 attendees
- Feb-17: Suicide prevention workshop, plus train-the-trainer: 30 attendees
- Mar-17: "The Importance of Sleep to Wellbeing" webinar: 64 participants
- Apr-17: "Health and Wellbeing: Why is it important for your SME? Building the business case": 6 attendees
- May-17: Business Healthy Challenge: 134 participants

## Appendix 2: City Communication Channels

- Barbican residents' meeting / Q&A
- Barbican Residents' Open Day
- Estate Open Meetings
- City Resident
- City View
- Ward newsletters
- Barbicanews
- News bulletin
- Colnet
- City of London Corporation website
- City of London libraries service
- Heart of the City newsletters (monthly and weekly)
- City Matters newspaper
- Barbican email broadcasts
- Town Clerk's bulletin
- Healthwatch City of London
- Teamtalk
- Barbican bulletin
- Aldgate Partnership
- Barbican messages
- Members' Briefings
- Residents' Associations
- One City website
- Barbican Life magazine

## Appendix 3: Events Planning Calendar (2017)

Separate document: \\Dccsdata\data\_dccs\Public Health\5. Workplace health\Business Healthy Members & Events\2017

## Appendix 4: List of Commissioned Services available to Business Healthy member organisations

- WDP Square Mile Health (alcohol, drugs and substance misuse)
- Advice on smoking cessation through Boots pharmacies
- Living Streets (promoting the benefits of walking)
- Cycle support and guidance, aimed at improving skills among the workforce and support with servicing bicycles
- City Advice (advice telephone line run by Toynbee Hall)
- Golden Lane Sport & Fitness (run by commissioned provider Fusion)
- City LivingWise (provided by Reed Momenta for low-paid City workers)

## Appendix 5: Public Health Communications Plan

This is in development.

## Bibliography

<https://www.cityoflondon.gov.uk/business/economic-research-and-information/Pages/economic-statistics.aspx>

<sup>2</sup><https://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/Briefings/city-stats-june-16.pdf>

<sup>3</sup>[https://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-](https://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-2012/The%20Public%20Health%20and%20Primary%20Healthcare%20Needs%20of%20City%20Workers.pdf)

[2012/The%20Public%20Health%20and%20Primary%20Healthcare%20Needs%20of%20City%20Workers.pdf](https://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-2012/The%20Public%20Health%20and%20Primary%20Healthcare%20Needs%20of%20City%20Workers.pdf)

<sup>4</sup> Business Healthy's mission statement

<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	16 June 2016
<b>Subject:</b> Better Care Fund 2017-19	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Decision</b>
<b>Report author:</b> Ellie Ward, Integration Programme Manager	

## Summary

The Better Care Fund (BCF) plays a key role in the health and social care integration agenda and for the City of London funds a number of important initiatives such as the Care Navigator post which ensures that City of London residents have a safe and supported discharge from hospital.

In order to fit with the two year NHS planning process, the next round of the BCF is also for two years (2017-19). As the City of London Corporation moves forward with integrated commissioning, the BCF will be considered within the aims of this integrated approach.

Publication of the technical guidance by the Department of Health and a submission date for the BCF is still awaited. The submission dates may sit outside of the cycle of Health and Wellbeing Board meetings and therefore this report seeks delegated authority for the sign off of the plan by the Chairman of the Health and Wellbeing Board, in conjunction with the Director of Community and Children's Services.

This report sets out background information and a proposed outline of the plan for the City of London BCF in 2017-18.

## Recommendation(s)

Members are asked to:

- Note the contents of the report and the proposed outline of BCF plans for 2017-18
- Delegate authority to the Chairman of the Health and Wellbeing Board, in conjunction with the Director of Community and Children's Services, to sign off the BCF plans for submission if the timetable sits outside of the schedule for Health and Wellbeing Board meetings.

## Main Report

### Background

1. The Better Care Fund (BCF) was launched in June 2013. It brings together some health and social care budgets to integrate services at a local level to support more person-centred co-ordinated care. In the first two years of the BCF, the total amount of pooled funding was £5.3bn in 2015-16 and £5.8bn in 2016-17.
2. The next round of the BCF covers two years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically.
3. Nationally for 2017-18, the BCF will be £5.128bn and for 2018-19, £5.617bn. The local flexibility to pool more than the mandatory amount will remain.
4. The main change to the Framework from last year is the inclusion of additional local authority funding. Some of this was announced in the 2015 spending review and an additional £2bn over three years was announced in the Spring budget 2017. This is known as the Improved BCF (iBCF) and is to be used for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
5. A number of conditions have to be met in order to access the BCF and going forward these have been reduced from eight to four. These are as follows:
  - BCF Plans to be jointly agreed
  - NHS contribution to adult social care is maintained in line with inflation
  - Agreement to invest in NHS out of hospital services
  - Managing Transfers of Care (this is amended from the previous one which focused on reducing the number of days of delayed transfers of care)
6. BCF forms an important part of the wider integration agenda and local areas are required to ensure that the financial planning and overall direction of travel within the BCF plans and the local STP are aligned.
7. The City of London Corporation had its own BCF plan in both 2015/16 and 2016/17. The pooled fund (consisting of City of London Corporation and CCG funds) was governed by a s75 agreement and in 2016/17 the total pooled budget amounted to £627,000. Of this, £210,000 was for services to be commissioned by the City of London Corporation, £26,000 for Disabled Facilities Grant (DFG) and the remainder for services commissioned by City and Hackney CCG.
8. Any City of London Corporation BCF plan has to be agreed by the Health and Wellbeing Board.

## Current Position

9. The policy framework for the BCF 2017-19 was published in March 2017 but there has been significant delay on publication of the technical planning guidance and therefore the submission timetable has not yet been confirmed.
10. The estimated funding for the City of London Corporation BCF 2017-18 is as follows:

<b>Better Care Fund Funding Contributions</b>	<b>2017-18</b>	<b>2016-17</b>
Minimum NHS (CCG) contribution	£590,000	£580,00
Disabled Facilities Grant	£28,000	£26,000
New grant allocation for adult social care (iBCF)	£179,000	£0
<b>Total</b>	<b>£797,000</b>	<b>£606,000</b>

11. It is proposed that the funding for 2017-18 is used as follows. The City of London Corporation commissioned services are on-going services which have been funded before through the BCF.

	<b>2017-18</b>
Care Navigator Service (City of London Corporation commissioned)	£60,000
Reablement Plus (City of London Corporation commissioned)	£65,000
Mental health reablement & floating support worker (City of London Corporation commissioned)	£120,000
DFG (held by Local Authorities)	£28,000
Carers' support (City of London Corporation commissioned)	£10,000
Additional care packages and step down provision to facilitate hospital discharge	£179,000
CCG commissioned services	£335,000
<b>Total</b>	<b>£797,000</b>

12. The strategic direction for the BCF and iBCF locally is set in the context of the integrated commissioning arrangements between the City of London Corporation and City and Hackney CCG.
13. In February 2017, the City of London Corporation Policy and Resources committee agreed to enter into integrated commissioning arrangements with City and Hackney CCG. The arrangements are built on commissioning decisions about health, public health and social care being taken together through an Integrated Commissioning Board (ICB). Integrated commissioning aims to reduce duplication and bureaucracy, make the most of the organisations' shared knowledge, experience and resources and improve health, social care and wellbeing outcomes by better meeting the needs of our communities.
14. Integrated commissioning is based on a pooled budget which includes health, public health and social care funding and the legal framework for this is a Section 75 (s75) agreement. It was proposed that the BCF and the iBCF were included in the overall pooled budget and therefore the s75 agreement for

integrated commissioning. NHS England (NHSE) requested the CCG pause signing any overarching s75 until some queries had been resolved. It is therefore proposed that during this pause, a separate s75 agreement is developed to cover the BCF.

15. Given that BCF and iBCF are to be included within the integrated commissioning arrangements, it is proposed that the plans are considered by the ICB prior to being agreed by the Health and Wellbeing Board.
16. Given that the timetable is not yet confirmed for submission of the BCF and the fact that the plans have to be approved by the Health and Wellbeing Board, it is proposed that delegated authority is given to the Chairman of the Health and Wellbeing Board, in conjunction with the Director of Community and Children's Services, to agree the plans for submission.

### **Corporate & Strategic Implications**

17. Integration fits into the wider corporate objectives of engaging with London and national government on key issues of concern to our communities such as transport, housing and public health, and improving the value for money of our services within the constraints of reduced resources.
18. The integration of health and social care is reflected in the Departmental Business Plan's strategic objective of choice, control and independence.
19. 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**

#### *Financial Implications*

20. The financial implications are set out in the body of the report.

#### *Legal Implications*

21. There are no additional legal comments.

#### *HR Implications*

22. The proposed schemes for BCF commissioned by the City of London Corporation are existing schemes and do not come with any HR responsibilities for the City of London. However, if this did arise as a result of the fund, then HR advice on management arrangements would be required.



### *Equalities Implications*

23. A Test of Relevance was carried out on these schemes for the 2016-17 BCF. There have been no significant changes since then and therefore the Test of Relevance is still valid.

### **Conclusion**

24. The technical guidance and submission dates for BCF 2017-19 have not yet been published.
25. This paper outlines the estimated BCF funding for the City of London and proposed plans for 2017-18. It also seeks delegated authority for the Chairman of the Health and Wellbeing Board, in conjunction with the Director of Community and Children's Services, to approve the final BCF plans for submission where the timetable may fall outside of the cycle of Health and Wellbeing Board meetings.

### **Appendices**

- None

### **Background papers**

<http://democracy.cityoflondon.gov.uk/documents/s73009/Integrated%20Commissioning%20for%20Health%20and%20Social%20Care.pdf>

<http://democracy.cityoflondon.gov.uk/documents/s75992/Integrated%20Commissioning%20for%20Health%20Social%20Care.pdf>

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<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board – For decision	16/06/2017
<b>Subject:</b> Sexual Health Transformation Programme Governance	<b>Public</b>
<b>Report of:</b> Director of Public Health	<b>For Decision</b>
<b>Report authors:</b> Farrah Hart, DCCS	

## Summary

The London Sexual Health Transformation Programme is supported by 28 London Boroughs and the City. This Programme is developing and delivering an ambitious new vision for the delivery of sexual health services in London. The City of London Corporation has already taken on the Lead Authority role for the new sexual health e-healthcare service for London. The City of London Corporation has now been formally requested to take on the governance of the London programme.

As part of its governance duties, the City will be required to recruit a Director of Sexual Health for London (0.5 FTE) and a Programme Support Officer (0.6FTE). It is acknowledged that hosting these roles should come at no extra cost to the City, and that the City's additional costs will be recuperated from the participating Boroughs.

## Recommendation(s)

1. It is recommended that the City act as the governing body in delivering the pan-London Sexual Health Transformation Programme.

## Main Report

### Background

2. The need for sexual health services in London is significantly higher than the England average, and has risen in recent years. Rates of HIV, STIs and abortions are significantly higher for London than the national averages, and there are wide variations and inequalities within London:

3. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together. The participating boroughs are working together on a sub-regional basis for clinical service transformation, and across London for on-line sexual health services, including access to HIV/Sexually Transmitted Infection (STI) self-sampling kits.
4. The London Sexual Health Transformation Programme aims to transform the way we provide sexual health services in London, to deliver high quality, innovative, equitable and accessible services that can meet the sexual health challenges we face now and in the future, and which reflect the expectations of service users and the technology they use.

### **Current Position**

5. The City of London Corporation has already taken on the Lead Authority role for the new sexual health e-healthcare service for London.
6. A further request from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, has now been received, which asks that the City of London takes on the overall governance of the transformation programme.
7. As part of its governance duties, the City will be required to recruit a Director of Sexual Health for London (0.5 FTE) and a Programme Support Officer (0.6FTE). Their duties will include:
  - Establishing a strategic board for London which would provide a senior level structure overseeing the full range of work and ensuring there is consistency across the system. The strategic board will provide a pan London oversight on the service and associated cost and activity.
  - Administering the other governance structures of the transformation programme, including the commissioners' group, and clinical advisory group
  - Collaborative commissioning – annual cycle of setting activity baselines, agreements on tariffs, forum for discussions between commissioners.
  - Oversight of implementation of the Integrated Sexual Health Tariff, review of pathways, approval of pathway changes etc.
  - Clinical oversight - approval/assurance on specifications, pathway changes, audit, oversight of incidents etc.
  - Stakeholder management - system working, interface with PHE, NHSE, CCGs etc.
8. It is acknowledged that these duties should come at no extra cost to the City. The City's additional costs will be recuperated from the participating Boroughs.

## **Finance and legal considerations**

A Memorandum of Understanding (MOU) will be signed by participating boroughs. This MOU would include:

- Commitment to paying for governance arrangements and structures
- Sign up to cross charging arrangements
- Recognition of lead commissioner arrangements and clear articulation of lead commissioner responsibilities and relationships with other commissioners
- Implementation of Integrated Sexual Health Tariff and governance arrangements for changes to tariffs, pathways and currencies
- Clinical governance including oversight of clinical standards and assurance of service specifications and changes to clinical models/pathways

## **Proposals**

9. The City providing governance for the London Sexual Health Transformation programme represents a unique opportunity to deliver a truly pan London transformation which will benefit the capital's population and at the same time deliver considerable savings by means of a joined up approach.
10. It is proposed that the City take on the role as the governing body in delivering the pan-London Sexual Health Transformation Programme.

## **Corporate & Strategic Implications**

11. The proposals support KPP4 in the Corporate Plan: *'Maximising the opportunities and benefits afforded by our role in supporting London's communities'*.

## **Conclusion**

12. Acting as the governing body for the 28 London Boroughs would underline the City's commitment to supporting wider London and devolution.

## **Appendices**

- None

## **Farrah Hart**

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<b>Committee:</b>	<b>Date:</b>
Health and Wellbeing Board	16 June 2017
<b>Subject:</b>	<b>Public</b>
Health and Wellbeing Board update report	
<b>Report of:</b>	<b>For Information</b>
Director of Community and Children's Services	
<b>Report Author:</b>	
Sarah Thomas, Health & Wellbeing Executive Support Officer	

## Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments and policy issues 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 included are:

- Healthwatch report
- Air quality: Unnecessary vehicle engine idling
- Commissioning of sexual health services
- Pharmaceutical Needs Assessment
- Business Healthy Challenge
- Release the Pressure campaign
- Commissioning of childhood obesity services
- Late Night Levy and Safety Thirst scheme update
- East London Health & Care Partnership (NEL STP): Engagement activities
- City Gardens Management Plan 2017 – 2022 consultation
- Draft Construction Code of Practice consultation
- Bank On Safety experimental safety scheme
- Club Soda Mindful Drinking Guide to pubs and bars

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### 1. Healthwatch report

Event on Sustainability Transformation Plans: Healthwatch City of London organised a public consultation event which was held on 24 February 2017, in partnership with the City of London Corporation. There were over 50 attendees including residents and service providers from in and around the City of London. Ian Tompkins, Director of Communications & Engagement, East London Health and Care Partnership on the North East London Sustainability Plan gave a

presentation that included an overview of the Plan, the local profile and indicators including smoking prevalence, the physically inactive population, increasing risk drinkers, the obese population, the hypertensive population and diabetes prevalence. The plan sets out how the ambitions of the NHS Five Year Forward View will be turned into reality. It builds on the local transformation programmes below and supports their implementation. Ellie Ward, Integration Programme Manager, City of London Corporation and David Maher, Deputy Chief Officer and Programme Director, City & Hackney CCG gave a presentation on integrated care and took questions on how the changes will affect City people. Discussion sessions covered how Healthwatch City of London and the public can influence the plan to ensure we get the best services for our population, and anything missing could be identified and included. The full report has been sent to attendees and placed on our website. Healthwatch City of London has been appointed to the Transformation Board which is being co-ordinated by the City and Hackney CCG to ensure that local residents have a voice in the transformation process.

Workshop on alcohol issues: Healthwatch City of London organised and hosted an event on 22 March 2017 to inform the Alcohol Strategy for the City of London. Areas covered included the impact of alcohol on health and what can be done to raise awareness of the dangers, promotion of “lower risk” drinking, and the impact in terms of community safety and crime. Discussions focussed on:

- Encouraging safe, responsible drinking
- Tackling alcohol-related crime and anti-social behaviour
- Treatment and support for problem drinking

There were around 20 attendees and a lively discussion took place about alcohol use and misuse in the City. We heard about issues ranging from changing patterns in City drinking, to anti-social behaviour, the drinking culture in workplaces and how to raise alcohol awareness amongst our communities. Attendees’ thoughts and comments will feed into the Corporate Alcohol Strategy which is currently under development.

St Bartholomew’s Hospital: The patients’ forum at St Bartholomew’s Hospital has continued to discuss the scope and remit of the new patient panels – Healthwatch City of London has introduced a new member to the panel who is now the Chair. Those more involved in the panel and forum will be required to go through the Bart’s Trust volunteer process. At the Compassionate Care and Patient Experience Board at Bart’s Health the main issues identified were poor signage and poor communication/information. There will be new signage put in next year following the move of the cardiac unit. It was suggested that signage should include signs at St Paul’s and Barbican tube stations. It has been suggested that Healthwatch City of London cover all clinics for one day to survey patients on information and signage of clinics. Healthwatch City of London participated in a comprehensive communications workshop which covered ‘What does good communication look like?’, ‘How does it make people feel?’, ‘What are the barriers?’ and ‘What are the ways of communication?’ It is anticipated that the workshop will become a rolling programme. Healthwatch City of London also co-hosted a Christmas event which was attended by all the Senior Directors of the hospital. This is something other sites do not have and we appreciated the support given by the directors. However, the Lead for the Forum – Jonathan

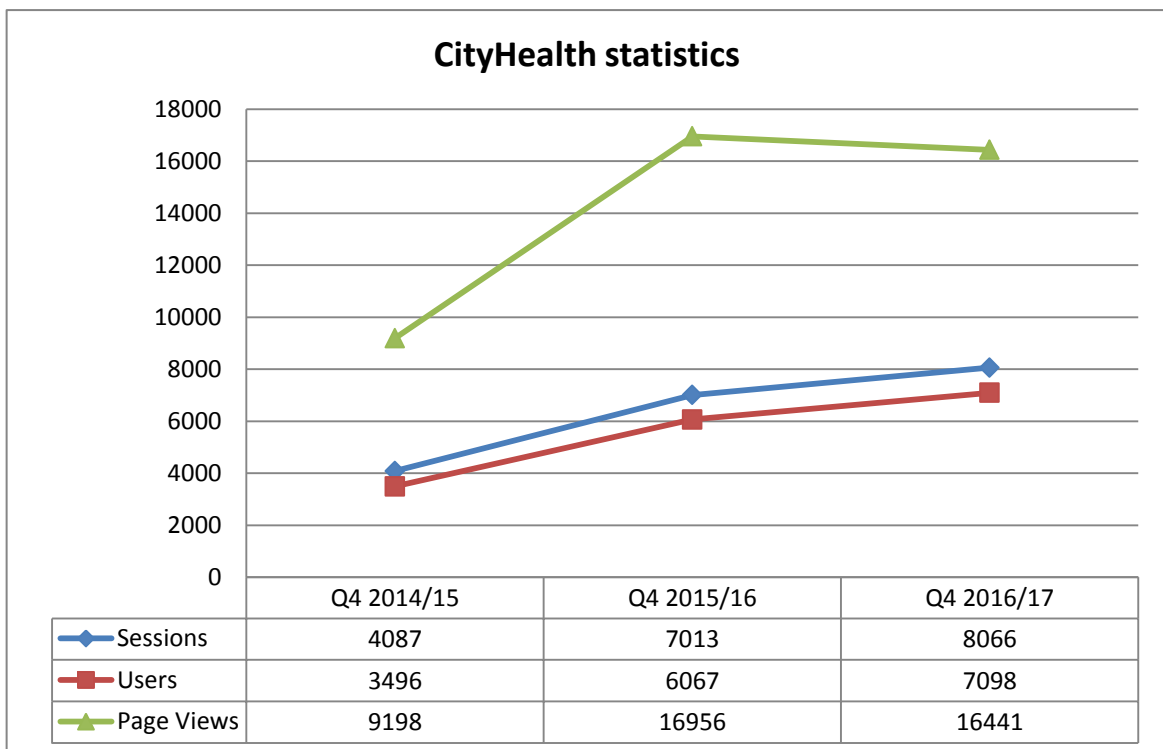


Hanbury, Assistant Director of Nursing left at the end of February. There is concern in respect of funding especially start up funding for the panels.

CityHealth website usage: The table below shows the Google Analytics data comparing use of the CityHealth site from 2015 (when it was run by the previous provider), with 2016 when Healthwatch took over:

	Total 2015	Total 2016	Difference 2015-2016
Sessions	18,720	28079	50% increase
Users	16,412	23719	45% increase
Page views	38,510	62890	63% increase
Page/Sessions	2.07	2.27	8% increase
Avg. Session Duration	00:01:00	00:01:34	57% increase
Bounce Rate (single page sessions)	67%	58%	9% decrease
% New sessions (first time visits)	86%	83%	3% decrease

People are returning to CityHealth and spending more time on the website, with the number of page views increasing by over 24,000. The graph below illustrates the statistics from 1st January – 31st March over the last three years and shows a significant increase in sessions, users and first time visits when Healthwatch took over the directory in 2016. Another significant increase is predicted once the website is relaunched.



Contact Janine Aldridge, Healthwatch City of London:  
[healthwatchCityofLondon@AgeUKLondon.org.uk](mailto:healthwatchCityofLondon@AgeUKLondon.org.uk)

## 2. **Air quality: Coordinated action to deal with unnecessary vehicle engine idling**

Vehicles that leave engines idling when parked are an unnecessary source of local air pollution. This has a negative impact on public health. The City of London Corporation has powers to issue Fixed Penalty Notices to drivers who leave engines idling unnecessarily. However, due to the way the regulations and associated guidance are structured, the City Corporation has not been able to issue any Fixed Penalty Notices for this offence. Consequently, the City Corporation has developed an alternative approach to deal with unnecessary engine idling with the support of our residents, local businesses and other organisations. The Departments of Markets and Consumer Protection and Built Environment have taken the following coordinated action to deal with unnecessary vehicle engine idling:

- The ineffectiveness of the existing Fixed Penalty Notice provision has been raised with Department for the Environment Food and Rural Affairs and Department for Transport.
- Officers respond to specific complaints about engine idling by visiting the area and speaking to drivers. This is undertaken by the Air Quality Team, Civil Enforcement Officers and Street Environment Officers that work outside normal office hours.
- Officers speak to drivers who leave engines idling as they walk around the City on other business. A range of staff across the organisation have been trained to do this.
- Temporary A-boards and lamppost signs have been erected in 'hotspot' areas.
- Specific areas have been targeted with letter drops, for example businesses in Carthusian Street, where delivery vehicles were causing a problem.
- City businesses are asked to support the City no idling policy, and incorporate it into delivery and taxi contracts. Posters have been provided for delivery bays.
- The no vehicle idling policy is built into City Corporation contracts.
- The Chairmen of Port Health and Environmental Services and Planning and Transportation have written to the taxi body representatives asking for their members' support.
- Close liaison with construction and demolition companies is undertaken to ensure that vehicles waiting to access sites don't leave engines idling. Posters have been provided for sites. The requirement to switch engines off has been incorporated into the City Code of Practice for Construction and Deconstruction.
- The City Corporation has been holding monthly 'no idling action days' where staff and community volunteers go out to speak to drivers with view to educating drivers so they automatically switch their engine off when parked. Businesses and the Cheapside Business Alliance also support these events. The programme has received wide media coverage and has been rolled out to an additional 11 London boroughs due to its success.

- Information collated by Civil Enforcement Officers (CEOs) has enabled the Parking Department to write to 73 companies whose drivers are observed in the City with engines idling whilst parked.
- A message regarding engine idling is played to customers that pay for parking by telephone
- The Department for Transport has recently approved wording for permanent street signs in 16 roads that have been identified as 'hotspot' areas.

The coordinated action to deal with unnecessary engine idling is having a positive effect on driver behaviour. There has been a reduction in the number of vehicles found idling on City streets over the past two years. Over 700 drivers have been asked to turn engines off on 'idling engine action' days. A further 73 organisations have received letters where a driver has been found with engines idling unnecessarily in the City. When the City Corporation commenced idling engine action days in March 2015, there was little awareness about air quality and the importance of switching engines off when parked. However, this has changed dramatically over time due to a combination of the action taken by the City Corporation and the associated media coverage.

Contact Ruth Calderwood, Air Quality Manager:  
[Ruth.Calderwood@cityoflondon.gov.uk](mailto:Ruth.Calderwood@cityoflondon.gov.uk)

### 3. **Commissioning of sexual health services**

After a comprehensive and very positive procurement exercise, Preventx has been chosen as the preferred bidder of the new pan-London online sexual health testing service. They will be the lead provider, but will bring in some additional support from Chelsea and Westminster NHS Foundation Trust, LloydsPharmacy Limited and Zesty. Preventx have an excellent track record of providing high quality innovative services for patients and working in partnership with the NHS across the country. The service will be rolled out across most of London over the next six months, with an emphasis on supporting people who currently attend clinics to use the online service to free up clinic space on the ground.

The City of London Corporation now has a team in place who now lead the sexual health programme. A part time Director role is currently out to advert but the following have joined the team recently: Lead Commissioner; Commissioning Manager; Contracts and Business Support Officer.

A local procurement exercise within North Central London has seen the Homerton Hospital appointed as the preferred provider for integrated sexual health services (including genitourinary and sexual and reproductive health) across Hackney and the City of London. The specification requires that at least one sexual health clinic must be located within the City of London, as is currently the case. The procurement will not create any new impacts on the overall physical and social environment of City and Hackney, although there may be change of address and a move of clinic site.

Contact Farrah Hart, Consultant in Public Health:  
[Farrah.Hart@cityoflondon.gov.uk](mailto:Farrah.Hart@cityoflondon.gov.uk)

#### 4. **Pharmaceutical Needs Assessment**

Each Health and Wellbeing Board (HWB) has a statutory responsibility to produce a revised Pharmaceutical Needs Assessment (PNA) for the local area by 1 April 2018, including a 60 day public consultation period. The last PNA for both City and Hackney HWBs was published on 1 April 2015.

Responsibility for developing and updating PNAs was transferred to HWBBs by the Health and Social Care Act 2012. PNAs are used by the NHS, Clinical Commissioning Groups (CCGs) and local authorities to commission community pharmacy and related services. NHS England is responsible for making decisions on applications to open new pharmacies and dispensing appliance contractor premises; the PNA document informs these decisions at local level.

The City and Hackney Public Health Team intend to procure an external supplier to carry out the assessment for 2018, to ensure that the process is as efficient as possible and has input from specialist pharmacy experts. The HWBs will retain an oversight and governance function and the HWB sponsor will be Dr Penny Bevan, Director of Public Health. The selected provider will be expected to work closely with a local stakeholder group in producing the PNA, invited from the following statutory PNA consultees:

- City & Hackney Local Pharmaceutical Committee
- City & Hackney CCG
- City & Hackney Local Medical Committee
- NHS England and Area Team
- City of London Healthwatch and Hackney Healthwatch

Work on the 2018 City and Hackney PNA is expected to commence in June 2017. A draft (post consultation) PNA report will be produced for sign-off by the two HWBs by end of January 2018, and the final PNA report will be published before 1 April 2018.

Contact Jayne Taylor, Consultant in Public Health:

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#### 5. **Business Healthy Challenge**

The Business Healthy Challenge was a free, three-week activity challenge for City workers, delivered by Business Healthy, in partnership with commissioned providers Living Streets and City-based technology company HiMotiv. The challenge ran during the first three weeks of May, which is Living Streets' National Walking Month. Its aim was to encourage more physical activity among City workers.

Participants formed teams of between one and five people, logging their activity automatically through apps, or manually, on the HiMotiv platform. Activity equated to points and all teams reaching 2,000 points were entered into the grand prize draw. This meant that all participants, irrespective of how active or inactive they were prior to the challenge, had a chance of winning, as the goal of 2,000 points was realistic and achievable. The platform allowed all types of physical activity to be logged. The most popular activity was walking: equivalent to 5,568 miles were recorded across the three weeks. Cycling, running, high-, medium- and low-

intensity activities were also popular. Data shows that participants undertook a wide range of activities to earn points, including Karate, spin classes, football, HIIT, rowing, weightlifting, tennis, Taekwon-do, horseriding, yoga, Pilates and bell-ringing, among others. The diversity of activity allowed participants to gain points in the activities that they preferred, which encouraged engagement. Over the course of the three-week challenge, 13 million steps were taken and 9,075 miles covered. There were 134 participants, in 35 teams, representing eight different organisations – including the City of London Corporation and the City of London Police.

The challenge was run at no cost to the public health team. Use of the platform was donated to Business Healthy by HiMotiv and local businesses donated prizes to incentivise participants. Weekly newsletters were sent to participants, motivating them and providing information on how they could increase their activity, e.g. promoting City walking routes. Pre- and post-challenge surveys were completed by participants, which provided insight into motivation with participants responding that the challenge had helped them to increase their exercise levels, take part in a fun team bonding experience and even improve their mental wellbeing. The data will be analysed in an evaluation of the challenge, which will be carried out in due course. The challenge attracted attention from other Local Authorities who were keen to run a similar initiative themselves and a number of firms have been in touch to ask whether they can be involved in a future challenge.

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## 6. **Release the Pressure campaign**

In 2016 Kent County Council launched an evidence-based social marketing campaign called “Release the Pressure”, designed to make men aware of a 24/7 helpline for mental health support. Suicide is, as with the City, a big issue for Kent County Council and research carried out in Kent found that a large proportion of those dying by suicide had not previously had any contact with traditional mental health services. In addition, just a small fraction had been in touch with secondary mental health services in the 12 months before they died. Parallels can be drawn when looking at those who die by suicide in the City – many of whom have no previous connection to the City.

The campaign uses striking imagery and deliberately avoids using the words “mental health” and “suicide”. It has been promoted by the Local Government Association as a successful example of targeted marketing campaigns.

Kent C.C. has given the City Corporation’s Public Health team permission to use the campaign materials and rebrand them with the Corporation’s logo. Logos of other local partners involved in the City’s suicide prevention work will also be included. The campaign will take the form of digital adverts, adverts in the City’s Underground and rail stations, and a longer-running social media campaign. The adverts will be launched on the 19th June and will run for four weeks. The campaign has been timed to try and address the unfortunate spike in suicides that is typically seen in the City during the summer months. The adverts will direct

workers and residents to the “Mental Health” webpage on the City of London Corporation website, where they will find a list of support services that they can access, such as the Samaritans’ Freephone line. Press coverage around the campaign will help to boost its profile, as will promotion to local stakeholders. Impact of the campaign will be included in the wider evaluation of suicide prevention interventions in the City.

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## 7. **Commissioning of childhood obesity services**

The transition of public health from the Primary Care Trust (PCT) to the Council in 2013 meant that PCT services were transferred over to the Council; Children and Young People’s (CYP) obesity services is an area that has not been formally reviewed since the transfer. The CYP obesity service review has evaluated the current services against best practice guidance and evidence, and the need of the local population to help inform and shape what future services will look like. This review has included engagement with the local population and key local stakeholders. The proposed service go-live date is April 2018.

CYP obesity prevention and healthy weight services will focus on enabling CYP and their families to achieve and maintain a healthy weight, and to provide them with the skills, knowledge and confidence to attain this. The proposed procurement is made up of the following two components in Hackney and the City of London:

- Lot 1: LBH & CoL 0-5’s Healthy Eating and Obesity Services
- Lot 2: LBH & CoL 5-19’s Healthy Eating and Obesity Services

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## 8. **Late Night Levy and Safety Thirst scheme update**

Late Night Levy: The Late Night Levy charges businesses that supply alcohol late into the night for the extra costs that the night time economy generates for police and licensing authorities. The Levy has been operating within the City of London since October 2014, with around 300 premises paying the Levy each year. The income collected has enabled the licensing service to continue with operating its unique risk scheme combined with Safety Thirst, a best practice scheme. The Police and cleansing service have been able to put additional resources into those areas that are affected by the night time economy directly affecting the levels of crime and disorder and public nuisance. The decrease in licensing hearings or reviews during the past twelve months is significant.

Safety Thirst: Since 2015, the Safety Thirst scheme has been linked to the Levy and successful premises receive a 30% reduction in the fee. The aim of the scheme is to promote high standards in reducing crime and antisocial behaviour while also helping to ensure a safe and pleasant environment for people to socialise. The Licensing team have reviewed the Safety Thirst scheme for 2017 and made several improvements, including streamlining the audit process, enhancing the criteria to include safeguarding of children and providing applicants



with a feedback report. Over the next year the Licensing team will also consider how the scheme can attract more applicants, particularly by securing commercial benefits for accredited premises e.g. cheaper insurance. It is expected that applications will increase in 2017 from 60 to around 80 and the number of accredited premises will increase from 46 to 60.

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9. **East London Health & Care Partnership (NEL STP): Engagement activities**  
N.B. The North East London Sustainability & Transformation Plan (NEL STP) has been renamed the East London Health & Care Partnership.

Engagement with local people, stakeholders and frontline staff

The East London Health & Care Partnership is committed to regular and clear, jargon-free communications and engagement with all stakeholders. An Online Briefing Room has been set up as a central source of information and materials for members of the Partnership to adapt and use in local communications and engagement activities. This includes narratives around the STP (what it is and what it isn't); the various transformation plans and programmes (as they emerge); facts and figures; presentations (tailored for specific audiences); information videos; and case studies.

At the heart of stakeholder engagement will be the Community Group – a subgroup of the East London Health and Care Partnership. Representing key partners and stakeholders, community organisations (including Healthwatch and patient and public involvement groups), the Voluntary, Community and Social Enterprise sector (VCSE), professional bodies and trades unions, the Group's purpose is to act as a reference arm of the Partnership – helping it develop plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences. An initial meeting of the organisations and people that will be invited to join the Community Group is planned for 4 July.

Another key audience is frontline staff in the NHS and local authorities. The Partnership will run an intensive programme of engagement with them over the spring and summer to create understanding about what the Partnership, and the STP, means to them.

In order to engage with the wider public, the Partnership is planning to have a presence at all of the major summer festival events, working alongside council, public health and NHS colleagues to help boost the promotion of campaigns around health prevention and access to services. The Partnership is also planning a series of public engagement across east London from the summer onwards. Some of these will take the format of TV's Question Time programme, giving people the opportunity to get answers to their concerns and debate popular topics.

### Engagement with Local Authorities

The Partnership engaged widely with stakeholders to shape its governance arrangements. Engagement with local authorities has been paramount and has been achieved through various forums:

- On 19 December 2016, Rob Whiteman, ELHCP Chair attended a joint meeting of all the Chief Executive Officers of Local Authorities to discuss the ELHCP STP including its governance arrangements. The meeting was hosted by Martin Esom, Chief Executive of Waltham Forest Council, who is a member of the ELHCP Partnership Board. The chief executives of Hackney and Havering Councils are also now members of the Board, meaning each of the three main transformation areas have a local government representative present. On 26 January 2017, the directors/heads of communications from all East London NHS organisations and local councils met to discuss how they could work more closely together and join up their communication networks. They have since met again on 9 March and 4 May.
- On 7 March 2017, the Directors of Children's and Adult Services and Directors of Public Health met to discuss how they want the ELHCP Social Care & Public Health Group to operate. The Partnership is awaiting their formal proposals on this.
- On 8 March, political representatives from the eight councils met to talk about the ELHCP Mayors and Leaders Advisory Group and how that might work. A further meeting is scheduled for this group on 23 June.

Regular engagement is also taking place with all of the councils outside of these meetings, at various levels.

Contact Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership: [ian.Tompkins@eastlondonhcp.nhs.uk](mailto:ian.Tompkins@eastlondonhcp.nhs.uk)

### **10. Draft City Gardens Management Plan 2017 – 2022 consultation**

The Open Space Strategy sets out a vision for “the creation of a network of high quality and inspiring open spaces which helps ensure an attractive, healthy, sustainable and socially cohesive place for all the City's communities and visitors”. There are approximately 200 planted areas of City Corporation owned or managed open space within the Square Mile, including parks, gardens, churchyards and highway plantings. The City Gardens Management Plan will oversee these green spaces within the City. The Plan recognises the role that these spaces play in improving the health and wellbeing of the community through access to green space and recreation. A well-designed public realm with high-quality green open space will encourage physical exercise, improve mental health and increase biodiversity. A consultation exercise revealed that residents and workers in the Square Mile lack green and community space and space to exercise, which came up repeatedly as a health and wellbeing issue. Green spaces can play a role in promoting healthy lifestyles, reducing stress and preventing illness and can also help with social inclusion by providing a space to socialise. An initiative called Smoke Free Gardens, a voluntary smoking ban in three of our gardens with play provision where more vulnerable people congregate, has been successfully introduced since 2015.



The draft City Gardens Management Plan is currently being consulted upon: <https://www.cityoflondon.gov.uk/things-to-do/green-spaces/city-gardens/about-us/Pages/have-your-say.aspx>

#### **11. Draft Construction Code of Practice consultation**

The refreshed and updated Code of Construction Practice sets out the approach to ensure the use of the best environmental options in planning and managing construction and deconstruction (demolition) in the City of London. Construction work can have an impact on health and wellbeing as dust generation contributes to poor air quality and noise levels can disrupt local communities. The Code of Practice seeks to minimise disruption to neighbours and users of the area surrounding construction sites and to reduce or offset any adverse environmental impact of construction work. The Code of Practice is currently out for public consultation until 14<sup>th</sup> July. Views are particularly welcome on the proposal outlined to apply monitoring fees to developers for an enhanced and more proactive approach to monitoring of sites by City Officers.

The consultation document can be viewed here:

[www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/Pages/Noise-strategy-and-policy](http://www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/Pages/Noise-strategy-and-policy)

#### **12. Bank On Safety experimental safety scheme**

Bank Junction does not work very well. It has heavy pedestrian use and many of the Bank station exits are located on, or close to, the main junction. This contributes to pedestrians crowding on the narrow pavements around junction. The area has a high collision and casualty record and requires improvement to improve safety. London Underground is undertaking a large capacity upgrade of Bank station which will increase the numbers of passengers able to interchange between lines within the station as well as enter and exit. This work is expected to finish in 2021. It is proposed that the surface level at Bank Junction should be improved within the same time frame as the underground station upgrade. This would assist the expected increase in demand in the area over the coming years. The “Bank On Safety” experimental safety scheme, launched in May 2017, aims to make Bank Junction safer and improve, or at least maintain, the average vehicle journey time in the area (roughly bounded by Cannon Street, Bishopsgate, London Wall and New Change/St Martin Le Grande). General traffic will be restricted from the junction during the working day, Monday to Friday 0700 to 1900. Over the last year, officers have worked with TfL on the traffic modelling and design. Officers have also engaged extensively with the local community to develop the design in detail to best meet the needs of the local and wider communities. The scheme aims to deliver a highly significant casualty reduction at Bank whilst maintaining or slightly improving average general traffic journey times and improving London bus services in the area. The scheme will also make the area safer and more attractive to pedestrians and cyclists, which supports the City Of London Corporation’s commitment to active travel.

For more information, contact [bankarea@cityoflondon.gov.uk](mailto:bankarea@cityoflondon.gov.uk).

### 13. Club Soda Mindful Drinking Guide to pubs and bars

Club Soda are an East London based start-up helping people to change their drinking, whether they want to cut down, go alcohol-free or quit for a short time. Club Soda offer online behaviour change tools, email programs, workshops and socials, and a supportive community. Through the Late Night Levy, the City of London Corporation has funded them to produce a guide City pubs and bars where customers can choose from a good range non-alcoholic or low-alcohol drinks. During the six month project, Club Soda has visited all licensed venues in the City of London that sell alcohol after midnight to encourage and support them to engage with the “mindful drinking” movement. They have produced an online guide to pubs and bars across the City (and the UK) where customers can add their comments and ratings and organised “mindful pub crawls” to promote it.

For more information, visit the website: [www.clubsodaguide.com](http://www.clubsodaguide.com)

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