



Health and Wellbeing Board

Date: FRIDAY, 22 SEPTEMBER 2017
Time: 11.30 am
Venue: COMMITTEE ROOMS, GUILDHALL.

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

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 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

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

For Decision
(Pages 1 - 6)
4. **PRESENTATION: HEALTH AND WORK PROGRAMME**
To receive a presentation from Jo Asphall, Working Capital Programme Manager.

For Information
5. **HEALTHWATCH ANNUAL REPORT**
Report of Healthwatch.

For Information
(Pages 7 - 38)
6. **MENTAL HEALTH STRATEGY UPDATE**
Report of the Director of Community & Children's Services.

For Information
(Pages 39 - 48)
7. **BETTER CARE FUND UPDATE**
Report of the Director of Community & Children's Services.

For Information
(Pages 49 - 112)
8. **HEALTH AND WELLBEING UPDATE REPORT**
Report of the Director of Community & Children's Services.

For Information
(Pages 113 - 134)
9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
11. **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

12. **WDP CONTRACT DELIVERY UPDATE**
Report of the Director of Community & Children's Services.
For Information
(Pages 135 - 140)
13. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Friday, 16 June 2017

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

Present

Members:

Deputy Joyce Nash
Jon Averbs
Andrew Carter
Karina Dostalova
Glyn Kyle
Dr Gary Marlowe
Randall Anderson
Tom Anderson
Jeremy Simons
Matthew Bell

In Attendance

Paul Haigh

Officers:

Natasha Dogra – Town Clerk’s Department
Neal Hounsell – Community & Children’s Services 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 had been received from Simon Murrells, Andrew Carter and Dr Penny Bevan.

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

There were no declarations of interest.

3. ORDER OF THE COURT OF COMMON COUNCIL

Resolved – that the Order of the Court of Common Council be received.

4. ELECTION OF CHAIRMAN

The Committee were invited to elect a Chairman in accordance with Standing Order 29. Deputy Joyce Nash was the only Member to express an interest in serving and was duly elected Chairman for the ensuing year.

Resolved – that Deputy Joyce Nash be appointed Chairman of the Board.

5. **ELECTION OF DEPUTY CHAIRMAN.**

The Committee were invited to elect a Deputy Chairman in accordance with Standing Order 30. Randall Anderson was the only Member to express an interest in serving and was duly elected Chairman for the ensuing year.

Resolved – that Randall Anderson be appointed Deputy Chairman of the Board.

6. **MINUTES**

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

7. **DEPARTMENTAL BUSINESS PLAN: DEPARTMENT OF COMMUNITY AND CHILDREN'S SERVICES**

Members were presented with 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. The report also presented 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.

Resolved – that the plan be received.

8. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN**

The Board noted 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

Resolved – that Members of the Health and Wellbeing Board approve the Joint Health and Wellbeing Strategy Action Plan.

9. **SOCIAL WELLBEING STRATEGY**

Members noted 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.

Members noted that 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.

In response to a query it was noted that 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.

Resolved – that Members approve the proposed Social Wellbeing Strategy.

10. **SUICIDE PREVENTION ACTION PLAN**

Members were presented with 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.

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.

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.

In response to a query Members noted that 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. 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.

Resolved – that the Board approve the Suicide Prevention Action Plan and agree to review the progress of the actions within the Suicide Prevention Action Plan annually.

11. BUSINESS HEALTHY STRATEGY

Members were presented with 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.

Resolved – that The Health and Wellbeing Board Members approve the Business Healthy Strategy and agreed to annually review the progress of the actions within the Business Healthy Action Plan (to be finalised in July 2017).

12. BETTER CARE FUND

The Board were informed that 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.

Resolved – that the Board agreed to 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.

13. SEXUAL HEALTH TRANSFORMATION PROGRAMME GOVERNANCE

Members noted that 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.

Resolved – that the Board give approval for the City act as the governing body in delivering the pan-London Sexual Health Transformation Programme.

14. HEALTH AND WELLBEING UPDATE REPORT

Health and Wellbeing Board Members received an overview of local developments and policy issues related to the work of the Board and updates included were:

- 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

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

In light of the tragic events at Grenfell Tower, Officers were asked whether significant fire inspections and risk assessments had been carried out on the City's housing estates. The Acting Director confirmed that these assessments had been carried out and a statement had been issued to all Housing Management staff and Estate residents. With particular regard to the risk of fire, we have undertaken and implemented a number of pro-active improvement measures including:

- Recently completed new Fire Risk Assessments on all of our housing stock;
- Carrying out regular reviews of Fire Risk Assessments to ensure they remain valid and 'fit for purpose';

- Carrying out monthly inspections of fire doors and other fire safety measures;
- Carry out regular estate inspections to ensure that any potential fire and other safety hazards are identified and removed;
- Giving our estate staff up to date training on fire risk management;
- Updated the design of our Fire Log Books and the information contained in them;
- Produced guidance notes on fire management plans and fire compartmentation that is applied to any refurbishment works carried out on our homes.

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The Board agreed that it would be timely to host a development day in the next few months and asked Officers to progress this.

17. **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.

18. **BI-ANNUAL HEALTH AND WELLBEING PERFORMANCE REPORT**
The Board received a report of the Director of Community and Children's Services which presented the annual performance data for 2016/17 across a range of agreed key performance indicators.

19. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no non-public questions.

20. **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 12:35pm

Chairman

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

Committee	Dated:
Health and Wellbeing Board	22/09/2017
Subject: Healthwatch City of London Annual Report 2016/17	Public
Report of: Chair of Healthwatch	For Information
Report Author: Janine Aldridge, Healthwatch City of London Officer	

Summary

The attached *Healthwatch City of London Annual Report 2016/17* provides an overview of the activities of Healthwatch City of London during its fourth year. This report also provides an update on recent and upcoming Healthwatch events.

Recommendation

Members are asked to:

- Note the *Healthwatch City of London Annual Report 2016/17*

Main Report

Background

1. The Secretary of State requires that local Healthwatch organisations must each publish an annual report that covers the following areas:
 - Contact details
 - Involvement of the community and volunteers in Healthwatch activities
 - Finances
 - Impact on local health services
 - Any submissions made to the Care Quality Commission, information requests or involvement in local inspections
 - Health and Wellbeing Board involvement

Current Position

2. Healthwatch City of London Annual Report 2016/17

The attached report *Healthwatch City of London Annual Report 2016/17* provides an overview of the activities of Healthwatch City of London during its fourth year.

The report highlights our achievements during 2016-17 and shows how we have reached City people to hear their needs and represent their views with the aim of improving their health and social care experience.

The report features some of the activities we have undertaken to engage with diverse groups and communities in the City, how we have made a difference to local health and social care services and how we have worked collaboratively

with service providers, commissioners, regulators and other local partners to benefit City people.

The report has been circulated to City people and service providers, Healthwatch England, Care Quality Commission, NHS England, City and Hackney Clinical Commissioning Group, Overview and Scrutiny Committee and the City of London Corporation.

3. Event on Co-Production – People as Partners

Healthwatch City of London co-hosted an event on 6 July 2017 with Healthwatch Hackney. There were approximately 100 attendees including over 70 residents. The purpose was to create the public's principles of co-production of health and care services in City and Hackney. The principles were developed through a process of group discussions on co-production examples and feedback on current positions on co-production. One of the Healthwatch City of London Board members co chaired the event and gave a short talk on life in the City and the diversity of its population.

The outcome of the discussions was a 'co production charter' that will be used when engaging with statutory bodies to ensure that services are patient and service user led.

4. Healthwatch City of London Annual conference

The fourth annual conference for Healthwatch City of London will take place on 20 October 2017 at the Dutch Centre. The event will include a discussion on what residents and providers would like Healthwatch City of London to focus on in the future and the afternoon session will look at mental health pathways and services. Further details on the programme will be released shortly.

Conclusion

5. Members are asked to note the report.

Appendices

- Appendix 1 – Healthwatch City of London Annual Report 2016/17

Janine Aldridge,
Healthwatch City of London Officer
T: 020 7820 6770
E: healthwatchcityoflondon@ageuklondon.org.uk

Healthwatch City of London



Annual Report
2016/17



Contents

Contents	3
Welcome from the Chair	5
About Healthwatch	6
Our vision and mission.....	6
Our strategic priorities	6
Your views on health and care	9
Listening to local people’s views	9
Sustainability Transformation Plans (STPs) workshop	9
St Bartholomew’s Hospital.....	9
Cancer care workshop	10
What we’ve learnt from visiting services.....	12
PLACE assessments.....	12
Enter & View - Nutrition and Catering at St Bartholemews.....	12
Helping you find the answers	15
How we have helped the community access the care they need	15
Barts Health NHS Trust	15
Transport	15
CQRM.....	16
Patient Boards	16
Catering tender	16
East London Foundation Trust.....	17
Working with the City of London	17
Neaman Practice	17
Safeguarding	18
Healthwatch City of London annual conference.....	19
Making a difference together	21
How your experiences are helping influence change	21
Health and Wellbeing Board.....	21
City and Hackney CCG.....	21
CQRM (Clinical Quality Review Meeting).....	21

Homerton Hospital	22
Working with other organisations.....	22
London Ambulance Service - Patients Forum	22
Pharmaceutical Council	22
Working with the CQC.....	22
Supporting Healthwatch England	23
The contribution of our volunteers.....	23
Our plans for next year	24
Opportunities and challenges for the future.....	24
Our people	25
Our board	25
How we involve lay people and volunteers	25
Our Finances.....	27
Contact us	28
Get in touch	28





Welcome from the Chair



We are delighted to welcome you to the fourth annual report from Healthwatch City of London. This report showcases our achievements during 2016-17. It shows how we have reached City people to hear their needs and represent their views with the aim of improving their health and social care experience.

Dear Friends and Colleagues,

From the increased visibility of our CityHealth directory to our workshops on issues such as mental health, cancer care and changes to health and social care structures, we have had a successful year engaging with local people. We have continued our work supporting the implementation of the Care Act, with its greater emphasis on Safeguarding Adults and Children throughout the City. We have continued to work closely with the only hospital in the City - St Bartholomew's - including involvement with the newly established Patients' Forum.

We are pleased to say that the number of page views for the CityHealth directory www.city-health.org.uk that we took on in January of 2016 has increased by over 24,000 and time spent on each page has increased by 150% - evidence that people are returning to the website and spending more time there. The CityHealth Twitter account can be accessed at <https://twitter.com/CityHealthLDN>.

Our Annual Conference took place on 7th October 2016 at the Dutch Centre. The theme was Bart's Health Trust, and we

were pleased to welcome Alwen Williams, Chief Executive of the Trust, as the keynote speaker along with Barts Health Trust Senior Management as panel members. We particularly appreciated the commitment shown by the Senior Directors who arrived early for the conference and stayed for the whole event, taking time to speak to attendees after the formal end of the day.

It has been a tumultuous year with many changes taking place across the health and social care landscape and NHS shortages highlighted frequently in the media. As the changes begin to take shape we will continue to ensure that the patient voice is at the heart of discussions and that resident views are heard by service providers and decision makers.

Please do get in contact with us if you would like to get involved in our activities or input to our work by emailing healthwatchcityoflondon@ageuklondon.org.uk or by calling us on 020 7820 6787.

Glyn Kyle

Chair, Healthwatch City of London



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Healthwatch City of London was established in April 2013 to further this aim and help local people get the best out of their health and care services.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across the whole health and social care landscape.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision and mission

The vision of Healthwatch City of London is to shape the best quality health and social care now, and in the future, for all in the City of London.

To achieve this we work to make sure the views and experiences of local people are heard by those who run, plan, deliver and regulate all aspects of health and social care. This covers hospitals, GP services, dental services, pharmacies, optical and

hearing services, podiatry, public health, Corporation services and any service which impacts on people's health and wellbeing.

Our strategic priorities

Our priorities during 2014-16 focused on children and young people, City workers and establishing the CityHealth online directory to help City people access health and wellbeing services in their local area.

Over the past year we have introduced a range of targeted leaflets to inform different population groups about what Healthwatch City of London does and how they can access health and social care information in the City. These have been distributed to local libraries and community areas such as the Barbican and Guildhall.

Over the first three years of Healthwatch City of London we held and were part of 87 engagement and outreach events to speak to local people and get their views on the things that mattered to them. Healthwatch staff, board members and volunteers also attended over 700 meetings with statutory, NHS and service providers to ensure that these voices, experiences and priorities were heard by the service providers and decision makers in the City.

Building on the foundations of the previous three years, continue our comprehensive programme of engagement across the City, and specifically:

- To continue providing and expanding our fully searchable online directory 'CityHealth'. We also have an ongoing programme to improve and extend our website.

People can search the CityHealth directory of health and wellbeing services and support at:

www.city-health.org.uk

- To keep supporting the Cancer Unit and the Patients' Forum at St Bartholomew's Hospital (the only hospital located in the City). We continue to ensure that local voices are heard in the planning and provision of cancer related services.
- To promote wider patient engagement and make sure that patients' voices are heard in the development of the patient engagement and experience strategy for Barts Health NHS Trust.

Our work to gather feedback and consult with City people from all walks of life throughout our first four years has helped us identify particular sections of the City

community which require specific support to access and utilise services.

Consequently, in 2016-18 we are also focusing on the following groups to make sure that everyone's voice is heard:

- Carers - To work with the recently appointed contractors, Carers Network, who are responsible for the new carers' service, by increasing awareness of the services offered. In line with this, a response to the City of London Corporation Adult Social Care report has already been submitted, which outlines resident and service user views on integrated care.
- City people with mental health needs - Healthwatch City of London facilitated a workshop on the City Mental Health Strategy during Mental Health Week, highlighting the new services offered by the East London Foundation Trust. We will work in partnership with the City of London Corporation on delivering the City's Mental Health Action Plan and promoting better mental health services.

Healthwatch City of London is also involved in the local engagement and roll out of the East London Sustainability and Transformation Plan (STP) which covers the City, to ensure the needs of local people are reflected and addressed.

You can contact the Healthwatch City of London team on:

- Lynn Strother, Healthwatch City of London Manager: 020 7820 6789
- Janine Aldridge, Healthwatch City of London Officer: 020 7820 6787



The areas influenced by Healthwatch City of London in 2016-17



Adult Advisory group	Disability Inclusive Network
Adult safeguarding Sub Committee	Health & Social Care Scrutiny Sub Committee
Adult Social Care	Health & Wellbeing Board
Children Executive Board	Square Mile Health – WDP launch
City of London Adult Wellbeing Partnership	Youth Programme Board
City Well launch	
Board Meetings	GP Practices
Committee Meetings and Programme Board	North East London Sustainability Transformation Plans
City and Hackney CCG	Patient and Public Involvement
City & Hackney Urgent Healthcare Social Enterprise	
Bart's Health Trust	Moorfields
East London Foundation Trust	Patients Panel
Homerton Hospital	University College Hospital
Mile End Hospital	
Care Quality Commission	Nursing & Midwifery Council
General Medical Council	Other London Boroughs
General Pharmaceutical Council	Positive Ageing in London
GLA & London Councils	Professional Regulators
London Screening Board	Quantity Surveillance Group Department of Health
London Ambulance Service Patients Forum/Stakeholder Engagement	UCL Partners - London Cancer
NHS England & NHS London	
Age Concern City of London	Macmillan
Age UK London training	Portsofen One
Alzheimer's Society	Portsofen Providers Group
City Advice Providers Group	Sir John Cass
City Gateway	Toynbee Hall
Club Soda	Tudor Rose Court
Healthwatch England and London	Local Healthwatch in surrounding Boroughs
Barbican Tuesday Club	City Residents Day
City and Hackney Youth Conference	Resident Engagement
Quarterly Newsletters	Website Visits
Email Updates	



Your views on health and care

Listening to local people's views

Healthwatch City of London has consulted widely in 2016-17, and we have held a range of events and activities to get local people involved in our work. We distribute over 2000 newsletters to people working and living in the City, which detail the many opportunities for people to get involved.

Recent consultations from 2016-17 include:

Sustainability Transformation Plans (STPs) workshop

Healthwatch City of London organised a large public consultation event in partnership with the City of London Corporation to introduce and explain this new initiative to City people.

Sustainability Transformation Plans (STPs) set out how the ambitions of the NHS Five Year Forward View will be turned into reality. They build on the local transformation programmes and support their implementation.

Over 50 people attended, including residents and service providers from in and around the City of London. Ian Tomkins, Director of Communications & Engagement, East London Health and Care Partnership on the North East London Sustainability Plan presented 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.

Ellie Ward, Integration Programme Manager, City of London Corporation and David Maher, Deputy Chief Officer and Programme Director, City & Hackney CCG presented their views 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 could influence the plan to ensure we get the best services for our population.

The full report of the event is available at the Healthwatch City of London website:
<http://www.healthwatchcityoflondon.org.uk/useful-info>

The Healthwatch City of London Officer has now been appointed to the Transformation Board. This is being co-ordinated by the City and Hackney CCG and will enable us to ensure that local residents have a voice in the new transformation process.

St Bartholomew's Hospital

One of the major issues which we are now pursuing is signage and information provision. This was reported as a concern by the Compassionate Care and Patient Experience Board at Barts Health NHS Trust. To date, we have recommended that new signage put in next year following the move of the cardiac unit. We



are also investigating whether it will be possible to add signs at St Paul's and Barbican tube stations.

Recently, 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 different ways of communicating?'. It is anticipated that the workshop will become a rolling programme. On the back of this we are working with the Forum to investigate the possibility of covering all clinics for one day, to survey patients on information and signage of clinics and to get their views.

Healthwatch City of London also co-hosted a Christmas event which was attended by all the Senior Directors of St Bartholomew's Hospital who gave details of their department. This is something other sites do not have and we appreciated the support given by the Directors.

Cancer care workshop

City of London Healthwatch is a member of the London Cancer Steering group. We are participating in the development of a new strategy for London and how it will complement the various cancer strategies already in use.

To address this, we held a workshop at St Bartholomew's Hospital which was attended by a mixture of patients, carers and interested professionals. Comments received included the perceived lack of support available-particularly between first diagnosis and the start of treatment, and when the all clear is given.

The overwhelming response was that although there was a wide range of

information available in the Macmillan Information Centre, patients, carers and the public were not aware of it. Some felt this was partly due to people not being able to take in any information apart from the word 'cancer' when they were first diagnosed. We will be working with Macmillan and the cancer unit to look at ways to overcome this.

Other areas highlighted which we will be considering in the strategy are:

- Carers - what support should be available and the issues associated with family carers,
- Poor administration causing stress,
- Long waits at different areas such as pharmacy, haematology and
- The need for more accessible information relating cancer symptoms and the need for swift action.



Participants at a Healthwatch City of London workshop.

A Healthwatch City of London volunteer has now been appointed to become the Interim Chair of the Patients' Forum at St Bartholomew's Hospital. The Forum has continued to discuss the scope and remit of the new patient panels, which will be responsible for inputting into different parts of Barts Health NHS Trust.

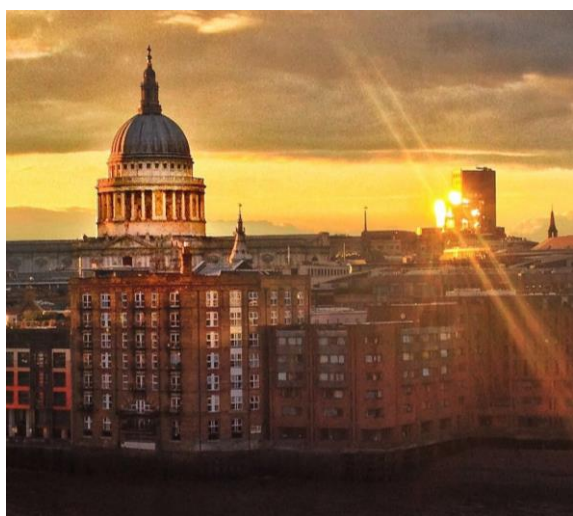


Older people and City workers

During 2016/17 older residents have participated in pan London and national consultations and events. These have included awareness raising and promotion of defibrillator provision in shops, and support of independent pharmacies in the City. We have been in regular contact with the Tuesday Club, Tudor Rose Court, and the 50+ Group, the main older people's groups in the City.

The Healthwatch City of London Officer, once again secured agreement from Merrill Lynch Bank of America to host a Christmas event for 100 older people. This comprised City workers volunteering to join participants, a Christmas lunch and entertainment for older people.

The occasion was as enjoyable as always and very much appreciated by the older people. Coaches transported older people and there was a variety of entertainment. The event enabled us to promote the engagement work of Healthwatch City of London and we were able to further publicise the CityHealth directory. This also enabled us to spread the word about Healthwatch City of London to the City worker population.



Younger people

This year we have focused on engaging younger people around healthy eating. We have participated in a City Gateway youth group session, making links with "Bags of Taste" to try and get young people engaging with low cost healthy eating. We are continuing our work on this and will be partnering with City Gateway to drive it forward.

The Youth Sessional Worker was also asked to carry out a healthy eating workshop at a local primary school in the City. This covered where healthy eating information could be found e.g. NHS and Change4Life, and healthy eating guidelines. It included a practical session showing healthy produce and helping the children identify what was healthy. Practical information on affordable healthy options was provided for parents who attended. The session was very well received and we are looking to roll this out to other schools in the future.

Work is also ongoing with young people to understand their knowledge of mental health, and the factors affecting this. On average, we have partnered with other organisations on specific events for younger people every couple of months and we now have an increasing number on our mailing lists and engaging with our social media.

We undertake equalities monitoring at all of our events and know that attendance reflects the diverse City population.



What we've learnt from visiting services

PLACE assessments

Healthwatch staff and volunteers attended a PLACE Assessment at St Bartholomew's and Mile End Hospitals in April 2016.

We viewed the following outpatient departments:

- X-ray,
- Rheumatology,
- Moorfields Eye Hospital
- Foot health,

We identified the following points which were fed back for inclusion in the improvement plan:

- Overall the departments were very clean and had friendly staff.
- The waiting room in foot health had photos of staff displayed with their names and job roles underneath, which was reassuring to patients.
- The hospital food was very soft and stodgy, but it is accepted that this was necessary to reduce the risk of choking, and in some cases to increase calories. Finger food was about to be introduced to older patients with small appetites.
- Urine samples were not being collected promptly from the Rheumatology area.

Longer term issues were:

- A need for departments to be more 'dementia friendly' and more accessible for people with visual impairments e.g. to have non shiny floors, and doors and handrails in contrasting colours to the walls etc.
- The X-ray department was identified as urgently needing refurbishment.

Enter & View - Nutrition and Catering at St Bartholomew's

This has been a major focus for Healthwatch City of London in 2016/17.

Healthwatch staff and volunteers carried out visits to St Bartholomew's Hospital in December 2016 to observe and talk with patients, carers and staff, regarding the nutrition and catering at the hospital. The visits were designed to coincide with the move to the new catering company at Barts Health NHS Trust.

We were asked to advise on the need for changes and communicate any concerns and recommendations. The visits also coincided with a forthcoming CQC inspection at St Bartholomew's which is anticipated in the middle of 2017 as part of the series of inspections at Barts Health NHS Trust.

The medical oncology, haematology, cardiac and cystic fibrosis wards were visited. Visits took place at different times through out the day in order to witness different meal servings and talk to patients and carers.

The full report of the Nutrition Enter and View visits to St Bartholomew's Hospital is available at:
<http://www.healthwatchcityoflondon.org.uk/useful-info>

St. Bartholomew's Senior Directors found the report very helpful and as a consequence of the recommendations, have produced an action plan which the hospital and new caterers are implementing.

A summary of the key points and responses from St Bartholomew's are below:



Healthwatch City of London findings	Changes required by Barts Health NHS Trust	Recommendations for the new catering provider
Limited healthy meal choices and options for patients on restricted diets	Fruit will be offered daily, and the menu will include written information on nutritional content.	New menus will have healthier meal options, which will be lower in salt and reduced fat as per BDA guidance. They will include options for a variety of cultures, modified texture meals and finger foods.
Lack of information on special diets	Written information will be provided e.g. Macmillan booklets to oncology patients.	Menus will contain dietary codes, mealtimes, how meals are ordered, range of meals available, meal availability if meals are missed and information on the ward host.
No menus provided by patients' beds	Access to menus for every patient will form part of the weekly senior nursing quality rounds. All bed-sides will have a menu and nursing staff will record actual patient meal ordered.	Every patient will have a copy of a menu at the bedside. Ordering will be done via a tablet by trained ward hosts. Meal orders will be taken 2 hours prior to the meal service, to reduce food wastage. Pictorial menus, menus in different languages and in braille to be provided.
Limited breakfast choice and no toast	Fire regulations mean toasters are not permitted on the ward.	Toast will be provided within the new contract-made and delivered by the ward host in the regen kitchen on the wards. Increased food and drink options agreed.
Cystic Fibrosis patients given food vouchers	Patients offered additional high calories snacks and meals on the ward.	A specific Cystic Fibrosis menu will be devised as discussed with Health watch.
Reduce Wastage	Ensure patient receives the meal ordered. Second helping and different portion sizes to be offered.	Late meal requests introduced for new patients. Waste targets set. Different portion sizes will be orderable.



Related to good practice:

Not all wards have a Nutritional Link Nurse (NLN)	Each ward to have at least 2 NLNs trained by Trust dietitians who will roll out training. NLNs to be released to receive quarterly training.	It is part of the new contract for the supplier to engage and train ward staff on new processes.
Lack of awareness and training on allergens and on nutrition more generally	Allergen information is provided on the Trust intranet. Each ward has a yellow catering folder with a list of allergens. NLNs for the ward have been trained on allergen information.	Each ward will have a ward host trained on allergens. A specific menu on allergens will be offered to patients. The new contract specifies training ward staff on new processes.
Lack of a formal system to collect and pass on feedback	Trust to agree how feedback is to be received and disseminated. Discussed in the monthly catering meeting.	Part of the catering contract is to complete surveys on patient experience and feedback to be provided to the trust through an agreed forum.

The full report is available on the Healthwatch City of London website: <http://www.healthwatchcityoflondon.org.uk/useful-info>.

It has been agreed that Healthwatch City of London will undertake a further Enter and View at St Bartholomew's once the contract is underway, to assess how the changes are being implemented and whether the patient experience has improved.

Following the successful Enter & View requests have been made for Healthwatch City of London to be involved in other work within the hospital around feedback from patients.





Helping you find the answers

How we have helped the community access the care they need

The Healthwatch City of London CityHealth Directory was relaunched by us in January 2016, and over the past year usage has significantly increased.

During the calendar year we experienced a third more activity on the website and nearly a third more unique users, than the previous year. Figures also showed that people were returning to the CityHealth website and spending more time on it. The number of page views, for example, increased by over 24,000 over the past year.



We are promoting the Directory at our events across the City.

We are continuing to expand and develop the website to make sure it stays up to date and accessible for City people.

As always, we have been working with a number of Boards and Bodies in the City to highlight issues raised by local people and facilitate outcomes.

Examples of our work during the previous year include:

Barts Health NHS Trust

The Trust has been placed under special measures following CQC inspections. The Trust has also been placed in special financial measures due to its very high level of debt.

Local Healthwatch have established a programme of quarterly meetings to meet with Alwen Williams, Chief Executive of Barts Health NHS Trust and her senior staff. This has provided the opportunity to ensure grass root input goes into proposed policy and practice. Staff, Board Members and volunteers have continued to attend a variety of meetings and events to develop the new Engagement Strategy.

Healthwatch has been involved in the following areas of action, in relation to Barts Health NHS Trust:

Transport

Multiple concerns and complaints related to transport have been raised, over several months. Following meetings with the Operational Manager for Transport, we proposed that the London Ambulance Service Patient Forum Standards for Patient Transport should be included in the specifications for the new transport contract. These standards have now been included in the new contract and it has been agreed that Healthwatch City of London will undertake ride outs and monitor the standards.



CQRM

Healthwatch City of London was invited onto the Clinical Quality Review Meeting (CQRM) for St. Bartholomew's Hospital. This examines the clinical quality in all departments within St. Bartholomew's, which is the only hospital in the City. To date, Healthwatch City of London has highlighted the waiting times in various out patient departments such as phlebotomy and pharmacy. Other issues identified included:

- A lack of improvement in respect of patient falls overall.
- Safety issues around medication.
- Safeguarding - working on delirium, adult learners, referrals from GOSH, effects of cardiac surgery/arrests.
- Complaints - mainly in respect of transport. A new contract is in the process of being awarded (see previously).
- Food and nutrition (see previously for the Enter and View report).

To ensure an inclusive patient voice across the hospital, we are working with the Assistant Director of Nursing and the NHS England Lead for Programme of Care for Specialist Services to map the individual patient groups linked to the specific unit groups within the hospital. Our aim is to develop an overall strategy for patient voice, engagement and involvement.

Patient Boards

In response to the CQC report, Barts Health NHS Trust's 'Patient Engagement and Experience Strategy' continues to evolve, through the Patient Forum. Healthwatch City of London has helped to develop the Patient Forum and a member of our Board has been instrumental in guiding the Trust to produce user friendly role descriptions and information on

structures and roles to increase patient engagement.

We have started work on investigating the experience of patients using outpatient services and especially those provided at St Bartholomew's Hospital (such as Chemotherapy Day Clinic and the Phlebotomy Clinic). We will continue to undertake a series of structured informal and formal visits, mystery shopping and patient & staff shadowing sessions.

City of London Healthwatch has been very involved with the launch, and monthly meetings of the forums include representatives from all the various departments. These are also an opportunity to hear patients' stories.

We have also been invited to be a member of the St. Bartholomew's Compassionate Care and Patient Experience Board. This focuses on the patient experience, looking at the results of the 'friends and family test', comments received, complaints and disseminating the learning from them.

Catering tender

Healthwatch City of London supported a recent tender to find a new facilities provider at Barts Health NHS Trust. This was in conjunction with the Enter and View activity described earlier in this report. Barts Health NHS Trust have now contracted a new catering provider who will be responsible for addressing the issues raised and improving patient nutrition and catering.

We attended food tasting with the new catering provider at the Royal London Hospital in February. This was following discussion about the catering provided by the previous supplier and the Enter and View report from Healthwatch City of London. Volunteers looked at speciality



ranges and discussed the availability and choice of hot meals for patients.

Healthwatch City of London will continue to monitor the situation and the roll out of the catering contract, with a particular focus on St Bartholomew's in the City.

East London Foundation Trust

Mental health and accessing appropriate care and support continues to be a concern for residents in the City. To help address this, Healthwatch City of London and the City of London Corporation consulted via a workshop for residents and workers on mental health services.

Residents gave their views and opinions with specific reference to:

- What the aims of the Mental Health Strategy should be.
- What they felt was working, and good about mental health services in the City.
- What needed improvement.

We are currently using the findings and feedback from City people to inform the action plan for the Mental Health Strategy. Updates will be posted on our website.

Working with the City of London

Most recently, Healthwatch City of London organised and hosted an event entitled 'Alcohol: Safety and Responsibility' at the Guildhall in 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.

Delegates at a Healthwatch City of London event.

Discussions focussed on:

- Encouraging safe, responsible drinking.
- Tackling alcohol-related crime and anti-social behaviour such as that resulted from extended after-work drinking.
- Treatment and support for problem drinking.

There was lively discussion about alcohol use and misuse in the City. Attendees' thoughts and comments will be fed into the Corporate Alcohol Strategy which is currently under development. Residents and stakeholders will be updated on progress via the Healthwatch newsletter.

Neaman Practice

Healthwatch City of London was invited to attend the Neaman Practice Patients group, the only GP surgery in the City. Information was given on services and online access to medical records We observed a good response to the 'friends and family test', which provides continual feedback on the services and Healthwatch City of London has now been invited to attend the Patients Group on a regular basis.





Safeguarding

The Healthwatch City of London Manager is a member of the City and Hackney Safeguarding Adults Board, the Engagement and Involvement Group and the City Adult Safeguarding Sub-Committee. The safeguarding self

assessment audit for 2016-17 has been completed, with no safeguarding issues within the monitoring period.

All Board members, volunteers and staff have undertaken safeguarding training and safeguarding is an agenda item at all Board and staff meetings.





Healthwatch City of London annual conference

The Healthwatch City of London Annual Conference took place on 7th October 2016 at the Dutch Centre. The theme was Barts Health NHS Trust, and we secured Alwen Williams, Chief Executive of the Trust, as the keynote speaker. A patient also presented their story and experience of the Trust.



The event featured presentations from Trust Directors.

Central to the event was a hosted panel session, comprising senior directors and staff from the various Barts Health NHS Trust sites. This included a Clinical Director from St Bartholomew's Hospital, the Managing Directors of Royal London, Mile End and Newham Hospitals and the Deputy Chief Nurse for the Trust. This gave City people a key opportunity to put their questions and comments on the things that mattered most to them, to decision makers at the Trust. As one patient noted:

"This is the first time [a service user] has heard from Directors and representatives of the five hospitals."

This session was followed by table discussions focused on each site and facilitated by the relevant staff panel member from that site. This gave people further opportunity to ask questions and

find out about the Trust's priorities from the senior site staff.

It was apparent that the vast majority of participants were not concerned about the clinical care they had received, which was felt to be of a very high standard. Instead, discussion focused on seemingly small - but very important to the patient experience - issues which had caused additional stress to their visit. These included:

- Food quality, which was subsequently addressed through the Healthwatch City of London Enter and View. Many of the recommendations of this report are now part of the contract with the new catering provider.
- Poor phone and internet coverage throughout the hospital - identified as a particular problem for patients who wanted to find out additional information about their conditions or to identify questions to ask their healthcare teams. It was noted that a budget for this has been established for work during 2017.
- Signage - both to the hospital and within the hospital was not felt to be clear and often used medical terms not recognised by patients. This was identified as an ongoing issue, but was on hold until the current building moves are complete. However the Patients' Forum has already been asked to review the new signage when it comes in, to ensure it is fit for purpose.



We were delighted that Senior Directors arrived early for the conference and stayed for the whole event, taking time to speak to attendees after the formal end of the day.

In total, there were 85 attendees including:

- Residents and patients from the different wards of the City and other boroughs that use services from Barts Health NHS Trust
- Service providers, many of whom had information stalls

- Staff from the City of London Corporation
- City workers and
- Representatives from Barts Health NHS Trust who gave presentations and answered questions.

We invited a number of organisations working in the City to have information stalls at the event and we were pleased to welcome: Macmillan, City Advice, local Healthwatch from neighbouring boroughs, Prostate Cancer UK, Alzheimer's Society, City of London Carers Network, City & Hackney CCG and the City of London Corporation.





Making a difference together

How your experiences are helping influence change

Health and Wellbeing Board

Healthwatch City of London continued to have a strong presence on the Health and Wellbeing Board, through representation by our Chair, Glyn Kyle. We continue to be part of the agenda and provide an update report from our consultation work in the City, for each meeting. In the past year our priorities have included:

- Providing an annual conference focused on Barts Health NHS Trust - a key priority and concern for City people
- Relaunch and ongoing development of the CityHealth directory
- Prioritising cancer care and support and engaging with City people and services to improve things
- Enter and View visits at St Bartholomew's Hospital to comprehensively review the catering and nutrition provision and to make recommendations for improvements.

City and Hackney CCG

Healthwatch City of London continues to be part of the governing body of the CCG and an integral part of relevant sub-committees.

Most recently we have participated in the NHS Community Voices patient group commissioned by the CCG, and been part of the working group looking at the Terms of Reference for the new Community

Network that will be part of the Sustainability Transformation Plan (STP).

Healthwatch City of London was invited to be part of the tendering process for the anticoagulation service for City and Hackney

Earlier in the year we were invited to be part of the Cancer Patient Experience Group to explore the long term consequences of cancer treatment and to inform future developments of the service. We have also influenced cancer care through engagement at the workshop Healthwatch City of London organised on cancer care and support.

CQRM (Clinical Quality Review Meeting)

There are concerns about the waiting time between blood tests and the start of chemotherapy treatment on the oncology unit and an informal visit to the unit was made. Healthwatch City of London suggested that patients could be shown round the unit before treatment or a video made so patients would know what they were coming to. This could also be shown while people were waiting.

Healthwatch has worked with the CQRM Lead and the Assistant Director of Nursing on a strategy to develop the patient's voice/feedback for all areas of the hospital.

Following the successful Enter & View to examine catering and nutrition requests have been made for Healthwatch City of



London to be involved in other work within the hospital around feedback from patients.

Homerton Hospital

Healthwatch City of London continues to support and participate in the Patient Experience Delivery Group at the Homerton, and we will shortly be providing a response to the Homerton Hospital Quality Account.

Transport between the City and Homerton Hospital continues to be an issue for patients and we will be working with the hospital and patients to resolve some of the identified issues with this, during 2017/18.

Working with other organisations

London Ambulance Service - Patients Forum

Healthwatch City of London is a member of the Executive Committee for the Patients Forum and also attends monthly meetings with the LAS Commissioner.

The AGM reviewed the CQC report which led to the LAS being put into special measures. The action plan which has been put in place has a particular reference to LAS access to integrated care pathways.

Healthwatch City of London has participated in the campaign for all major stores and pharmacies in the high street to have defibrillators. This has been successful in terms of Sainsbury's, Tesco, John Lewis with M & S increasing their numbers. The present focus is on Boots, which currently is not providing defibrillators on the premises.

As a result of the campaign, both Tesco and Sainsbury's have agreed to place 100 defibrillators in their larger stores.

Pharmaceutical Council

The Manager of Healthwatch City of London is the lay member on the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board. Details of the very real concerns in respect of reducing the number of independent pharmacies and how chain pharmacies will fill the gap have been highlighted. Although the City has only one independent pharmacy it is well used and residents use local pharmacies just over the different borders rather than the corporate pharmacies.

Working with the CQC

CQC inspections will take place at Barts Health NHS Trust Hospitals in the near future in particular St Bartholomew's in the City in May 2017. Healthwatch City of London has publicised this to residents and patients and requested feedback. The report following the Enter and View on Catering and Nutrition and proposed action plan has also been sent to the CQC.



Supporting Healthwatch England

The Healthwatch Officer continues to attend the London region network meeting with Healthwatch England.

Our workshop on Sustainability Transformation Plans was particularly relevant to Healthwatch England, with discussion on what roles Healthwatch should have and how Healthwatch can best be involved in engagement work to develop the STP. We have shared our findings with Healthwatch England and continue our discussions with them.

We continue to partner with other local Healthwatch through the London region network meetings. Information sharing and initiatives are currently focussed on the London wide local medical committee (LMC) and the patient engagement project to develop patient participation groups.

The contribution of our volunteers

Healthwatch City of London continues to benefit from the support and engagement of our dedicated volunteers.

Our volunteers are based throughout the City and undertake a variety of duties including representing Healthwatch City of London on statutory and patient committees. They help us in ensuring the priorities and feedback from City people

are used to influence the health and wellbeing services in the City.

We would like to say a big thank you to our volunteers for donating their time and skills for the benefit of City people.

This year, one of our volunteers who had previously received PLACE training, and had undertaken assessments was recognised for his contribution:

“I do not know what we would do without his insight and experience. It is so important at PLACE to have an experienced assessor to support newer assessors and Geoffrey does it so well.”

Margaret Howat, Head of Patient Experience at Homerton University Hospital NHS Foundation Trust

Over the past year, some volunteers have wanted greater involvement in our work, and are now performing dual roles as volunteers and Board members.

We continue to recruit volunteers from all sections of the City community and have now translated the volunteer recruitment form into Bengali.





Our plans for next year

Opportunities and challenges for the future

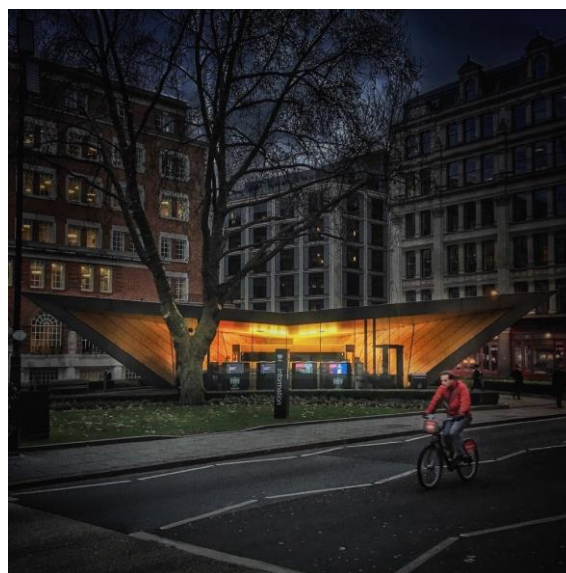
Some of the main aims during the next financial year are to:

- Continue providing and expanding our fully searchable online directory 'CityHealth', and to improve and extend our website, which we hope to complete this year. Our analysis of users shows that 45% of browsing sessions were made using a mobile phone, demonstrating how important it is that we work to make a mobile version of the site, so people can more easily search, while they are out and about.
- To keep supporting the Cancer Unit and the Patients Forum at St Bartholomew's Hospital (the only hospital located in the City), and to continue to ensure that local voices are heard in the planning and provision of services.

Our next annual conference will take place on 20th October 2017 at the Dutch Church in the City. We are currently consulting to decide our theme for this event.

Over the next twelve months we will continue to focus on carers and our work with the Carers Network to promote the awareness of services and support for carers in the City. We are also looking to expand our work with City people with mental health needs. Towards this, we will work in partnership with the City of London Corporation on delivering the City's Mental Health Action Plan.

Healthwatch City of London will also have a central role on the Transformation Board for City and Hackney, to ensure that the service user voice is heard.





Our people

Our board

There are currently nine members of the Healthwatch City of London Board. Glyn Kyle was elected Chair in October 2014 and continues to Chair and to represent Healthwatch City of London on the Health and Wellbeing Board.

Healthwatch City of London has benefitted from a new board member, Reno Marcello, who joined the board in September 2016. He is a City resident and a technologist with an interest in the ways that data and technology can be used to shape and improve the patient experience.

Reno is a public and patient representative on the NHS Health and Social Care Record IT Enabler programme covering City and Hackney (aligned to the Hackney Devolution Pilot) and is currently standing in as Interim Chair of the Patient Panel at St Bartholomew's Hospital.



Janine Aldridge and the Healthwatch City of London Board of Trustees

Many of the Board members represent Healthwatch City of London at a variety of statutory and voluntary meetings. This includes the patient representation groups, particularly for Barts Health NHS Trust and the City & Hackney CCG patients groups run by Healthwatch Hackney.

A current list of all board members and their biographies is available at www.healthwatchcityoflondon.org.uk

How we involve lay people and volunteers

Healthwatch City of London is governed by a Board who are all volunteers and donate their time to help us. Together we developed our original strategy for reaching people in the City and for ensuring that Healthwatch City of London can give a voice to local people through our involvement with the different health and social care related structures in the City. The Board have been crucial in helping us develop this strategy to build on the progress we have made to date, as we go into our fourth year.

All of our decisions are informed by the support of our Board members and the feedback we gather from local people. This helps us to prioritise and focus on issues which are the most important to the people who live and work in the City.



We have recruited and maintained a total of seven volunteers during 2016/17. They undertake a variety of duties including representing Healthwatch City of London and producing reports for us. All volunteers are provided with a role

description and training to support them in their roles. All of the volunteers are managed by the Healthwatch Officer who meets with them regularly to discuss their involvement and support needs.



Our Finances

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	54,678	
Signposting contract income	14,324 ¹	
Total income	69,002	
EXPENDITURE		
Staffing costs	43,600	
Direct delivery costs	8,602	
Age UK London programme and support costs Includes management and communications support, accommodation, overheads, printing and stationery.	16,800 ²	
Total expenditure	69,002	
Balance brought forward	0	

The contract to provide services to Healthwatch City of London is in the name of Age Concern City of London and is incorporated in their accounts. The company Healthwatch City of London does not trade and has no assets or liabilities of its own. The amounts shown in the income and expenditure account for the year have been extracted from the accounts of Age Concern City of London.

¹ Income received in 2016/17 of £7,678 for the signposting project has been deferred to 2017/18 due to significant project costs falling after the year end - and so is not included in this income figure.

² Programme and support costs include an allocated apportionment of Finance, HR, Communications and Office Management charged by Age UK London. These staff are employed by Age UK London. The charge also includes costs for office space and services Healthwatch City of London staff share with Age UK London.



Contact us

Get in touch

Phone number: 020 7820 6787

Email: healthwatchcityoflondon@ageuklondon.org.uk

Website: www.healthwatchcityoflondon.org.uk

Our registered address: Healthwatch City of London, 5th Floor, One New Change, London EC4M 9AF

Address for correspondence: Healthwatch City of London, 6th Floor, Tavis House, 1-6 Tavistock Square London WC1H 9NA

We will be making this annual report publicly available by 30th June 2017 by publishing it on our website and circulating it to:

- Healthwatch England
- Care Quality Commission
- NHS England
- City and Hackney Clinical Commissioning Group
- Overview and Scrutiny Committee
- City of London Corporation

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

Cover photo kindly provided by the City of London.

Additional photos of the City kindly provided by Clayton Hirst.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch City of London, 2017



This page is intentionally left blank

Committee	Dated:
Health and Wellbeing Board	21/09/2017
Subject: Mental Health Strategy and Action Plan update	Public
Report of: Director of Department of Community and Children's Services	For Information
Report author: Tizzy Keller – Strategy Officer (Health and Children)	

Summary

This report sets out the progress made against the Mental Health Action Plan. It shows what has been achieved and the progress made against the four priorities:

1. Prevention
2. Personalisation
3. Recovery
4. Delivery

Progress against the measures has been good, approximately 90% are green or blue (completed or progressing on time).

Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Note the content of this report

Main Report

Background

1. The Mental Health strategy was approved by the City of London Health and Wellbeing Board in December 2015. The City of London Corporation (CoLC) and City and Hackney Clinical Commissioning Group share ownership of the document. It aims to improve the mental health of people in the City, keep people well and then ensure that we provide effective support when mental health problems do arise. An action plan was developed to monitor the progress against four priorities to deliver better outcomes for residents, workers and rough sleepers.

Current Position

2. The progress against the actions in the plan is depicted in the table below:

RAG status	Traffic light description	Total number of measures	% of Measures
Blue	Action is complete	28	31%
Green	Action is progressing as expected and on time.	53	59%
Amber	Problems or risks have been identified that are slowing progress on the action.	8	9%
Red	There are significant issues with the action or if the matter needs to be escalated.	1	1%

Progress against Priorities

Priority 1: Prevention

3. Against this priority there is are two amber actions and one red action:
 - 3.1 The plans to provide mental health first aid (MHFA) to City schools (action 1.5) are under development. Schools have been contacted to find out the need and potential uptake of MHFA courses. Further work needs to be done to arrange the delivery of a MHFA course specific to children and young people in schools.
 - 3.2 Action 1.16 aims to improve the identification of mental health needs of rough sleepers in the City. The completion of a health needs assessment of rough sleepers has been delayed due to a lack of capacity and is awaiting an allocation of resources.
 - 3.3 The action to Increase access to Individual Placement Support (IPS) for SMI in secondary care services by 25% (action 1.18) is covered under the Prevention workstream of the Integrated Care Programme. The CCG is working with London Borough of Hackney and the CoLC to establish the baseline and action plan for this workstream.
4. There has been a reduction of 54% in the number of people detained under the MH act (action 1.19) due to the Street Triage Programme which began 3 months ago.

Priority 2: Personalisation

5. Against this priority, there is three amber actions:
 - 5.1 Action 2.3 is concerned with transferring the case management of some patients with mental health problems to primary care. This action is progressing, the target outcome is to increase transfers from secondary care to primary care to 50 per month and they are currently achieving approximately 40 per month.

5.2 Work is underway to improve the physical health of those with enduring mental health issues (action 2.6). We are working more closely with social prescribing in increase referral activities from City residents.

5.3 Action 2.7 is to provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated. The CCG Care planning Group have agreed that GPs will create Co-ordinate My Care (CMC) plans for frail elderly patients with dementia. In addition, the Alzheimer's Society will be creating their community support plans for patients diagnosed with mild to moderate dementia on CMC.

Priority 3: Recovery

6. Against this priority, there are no amber or red actions.

7. The IAPT recovery rate (action 3.5) has increased to above the national target for the last three months and is projected to stay that way.

Priority 4: Delivery

8. Against this priority, there are four amber actions:

8.1 Action 4.11 is led by the CCG and regards the development of a community based 24/7 mental health response for Children and Young People. This is currently in development as part of the CAMHS Alliance CAMHS Transformation Programme. A mapping exercise is underway to evaluate service provision against national requirements. The CCG is working closely with STP and consortium partners to explore opportunities for developing services at a wider footprint level as numbers of CYP requiring this service will be small if applied at a local level. A multiagency task and finish group has been set up to complete this.

8.2 Action 4.16 is concerned with increasing the numbers of people with mental health issues in settled accommodation. The City has commissioned ELFT to deliver a 'Reablement Step-Down' service which helps people with MH issues and others in supported housing to be ready to move-on and offers ongoing support in their new home. In addition, the housing needs of people with Mental Health Illness will be considered in the scoping of the housing strategy.

8.3 A shared-care protocol to improve the physical healthcare of patients prescribed psychotropic medication (action 4.4) has been developed and is waiting on approval from providers.

8.4 The CCG is leading on action 4.17 to ensure we are meeting all care standards for Perinatal mental Health needs. The CAMHS Alliance and related CAMHS Transformation investment will develop a new perinatal service that meets care standards. The CCG are currently investing an additional £150K per year to address unmet need and applying for central money c£200K to achieve work force calculator requirements at the moderate to severe end.

9. Action 4.4 to create parity of esteem between mental and physical health is on target. The CCG are increasing the number of physical health checks conducted by GPs in primary care for people with severe mental health problems. They are monitoring the number of checks and the results in terms of referrals to lifestyle interventions and physical health improvement in their primary care mental health dashboard.

Corporate & Strategic Implications

10. The Mental Health Strategy supports the City of London Corporate Plan's aim 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.
11. It also 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.

Legal Implications

12. There are no legal implications.

Health Implications

13. The Mental Health Strategy and Action Plan has a positive impact on health and wellbeing in the City of London.

Conclusion

14. The majority of actions are due to be completed within their timescale.
15. The plan is reviewed at the Children's Executive Board meetings to monitor the progress of the actions which will include the work with our partners such as the CCG, ELFT and City and Hackney Mind. The plan will be refreshed in 2017 to incorporate new actions and updates.

Appendix

- Appendix 1 – Mental Health Action Plan

Tizzy Keller

Strategy Officer Health and Children

T: 020 7332 3002

E: tizzy.keller@cityoflondon.gov.uk

Name:	Mental Health Action Plan		
Duration:	2015-18		
Relevant strategies:	Mental Health Strategy		
Previous version(of action plan /relevant plans:	N/A		
Board responsible for monitoring action plan:	Health and Wellbeing Board		
Owner:	Simon Cribbens / Poppy Middlemiss		
Review date:	30.09.16	Frequency of monitoring/reporting:	Quarterly

Priority 1 :	Prevention						
Objective 1:	Promote good mental health and mental health self-help, and support prevention and early identification of mental health problems through mental health services, healthcare pathways and our work with the community.						
Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	2015	Ongoing	Deliver 'Books on Prescription' throughout City libraries and deliver a reading group aimed at people coping with stress and depression.	Carol Boswarthack	Books on Prescription has been delivered and the Read and Relax group takes place monthly. Additionally, on 20/9/16, 2 librarians visited the memory Club (Forget me Not) at COLSEC to talk about library services and delivered a mini Read & Relax session to them.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	Jul-16	Jul-17	Extend the Learning Well Programme, which promotes recovery and wellbeing for people with low-level mental health problems, for another year.	Barbara Hamilton	For the following year the programme will focus on engaging with workers and working more closely with medical professionals. This work includes a programme with Homerton Hospital and incorporating mild mental health assessments in adult learning with Hackney.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	Apr-16	Ongoing	Increase the number of referrals to the Social Prescribing service from the Neaman practice and increase the number of City based activities it refers to.	Beverley James	Regularly attends the Neaman practice clinical meetings and attending network meetings to raise the Social Prescribing profile. · CoL PH team and Social Prescribing working more closely to increase referral activities. · working with One Hackney and City SP to refer patients with more sever needs to their service.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	Apr-16	Apr-17	A City lead allocated for the City and Hackney 5 to thrive programme and City based 5 to thrive events delivered.	CCG - Rhiannon England/ Poppy Middlemiss (City lead)	City lead allocated and attending the steering group meetings. Website updated and linked to the Icare website. We are working towards getting City events on the website.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	Jan-16	Sep-16	Include a prevention-focused education element in the new young person clinical health and wellbeing service, which focuses on building the knowledge, self-esteem and resilience of children and young people	Farrah Hart/ Poppy Middlemiss	Services started on the 1st November	Completed
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing	Jun-16	Oct-16	The HWMPA service will empower and motivate participants to make informed choices to improve their physical, mental and social well-being through physical activity and healthy eating by offering support tailored to specific groups, including people with mental health issues, and ensuring effective referral and exit routes with partner services.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
1.2	Provide Mental Health education and promote positive Mental Health messages through our commissioned services.	Jan-16	Ongoing	The Square Mile Health service provides information on the links between substance misuse and smoking and mental health	Mark Davison	This forms part of the Square Mile service and the City will monitor this at monitoring meetings	Green
1.2	Provide Mental Health education and promote positive Mental Health messages through our commissioned services.	TBC	Mar-17	The City Advice training programme for advisors to include strategies to explore solutions for diverse client groups including people with mental health problems	Lorna Corbin	Toynbee Hall is developing new policies and procedures including ones dealing with users and staff who are experiencing mental health problems. The City Advice Team Manager has attended a number of workshops in the City hosted by Healthwatch City of London on Mental Health provision, as well as participated in a few informal session run by City and Hackney MIND, all of which has been cascaded down to the team. City Advice are in the process of formalising referral protocols and joint working arrangements with City and Hackney MIND and MAYTREE a local suicide prevention charity The City Advice team has had a recent change of staff and are currently reviewing training needs in this area.	Green
1.3	Commission clinical services that enable early identification of Mental Health issues and provide treatment for mild to moderate Mental Health issues	Jan-16	Sep-16	Offer swift and easy referrals into brief psychological support for children and young people with mild to moderate mental health issues, in the new young person clinical health and wellbeing service	Farrah Hart/ Poppy Middlemiss/ Nadia Seeker	Services started on the 1st November	Completed
1.3	Commission clinical services that enable early identification of Mental Health issues and provide treatment for mild to moderate Mental Health issues	Apr-16	Apr-17	Reduced waiting times for IAPT through increased investment, increased capacity and service provision, collaborative working and staff training	CCG	City & Hackney Mental Health Programme Board has invested additional funding to reduce waiting times through increasing capacity and collaborative working, group therapy and ECBT	Green
1.4	Commission Mental Health first aid training for frontline corporation staff so they can identify those with mental health issues and signpost them to appropriate services.	May-16	Mar-17	Number of frontline staff trained in mental health first aid	Farrah Hart/ Poppy Middlemiss	Mental Health First Aid training was delivered on the 1 st and 2 nd December by Mental Health First Aid England. 13 members of frontline staff in the Corporation, including staff from Tower Bridge, Housing, Community and Children's services and City Police were successfully trained. The feedback from the training has been extremely positive and there are further plans to deliver the training in the New Year to frontline staff.	Completed
1.5	Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular school nurses	May-16	Sep-17	Mental health first aid training to be provided for front line staff and Partners who work with children.	Poppy Middlemiss	Interest has been gathered from schools to participate in MHFA training and a course is being organised jointly with the deucation team so academies staff can also participate.	Amber

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.6	Provide extra support to children and unborn children in families where the adults have mental health or substance abuse issues.	Jan-16	May-16	Audit and evaluate the use of the "Think Family" approach to meet the needs of children living in households with adults with additional needs.	Rachel Green	Think family approach fits well. School age children can be referred to in therapeutic input at school. Children referred to CAMHS. SWs undertaken direct work themselves. There does not appear to be a need for further intervention. There is only one case where the children did not receive any additional support, and this was due to the parents not agreeing with it. Additional internal audit for the mock SEND inspection.	Completed
1.7	Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	May-15	Jul-16	Mental Health Needs Assessment; 0-5 Needs Assessment; 5-19 Needs Assessment; Substance Misuse Needs Assessment	Poppy Middlemiss	Mental Health Needs Assessment; 0-5 Needs Assessment; Substance Misuse Needs Assessment; 5-19 Needs Assessment are complete. City Supplements to be done.	Green
1.7	Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	Apr-16	Aug-16	Commission an enhanced CAMHS service for looked after children.	Prachi Ranade	Contract for an enhance CAMHS service in place.	Completed
1.8	Deliver additional mental health support to vulnerable new and expectant mothers.	Jan-16	Apr-16	Commission an enhanced health visiting service with a specification to assess and identify maternal mental health concerns and offer subsequent support.	Farrah Hart/ Nicole Klynman	The new health visitor service (provided by the Homerton Hospital) is commissioned by the London Borough of Hackney and the contract started on 1 st July 2016.	Completed
1.9	Implement the Carers' Strategy to improve support services and mitigate the risk that a caring role may lead to mental ill health.	Jan-16	Ongoing	Carers' Strategy and Action Plan developed and monitored by the Adult Wellbeing partnership.	Anna Grainger	Carers action plan is being progressed and on track, and will have carers mental and physical wellbeing as its central focus	Green
		Jun-16	Sep-16	Include a City Carers Service in the new Reach Out Network to provide help, advice and support for Adult Carers.	Emma Goulding	The tender process for the Reach out Network is completed. Carers Network Westminster won the tender for the City Carers service which commenced mid-September. The service includes two monthly carers groups, a weekly 'listening ear' service over the phone, Skype or email and a monthly 1:1 drop in service and development of peer networks.	Green
1.10	Identify and support young carers to promote and safeguard their welfare, mitigate the risk that a caring role may lead to mental ill health.	Jun-16	Sep-17	Refresh the Young Carer's Strategy.	Chris Pelham	The Young Carers Strategy is being reviewed and will be complete by the end of Spetember 2017. This will be signed off at Childrens Senior Management Team Meeting,	Green
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	Depression screening is included in the diabetes template in primary care.	CCG	Done	Completed
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	Include a 5 to Thrive wellbeing reminder in Recovery Care Plans	CCG- Rhiannon England	Done	Completed
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	A Mental Health check is included in young people's health checks in Primary care.	CCG	There are MH questions on the EMIS YP health check template for clinicians to use if appropriate including links to WEMWBS and the MH resources leaflet for YP	Green
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jan-16	Mar-17	Social isolation strategy and action plan developed.	Adam Johnstone	The Social Isolation Strategy has been developed and a public consultation has been completed. Sign-off on a final strategy and action plan has been delayed due to CCS Committee decision to set up a Social Wellbeing Panel to examine the challenges in more detail. The Panel met on 8 December and will meet again on 13 January. A final version of the Strategy has been agreed by committee, an action plan has been agreed by the Departmental Leadership Team and is being implemented.	Completed
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Apr-16	Jul-16	Extend the City's befriending scheme to include people with low level mental health needs.	Jackie Merrifield	The befriending service commenced on July 4th. Official launch took place on 27th September attended by over sixty people.	Green
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jun-16	Sep-16	Include a Wellbeing and Independence Service in the new Reach Out network which will encourage and support people to actively participate in their community to prevent social isolation.	Lorna Corbin	The tender process for the Reach out Network is completed. Toynbee Hall won the tender for the City Wellbeing service which commenced mid-September. The service includes one to one support from the Outreach worker and monthly 'coffee mornings'	Completed
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jan-16	Jan-17	Provide a 'Little Explorers' program for mothers with young children at risk of social isolation.	Theresa Shortland	Little Explorers programme complete	Completed
1.13	Improve diagnosis rates for dementia	Apr-16	Apr-17	CCG working with GP practices to promote early identification and improved coding practices for dementia.	CCG	New GP Dementia Lead and a newly appointed MH facilitator are working with practices to improve coding and improve diagnosis rates for practices with potential to improve diagnosis rates	Green
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jun-16	Sep-16	The new Reach out network to include a City Memory group to provide group and peer support for people diagnosed with dementia, their families and carers.	Lorna Corbin	The tender process for the Reach out Network is completed. Toynbee Hall, subcontracting to Forget Me Not, won the tender for the City Memory Group which commenced mid-July. The service includes weekly group sessions and is actively working with the City Befriending service to provide befrienders to group members who need extra support.	Completed
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jun-16	Jul-16	Establish a new integrated Dementia Care Pathway with input from all key stakeholders.	CCG/Anna Grainger	The new dementia care pathway is in place. Pathway currently being updated (updated pathway due Jul 2017)	Completed
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jul-16	Mar-17	Provide those diagnosed with dementia with advanced care plans and crisis plans as part of the new Dementia Care Pathway.	CCG/ Anna Grainger	Work is underway in the Care planning work stream in Phase 2 of the dementia alliance are working towards agreement to use Coordinate my care to create care plans for people diagnosed with dementia.t these care plans will include crisis and advanced care plans where possible.	Green

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jul-16	Mar-17	All carers offered an assessment of their needs and receive carers support package as part of new integrated Dementia Care Pathway.	CCG/ Anna Grainger	The new phase of the dementia alliance will focus on plans to map out support available to carers and identify gaps in service provision. We are working with the Local Authority to obtain data on % of Carers for people with dementia on their carers register	Green
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against				Rachel Sambells	Consultation has been carried out on the draft Noise Strategy 2016 to 2026 and the strategy will be finalised in January 2017	Green
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.	Jan-17	Jan-18	Identification of open spaces in the City that would benefit from further protection or enhancement of the acoustic environment.	Rachel Sambells	Consultation has been carried out on the draft Noise Strategy 2016 to 2026 and the strategy will be finalised in January 2017	
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.	Jan-17	Jan-18	Initiatives and policies are in place to protect areas of tranquillity which are relatively undisturbed by noise and are prized for their recreational value.	Rachel Sambells	Consultation has been carried out on the draft Noise Strategy 2016 to 2026 and the strategy will be finalised in January 2017	
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.	Jan-17	Jan-18	Encourage developers, architects and planners to consider a variety of soundscape initiatives (including tranquillity) in the design of new developments.	Rachel Sambells	Consultation has been carried out on the draft Noise Strategy 2016 to 2026 and the strategy will be finalised in January 2017	
1.16	Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments.	Jan-16	Apr-16	Complete an evaluation of the EASL service to determine what further action is required to help rough sleepers with mild mental health needs into accommodation.	Davina Lilley	Completed in April 2016. EASL to continue is scaled down approach- doing assessments when required. Review meeting in December	Green
1.16	Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments.	Apr-16	Sep-16	Complete an assessment of the Mental Health needs of rough sleepers in the City.	Davina Lilley/ Simon Cribbens	The health needs assessment of homeless people is awaiting resource allocation to complete.	Red
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.	Jan-16	Jan-17	Information relevant to Mental Health and suicide on the Business Healthy resource pages	Nicole Klynman	Work on-going with Barts Health to consider a health centre approach for city workers. Business Healthy has put lots of evidence on the website, weekly (moving to probably monthly) newsletters with lots of supportive information. Joint work with the GLA to put abridged evidence based NICE guidance on website in a more user friendly format	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.	Feb-16	Nov-16	City of London Corporation to run the This is Me campaign	Justin Tyas	To celebrate World Mental Health Day, CityWell launched a video-based mental health campaign at the Celebrating Our People Awards in October 2016. The 'This is Me' campaign is part of a larger City-wide movement involving 70 organisations across the City, working in partnership with the Lord Mayor's Appeal. Other businesses taking part include Barclays, PwC, BNY Mellon and the Bank of England. The campaign raises awareness of mental health in the workplace and aims to open up the culture for people to talk more openly about their experiences of mental health. The City of London Corporation released two short 2-minute videos featuring two employees talking about their lived experiences of mental ill health and how the City has enabled them to self-manage their conditions. The videos have been circulated through internal communication channels, as well as through corporate social media channels, such as, YouTube, Twitter, LinkedIn and Facebook. Funding dependent we will run it again next year – with participants from other sites.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.	May-16	Oct-16	Hold a suicide prevention educational event for the business community with CMHA.	Poppy Middlemiss/ Nicole Klynman	The event took place with Business Healthy. A new Healthy Business lead (Xenia Koumi) started on the 1st November to continue the work.	Completed
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.	Mar-16	Ongoing	Identify and appraise options for providing non-NHS health services for City workers within the Square Mile, including mental health, particularly for lower-paid City workers.	Nicole Klynman	Work on-going to determine the feasibility of opening a health centre for City workers primarily focused on mental health. Business Healthy has put lots of evidence-based guidance on the website, weekly (moving to probably monthly) newsletters with lots of supportive information. There are plans to produce abridged, more user-friendly evidence-based NICE guidance joint with the GLA and publish it on the Business Healthy website. We are promoting Thrive LDN, particularly the strands relating to workforce stigma and zero suicide. We are also promoting the Release the Pressure Campaign, encouraging City workers to seek help and giving them information about the mental health services available to them.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.	Jul-16	Dec-16	Learning Well programme working with Business Healthy to engage City workers	Barbara Hamilton	The programme continues with an increased number of public health services and community health services engaging in the project (for example St Mungo's, the Single Homelessness Project and the Prince's Trust)	Green
1.18	Increase access to Individual Placement Support (IPS) for SMI in secondary care services by 25%	Apr-16	Apr-17	Increased access to Individual Placement Support (IPS) for SMI in secondary care services by 25%	CCG & Devolution Partners	This work stream will be covered under the Prevention workstream of the integrated care programme. The CCG are currently working with LBH and CoL to establish the baseline and the action plan for this workstream.	Amber

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.19	Reduce rates of detention under the MH act	Apr-16	Apr-17	Rates of detention are reduced for those with SMI, psychotic disorders, BME groups and those in crisis	CCG	Through expansion of our EIP programme to those with psychotic disorders, working with the statutory sector and VSO to ensure better reach into BME communities who are disproportionately represented in detentions and our community based crisis interventions aimed at de-escalating a crisis to avoid admissions or detentions. Through the street triage pilot in the City we are seeing a large reduction in those detained under the MH health act	Green
1.20	Physical health screening and interventions for those with SMI	Apr-16	Apr-18	30% of those on GP SMI register have screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services	CCG	We have created a mental health dashboard, which monitors SMI physical health checks in primary care for against an SMI register and have also invested in more comprehensive GP physical health checks which go beyond the QOF requirements	Green

Priority 2:		Personalisation					
Objective 2:		Design and deliver services that are tailored to meet individual needs and offer people the greatest possible choice and control over their lives					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
2.1	Design and deliver services that improve the experience of those with specific cultural needs, to ensure equal access to services.	Jun-16	Oct-16	Provide the opportunity for service users to feedback on Mental Health services and recommend how they can better cater to their needs	Col Public Health Team/ CCG	Mental Health Programme Board is liaising with PPI groups on specific issues to gain feedback on how to improve services. Recently attended a Men's Health and Wellbeing event to inform of our commissioning intentions and also consult on specific topics to help inform our plans	Green
2.1	Design and deliver services that improve the experience of those with specific cultural needs, to ensure equal access to services.	Apr-16	Apr-17	Provide a programme of community psychology providing outreach and education to BME communities.	CCG/ ELFT	The psychological therapies alliance piloted the Tree of Life within the BME population and Bikur Cholim piloted OCD and Derman piloted group therapy with the Turkish and Kurdish communities.	Green
2.2	Invest in mental health care in the community.	Apr-16	Apr-17	Statutory sectors delivering care in more accessible, less stigmatised community based locations	CCG	Crisis Café opened in 2016. More secondary care patients being seen in primary care locations through EPC	Green
2.2	Invest in mental health care in the community.	Apr-16	Apr-17	Community groups are adequately represented in local commissioning and service design	CCG	City and Hackney CCG Innovation fund support a community psychology model for Emotional health and well-being	Green
2.2	Invest in mental health care in the community.	Apr-16	Apr-17	Employment of a community based specialist team for children and young people.	CCG	Community team in place	Green
2.2	Invest in mental health care in the community.	Apr-16	Apr-17	Community based staff to recognise the signs of psychosis to enable swifter referrals	CCG/GP	City and Hackney CCG Innovation fund support a community psychology model for Emotional health and well-being	Green
2.2	Invest in mental health care in the community.	Jan-16	Sep-16	Provide First Steps sessions, which offer support for young people and their families experiencing emotional difficulties, in the community	Theresa Shortland	New sessions starting in the Barbican in January 2017 and in Sir John Cass School after Easter 2017	Green
2.3	Offer mental health support on GP practice premises where possible and transfer the case management of some patients with mental health problems to primary care.	Apr-16	Apr-17	Increase the patient cohort for the Enhanced Primary Care mental health service to include a higher % of mood disorders, PD and older adults and increase staff capacity and range of skills to support this.	CCG	Already being done	Green
2.3	Offer mental health support on GP practice premises where possible and transfer the case management of some patients with mental health problems to primary care.	Apr-16	Apr-17	The transfers from secondary care to primary care increased to meet the target of 50 per month.	CCG	Currently achieving approximately 40 a month	Amber
2.4	Increase the capacity of psychological therapy assessment and treatment services.	Apr-16	Apr-17	Reduce the waiting times for IAPT through increased investment, increased capacity and service provision, collaborative working and staff training.	CCG	City & Hackney Mental Health Programme Board has invested additional funding to reduce waiting times through increasing capacity and collaborative working, group therapy and ECT	Green
2.5	Offer an extended range of Mental Health services	Apr-16	Apr-17	The CCG to increase the range of MH interventions available for Children and Young People, those with Dementia, Perinatal MH disorders, BME, Veterans, Homeless and those in crises.	CCG	Various work streams currently on going to address these areas funded by recurrent, non-recurrent and innovation funds	Green
2.6	Improve the physical health of those with enduring mental health issues.	Jun-16	Sep-16	Include a community health engagement service as part of the weight management and exercise on referral service which directs those with mental health needs towards sport and leisure opportunities at fusion /libraries.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
2.6	Improve the physical health of those with enduring mental health issues.	Apr-16	Apr-17	Refer people with low level mental health needs to physical activity services through the social prescribing service.	Beverley James	Working to increase referrals from City residents. · Col PH team and Social Prescribing working more closely to increase referral activities	Amber
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Apr-16	Apr-17	Development of care plans in primary care for complex patients to improve integrated service provision for these patients	CCG	The CCG Care planning Group have agreed that GPs will create CMC care plans for frail elderly patients with dementia. Also the Alzheimer's Society will be creating their community support plans for patients diagnosed with mild to moderate dementia on CMC.	Amber
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Jul-16	Jul-16	Establish a new integrated Dementia Care Pathway with input from all key stakeholders.	CCG/ Anna Grainger	The integrated dementia care pathway is in place but being updated currently	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Jan-16	Jan-17	A Care ACT COMPLIANT Care Programme Approach (CPA) is being developed in ELFT and the City sits on the Development Board	Anna Grainger	This work is on-going and COL are up to date on all developments	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Jan-16	Jan-17	Establish a multi agency Hoarding and Self-neglect Panel with partners from Environmental Health, Public Health, Housing, CCG, Legal, LFB, COL Police and ASC	Anna Grainger	Panel has met monthly since Jan 16, 6 cases have been presented and progressed through a multi-disciplinary protection plan - will be an ongoing meeting - therefore action is complete.	Completed
2.8	Research and assess the need for MH services and support for victims and perpetrators of domestic violence and abuse, and their children	Jul-16	Dec-16	Include questions on MH in assessments of victims and perpetrators of domestic abuse and their children, and refer them on to appropriate care	Robin Newman	This action is complete. We either refer to CAMHS or the Positive Change Programme.	Completed
2.8	Research and assess the need for MH services and support for victims and perpetrators of domestic violence and abuse, and their children	Jan-16	Jan-17	Explore options to offer a non-clinical alternative to CAMHS as first step support for children and young people affected by domestic violence and abuse	Rachel Green	DV specialist social worker in post	Completed
2.9	Create a "dementia-friendly" City of London, so that people with dementia are well supported by the wider community.	Jan-15	Jan-16	Achieve the Dementia friendly City status	Anna Grainger	Dementia Friendly Status achieved	Completed
2.9	Create a "dementia-friendly" City of London, so that people with dementia are well supported by the wider community.	Apr-16	Apr-17	Raise awareness amongst residents and workers regarding the needs of people living with Dementia and how they should be supported	Anna Grainger	This work is on-going through the ASC service all workers have Dementia training and awareness raising as a key objective of their appraisals. All commissioned providers in domiciliary care, and community services have clear Dementia targets and outcomes. the Reach Out Networkare commissioned to provide a regular Memory Group and run regular information stalls and City events to raise awareness.	Green

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
2.10	City residents registered with GP's in neighbouring areas will receive joined up Mental Health care	Apr-16	Mar-17	Explore options to establish clear referral routes and care pathways with Tower Hamlets CCG for City residents that are registered with out-of-area GPs.	Farrah Hart	Meeting set up between Director of DCCS to progress this on 12th September.	Green

Priority 3:		Recovery					
Objective (if applicable):		Provide support that is focused on recovery and self-management					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
3.1	Implement a Mental Health Rehabilitation Programme to support those stepping down from supported living	Jan-16	Dec-16	Mental Health rehabilitation project in place	Anna Grainger	ELFT rehab contract now in place from April 2017 to March	Complete
3.2	Employ a floating support worker to facilitate integration across a number of services which support independence	Dec-16	Apr-17	Floating support worker recruited	Anna Grainger	Full time Floating support now included with the ELFT rehab contract. Floating support to be accessed via Penderials third party support brokerage on ad hoc basis as required for individual service users and bespoke support plan put in place.	Complete
3.3	Provide employment support and advice for individuals with mental health issues to keep them in work or support them back into employment	Apr-16	Apr-17	Individuals with mental health issues receive employment support as part of their care package to gain employment or stay in employment	CCG	Currently part of the delivery in the CCG's psychological therapies alliance work	Green
3.4	Provide recovery methods to support mental health sufferers who find it difficult to commit to regular treatment	Sep-15	May-16	Establishment of the Service User Network, aimed at individuals who frequently present to health services in crisis to provide recovery and self-help strategies.	ELFT/ City and Hackney Mind	The Service User Network is now open and successfully operational. Extended funding has been agreed for 2016/17.	Green
3.5	Increase IAPT recovery rate (50% national target)	Apr-16	Apr-17	IAPT recovery rate above target	CCG	The recovery rate improvement programme is being implemented. The clinical dashboard is being used to monitor recovery rate, focus is on recovery, reducing waiting times and better application of the Stepped Care Model. The recovery rate has been above target for the last 3 months and is projected to stay that way in future	Green

Priority 4:		Delivery					
Objective (if applicable):		Commit to delivering effective Mental Health services and respond effectively to people in crisis					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Jan-16	Ongoing	Suicide Action Plan developed and Implemented	Poppy Middlemiss	On-going work, update at the HWBB in January.	Green
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Apr-16	Mar-17	The implementation of the Bridge Pilot to reduce the number of people committing suicide from City Bridges.	Poppy Middlemiss	On-going, the bridge pilot began in April- Samaritans signs up, training sessions run, leaflets given out	Completed
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Apr-16	Mar-17	Number of front line staff and general public trained in suicide prevention	Poppy Middlemiss	7 training sessions have taken place so far; 'Train the trainer' sessions within businesses and for Tower Bridge Security staff have also taken place.	Completed
4.2	Provide an out-of-hours "safety net" for those with recurring mental health problems or those who reach crisis point at a time when traditional routes into services are not open.	Sep-15	May-16	Set up a crisis network which includes a 24 hours helpline and an open door, drop in service for vulnerable individuals in times of crisis when regular services are not open.	ELFT/ City and Hackney Mind	Both the Service User Network and Crisis Café are both now open and successfully operational. Both have been agreed for extended funding for 2016/17.	Green
4.3	Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services	Jan-16	Jan-17	Continue to discuss cases transitioning to adult services through the Transitions Forum to ensure that there is a smooth transition and no gap in service provision	Rachel Green	New draft of Young Carers strategy to be reviewed at the December 2016	Green
4.4	Work to create parity of esteem between mental health and physical health services.	Jun-16	Sep-16	Include a community health engagement service as part of the weight management and exercise on referral service which directs those with mental health needs towards mental health services/ leisure at fusion /libraries.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
4.4	Work to create parity of esteem between mental health and physical health services and reduce mortality gap for MH patients	May-16	May-17	Ensure physical health-checks for those on Severe Mental Illness register.	CCG	The CCG has recently committed to increase mental health investment by £2.2m from 2017-18 onwards to achieve the PoE target. We are increasing the number of physical health checks conducted by GPs in primary care for people with severe mental health problems (see SMI section below). We are monitoring the number of checks and the results in terms of referrals to lifestyle interventions and physical health improvement in our primary care mental health dashboard.	Green
4.4	Work to create parity of esteem between mental health and physical health services.	May-16	May-17	Development of a shared-care protocol to improve the physical healthcare of patients prescribed psychotropic medication.	CCG	Protocol developed and now needs to be agreed by providers (GP Confed and ELFT)	Amber

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
4.4	Work to create parity of esteem between mental health and physical health services.	May-16	May-17	Improved identification and referral to MH treatment for people with long-term conditions and medically unexplained symptoms.	CCG	Working on ways to monitor and support frequent attenders, and providing MUS training for GPs - There is a frequent attenders review in the GP contract and we delivered 2 hours mandatory training 16/17 for GPs on medically unexplained symptoms	Completed
4.5	Develop a robust pathway together with substance misuse services to ensure that those with a dual diagnosis receive better care.			WDP and Adult Social Care have redeveloped the pathway for those with dual diagnoses.	Ian Tweedie	The revised ASC/WDP pathway document has now been signed off and shared with WDP.	Completed
4.6	Increase ease of accessing treatment for City residents	Apr-16	Apr-17	There is provision and access to mental health services for hard to reach community groups	CCG	Self-referral and referral by schools	Green
4.7	Reduce suicide rates by 10%	Apr-16	Apr-17	Reduction in suicides in City & Hackney to zero	CCG/CoL	We have a joint multi-agency plan to reduce suicide rates by 10%. We have recently created a 24/7 crisis line supported by a crisis café and crisis therapy project. This increases the support available to people, who feel suicidal. We plan to improve links between the crisis line, the police and ambulance services. We will be piloting street triage this year. We will monitor and increase the use of crisis plans for service users. This will help service users manage suicidal ideation. Progress with work is on target	Green
4.8	FYFV: Increase access to IAPT to 15.8%	Apr-16	Apr-17	An increase in access rates for IAPT, an increase in BME recovery rates for IAPT and an increase in the number of older people accessing IAPT services	CCG	As part of our Five Year Forward View, in 2017-18 we are investing an additional £300,000 recurrently to increase IAPT access rates. We are expanding the IAPT provision to include 3 VSOs with reach into BME communities. Collectively these will increase access rates by 2%. We are encouraging GPs to increase referrals of older adults to IAPT services and we are monitoring the age distribution. Targets agreed and in place.	Green
4.9	Reduced waiting times for IAPT services	Apr-16	Apr-17	75% of people to have been seen by IAPT within 6 weeks, 95% within 18 weeks	CCG	These targets are being consistently achieved	Completed
4.10	Ensure children with diagnosable MH condition have access to evidence based treatment	Apr-16	Apr-17	28% of children with diagnosable MH condition have access to evidence based treatment	CCG	As part of the CAMHS Transformation Programme, the CAMHS Alliance will manage this work. The increase trajectories and investment has been agreed by the CCG FPC. On target to deliver these trajectories	Completed
4.11	24/7 community-based mental health crisis response for CYP	Apr-16	Apr-18	A 24/7 community based mental health crisis response for CYP is available	CCG	This is currently in development as part of the CAMHS Alliance CAMHS Transformation Programme. A detailed mapping exercise is currently underway to evaluate current service provision against national requirements with investment set aside to fund service redesign scheduled to begin in Q1 17/18. The CCG is also working closely with STP and consortium partners to explore opportunities for developing services at a wider footprint level as numbers of CYP requiring this service will be small if applied at a local level. This is a challenging piece of work as demand does not exist at a local level so the function will need to exist at STP footprint level. Challenges of integrating this new system in to a number of existing systems that vary greatly is challenging. A multiagency task and finish group has been set up to complete this.	Amber
4.12	95% of CYP receive treatment for eating disorder within 4 weeks (routine) or 1 week (urgent) – community eating disorder teams	Apr-16	Apr-17	95% of CYP with eating disorder receive treatment within 4 weeks (routine) or 1 week (urgent)	CCG	This is part of the CAMHS Transformation Programme at CCG Consortium level. We have collaborated with our Consortium partners, Newham and Tower Hamlets CCGs in setting up a model that is contracted to deliver in full against these standards and timelines. Current standards requirements are being met. We are on target to meet future trajectories as more requirements / targets come in to place	Green
4.13	Ensure people with first experience of psychosis start treatment within 2 weeks of referral	Apr-16	Apr-17	People with first experience of psychosis start treatment within 2 weeks of referral	CCG	Currently achieving 96.7%. In 2017-18 we have committed additional recurrent investment into EIP teams which will ensure that this level of performance is sustained.	Green
4.14	Eliminate out of area placements for non-specialist acute care by 2020/2021	Apr-17	Apr-18	There are no out of area placements for non specialist acute care for City & Hackney	CCG & STP Partners	We will be conducting a joint review of out of area placements with our main statutory sector mental health provider in 2017-18. This will identify the use of out of area placements and whether there are any gaps in local service provision for non-specialist acute care which need to be filled in order to eliminate non specialist out of area placements.	Green
4.15	FYFV: Ensure 24/7 access to community crisis resolution teams, home treatment teams and MH liaison in acute trusts	Apr-16	Apr-17	Reduced mental health admissions including self-harm, detention	CCG	We have funds allocated to provide a 24/7 home visiting emergency assessment service. We have NHSE funding for psychologist to run a self harm clinic for adults	Green
4.16	Increase the number of people with a mental health illness in settled accommodation	Apr-16	Apr-17	Reduced level of unsettled accommodation for people with mental health problems.	CCG & LBH	City of London commissions ELFT to deliver a 'Reablement Step-Down' service which helps people with MH issues and others in supported housing to be ready to move-on and offers ongoing support in their new home. The housing needs of people with MHI will be considered in the scoping of the housing strategy.	Amber
4.17	Ensure we are meeting all care standards for Perinatal mental Health needs	Apr-16	Apr-18	100% of perinatal mental health needs are met and care is NICE compliant	CCG	The CAMHS Alliance and related CAMHS Transformation investment will develop a new perinatal service that meets care standards. We are currently investing an additional £150K per year to address unmet need. We are also applying for central money c£200K to achieve work force calculator requirements at the moderate to severe end.	Amber

Committee(s)	Dated:
Health and Wellbeing Board	22 September 2017
Subject: Better Care Fund 2017-19	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Ellie Ward, Community and Children's Services	

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 approach.

The submission guidance for BCF plans for 2017-19 was significantly delayed but was published in July 2017 with a deadline of 11 September. As agreed by HWBB Members at the June meeting, the plans were agreed under delegation by the Chair of the HWBB in conjunction with the Director of Community and Children's Services.

This report provides a summary of the plans for the HWBB for their information.

Recommendation(s)

Members are asked to:

- Note the contents of the report and the BCF plans for 2017-19

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.
8. Any City of London Corporation BCF plan has to be agreed by the HWBB. The June meeting of the HWBB agreed that if the submission process fell outside of the normal cycle of meetings, then approval of the plans could be delegated to the Chair of the HWBB in conjunction with the Director of Community and Children's Services.

Current Position

9. 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.
10. 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.

11. The funding for the City of London Corporation BCF 2017-19 is as follows:

Running Balances	2017/18	2018/19
BCF Pooled Total Balance	£818,618	£881,919
<i>Of which</i>		
Local Authority Contribution (Disabled Facilities Grant)	£28,304	£30,294

12. It is proposed that the funding for 2017-19 is used as follows. The City of London Corporation commissioned services are on-going services which have been funded before through the BCF.

Scheme	Lead commissioner	£,000	£,000	£,000	Brief Description of the scheme
		16/17	17/18	18/19	
Care Navigator	City of London Corporation	60	60	60	Supporting safe hospital discharge for City of London residents to minimise DTOCs, prevent readmission and maintain independence
Reablement Plus	City of London Corporation	30	65	65	Provision of up to 72 hours of 24 hour care to prevent hospital admission and to facilitate safe hospital discharge at weekends and bank holidays. City of London Discharge to Assess model
Mental Health Reablement and Floating Support	City of London Corporation	60	120	80	ELFT working with people with chronic mental health conditions living in supported living to support reaching of full potential with move to more independent living where appropriate. Ongoing floating support

					to ensure links are made with local health and community services and independence sustained. Can also receive direct referrals to assist in the discharge process
Carers' support		10	10	50	To provide specialist independent support, information and advice to informal adult carers to support them in their caring role and promote their health and wellbeing
Disabilities Facilities Grant	City of London Corporation	26	28	30	Mandatory scheme to support disabled people live more independently in their own home (private rented or owner occupied)
IBCF meeting adult social care need	City of London Corporation	-	90	114	To help sustain the adult social care system, by offsetting additional savings which would have been required, funding increased demand, and reducing pressures within services
iBCF reducing pressures on the NHS	City of London Corporation		90	114	To help support intermediate care and CHC processes to facilitate discharge.
iBCF stabilising the care market	City of London Corporation		0	0	-
One Hackney	CCG	54	-	-	
One Hackney	CCG	38	-	-	
Neighbourhood Care Model	CCG	-	40	40	Creation of smaller neighbourhood areas which will become the provider networks for integrated care. All

					<p>community/out of hospital services will be asked to arrange care within these neighbourhoods working closely with the groups of practices within the neighbourhood.</p> <p>A robust business case must be accepted by the workstreams and Transformation Board in order to progress this model</p>
Adult Cardio respiratory Enhanced + Responsive Service (ACERS)	CCG	20	20	20	To provide an early intervention service for those with COPD, with the objective of more people having their condition managed at home, reducing A&E and emergency admissions
Bryning Day unit/Falls Prevention	CCG	13	14	14	The service manages patients at risk of falling, through interactive support and medicines management
Asthma	CCG	3	3	3	Support and develop a robust integrated care pathway to include education and training for general practice in the management of patients with Asthma
Palliative care - Out of hospital service	CCG	20	20	21	To provide high quality specialist palliative care to individuals wishing to remain in their own homes/the community at the end-of-life.

Paradoc	CCG	18	18	19	The service provides an urgent GP and paramedic response service to patients in their own home/care home, reducing unnecessary conveyance to A&E via ambulance.
Adult Community Rehab Team	CCG	78	79	81	To provide specialist rehabilitation to those with a physical or neurological impairment.
Adult Community Nursing	CCG	147	161	164	To provide an integrated, case management service to patients living within the community To improve patient pathway and health and social care outcomes
Total		577	818	875	
Additional funding still to be allocated				6	

13. There is an increased emphasis in the 2017-19 BCF on managing Delayed Transfers of Care (DTOCs) and Local areas have been set challenging targets for reducing the number of beds occupied by a DTOC patient.
14. The City of London Corporation has good performance on DTOCs that are attributed to social care. However in the last year, delays that are attributable to the NHS have increased significantly and these have been in the non-acute sector, mainly mental health. Given the integrated commissioning arrangements, going forward DTOCs will be considered as a system wide issue rather than the responsibility of an individual organisation.
15. The BCF plan includes a specific action plan for tackling DTOCs. The plan includes considering if we can use adaptations, equipment and assistive technology in different ways to support hospital discharge, considering options for intermediate care and working with health partners to improve discharge pathways for people with mental health issues.

Corporate & Strategic Implications

16. 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.
17. The integration of health and social care is reflected in the Departmental Business Plan's strategic objective of choice, control and independence.
18. 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

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

Legal Implications

20. There are no additional legal comments.

HR Implications

21. The proposed schemes for BCF services 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

22. 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

23. The BCF plans for 2017-19 were agreed by the Chair of the HWBB in conjunction with the Director of Community and Children's Services and was submitted on 11 September. The full reports are attached for HWBB Member's information.

Appendices

- BCF 2017-19 Narrative Plan

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>

http://democracy.cityoflondon.gov.uk/documents/s80196/HWB_Better%20Care%20Fund_Jun-17%20updated.pdf

Ellie Ward

Integration Programme Manager
Department of Community and Children's Services

T: 020 7332 1535

E: ellie.ward@cityoflondon.gov.uk

City and Hackney CCG and The City of London Corporation

BCF Narrative Plan 2017-19

11 September 2017



City and Hackney
Clinical Commissioning Group

Contents Page

	<i>Page</i>
Introduction	3
Local Vision and Approach for Health and Social Care Integration	3
Background and Context to the Plan	11
Progress to Date	14
Evidence Base and local Priorities to Support Plan for Integration	16
Plans to Address Performance	18
Significant Change and Developments	19
Equality Impacts	21
Better Care Fund Plan	23
National Conditions	31
Additional Conditions	32
Overview of Funding Contributions	34
BCF Milestones	35
Programme Governance	35
Risk	37
National Metrics	41
Approval and Sign Off	42
Diagram 1: Integrated Commissioning Arrangements	5
Diagram 2: Boroughs and Health Providers	13
Chart 1: Population Growth City of London 2012-2037	11
Chart 2: Growth in City of London Population aged 85+ 2012-2037	12
Chart 3: General and Acute Emergency Admissions	17
Chart 4: City and Hackney Emergency Bed Days by Provider	18
Table 1: Links with other plans	7
Table 2: Progress on Key BCF Metrics 2016/17	14
Table 3: Adult A&E Activity	16
Table 4: City and Hackney Emergency Admissions by Provider	17
Table 5: Schemes for 2017 – 19	23
Table 6: National Conditions 2017-19	31
Table 7: National Conditions no Longer Required	32
Table 8: Funding Contributions	34
Table 9: iBCF Spend Profile	34
Table 10: BCF Milestones	35
Table 11: Risk Register	38
Table 12: National Metrics 2017-19	41
Appendix 1: DTOC Plan including HICM action plan	43

Introduction

This document provides assurance information and details of plans for the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF) for the City of London Corporation for 2017–19.

It builds on previous BCF plans developed since 2015/16 and includes additional information required to demonstrate how it meets the national guidelines and requirements as set out by the BCF Policy Framework for 2017 - 19. It also contains details of the plans for the additional iBCF money allocated.

This BCF plan continues with a number of successful schemes and the iBCF supports the provision of additional care packages, work around Continuing Healthcare and intermediate care.

The plan covers two financial years (2017 – 19) which aligns with NHS planning timetables, giving the opportunity to plan strategically and to have stability for some on-going schemes.

Local Vision and Approach for Health and Social Care Integration

The City of London Corporation vision for health and social care is that:

- City of London residents live long and healthy lives, supported in their local community wherever possible by integrated health and social care services
- Health and social care services are person-centred, co-ordinated, high quality, responsive and fit around the needs and preferences of the individual, their carers' and family and that
- They deliver across the complexity and unique challenges of City of London boundaries, care pathways and partner interactions

As the Five Year Forward View stated, the traditional divide between primary care, community services and hospitals is increasingly a barrier to the personalised and co-ordinated health services patients need. The plan set a new shared vision for the future of the NHS, emphasising the need to move to place based systems of care where organisations collaborate and use their resources effectively to meet the needs of their local population in the most appropriate and effective way. It also explores the challenges to be addressed in the NHS around finance and efficiency, improving the health of the population and providing quality of care.

Local partners endorsed this approach but with the addition of social care as an integral part of the services needing to integrate around each patient and that we need ever closer working between the NHS and local government to achieve our aims for our communities.

In April 2017, the City of London Corporation entered into integrated commissioning arrangements with City and Hackney CCG to join up commissioning across health, social care and public health. The London Borough of Hackney has also entered into similar arrangements with City and Hackney CCG. See diagram on page 36 for further details of the governance structure.

The integrated commissioning arrangements aim to remove organisational barriers, develop more joined up plans and commission integrated services that benefit patients and service users. It supports an approach of moving to contracting for outcomes and commissioning providers to work across organisational boundaries.

The integrated commissioning arrangements are currently based on aligned budgets with some pooled budgets that are already in place such as the BCF. The longer term ambition is to have one larger pooled budget for integrated commissioning.

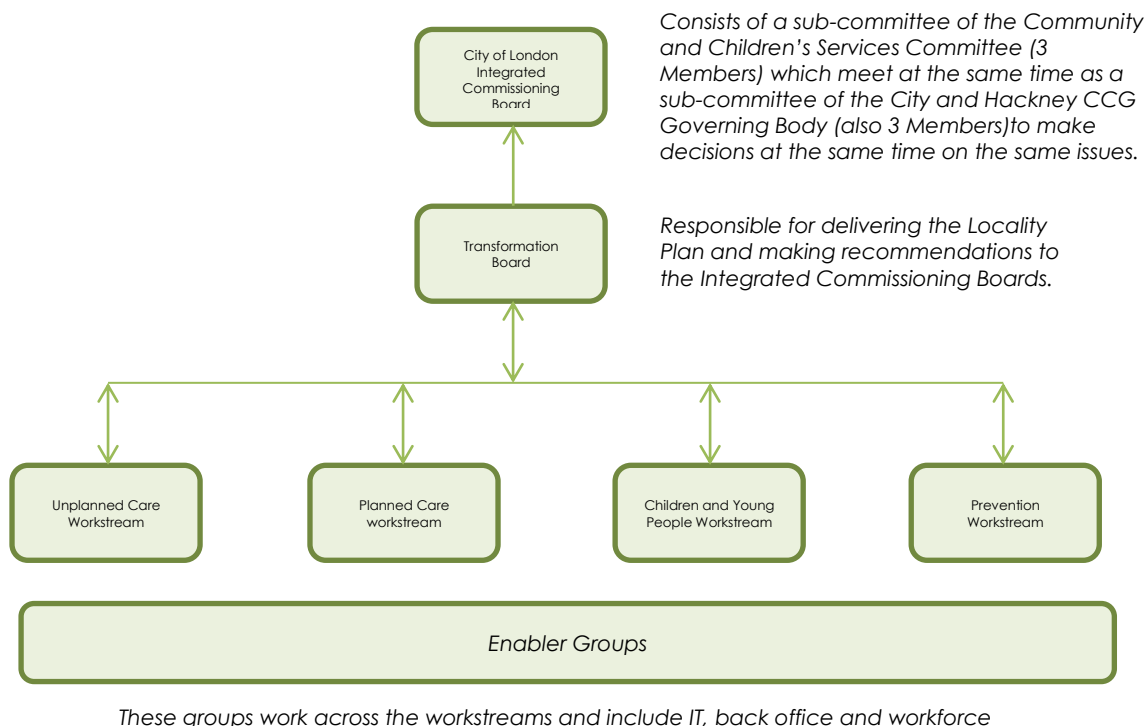
The aims of integrated commissioning include:

- Improving the health and wellbeing of local people with a focus on prevention and public health, providing care closer to home, outside institutional settings where appropriate, and meeting the aspirations and priorities of the 2 Health and Wellbeing strategies;
- Ensuring we maintain financial balance as a system and can achieve our financial plans;
- Delivering a shift in focus and resource to prevention and proactive community based care;
- Addressing health inequalities and improve outcomes, using the Marmot principles in relation to the wider determinants of health and focusing on social value;
- Ensuring we deliver parity of esteem between physical and mental health;
- Ensuring we have tailored offers to meet the different needs of our diverse communities;
- Promoting the integration of health and social care through our local delivery system as a key component of public sector reform;
- Building partnerships between health and social care for the benefit of the population;
- Contributing to growth, in particular through early years services;
- Achieving the ambitions of the NEL Sustainability and Transformation Plan

The City of London's BCF plan supports the wider vision for integrated commissioning.

The following sets out how integrated commissioning arrangements are structured

Diagram 1: integrated commissioning arrangements



East London Health and Care Partnership (North East London Sustainability and Transformation Plan)

The City of London is part of the North East London STP, known as the East London Health and Care Partnership (ELHCP). It also includes 7 other local authorities, 7 CCGs, 3 acute hospital providers and 2 mental health trusts. The focus of the STP includes promoting independence and enabling access to care closer to home with less dependency on the hospital system and beds. Key enablers include new models of care, workforce, technology and infrastructure.

Whilst each of the local areas has a different starting point, common challenges include a growing population, a rapid increase in demand for services, and scarce resources. Based on these NEL-wide challenges, ELHCP have identified six key priorities:

1. The right services in the right place: Matching demand with appropriate capacity in NEL
2. Encourage self-care, offer care close to home and make sure secondary care is high quality
3. Secure the future of our health and social care providers. Many face challenging financial circumstances

4. Improve specialised care by working together
5. Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
6. Using our infrastructure better

The plan also articulates some potential opportunities, which the BCF plan helps to support. These include reducing avoidable hospital admissions through prevention and out of hospital schemes that support self-care management and patient activation; support for better patient flow and early discharge; and greater capability and capacity in the community to help people recover and return home.

Across NEL the ambition is to go further in integrating health and social care services in order to implement person centred care models. A key part of doing this will be developing Accountable Care Systems that bring together providers of health and social care services around a single service model and a set of outcomes. There is also commitment to the integration of commissioning functions to support new population based contracting models.


The latest version of the plan can be found here - <http://eastlondonhcp.nhs.uk/wp-content/uploads/2017/06/NEL-STP-draft-policy-in-development-21-October-2016.pdf>

The City and Hackney integrated commissioning arrangements have been acknowledged as a new model of care within the ELHCP and with the move towards Accountable Care Systems (ACS), the partners within the integrated commissioning arrangements are considering how this could develop into a more formal ACS.

Table 1: Links with other plans

Government policy and local strategic context	Overview
<p>Care Act 2014</p>	<p>Sets the legal framework for the adult social care system and is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible.</p>
<p>Carers Strategy (2015-18)</p> <p>http://www.cityoflondon.gov.uk/services/adult-social-care/Pages/carers.aspx</p>	<p>Sets out the City Corporation's priorities for supporting adult carers in the Square Mile. The strategy has been developed based on analysis of evidence and consultation with carers and stakeholders, and in the context of recent legislative change.</p> <p>A key aim of the strategy is to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing. Delivery against the strategy will be monitored by the Adult Wellbeing Partnership.</p> <p>The Strategy identifies six priorities:</p> <p>Priority 1: carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for</p> <p>Priority 2: carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break</p> <p>Priority 3: carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity, and have their skills and knowledge recognised</p> <p>Priority 4: carers are supported to improve and maintain good physical and mental health and wellbeing</p> <p>Priority 5: carers are supported to improve their individual social economic wellbeing, reduce isolation and fulfil their potential in life</p> <p>Priority 6: carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring.</p>

<p>Community and Children's Services, Business Plan 2017 - 22</p>	<p>The Community and Children's Services Business Plan has 5 priorities:</p> <ul style="list-style-type: none"> • Safe - People of all ages live in safe communities, our homes are safe and well maintained and our estates are protected from harm • Potential - People of all ages can achieve their ambitions through education, training and lifelong-learning • Independence, involvement and choice - People of all ages can live independently, be active in their communities and exercise choice over their services • Health and wellbeing - People of all ages enjoy good health and wellbeing • Community - People of all ages feel part of, engaged with and able to shape their community.
<p>Health and Wellbeing Strategy</p> <p>https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/joint-health-and-wellbeing-strategy.pdf</p>	<p>The Health and Wellbeing Strategy has 5 priorities:</p> <ul style="list-style-type: none"> • Good mental health for all • A healthy urban environment • Effective health and social care integration • All children have best start in life • Promoting healthy behaviours
<p>City of London Health Profile</p> <p>https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/city-of-london-health-profile.pdf</p>	<p>Summary of some of the key health issues facing the City of London</p>
<p>Joint Strategic Needs Assessment (JSNA)</p> <p>https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/JSNA-City-</p>	<p>Assessment of the physical and mental health and wellbeing needs of individuals and communities in the City and Hackney. A City supplement has been produced to focus on the specific needs of the City.</p>

Supplement.pdf	
<p>The Adult Wellbeing Plan 2014-17</p>  <p>2015 01 06 Adult Wellbeing Pla...</p>	<p>Set's out the City's vision for the right services at the right time, at the right place has determined the five key priorities of this Adult Wellbeing Plan.</p> <ul style="list-style-type: none"> • Early Intervention and prevention - we are committed to a long term shift in service provision away from crisis intervention towards services that prevent or delay needs and reduce dependency. • Stronger safeguarding – we will lead locally in protecting peoples' health and wellbeing, and enabling them to live free from harm, abuse and neglect. • Personalisation – we will recognise people as individuals who have strengths and preferences. We will put them at the centre of their own care and support and provide good quality information, advice and advocacy so that people can make informed decisions. Support will be tailored to people's needs. • Services working together – we will work closely with other services and promote greater integration of health and social care to ensure that residents receive seamless, efficient and effective services to meet their needs. • Co-production – we are committed to finding innovative, collaborative ways of working to involve and support people to design, deliver and evaluate services.
<p>Integration and Better Care Fund Policy Framework 2017-19</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf</p>	<p>Published in March 2017, the framework has guided the development of the BCF plans and this document.</p>
<p>Housing Strategy</p> <p>http://www.cityoflondon.gov.uk/services/housing-and-council-tax/council-</p>	<p>The Housing Strategy sets out the City of London Corporation's ambitions to deliver homes and housing services fit for the future in the Square Mile and central London including improving joint working with health and social care to support vulnerable and older people.</p>

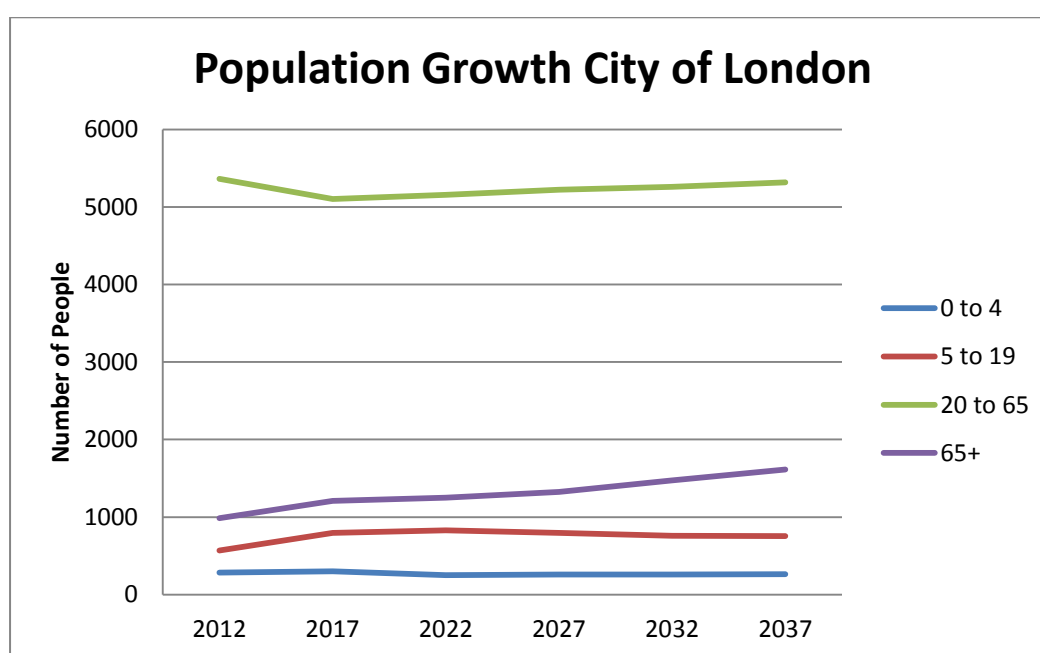
housing/Documents/housing-strategy-draft-march-2014.pdf	
<p>Mental Health Strategy</p> <p>https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/city-of-london-mental-health-strategy.pdf</p>	<p>The overarching aims of the strategy are to improve the mental health of people in the City and keep people well and to provide effective support for people with mental health problems.</p> <p>The priorities of the mental health strategy are:</p> <ul style="list-style-type: none"> • Prevention • Personalisation • Recovery • Delivery
<p>Corporate Plan 2015-19</p> <p>https://www.cityoflondon.gov.uk/about-the-city/how-we-make-decisions/Pages/corporate-plans.aspx?page=all</p>	<p>The Corporate Plan's vision and strategic aims include providing and maintaining modern, efficient, accessible, responsive and high quality services to local residents within the Square Mile. These are supported by six key policy priorities including improving the value for money of services and maximising the opportunities and benefits afforded by the role of supporting London's communities.</p>
<p>City and Hackney CCG five year plan</p> <p>http://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Equality%20and%20diversity/5%20YEAR%20PLAN%20UPDATE%20final.pdf</p>	<p>Plan sets out the CCG's intentions until 2019. It sets out the intention to use the BCF to ensure services and providers are working in unison to deliver patients' care plans and system wide metrics.</p>

Background and context to the plan

The latest population estimates from the Office for National Statistics (ONS) places the City of London resident population at 9,400 which is projected to increase in coming years. Those aged 65 and over are projected to contribute the most to this growth, with their numbers increasing rapidly in the next decade. Life expectancy in the City of London is also better than the rest of London and England at 86.1 for males and 89 years for females. These two factors create potential for increased demand for health and social care services in the future.

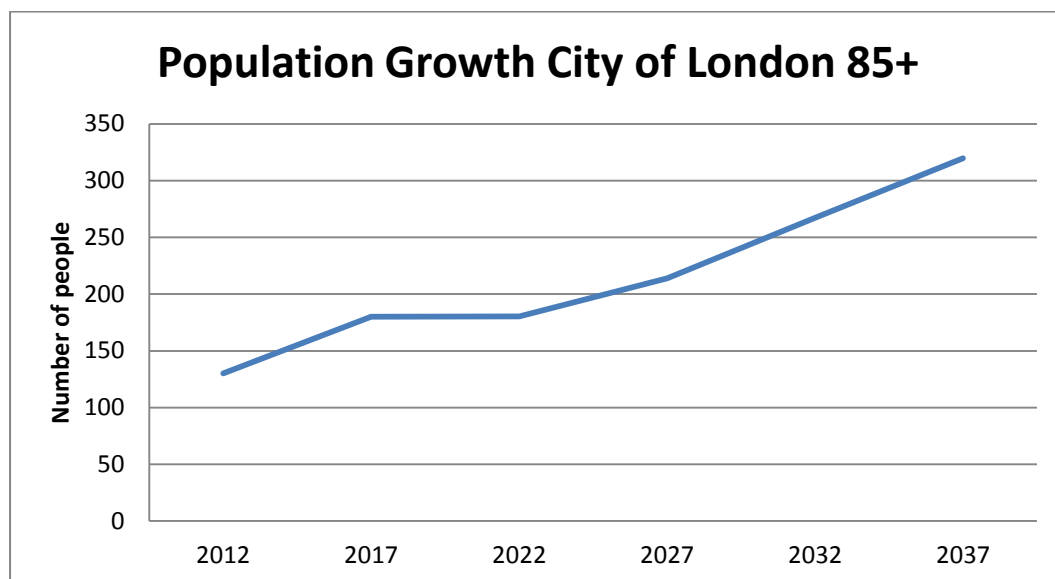
The charts below demonstrate the population growth in the City of London in the coming years. These are based on a different data source to the ONS.

Chart 1: Population Growth City of London 2012 – 2037



Source: GLA Population Projections July 2017

Chart 2: Growth in City of London population aged 85+ 2012 – 2037



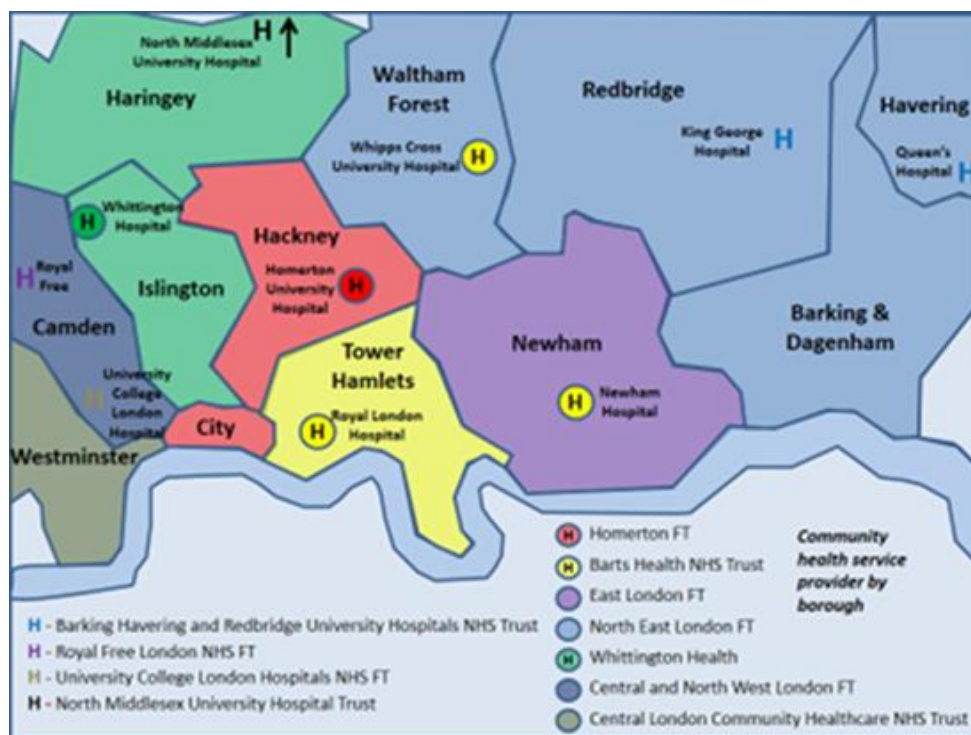
Source: GLA Population Projections July 2017

There has been improvement in the City's deprivation ranking in recent years but significant gaps remain between the areas of Portsoken in the east of the City (40% most deprived nationally) and Barbican (10% least deprived nationally).

The City of London has the highest daytime population of any UK local authority in the UK, with nearly half a million workers working in the Square Mile each day.

The City of London borders seven London boroughs and residents often have to access services that are delivered outside the square mile. As detailed in previous BCF plans, the City of London has complex care pathways. 75 per cent of City of London residents are registered with the one GP practice in the City, which is part of City and Hackney CCG. 16 per cent of residents, on the east side of the City of London, are registered with GPs which are part of Tower Hamlets CCG.

Diagram 2: Boroughs and Health Providers



For acute admissions, most City of London residents are taken to the Royal London Hospital (RLH) or University College Hospital (UCH). The main commissioned acute hospital for City and Hackney CCG is Homerton University Hospital Foundation Trust (HUHFT). Community Health Services are also provided by HUHFT and available to all City of London residents regardless of GP registration.

There is no residential care or supported living provision within the City boundaries and given the levels of demand for these services, they are spot purchased rather than block purchased. There is a single home care provider commissioned by the City of London Corporation in 2017. A number of service users use their direct payments to purchase other home care providers of their choice.

The City of London also commissions a number of preventative and support services from the voluntary sector. These include a Memory café, a carers' network, a wellbeing service and a universal advice service.

Given its size and location, the City of London does not have a huge range of providers within its boundaries but engages with a wider market through a number of market engagement events and tools. The integrated commissioning arrangements provide opportunities to look at existing contracts and identify if they can be provided in different, more efficient

ways. This also provides the City of London Corporation to potentially have access to a wider range of providers. One example is the planned Care workstream of the integrated commissioning arrangements which is developing a working group to address issues related to continuing care and social care placements. System partners will develop a proposal for integration of the continuing healthcare pathway with the wider social care and residential care provision. These proposals will also consider arrangements for brokerage and market management with the local authorities taking the lead.

Progress to Date

As noted above, the move to an integrated system has progressed significantly since the last BCF plan with the development of integrated commissioning arrangements. The BCF and iBCF are integral parts of this.

Table 2: Progress on the key BCF metrics 2016/17

Metric	Baseline	Target	Final Outturn	RAG	Comments
Non-elective admissions	549	549	600		Across City & Hackney, there has been an increase of 3.3% in admissions in all age groups which is greater than the increase in previous years. There was a 2.4% increase in admissions 2015/16 to 2016/17 in 60-74 year olds and a 7.8% increase in 75+
Permanent admissions to residential care	13	11	3		The City of London Corporation has continued to focus on supporting people maintain their independence at home as far as possible
Effectiveness of reablement and rehabilitation – still at home 91 days after discharge	88%	85%	89%		This target was met and those cases that were not at home 91 days after discharge were due to deaths rather than readmissions. The small cohort that this relates to means that any deaths or

from hospital					readmissions have a significant impact on the final percentage. The actual figures for 2016/17 were 16 out of 18 who were still at home 91 days after discharge. The other two individuals passed away.
Delayed Transfers of Care	216	200	795		These are actual days rather than rate. The bulk of these days were recorded as NHS attributable delays and were due to awaiting public funding or friend and family choice. There were a small number of longer term delays where people were awaiting discharge from non-acute care to further health services. Going forward, DTOCs will be seen as a system wide issue rather than the responsibility of one organisation and HICM will be a key mechanism for managing this.
Carer Reported Quality of Life	8.8	8.8	8.8		This survey is only carried out every two years and therefore the existing figure of 8.8 stands. A new survey has been completed and results will be published nationally shortly.
Service user experience	63%	63%	63%		This survey is only carried out every two years and therefore the existing figure of 63% still stands. A new survey has been completed and results will be published nationally shortly.

Evidence Base and Local Priorities to Support Plan for Integration

There is no acute hospital within the City boundaries, and as mentioned above, most patients attend the RLH or UCLH. The following information illustrates our emergency activity and flow through our acute hospitals which relate to the BCF metric for non-elective admissions and indicates some areas for system improvement.

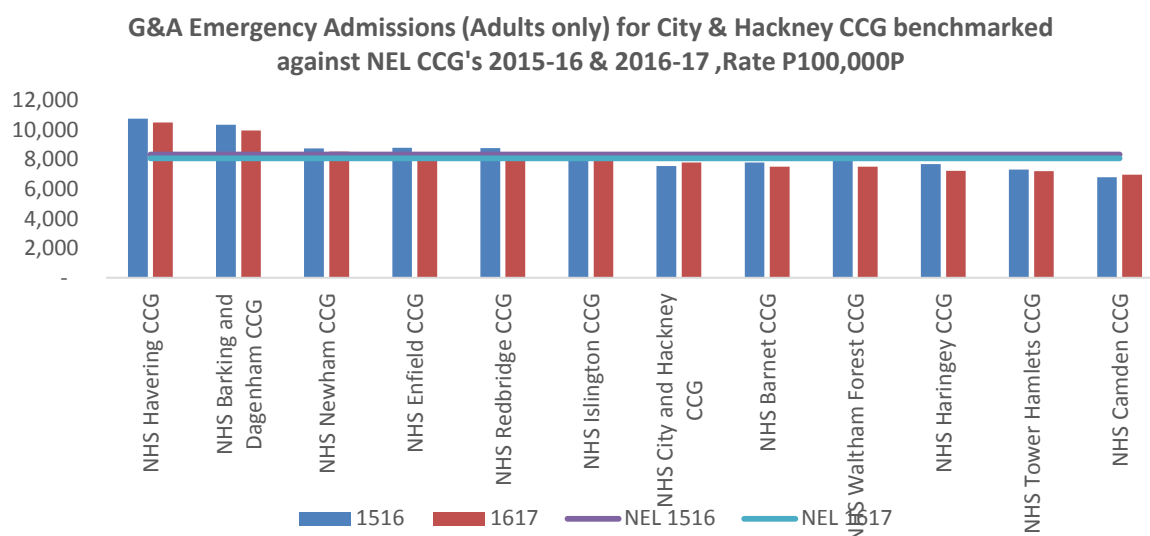
Table 3: Adult A&E Activity

Provider by City and Hackney Patients	14/15 - 15/16 % Change	15/16 - 16/17 % Change	A&E 16/17 Activity
All Providers	4.80%	0.70%	95189
Homerton (ED & PUCC)	5.00%	0.00%	61376
Barts	-1.40%	7.90%	9622
UCLH	10.20%	-0.40%	4399

- Despite the rate per 100,000 reducing by 2%, because of a growth in registered population there has been a small increase in C&H A&E attendances across all providers.
- Barts has the greatest percentage increase in attendances, which is far higher than other providers. UCLH has seen a reduction.
- The slight growth in A&E attendances is being driven by older adults. There has actually been a reduction in attendances from the 19-59 age group
- A greater percentage of patients arriving at the HUHFT A&E are being seen in the Emergency Department rather than the Primary Urgent Care Centre resulting in an increase in ED attendance of 3.5%
- There has been a rise in lower acuity activity seen in the Emergency Department
- The City and Hackney conversion rate from Emergency Department to admission has risen slightly from 2015/16 to 2016/7
- A rise in Emergency Department attendances potentially impacts on the ability to meet the 4 hour performance target

Admission Activity

Chart 3: General and Acute Emergency Admissions



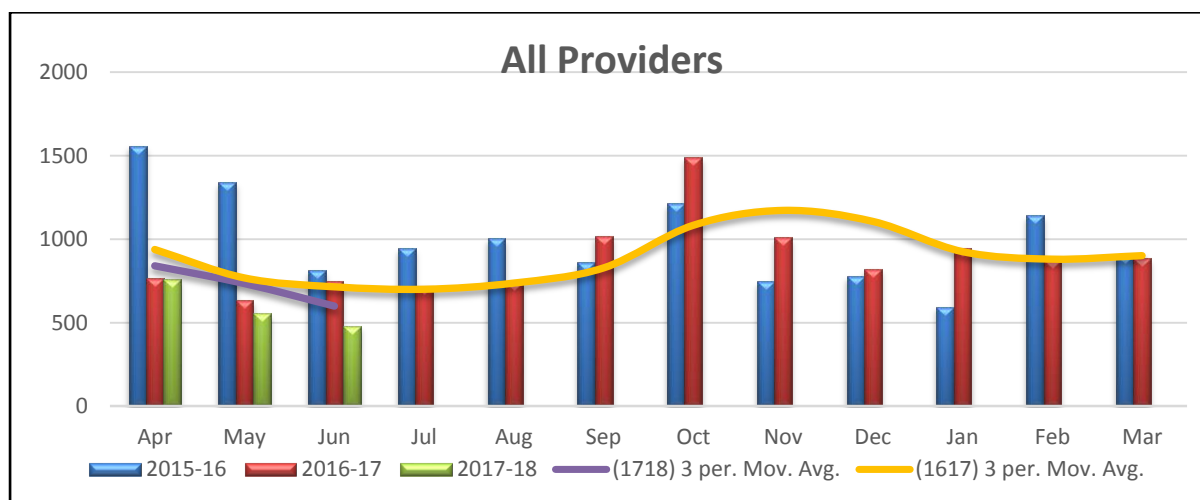
- City and Hackney admission rates have increased by 3.3% per 100,000 population from 2015/16 to 2016/17.
- City and Hackney remains just below the North East London average however, have seen the largest percentage increase in admission rate across North East London CCGs.
- There has been an increase in rate of same day and short stay admissions
- Short stay admissions are driving the increased admissions (short stay contribute 77% of the total increase in North East London admissions)

Table 4: City and Hackney Emergency Admissions by Provider – adults only

Provider by City and Hackney Patients	Admissions 14/15 - 15/16 % Change	Admissions 15/16 – 1617 % Change	Actual Increase in admissions 1516 -1617	2016/17 Admissions
All Providers	4.0%	6.1%	1047	18137
Homerton	0.6%	6.8%	766	11998
Barts	10.7%	9.3%	282	3304
UCLH	41.4%	9.3%	76	889

- The rise at HUHFT for C&H patients is slightly above the 6% rise in admissions which the trust has seen across all patients
- Barts Trust has seen a reduction of 6% in admissions overall; however, admissions for C&H patients has risen by 9.3%
- UCLH has seen only a 3% rise in admissions overall; however, C&H patients have seen a 9.3% increase.

Chart 4: City and Hackney Excess Bed Days by all Providers



- City and Hackney had an overall reduction of -26.4% in excess bed days from 2015/16 to 2016/17 across all providers with the downward trend continuing for this year. This may be seen as a proxy measure for better flow through the hospital and may link to reductions in delayed transfers of care.
- Overall reduction of 3.4% in emergency bed days 2015/16 to 2016/17 across all providers.

Plans to address performance

Work is currently being undertaken to review the HUHFT Primary Urgent Care Centre, including how patients are streamed between PUC and the emergency department, and what the expected diversion rate should be. The specification will also be reviewed ensuring value for money, and it is our intention for 2018 to develop a plan for PUC to become a Urgent Treatment Centre, meeting the national UTC Standards. Our commissioning intentions for 2018/19 also include local implementation of the pan-London Redirection and Streaming Guidance, which will maximise the use of primary care and PUC to reduce any unnecessary ED attendances. This will involve working with the RLH and UCLH to ensure that City and Hackney patients can be redirected back to local community services.

We are also currently engaged in a procurement for the North East London Integrated Urgent Care service (111 + Clinical Assessment Service) which will be implemented in 2018 as will a new local model for 24/7 access to urgent primary care.

A retrospective case review of emergency admissions was done by the HUHFT in July 2017 to understand the drivers behind the increases in admissions. The review aimed to develop a greater understanding of why emergency admissions occur and to understand what interventions and/or

service developments could reduce emergency admissions in the future. The final report is pending. A similar audit is being proposed to the RLH and UCLH as they have seen an increase in City & Hackney NEA compared to a decrease in all other patients registered to other local CCGs. The audit results will be reviewed by the Unplanned Care Board and recommendations for system change made. Further work will also occur with the RLH in the coming year to support discharge.

Significant change and developments

One Hackney and City was an integrated care and support model funded through the BCF which ran for 2 years until the end of March 2017. It was a model built around care co-ordination and multi-disciplinary working.

Although the City of London Corporation did not need to use the whole model, it did use the Voluntary Sector Framework which provided access to a wider range of voluntary sector services than would normally be available to City residents.

The model was evaluated from a number of perspectives including the service user perspective, the experience of the voluntary sector and, the main evaluation, which looked at whether the model had met its objectives. The outcome of the main evaluation was that it was too early to conclude about meeting objectives when the service had only been delivered for 12 months.

These evaluations provided some valuable information and lessons to be learned going forward but also to unpick some of the areas for improvement, in particular, to develop a new model (the Neighbourhood Model) more clearly aligned to the objectives of the BCF and integrated commissioning.

In order to progress implementation of the Neighbourhood model, agreement of business cases will be via the Unplanned and Planned Care workstreams and then presented to the Transformation Board. There is the potential that we may consider other business cases if the Neighbourhood model does not look like it will spend the full £1.2m this year. Any uncommitted monies may also be used to address any cost pressures from non-elective admissions.

The Neighbourhood Care Model

Locally, there have been a number of pressures on the health and social care system including increases in emergency admissions, increased costs and an increasingly challenging financial environment which mean that there is a move towards transforming the way these services are delivered. This is coupled with a continuing focus on delivering the best quality care possible and delivering improved patient outcomes. These are underlying principles of the integrated commissioning arrangements.

There are significant opportunities to improve the way that primary care works and communicates with other providers (health, social care and the voluntary sector) and vice versa to improve quality and reduce costs. Co-production is an underlying principle of the integrated commissioning arrangements and patients and service users will be involved in shaping the neighbourhood model.

The proposed new model will mirror the principles of the Primary Care Home model in Hackney and City, creating small neighbourhood areas that will become provider networks for integrated care. All community / out of hospital services will be asked to arrange care within these neighbourhoods working closely with the practices within the neighbourhood. Community Health Services are provided by Homerton Hospital for all City of London residents.

Detailed mapping of populations and population would need to confirm the make-up of the neighbourhoods but it is expected that they will be:

- Mostly contained with existing quadrant boundaries
- No smaller than 30,000 patients and no larger than 50,000 patients
- Geographically co-located
- As far as possible not dividing existing community groups

Underpinning improvement work

In addition to the work required to develop neighbourhoods and organise services to create strong integrated working in these neighbourhoods, there are a number of underpinning improvement work streams which are currently underway. These include:

- Co-ordination/case management model for complex/high risk individuals

As part of this work, a project lead will work with teams to develop a proposal for the neighbourhoods for the coordination/support of complex/high risk individuals. This will also set out some guidelines for the type of patients who will benefit from this additional support and therefore attempt to clarify likely demand (and therefore resources required).

- Clinical pathway work

Once the detailed data analysis has been completed and shared with clinicians, the need for specific clinical pathway improvement work will be agreed. This will be based on a shared agreement that there is scope within a clinical pathway to improve the care provided to patients, the outcomes for patients and therefore an assumption that there will be efficiency savings.

It is expected that any clinical pathway improvement work will build on the principles of the redesign process carried out in New Zealand. Any clinical pathway work will also link into existing work within the CCG and system to avoid duplication of existing work.

- Formal (Paid) Carers

It was agreed in the initial scoping of this work stream that a project would be included on formal (paid) carers. This would look at:

- Could the formal carer role be enhanced to release time of other community teams
- This is based on an assumption that there are tasks which some community team members do which might be carried out by formal carers with appropriate training (and appropriate remuneration)
- Could the role of formal carers be developed to enhance their ability to more proactively identify deteriorating health/mental health needs based on time with their client to the appropriate person
- Could the role of formal carers be enhanced to improve signposting in times of crisis to the appropriate service
- Could formal carers be organised into neighbourhoods and develop stronger relationships with GPs/GP practices?

There are on-going discussions about how the neighbourhood model can be made to work in the most effective way for the context of the City of London.

Equality impacts

A Test of Relevance was carried out on City of London commissioned schemes in the 2016/17 BCF plan which did not identify any negative impacts on any of the protected characteristics set out in the Equality Act 2010 and therefore a full Equality Impact Assessment was not required.

As the schemes in the BCF 2017 – 19 remain the same and there have been no significant changes in the profile of the population since last year, the Test of Relevance remains valid.

Going forward, as new schemes come on stream such as the Neighbourhood Care Model or existing schemes are changed within the integrated commissioning arrangements, specific Equality Impact Assessments will be carried out as necessary.

CHCCG adopted the following equality objectives for 2016/17 to help deliver the CCG's commitment to deliver local priorities and to continuous improvement:

- Reduce mental health inequalities amongst communities in east London;
- Reduce mortality from cardiovascular disease and respiratory disease;

- Ensure equitable access to services for residents in the City of London;
- Implement the Equality Delivery System 2 (EDS2) toolkit that helps NHS organisations improve services and consider health inequalities.

In August 2016 a CCG wide working group was established to review progress against these objectives, to ensure that Equality and Diversity are embedded in all our plans and decisions and to formalise the processes around this. The work of this group is continuing across 2017/18 and includes focus on some areas within the BCF.

Better Care Fund Plan

Table 5: Schemes for 2017-19 City of London BCF

Metrics

Metric 1	Non-elective admissions (General and Acute)
Metric 2	Admissions to residential and care homes
Metric 3	Effectiveness of reablement
Metric 4	Delayed transfers of care

The table below shows the level of impact (none, low, medium or High) each project will have on each of the 4 Metrics.

Scheme	Lead commissioner	£,000	£,000	£,000	Brief Description of the scheme	Planned impact on Metric	
		16/17	17/18	18/19			
Care Navigator	City of London Corporation	60	60	60	Supporting safe hospital discharge for City of London residents to minimise DTOCs, prevent readmission and maintain independence	<u>Metric</u>	<u>Impact</u>
						1	High (readmissions)
						2	High
						3	High
						4	High
Reablement Plus	City of London Corporation	30	65	65	Provision of up to 72 hours of 24 hour care to prevent hospital admission and to facilitate safe hospital discharge at weekends and bank holidays. City of London Discharge to Assess model	<u>Metric</u>	<u>Impact</u>
						1	High
						2	N/A
						3	N/A
						4	High

Mental Health Reablement and Floating Support	City of London Corporation	60	120	80	<p>ELFT working with people with chronic mental health conditions living in supported living to support reaching of full potential with move to more independent living where appropriate. Ongoing floating support to ensure links are made with local health and community services and independence sustained.</p> <p>Can also receive direct referrals to assist in the discharge process</p>	<u>Metric</u>	<u>Impact</u>
						1	Medium
						2	Medium
						3	N/A
						4	N/A
Carers' support		10	10	50	<p>To provide specialist independent support, information and advice to informal adult carers to support them in their caring role and promote their health and wellbeing</p>	<u>Metric</u>	<u>Impact</u>
						1	High
						2	High
						3	High
						4	High

Disabilities Facilities Grant	City of London Corporation	26	28	30	Mandatory scheme to support disabled people live more independently in their own home (private rented or owner occupied)	<u>Metric</u>	<u>Impact</u>
						1	High
						2	High
						3	High
						4	High
IBCF meeting adult social care need	City of London Corporation	-	90	114	To help sustain the adult social care system, by offsetting additional savings which would have been required, funding increased demand, and reducing pressures within services	<u>Metric</u>	<u>Impact</u>
						1	Low
						2	Medium
						3	Medium
						4	High
iBCF reducing pressures on the NHS	City of London Corporation		90	114	To help support intermediate care and CHC processes to facilitate discharge.	<u>Metric</u>	<u>Impact</u>
						1	Medium
						2	Medium
						3	High
						4	High

iBCF stabilising the care market	City of London Corporation		0	0	-	<u>Metric</u>	<u>Impact</u>
						1	-N/A
						2	N/A
						3	N/A
						4	N/A
One Hackney	CCG	54	-	-			
One Hackney	CCG	38	-	-			
Neighbourhood Care Model	CCG	-	40	40	Creation of smaller neighbourhood areas which will become the provider networks for integrated care. All community/out of hospital services will be asked to arrange care within these neighbourhoods working closely with the groups of practices within the neighbourhood. A robust business case must be accepted by the workstreams	<u>Metric</u>	<u>Impact</u>
						1	TBC
						2	TBC
						3	TBC
						4	TBC
						The impact on metrics will be considered as the model is further developed.	

					and TB in order to progress this model.		
Adult Cardio respiratory Enhanced + Responsive Service (ACERS)	CCG	20	20	20	To provide an early intervention service for those with COPD, with the objective of more people having their condition managed at home, reducing A&E and emergency admissions	<u>Metric</u>	<u>Impact</u>
						1	Medium
						2	Low
						3	Low
						4	Medium
Bryning Day unit/Falls Prevention	CCG	13	14	14	The service manages patient at risk of falling, through interactive support and medicines management	<u>Metric</u>	<u>Impact</u>
						1	Medium
						2	Low
						3	Medium
						4	Low
Asthma	CCG	3	3	3	Support and develop a robust integrated care pathway to include education and training for general practice in the management of patients with Asthma	<u>Metric</u>	<u>Impact</u>
						1	High
						2	Low
						3	Low

						4	low
Palliative care - Out of hospital service	CCG	20	20	21	To provide high quality specialist palliative care to individuals wishing to remain in their own homes/the community at the end-of-life.	<u>Metric</u>	<u>Impact</u>
						1	High
						2	Med
						3	n/a
						4	High
Paradoc	CCG	18	18	19	The service provides an urgent GP and paramedic response service to patients in their own home/care home, reducing unnecessary conveyance to A&E via ambulance.	<u>Metric</u>	<u>Impact</u>
						1	High
						2	n/a
						3	Med
						4	n/a
Adult Community Rehab Team	CCG	78	79	81	To provide specialist inter-disciplinary and uni-disciplinary rehabilitation to those with a physical or neurological impairment.	<u>Metric</u>	<u>Impact</u>
						1	n/a
						2	High
						3	High
						4	High

Adult Community Nursing	CCG	147	161	164	To provide an integrated, case management service to patients living within the community To improve patient pathway and health and social care outcomes	<u>Metric</u>	<u>Impact</u>
						1	High
						2	Medium
						3	Medium
						4	Medium

National Conditions

Table 6: National Conditions 2017/18

Condition	Detail
Jointly agreed plan	<p>This plan has been agreed through the integrated commissioning arrangements which include statutory organisations, providers and the voluntary sector.</p> <p>Each of the schemes also sit within one of the four workstreams where their overall impact is monitored.</p>
Social care maintenance	<p>We confirm that the NHS contribution to adult social care is maintained in line with inflation and this is reflected in the BCF Planning Template.</p>
NHS commissioned out of hospital services	<p>Details on how the local area has agreed the use of BCF funding is evidenced in the BCF Planning Template.</p> <p>Out of hospital services under the BCF include:</p> <ul style="list-style-type: none"> - ACERS - Asthma - Palliative care - Paradoc - ACRT - Adult Community Nursing - Neighbourhood Care Model
Managing transfers of care	<p>The City of London has completed the High Impact Change Model (HICM) and the action plan is included in Appendix 1.</p> <p>There has been good performance around DTOCs in the City of London in relation to social care but some complex cases causing higher levels of NHS delays. Moving forward, managing transfers of care will be seen as a system wide issue rather than the issue of one or the other organisation. This is reflected in the HICM action plan.</p> <p>In 2016/17 there were 794 days of delayed days for City of London residents. The majority of these (718) were NHS attributable delays which were mainly due to friends and family choice, awaiting public funding and awaiting transfer to further secondary care.</p> <p>The 76 days of social care delays are disputed as these do not match local data. There is work underway to strengthen the process for signing off provider information on DTOCs before being submitted for SITREPs.</p>

Additional Conditions

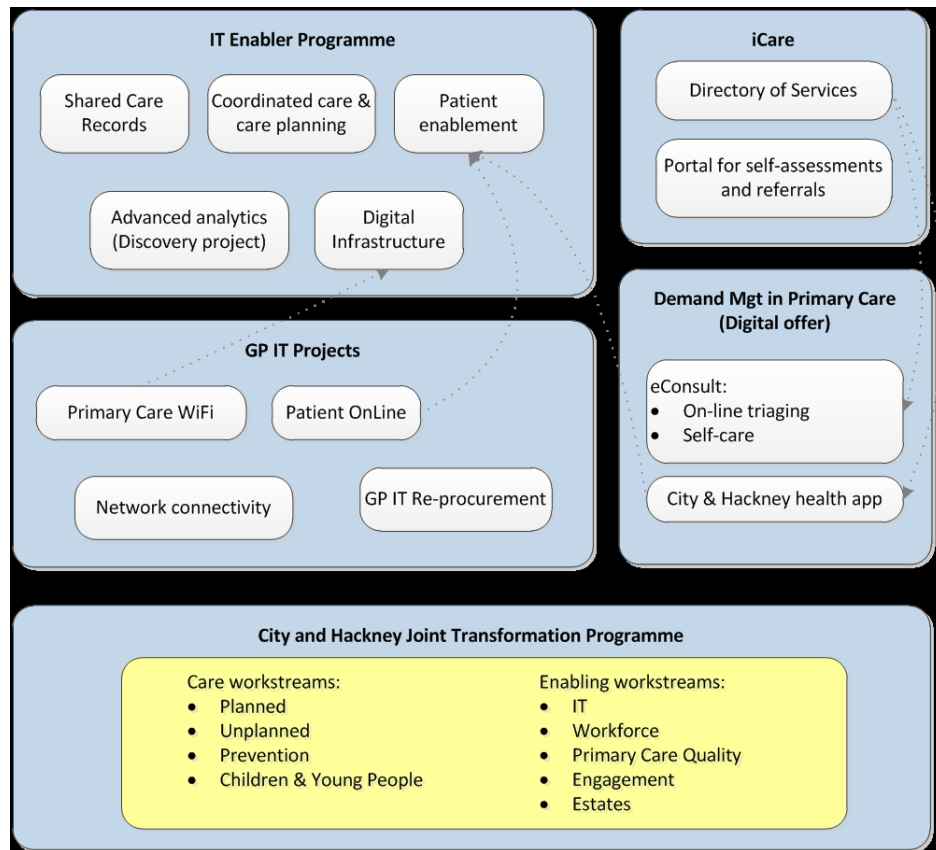
Table 7: National Conditions No Longer Required 2017-19

Condition	Detail
Seven-day services	<p>Provision of a 7 day service for City of London residents includes out of hours social care, out of hours GP services, provision of a weekend reablement service, and an integrated independence team. There will be continued focus in 2017/18 on how to co-ordinate the full suite of integrated and urgent care services across 7 days and will be reflected in the High Impact Change Model action plan.</p>
Better data sharing	<p>The City of London and London Borough of Hackney are both part of the Health and Social Care IT Enabler Programme. Data sharing is being addressed by a joint IG group in WELC (Waltham Forest, east London and the City). A specific data sharing agreement has been signed off by C&H health providers, and will be extended to include social care in 17/18 which is to be signed off by all partners.</p> <p>The IT Enabler programme is now considered one of the enabler workstreams supporting the care workstreams within our integrated commissioning arrangements. The Local Digital Roadmap has an aim to achieve paperless working by 2020. Shared care records are largely being achieved through the east London Patient Record, or eLPR, previously known as Health Information Exchange. Homerton Acute, Community, City and Hackney GP practices and ELFT mental health are all linked to HIE at varying levels of maturity. St. Joseph's Hospice can also access health data using HIE. Homerton Acute can also view Barts Health data.</p> <p>All suppliers are working towards delivering an "any-to-any" connection model across east London by end Mar 2018. Other projects include building links with community pharmacies; extending electronic orders for diagnostic tests for GPs and St. Joseph's Hospice; and safeguarding.</p> <p>There are also opportunities to build on the work already underway for e-referrals, namely around "advice and guidance". This has the potential to change the way patients interact with health care services and reduce the number of physical attendances by the patient at hospital. Similarly the re-procurement of the 111 and out of hours service will require digital solutions to support the new models and streamlining the patient journey from the initial point of contact through to</p>

onward referrals to local services.

Going forward, IT Enabler programme members and workstream directors will attend each other's meetings/workshops with a view to working up proposals for digital initiatives for the balance remaining within the financial envelope of £2.5m (this is outside the BCF envelop).

Digital initiatives in City and Hackney are illustrated below:



Joint approach to assessment

Coordinated care and care planning – City and Hackney remains a top performer in the adoption of Coordinate My Care. 93% of patients on the End of Life registers (5% declined) and 93% of patients on the frail home visiting registers (4% declined) now have a CMC plan.

Latest analysis shows that overall 65% of C&H CMC patients have died in their preferred place. Where C&H patients have a CMC record, 27% die in hospital; nationally, 47% died in hospital. Planning to improve CMC adoption across care settings and build IT links with provider IT systems to streamline workflow is continuing.

Further joint approach to integrated assessments are part of the Trusted Assessor section of the High Impact Change Model action plan.

Overview of Funding Contributions

Table 8: Funding Contributions

Running Balances	2017/18	2018/19
Local Authority Contribution (Disabled Facilities Grant)	£28,304	£30,294
CCG Minimum Contribution balance	£611,588	£623,208
Additional CCG Contribution balance	£0	£0
iBCF	£178,726	£228,418
Total	£818,618	£881,920

The funding contributions for the BCF have been agreed including identification of funds for Care Act duties, reablement and carers' breaks from the CCG minimum. These are detailed in the excel planning template that accompanies this narrative plan.

The CCG and the City of London Corporation have agreed to apportion the iBCF funds as follows:

Table 9: iBCF spend profile

Scheme	Funding Source	£,000	%	£,000	%
		17/18	17/18	18/19	18/19
iBCF meeting adult social care need	CoL	89,363	50%	114,209	50%
iBCF reducing pressures on the NHS	CoL	89,363	50%	114,209	50%
iBCF stabilising the care market	CoL	0	0	0	0
Total		178,726	100%	228,418	100%

Agreed approach to the use of the iBCF funding to increase capacity and stability in the market

In light of significant financial pressures in Adult Social Care services nationally, the Government announced the improved BCF (iBCF) which provides non recurrent funding to assist with the financial pressures on adult social care. The iBCF was announced in the Spring Budget of April 2017 and

the allocation for the City of London is £179,000 for 2017/18 and £138,000 for 2018/19.

The iBCF grant is given direct to local authorities subject to the conditions set out in the grant determination which is made under Section 31 of the Local Government Act 2003. Local authorities are required to use the funding to meet adult social care need, reduce pressures on the NHS and stabilise the care market.

The plans for the funding are set out in the table of schemes above (table 6).

BCF milestones

Table 10: BCF Milestones

Milestone	Date
BCF plan submitted	11 September
BCF plan agreed	TBC
S75 signed	30 November

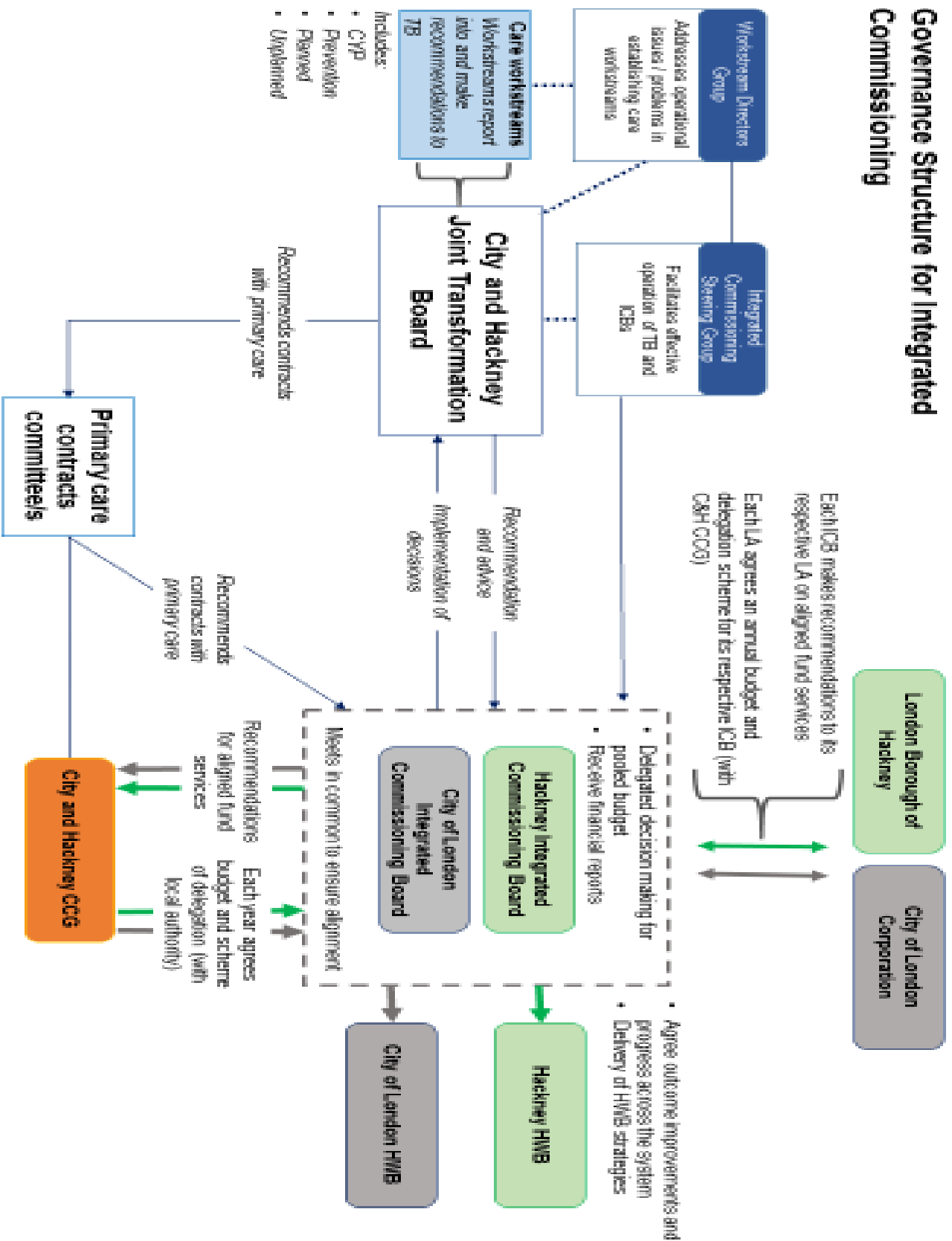
Programme Governance

As part of the new integrated commissioning arrangements, the local authorities will be the host parties for any pooled budgets, including BCF. For the City of London, the internal Integration Programme Board will oversee the City of London Corporation commissioned project. There will also be a core operation group responsible for the administration of the BCF which will consist of the CCG and both City of London Corporation and the London Borough of Hackney.

The BCF Operational Group will report on achievement of metrics and any scheme issues to the Unplanned and Planned Care workstreams. Overall performance and any recommendations will subsequently be made to the Transformation Board and Integrated Commissioning Boards.

The diagram below sets out the overarching governance for integrated commissioning.

Governance Structure for Integrated Commissioning



Risk

Assessment of Risk and Risk Management

Financial Risk

Financial overspends on services will be the responsibility of the lead commissioner and will not be funded through the pooled fund.

Financial underspends on the pooled funds will be managed as follows:

- For the capital spends, underspends will be retained by the City of London Corporation and applied in accordance with scheme requirements
- For the revenue streams, if there are underspends within the pooled fund, the under spends will be retained by each lead commissioner on a scheme by scheme basis in accordance with the scheme requirements

Delivery Risk

Failure to deliver the inputs required to deliver KPIs will be borne by the Partner failing to deliver.

A detailed risk register can be found on page 38.

Risk Management Framework & Governance Arrangements

A comprehensive risk register will be in place for the BCF pooled fund to manage or mitigate known and emerging risks associated with the development and implementation of the BCF Plan.

Each BCF scheme risk Register will be reviewed by the lead commissioner. The CCG will provide the City of London Corporation with a risk log for the services for which it is lead commissioner. This will coincide with performance data submissions as required in the integrated commissioning arrangements.

An overall risk register for the BCF will be presented to the Transformation Board. Significant risks around the BCF will be escalated to the Health and Well Being Board as appropriate.

The Risk Register will also be kept under review in both health and social care individual governance frameworks.

Table 11: Risk Register

Risk		Likelihood	Potential impact	Overall risk factor	Mitigating actions	Action owner
1	The extent of cultural and organisational change required to achieve effective integration will not be achieved	2	4	8	<p>The BCF has been in place for a number of years and has established a good basis for working together which the new integrated commissioning arrangements build on.</p> <p>Further cultural and organisational change is being addressed as part of the work within integrated commissioning arrangements</p>	Worstream Directors and SROs
2	Staffing shortages within the system or single points of failure where key staff are relied on	3	4	12	Work with providers to ensure they have contingency plans in place to deal with key roles and key staff leaving	Commissioners
3	Severe weather or outbreak of particular condition in community – impacting on admissions, falls etc	3	4	12	Winter plans have been developed by partners	The Unplanned Care Board (our local A&E Delivery Board)

4	New neighbourhood model does not reflect City needs / requirements	2	4	8	City of London Corporation sit on the working group for the neighbourhood model	City of London Corporation
5	Lack of consensus for the new neighbourhood (care) model which delays the scheme and the associated outcomes	2	4	8	Resources are being allocated to the project to ensure robust business case is developed and project plan is in place to develop and implement model. Steering Group is also part of formal governance structure of the Unplanned Care Board	Enhanced Primary Care Working Group / Unplanned Care Board
6	Provider failure	1	3	3	City of London has a fairly stable market but the market is small and there are some potential single points of failure. This is managed through good contract management and relationships with providers	Commissioners
7	Failure to deliver High Impact Change Model actions	2	3	6	Detailed action plan is being prepared which will be monitored by the City of London's internal Integration Programme Board	Integrated Discharge Project Group / Unplanned Care Board
8	Information flow and data is not robust	2	4	8	Discussions underway to strengthen relationships with out of area hospital discharge teams to address issue	Commissioners

9	Difficulties finding suitable residential and nursing placements	1	4	4	The numbers of residential placements purchased is relatively low but more effective demand modelling is being put in place to manage this more effectively. Residential and continuing care are being considered as part of the planned care workstream and any joint commissioning could give the City of London Corporation more security to access placements	Commissioners
10	Poor quality of data upon which the outturn of data is calculated	2	4	8	Bespoke data analysis commissioned to support unplanned care workstream and the establishment of the neighbourhood model. Regular monitoring	BCF Operational group and Information Working Group for Unplanned Care Board

National Metrics 2017 - 19

Table 12: National Metrics

Metric	Performance 2014/15	Performance 2015/16	Performance 2016/17	Target 2017/18	How target was set
Non-elective admissions (general and acute)	572	443	600	713	Using figures set out by NHSE (note there is a discrepancy between this figure and the excel template which was prepopulated prior to the CCG's resubmission of NEA figures within the operating plan)
Permanent admission to residential care	4	12	3	10	Considering number of people who are being supported at home but who are becoming frailer
Still at home 91 days after discharge from hospital	100%	79%	89%	85%	Based on past performance around re-admissions but taking into account that some people will pass away
Total days of Delayed Transfers of Care (actual not rate)	188	228	794	237	Set as part of the national modelling

Approval and Sign Off

The proposed schemes for the City of London BCF and iBCF were considered by the City of London Integrated Commissioning Board on 2 August 2017 and recommended to the City of London Health and Wellbeing Board for approval.

The City of London Health and Wellbeing Board approved delegated authority to the Chair of the Board, in conjunction with the Director of Community and Children's Services to sign off the BCF plans if deadlines were such that sign off fell outside of the normal cycle of Health and Wellbeing Board meetings.

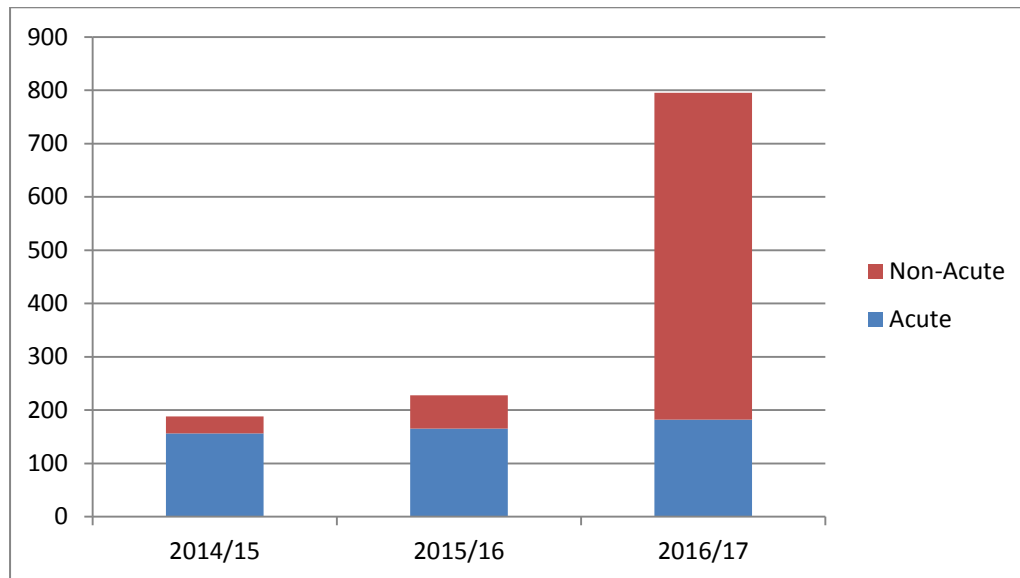
The Chair of the Health and Wellbeing Board, in conjunction with the Director of Community and Children's Services approved this submission on 8 September 2017 and a full copy of the document was circulated to the Board for their information at the meeting of 22 September 2017.

Appendix 1

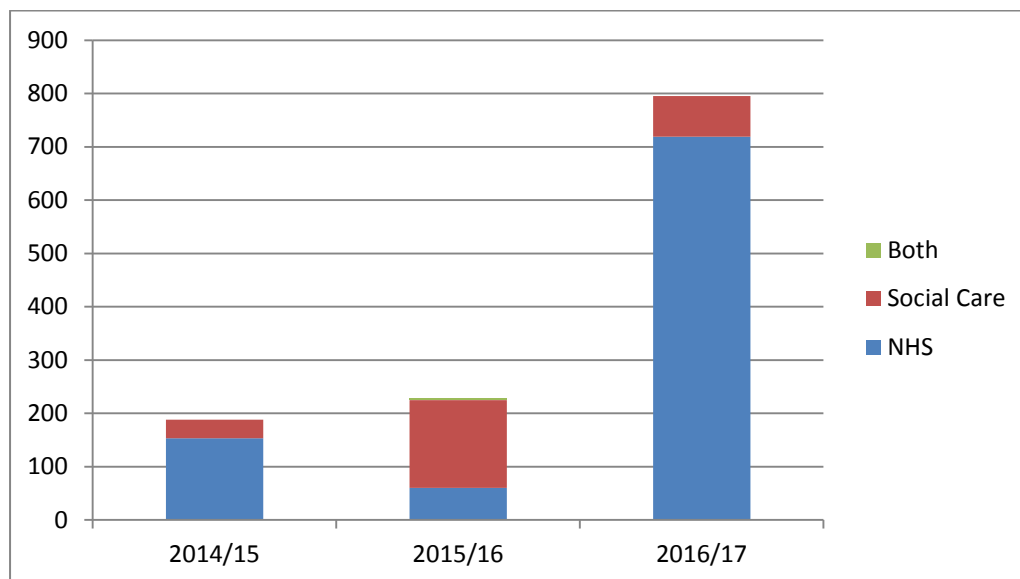
City of London Corporation DTOC Plan

For City of London residents, delays attributable to social care have been minimal over the last three years and some of these have been contested as they have not matched local figures. In the last financial year, there were increased numbers of delayed days in the non-acute sector attributable to the NHS.

Delayed Transfers of Care (days) 2014/15 – 2016/17 – by Type of Care



Delayed Transfers of Care (days) 2014/15 – 2016/17 – by responsible organisation



DTOC Targets 2017 / 18

Quarter	Target
1	91 (actual)
2	80
3	34.5
4	31.5
Total	237

DTOC Plan

As noted earlier in this document, going forward, DTOCs will be seen as a system wide responsibility rather than that of an individual organisation and will be addressed as part of the integrated commissioning arrangements.

As can be seen from the graph above, in 2016/17 there were a high number of delayed days in the non-acute sector attributed to the NHS. The majority of these were in the mental health sector.

Through BCF funded and other services, the City of London Corporation aims to maintain its good performance on DTOCs and contribute to a system wide approach to minimising the number of DTOCs. Although the City of London has a number of schemes which are key in helping minimise the risk of any DTOCs, it has also developed a HICM Action plan and has identified a number of areas of further work contributing to the DTOC action plan

Services and projects include:

- A Care Navigator who supports safe hospital discharge through being involved in discharge planning, carrying out initial assessments which are then used by social workers and linking patients up with relevant community based support services
- A Reablement Plus scheme to facilitate out of hours and early hospital discharge where safe. The scheme can be used to facilitate discharge to assess
- Mental Health Reablement Project to support people living with long term mental health conditions to move into more independent living settings with links into community services to prevent admissions to hospital and as a result any Delayed Transfers of Care. As part of the contract the provider (East London Foundation Trust) is able to assist in discharge and attends ward rounds to be aware of City of London patients
- Free services and support networks out of hours for those discharged from mental health services. These are provided by East London Foundation Trust and include a 24 hour crisis helpline, a crisis café and a service user support network

- Working with rough sleepers who are to be discharged from hospital – referred through the Greenhouse Project, a specialist service for rough sleepers in Hackney or direct to the City of London Corporation which has its own accommodation pathways for those with City connections
- Support carers in their caring role so that they can accept people back home with support where necessary

Further areas of work (in addition to the High Impact Change Model Action plan below) are also underway:

- Review of DFGs, adaptations and assistive technology to identify if any pathways or processes could be strengthened to help facilitate discharge
- Mental health commissioning is being considered as part of the integrated commissioning arrangements with one area of work being improving discharges in the planned care workstream
- Work is currently underway with the Royal London Hospital to develop a protocol for the agreement of these figures before they are submitted to NHS England (this is already in place with University College Hospital).

The High Impact Change Model action plan can be found below.

City of London Corporation High Impact Change Model Action Plan

Impact Change	Summary	Objective	Actions	Status	Lead	Timescale
Early discharge planning	Early discharge planning is good and begins as soon as a notification is received from the hospital. Care navigator visits all these patients on the ward and carries out the initial assessment.	Develop placement without prejudice	<ul style="list-style-type: none"> • Discuss with two relevant CCGs • Establish protocol, provision and process for placement without prejudice 	In progress	City of London Corporation	<ul style="list-style-type: none"> • December 2017
	Default to reablement service for all unless full social care assessment needed straight away. Reablement Plus service (up to 72	Strengthen relationships with Royal London Hospital	<ul style="list-style-type: none"> • Establish relationships with appropriate discharge staff • Provide details of pathways for City residents in terms of discharge • Work with provider to ensure they provide Sitrep 	In progress	City of London Corporation	<ul style="list-style-type: none"> • October 2017

<p>hours of 24 hour care) can be provided for out of hours or urgent discharge.</p> <p>Ongoing issues about communication with some providers and technical issues around securely sharing information.</p> <p>Limited access to bed based intermediate care which can be an issue for the City where the structure and status of some residential properties make it difficult to provide intermediate</p>		data to City for sign off before submission			
	Identify if any additional services required to deal with discharge from A&E	<ul style="list-style-type: none"> • Undertake review and profile of number of City residents discharged from A&E • Consider potential measures if issue identified e.g. take home and settle type service 	To start	City of London Corporation	<ul style="list-style-type: none"> • December 2017
	Ensure access to equipment does not hinder discharge	<ul style="list-style-type: none"> • Review access and processes for hospital staff to have access to City of London equipment at weekends 	To start	City of London Corporation	<ul style="list-style-type: none"> • December 2017
	Identify if there is anything that Adult Social Care can do to assist with NHS	<ul style="list-style-type: none"> • Review the City of London NHS attributable delays and 	To start	City of London Corporation	<ul style="list-style-type: none"> • December 2017

	care at home	attributable delays	<p>identify profile and any particular issues</p> <ul style="list-style-type: none"> Identify measures to address any issues identified e.g. more information and advice to self-funders 			
		Identify if assistive technology can play greater role in facilitating discharge	<ul style="list-style-type: none"> Undertake review of current use of AT (completed August 2017) Build into assessment and support planning processes Realign commissioning around preventative offer including AT 	In progress	City of London Corporation	<ul style="list-style-type: none"> August 2017 December 2017 2018
		Identify if DFG	<ul style="list-style-type: none"> Undertake 	In progress	City of	December

		and adaptations can play greater role in facilitating discharge	review of process and DFG use		London Corporation	2017
		Explore options for bed based intermediate care where required	<ul style="list-style-type: none"> Explore feasibility of a care hub in the City of London 	In progress	City of London Corporation	December 2017
Systems to monitor patient flow	Not applicable as there is no acute hospital within the City of London boundaries	<p style="text-align: center;"><i>No actions required</i></p> <p style="text-align: center;"><i>The City of London is part of the Integrated Discharge Project comprised of the C&H CCG, London Borough of Hackney, Homerton University Hospital Foundation Trust and East London Foundation Trust. Broad actions of this group, and the CCG's winter plan will support systems to monitor patient flow within the wider health system.</i></p>				
Multi-disciplinary, multi-agency teams (including voluntary and community sector)	There is good multi-disciplinary team working including reports from the hospital OT to ASC on the needs of person being discharged, ASC and care navigator attending practice MDTs	Ensure access to wider range of voluntary sector services which could help facilitate discharge e.g. house clearance	<ul style="list-style-type: none"> Consider as part of development work around the neighbourhood model 	In progress	Unplanned Care Board	TBC
		Identify in patients who may benefit from preventative services	<ul style="list-style-type: none"> Carry out review of profile of inpatients and A&E attenders 	To start	City of London Corporation	<ul style="list-style-type: none"> 2018

	<p>and specific mental health MDT and regular meetings with housing and estate managers to help people maintain tenancies</p> <p>Voluntary sector in City of London is small but there are a number of commissioned services who provide support to people upon discharge.</p>		<ul style="list-style-type: none"> Develop process and provision of preventative services to this group 			
Home First / Discharge to Assess	The City of London has a Reablement Plus service which can provide 24 hour social care support (with clinical support alongside if	Raise more awareness amongst professionals of the Reablement Plus service	<ul style="list-style-type: none"> Awareness raising campaign using variety of channels 	In progress	City of London Corporation	<ul style="list-style-type: none"> Ongoing

	<p>required) for up to 72 hours to facilitate out of hours discharge, urgent discharges and admission avoidance.</p> <p>Where people are discharged urgently or out of hours, social care is provided until the next working days when a social care assessment can take place.</p> <p>Residential and nursing placements straight from hospital are rare and discouraged where support has not been tried at home</p>					
--	--	--	--	--	--	--

	first.					
Seven-day services	<p>The social care out of hours service is provided by the London Borough of Hackney on behalf of the City of London Corporation</p> <p>The Reablement Plus service can facilitate out of hours and weekend discharges</p>	No actions required				
Trusted Assessors	<p>In terms of social care trusted assessors, the Care Navigator carries out assessments of people being discharged from hospital which are then used by the Social</p>	<p>Joint assessments are being considered as part of the wider system's work and City of London Corporation is linked in with the work that the London ADASS network is co-ordinating to streamline discharges.</p>				

	<p>Workers as the basis of an assessment when necessary.</p> <p>The Reablement Workers are trusted assessors for basic equipment.</p> <p>The City of London Corporation is very responsive in carrying out assessments once aware of discharge.</p>	
<p>Focus on choice</p>	<p>There are no residential or nursing homes within City of London boundaries so there is no choice for residents who wish to remain within the City of</p>	<p>No actions required</p>

	<p>London. However the national choice guidance is applied to people who need a placement. There is a spot purchase arrangement for residential care which means that there is no constraint in relation to a block contract as long as it meets the choice directive policy. The City of London Corporation also offers choice and a personalised focus through personal budgets and</p>	
--	---	--

	direct payments.	
Enhancing health in care homes	Not applicable as there are no care homes within the City of London boundaries.	No actions required

This page is intentionally left blank

Committee:	Date:
Health and Wellbeing Board	22/09/2017
Subject:	Public
Health and Wellbeing Board update report	
Report of:	For Information
Director of Community and Children’s Services	
Report Author:	
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:

- Safer City Partnership update
- Pharmaceutical Needs Assessment
- The Mayor of London’s Health Inequalities Strategy
- City of London Health Profile 2017
- City Plan 2036
- London Sexual Health Transformation Programme award
- Air Quality: A Briefing for Public Health Directors
- Financial Abuse Task and Finish Group

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Safer City Partnership Update report

City Community Multi-Agency Risk Assessment Conference (CCM): The City Community Multi-Agency Risk Assessment (known as the CCM) has now been in operation for just over a year. It has proved an important vehicle for managing risk and complex problems within the City. The CCM can only function effectively with the active support of all concerned partners and colleagues from the Department of Community and Children Services play an essential role. Dealing with these cases can often be resource intensive. However, it is a model which not only helps manage risk but has supported the resolution of a number of long standing and persistent cases affecting the City of London and residents.

Since May 2017, a total of 18 cases have been referred to the CCM. Of those 11 related to multiple suicide attempts/threats; 5 were City residents and 7 were considered vulnerable.

The CCM has helped shape a different understanding of Anti-social behaviour (ASB) in the City. Traditionally in the City ASB has mainly been seen as low level incidents, linked with annoyance such as begging, urination, etc. While these remain important issues we are now better equipped to deal with individuals who may be victims or vulnerable. To support this work we are providing six training courses involving external providers looking at different aspects of ASB and potential responses. To date over 70 staff from across the Corporation, City of London Police and key partner agencies have taken part.

Prevent: Later this month we will launch a new Prevent tool for our business community. The City of London's Prevent strategy for 2017/18 (Appendix 1) has also been agreed. There has only been one Prevent referral to the City of London in this period. However, since the London and Manchester attacks interest in Prevent has increased significantly and the community engagement and tension monitoring role has developed. The latter is an area we would welcome input from HWB colleagues.

Serious and Organised Crime Board: The City of London's Serious and Organised Crime Board is approaching the end of the process where they have examined a range of threats identified in the national strategy (including; the supply and distribution of drugs, sophisticated theft and robbery, organised child sexual exploitation, human trafficking and modern slavery, fraud and other forms of financial crime, the supply of firearms or other weapons and counterfeit goods, cyber- crime and cyber-enabled crime). This process has been strongly supported by DCCS and Public Health colleagues. The Board will meet again in October to review all key crime areas that have been presented and rank the impact of each crime area on the City – including a gap analysis. From this we will identify a number of priority areas which will be presented to the next SCP meeting. Once agreed this will provide the basis for a programme of work which will ensure we make best use of all available intelligence and powers to tackle organised crime.

Members will already be aware of Operation Broadway, which sees Trading Standards and City of London Police combine to tackle investment fraud. The intention of national government is to drive this kind of approach, via local authority based Serious and Organised Crime Boards, and extends it to other areas of criminality.

Forthcoming Activity:

A new Z Card leaflet for the general public containing advice on personal safety (including advice on avoiding excessive alcohol consumption), beating terrorism together, cyber- crime and other issues, will be available in October. We are also

working to improve our community engagement work and will be seeking to coordinate activity with partners.

We will be supporting Hate Crime week 14-21 October including promotion of the national vigil at Trafalgar Square and the service to be held at St Pauls (15 October). Posters and information will also be promoted in libraries and other public spaces.

Christmas campaign- We have had preliminary discussions with Public Health and City of London Police colleagues how we can support activity over the coming festive period. Discussion is ongoing with the Greater London Authority and the London Ambulance Service on involvement with any campaign they may develop. A tool is in development (with the GLA) which indicates which age groups may be at most risk on certain days in the run up to Christmas. We hope to share this shortly

Contact Officer: David Mackintosh, Manager of Community Safety Team, David.MackIntosh@cityoflondon.gov.uk

2. Pharmaceutical Needs Assessment

Each Health and Wellbeing Board 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.

The Pharmaceutical Needs Assessment is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. 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 PNA Steering Group held its first meeting on 12th July 2017. At this meeting a Terms of Reference for the group and Project Plan for the PNA were agreed. An external expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report. Soar Beyond have extensive expertise in producing PNAs, having been commissioned to support 11 to date in 2017/18 (9 in London).

Surveys will be undertaken with the public, commissioners in City of London, and community pharmacy contractors in the borough, to seek opinion on current pharmaceutical services provided in the City.

The draft PNA will be considered by the Steering Group at a meeting on 30th November 2017. Upon approval of a draft PNA by the Steering Group, the assessment will be made available for a 60-day consultation between the 11th December 2017 to 9th February 2018. The results of consultation will be considered

by the Steering Group at its meeting in March 2018, and a final PNA produced for publication. The final PNA must be published no later than 31st March 2018

The Chairman of the Health and Wellbeing Board agreed to a take chairs action to approve the following recommendations:

- To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by April 1st 2018 has commenced
- To receive the Terms of Reference for the 'City and Hackney PNA Steering Group
- To receive an update on progress and the project plan timelines from the 'City and Hackney PNA Steering Group' on the production of the 2018 City of London PNA
- To formally delegate the sign-off of the draft and final PNAs to the Director of Public Health

Contact: Jayne Taylor, Consultant in Public Health:

Jayne.Taylor@Hackney.gov.uk

3. The Mayor of London's Health inequalities Strategy

The Mayor's draft London Health Inequalities Strategy – Better Health for all Londoners has been released for consultation. The consultation period will run from 23 August until 30 November 2017.

The Priorities of the Strategy are:

- **Healthy Children:** Every London child has a healthy start to life
- **Healthy Minds:** Londoners have the best mental health in the world
- **Healthy Places:** All Londoners benefit from a society, environment and economy that promotes good mental and physical health
- **Healthy Communities:** London's diverse communities are healthy and thriving
- **Healthy Habits:** The healthy choice is the easy choice for all Londoners

The draft strategy can be found here:

https://www.london.gov.uk/sites/default/files/draft_health_inequalities_strategy_2017.pdf

The City of London Corporation will be contributing to the consultation; a full briefing paper will be brought to the next Health and Wellbeing Board for discussion. In addition, we will be collating remarks and comments from officers in the Corporation on the strategy.

Contact: Farrah Hart, Consultant in Public Health, Department of Community & Children's Services, Farrah.Hart@cityoflondon.gov.uk,

4. City of London Health Profile 2017

The City of London Health Profile 2017 (Appendix 2) has been published. Public Health England produces Health Profiles for local authorities which contain summary information on the health of the people in each local authority area and factors that may influence their health.

The City of London performs at or better than the national average for the following indicators: Life Expectancy, Children in Poverty, Preventable Mortality, NEETs, Fuel Poverty, Excess Weights in Adults, Smoking Prevalence and Alcohol Admissions. Appendix 3 provides an explanation for the red indicators in the health profile.

Contact Officer: Tizzy Keller, Strategy Officer- Health and Children, Department of Community & Children's Services, tizzy.keller@cityoflondon.gov.uk, 020 7332 3002.

5. City Plan 2036

The City Corporation is reviewing the existing City of London Local Plan to ensure that it continues to provide an appropriate framework for development in the City up to 2036. The revised Local Plan (City Plan 2036) will set out the City Corporation's vision, strategy and objectives for development and change in the Square Mile over the next 20 years. Following initial public consultation on key planning issues last autumn, we are now working on a new draft Plan which we expect to publish for consultation towards the end of 2017. The draft Plan will contain policies covering a wide range of topics including land uses, transport, utilities, environment, heritage and leisure, all of which will affect the future City.

Contact Officer: Lisa Russell, Senior Planning Officer - Department of the Built Environment , T: 020 7332 1857

6. London Sexual Health Transformation Programme wins industry award

The London Sexual Health Transformation Programme, a collaboration of 27 London boroughs working together to transform and modernise the way sexual health services are provided in the capital, has received a prestigious award from the Municipal Journal in the 'Reinventing Public Services' category.

Engaging with patients, clinicians, politicians and commissioners, they have been recognised for their work in:

- developing a new online service
- updating the way local face-to-face services are delivered
- agreeing a new clinical specification to ensure best practice
- changing the way services are paid for to better reflect the cost of the care being provided.

Contact Officer: Adrian Kelly, Department of Community & Children's Services
Adrian.kelly@cityoflondon.gov.uk

7. Air Quality: A Briefing for Public Health Directors

The Department for Environment, Food and Rural Affairs (DEFRA), together with PHE have published a toolkit which provides details on how local authorities can use the Public Health Outcomes Indicator to specify appropriate mitigation measures to reduce the impact of both short term and long term exposure of air pollution. There is extensive evidence about the health impacts of air pollution, growing media and

public interest and an indicator on mortality attributed to particulate matter air pollution in the Public Health Outcomes Framework. The guide emphasises the importance of communication and engagement amongst all relevant local stakeholders on air quality issues.

Local authorities have a central role in achieving improvements in air quality; their local knowledge and interaction with the communities that they serve mean that they know the issues on the ground in detail. They are best placed to decide and work with partners to implement the appropriate solutions in regards to local transport, smoke control, planning and public health. Directors of Public Health have a crucial role to play as leaders and influencers, shaping how local approaches can help clean up air in their area most effectively. Local authorities are already well positioned to improve air quality but their role and ability needs to be strengthened. This toolkit aims to enable local authorities to adopt a robust and effective local approach that will complement a national strategy from the government.

The full report can be found here:

<https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf>

8. Financial Abuse Task and Finish Group

Officers from DCCS, the City of London Police and Trading Standards have been working together to tackle financial abuse in the City. Financial abuse is the second most frequent type of abuse reported in the City, and tackling it is a priority for the City of London Adult Safeguarding Board Sub Group.

A Task and Finish Group has been established and current work includes an awareness raising leaflet, which was circulated along with residents' Council Tax Bills, an information campaign coinciding with Scams Awareness Month in July and a partnership event, designed to increase knowledge amongst residents, officers and partners, which is being planned for November.

Contact Officer: Tizzy Keller, Strategy Officer – Housing and Adult Social Care, Department of Community & Children's Services

E: adam.johnstone@cityoflondon.gov.uk, 020 7332 3453

Sarah Thomas

Health and Wellbeing Executive Support Officer

T: 020 7332 3223

E: sarah.thomas@cityoflondon.gov.uk

City Prevent Strategy

2017 - 18



Prevent Strategy

Prevent is about protecting our communities and vulnerable individuals from the threat posed by violent extremists. To help achieve this goal the City of London Corporation will continue to work closely with the City of London Police (CoLP) our communities and other partners to reduce the risk of individuals being drawn into extremism or acts of terrorism. This is part of our commitment to delivering CONTEST, the national counter terrorism strategy, and demonstrates how we meet our duty¹ to work with local partners to reduce support for terrorism of all kinds, challenging extremists whose views are shared by terrorist organisations and isolating those promoting extremist ideologies.

For the coming year one of the Safer City Partnership's (SCP) priorities² is to actively prevent people from being drawn into terrorism. We will do this by:

- promoting understanding of the risks associated with radicalisation
- ensuring that staff understand the risk and know how to deal with concerns
- communicate and promote the value of Prevent to our communities
- support our resident and business communities in relation to Prevent.

This work builds upon the Government's Prevent Strategy published in 2011 with further changes to the Strategy with the introduction of The Counter Terrorism and Security Act 2015, which saw Prevent activity become part of the mainstream work of all local authority and other public bodies. The success of this strategy in the City of London will be dependent on effective partnership working.

The CONTEST strategy

CONTEST, aims to reduce the risk to the United Kingdom from international terrorism 'so that people can go about their lives freely and with confidence'.

The four key elements of CONTEST are as follows:

- Pursue: to detect and disrupt the threat of terrorism
- Protect: to strengthen infrastructure from attack
- Prepare: to reduce the impact of an attack by ensuring an effective response
- Prevent: to tackle radicalisation and stop people becoming terrorists

¹ Section 26 of the counter Terrorism and Security Act 2015 places a duty upon local authorities to have 'due regard to the need to prevent people from being drawn into terrorism.'

² Safer City Partnership Strategic Plan 2017-18 Priority 1 Supporting the Counter Terrorism Strategy Through the Delivery of the Prevent Strategy

CONTEST seeks to deal with threats that arise from all forms of extremism:

- Political – whether from the Far Right or Far Left
- Religious
- International
- Domestic – including environmental or animal rights where violence is involved.

The Prevent strand

The focus of Prevent lies primarily on early intervention before any illegal activity takes place and hence operates in the pre-criminal space – stopping individuals from supporting or taking part in terrorist activities. The related National Prevent Strategy outlines three main objectives:

1. respond to the ideological challenge of terrorism and the threat we face from those who promote it;
2. prevent people from being drawn into terrorism and ensure they are given appropriate advice and support; and
3. work with sectors and institutions where there are risks of radicalisation that we need to address.

As stated above, the Prevent Strategy places an emphasis on local delivery in collaboration with its partnerships. While the role of policing is important, Prevent is not solely a policing programme. It requires a multi-agency response – key partners include Local Authorities, Schools, Higher Education, Further Education, the Health Sector, Prisons and Probation. Therefore it is the responsibility of all Safer City Partnership agencies to ensure that, where relevant, their policies, procedures and processes reflect this Strategy and its accompanying Action Plan.

City of London context

The City of London, also known as the Square Mile, is located within the centre of London and is surrounded by a number of London Boroughs: Westminster, Camden, Islington, Hackney and Tower Hamlets as well as Southwark to the south side of the River Thames. It is a major transport destination and hub with a number of train line services running through the City, six major rail stations, and a number of tube stations. The City has good transport links to all major south eastern airports and ferry terminals.

The majority of the properties within the City are commercial properties comprising nearly 18,000 businesses providing the highest density of jobs in London – 455,600 jobs. There is also residential housing with a total population of nearly 9,000 (including second home owners) across 4,385 households. According to the last census data in 2011, 79 percent of the residential population gave their ethnicity as white, 13 percent as Asian and 3 percent as Black. However, these statistics disguise a significant contrast between residential areas. For example, on the Barbican Estate 85

percent of residents are White whereas on the Mansell Street Estate 47 percent of residents describes themselves as Asian. Conversely only 5 percent of residents on the Barbican Estate are in social housing compared to 95 percent of residents on the Mansell Street Estate, where the Index of Multiple Deprivation 2010 ranked it as in the 40 percent most deprived areas in the country.

Due to its iconic attractions, the City of London also welcomes large numbers of visitors daily and following the completion of Crossrail these numbers are likely to rise significantly in the coming decade. It is estimated that Crossrail will bring an additional 320,000 people within a 30 minute commute of the City.

Terrorism in the UK context

The terror threat to the UK continues to be dominated by the ongoing conflict in Syria and Iraq and the ability of terror groups to inspire, incite, enable and direct British and other Islamist extremists to conduct attacks in Western countries including the UK, with the London region being subject to a high share of the national threat from international terrorism. The City remains a prime target due to its international reputation and the impact attacks could have on the economy and international confidence.

There are risks to the UK from returning fighters who have trained with Islamist extremists groups in areas of conflict. There is also a risk from individuals returning from areas of conflict who have been traumatised by events they have witnessed.

A number of Extreme Right Wing groups continue to be active throughout the UK. While the nature of the threat they pose is different their ability to inspire or motivate individuals or lone actors has been evidenced by a number of cases including the murder of Jo Cox MP. The government has taken action against one of these groups with the proscribing of National Action. The role which local government can take is highlighted by the injunction obtained by Bedfordshire Council against Britain First.

The internet supports the radicalisation process but has not entirely replaced traditional methods such as the influence of key radicalisers. It can facilitate access to and aid the distribution of extremist material which can further aid extremist ideology and provide operational guidance. The internet has featured heavily in national Counter Terrorism investigations. The proliferation of extremist media poses an ongoing threat.

Management of the risk

On the basis of risk, the City of London has been designated by the Home Office as a non-priority area. However, a number of our neighbouring boroughs are priority areas and it is acknowledged that no area can be assumed to be free of risk. Nor can we forget about our day time population and issues that may arise within it.

The Counter Terrorism Local Profile (CTLP) produced by CoLP helps us to identify the risk of radicalisation and take necessary measures to understand and manage the risk. We have been following the Prevent duty guidance to agree risk and coordinate prevent activity.

Using the headline 'Safeguarding in the City' we have been engaging with our key partners to prevent terrorism and violent extremism from taking root in our communities. Our aim has been to safeguard individuals and institutions from all forms of terrorist ideology and working closely with partner agencies including the business community to ensure that they are placed to report and respond to terrorist related concerns.

We shall also continue to identify opportunities to disrupting individuals or organisations who are seeking to promote extremism, for example by making it harder for them to access and book meeting venues.

Engaging with Corporate staff

All departments within the City of London Corporation have a role in helping deliver or support the Prevent agenda. It is for this reason we have developed a network where each department has a designated Prevent lead.

We asked these Prevent leads for their views on the risk of radicalisation in the City of London and what could be done about it. In response, they said that there was a potential risk of radicalisation from all areas in and around the City - those living, working and visiting the City and also the threat of radicalisation through the internet and social media. However education and training, especially with the aid of relevant case studies, would help to raise awareness and provide a better understanding of the reporting process. Asked what they thought discouraged people from finding out about Prevent, it was suggested that some members of staff struggled to find the time to participate or did not think it was relevant to them or their area of work.

What we are planning to do

Having run monthly Workshops Raising Awareness of Prevent (WRAP) sessions for members of staff, including departmental and bespoke sessions, we will continue to run face to face Prevent training on a quarterly basis. We will also be launching an e-learning module so that all staff will be able to access the training as well as refresh their understanding of Prevent. We will also consider the use of screen savers, posters, and table talkers in key locations. We will also run insight lunch discussion sessions on the subject of Prevent.

We will also build on the progress made in establishing a Prevent network across the organisation to help us promote a better understanding of this work and relating it to individual departments.

Engaging with the resident community

We recognise the importance of engaging with the local community groups as they can be invaluable in providing a wealth of knowledge and expertise. We can also gain an insight and learn to understand the most effective messages and approaches to take. Feedback clearly shows

communities want to work with us across a range of issues and there are obvious benefits in improving two way communications.

What we are going to do

We are developing strong and constructive relationships with our resident and community groups to encourage the sharing of information and to work against the distribution of extremist ideology. We will continue to engage with the Mansell Street Islamic Women's Group who welcome the opportunity to share their thoughts and aspirations about their community as well as attending Mansell Street and Middlesex Street residents' meetings. We will continue to utilise these existing relations and structures within our communities to counter extremism and radicalisation.

These links will also help ensure we can provide appropriate advice and guidance during periods of heightened concern or following a major incident and strengthen communities' confidence in terms of reporting concerns and issues to us.

Engaging with nurseries, schools, colleges and universities

With the ongoing risk to children and young people of being influenced and radicalised, we must work to ensure that we have clear channels of communication with all our education establishments and their designated prevent coordinators. There are a wide range of facilities within the City and we will work to build effective working relationships with them all.

There are five schools within the City providing education from primary level up to sixth form. There are also two higher education facilities, one dedicated to Music and Drama and another which provides a range of courses for various subjects. There are six universities with offices based in the City of London and four Universities based on its borders. It is also worth noting that the City of London has an interest beyond its borders in respect of students who attend schools in neighbouring boroughs and also the schools it supports outside of the City.

What we are continuing to do

We will continue to ensure that nurseries, schools, higher and further education establishments are provided with the support they need to comply with their duties under Prevent.

We will continue to provide WRAP sessions and support for higher education staff based in and around the borders of the City. We will also continue to facilitate dialogue to ensure that policies and procedures are in place for the management of events on campus and the use of all university premises.

While continuing to hold regular meetings with designated Prevent Coordinators we shall also seek to expand the network where appropriate. We shall continue to help provide advice on producing robust safeguarding policies.

We will continue to assist Prevent Coordinators in providing training to all staff, providing them with the knowledge and confidence to identify children and young people at risk of being drawn to terrorism, challenge extremist ideas and ensure that they know how to refer children and young people for further help.

Engaging with health providers

People vulnerable to being radicalised will often come to the attention of services and agencies providing health care. They will also have an important role in helping address an individual's vulnerability. This is especially the case with regard to mental health services. NHS Trusts and NHS Foundation Trusts are specified authorities under the Counter-Terrorism and Security Act 2015 and have their own systems by which Prevent is incorporated within their safeguarding structures and training. However, while we enjoy links to our main NHS partners we recognise there is more we can do to support and complement each other's work.

What we are going to do

We will establish a network of our key NHS based Prevent contacts to allow for joint working. We will also seek to extend our reach out into the broader health field, including voluntary and community organisations, to ensure that practitioners and other staff know how to act upon concerns and are kept informed of developments within the City of London.

Engaging with the business community

The Government's overall counter-terrorism strategy does not place a duty on businesses to focus on stopping people becoming radicalised. However, managing the risks and safeguarding vulnerable people working as well as living in the City plays an important role in reducing risk.

Following meetings with representatives from the business community we have found that many had some understanding of the Prevent Duty, but there was also a clear appetite for more information and support. Businesses were clearly concerned about potential reputational damage but also keen to play a role in helping tackle extremism and recognised this could relate to both business premises and individuals.

What we are going to do

We will be applying a carefully tailored approach in our engagement with the business community making full use of networks, such as the City of London Crime Prevention Association and the Livery Companies.

Existing WRAP training materials are, understandably, focussed very much at public services. Our intention is to produce more business friendly materials and run specific training aimed at those working in the City's private sector. We recognise that need will vary from sector to sector and will work with businesses representatives to produce appropriate materials and tools that can be shared and delivered at scale.

Engaging with the voluntary sector

A charity's funds, facilities and name are precious assets and can be vulnerable to exploitation for terrorist purposes. Those who seek to abuse charities may see them as vulnerable targets because of the high level of public trust and confidence there is in the charitable sector. In November 2016 we ran a specialist workshop designed to provide an understanding of the Prevent Strategy in the

voluntary sector. We also arranged for the City of London Police's National Fraud Intelligence Bureau to provide guidance and advice on how to protect an organisation from the threat of terrorism and the current cyber threats circulating in the charitable sector.

What we are going to do

We will continue to engage with the voluntary sector with the help of the City of London Voluntary Sector Forum whose members include registered charities, trusts, foundations, community interest companies and social enterprises who are based or deliver services in the City. We will also explore the demand for specific materials to support this sector in tackling extremism.

Engaging with faith communities

There are a large number of places of worship in the City of London in addition to services for members of faith groups and support facilities that meet the needs of the local community. These include voluntary and charitable groups, local churches, a synagogue, and prayer rooms.

Over the last year there has been additional engagement with our Faith communities to establish a Faith Network; this being one of the recommendations contained within Lord Toby Harris's report *London's preparedness to respond to a major terrorist incident*. We have been grateful for the support and input we have received and have used it to shape our engagement strategy going forward. We will work to engage more consistently across a range of issues and improve our two way communication. This is essential for two reasons, to ensure we can provide advice and guidance in the event of a terrorist attack or major incident, and also to allow faith groups to have the confidence to report concerns and issues to us.

What we are going to do

Attend and support events and meetings throughout the year. We will include our faith group network as part of our general communication work. Ensure that representatives know who to contact over concerns linked to community concerns and tensions.

We will also be working with faith and community leaders to ensure that where appropriate they have access and knowledge to Argus and Griffin training packages as well as providing them with up to date intelligence and warning of emerging threats.

Safeguarding vulnerable people

It is vital that we have clear and robust safeguarding arrangements in place if we are to identify and support those at risk of radicalisation. The evidence available clearly shows that many of those that come to notice are faced with a number of vulnerability issues. Within the City of London Corporation the Prevent duty is well embedded within our current safeguarding processes. However, we need to work to maintain this situation and adapt as new challenges emerge.

What we are going to do

Adult and children's services will continue to work in partnership with the City of London Police and colleagues across our community services to identify and manage risk. We will continue to report all

Channel Panel activity into the City and Hackney Safeguarding Boards as well as the CONTEST steering group.

We will actively promote WRAP training to all colleagues with the provision of bespoke training upon request for colleagues working in safeguarding environments.

The Channel Process

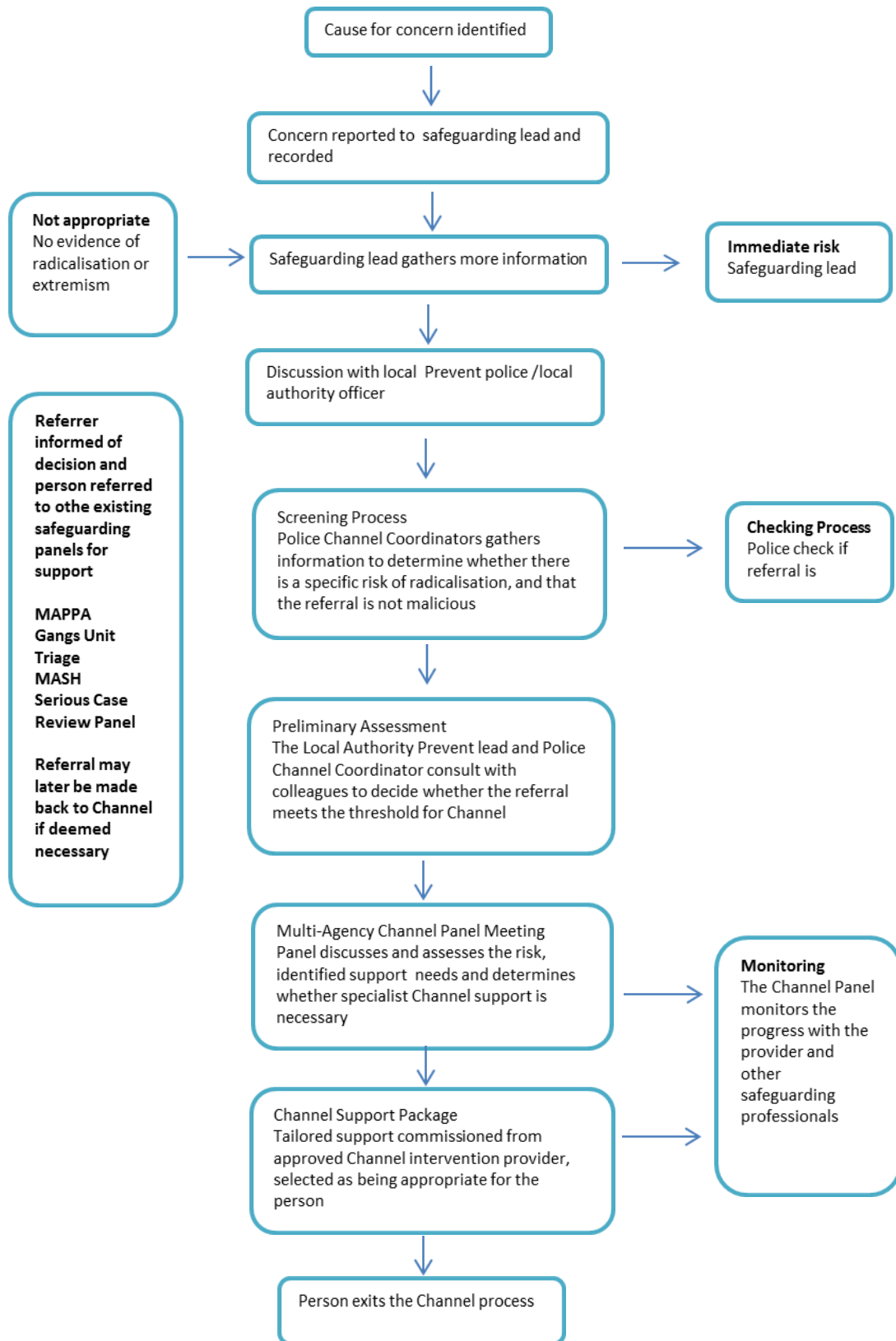
Channel is an early intervention multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. The Panel works with local partners to ensure that individuals of any age at risk of extremism receive appropriate support. Channel is a voluntary process allowing individuals to withdraw from the programme at any time.

(See flow chart on page 9)

Further information about the Home Office Prevent Duty can be found at:

<https://www.gov.uk/government/publications/prevent-duty-guidance>

The Channel Process flow chart





City of London

This profile was produced in July 2017

Health profile 2017

About this profile

This profile has been developed by PHE at the request of the City of London. This is a bespoke profile based on a limited number of indicators available. Due to the small population, indicators have a large margin of error and should be used with caution.

Health in summary

The health of people in City of London is varied compared with the England average. As with other parts of the country, health outcomes are closely linked with levels of deprivation, which vary across the local authority.

Local priorities

Priorities in the City of London include mental health and wellbeing, the health and wellbeing of rough sleepers, workplace health, air quality and integration of health and social care.

Life Expectancy

Life expectancy is better than both the London and England average. Male life expectancy at birth is 86.1 years, which is 6.8 years higher than the England average. Female life expectancy at birth is 89.0 years which is 6.0 years higher than England.

Child Health

In 2014, only 12.8% of children under 20 were living in poverty, this compares with 23.9% across London and 19.9% in England.

78.6% of children leaving reception in City of London in 2015/16 were school ready compared with 71.2% in London and 69.3% in England.



Population: 9,401 (Mid-2016 population estimate: ONS)

In addition, over 400,000 people work in the City of London and there is a significant population of rough sleepers (street count of 50 in Autumn 2016).

Adult health

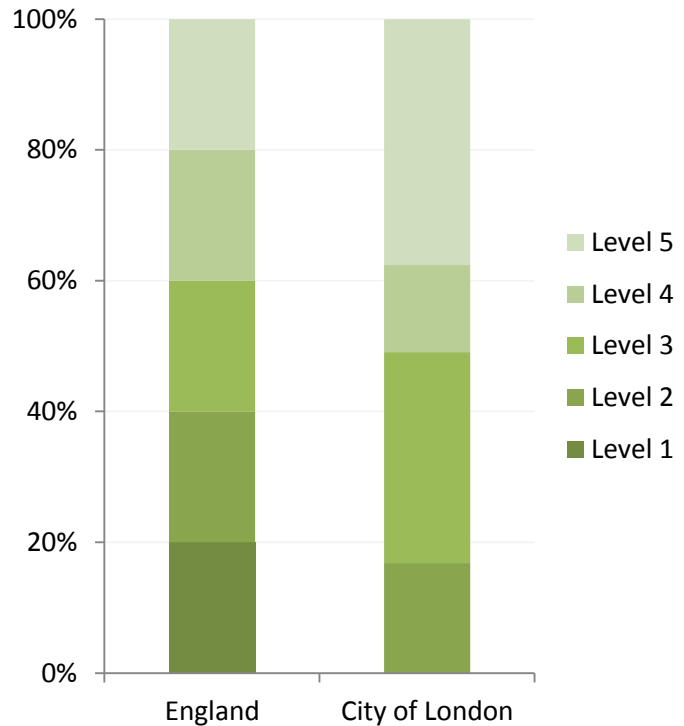
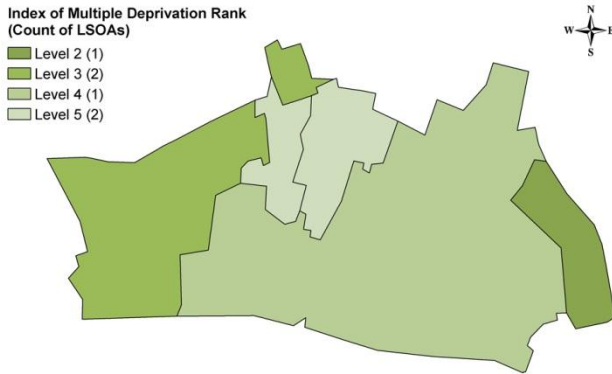
47.9% of adults in the City of London have excess weight as estimated in 2013-15. This is lower than both the London average (58.8%) and the England average (64.8%). Only 45.8% of residents are considered active in the City of London compared with 57.8% of all Londoners and 57.0% across England. 36.5% of the adult population eat the recommended '5-a-day' portions of fruit and vegetables. There are significantly fewer hospital admissions for alcohol-related conditions in the City of London compared with England (585 vs. 647 per 100,000 population) but significantly more new STI diagnoses (2,516 vs. 795 per 100,000 population).

City of London had the highest proportion of mortality attributable to particulate air pollution at 7.0%, higher than both London (5.6%) and England (4.7%).

Deprivation: a national view

City of London is the third least deprived borough in London and the 96th least deprived local authority in England. In London, only Kingston upon Thames and Richmond Upon Thames are less deprived.

This chart shows the percentage of the population who live in areas of each level of deprivation.



There are no areas within City of London that are in the most deprived 20% of residents in England. 38% of the population live in areas that are within the top 20% least deprived areas in England.

Level 1 = Most deprived, Level 5 = Least deprived

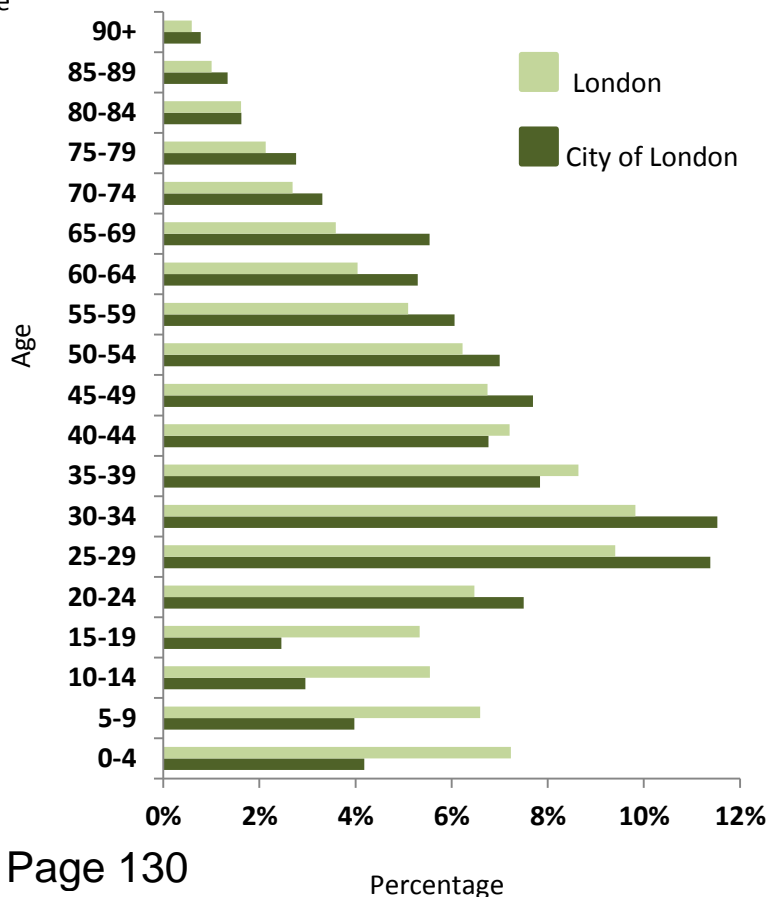
Demographics: population

According to the 2016 ONS Mid-Year Estimates, there are 9,401 people living in the City of London, representing just over 0.1% of the total London population.

13.6% of the population in the City of London (1,276 people) are under the age of 20. In London 24.7% of the population are under 20 years.

The City of London has a higher proportion of its population in older age groups.

Age Group	City of London (%)	London (%)
0-19	13.6 (1,276)	24.7
20-44	45.0 (4,232)	41.6
45-64	26.1 (2,449)	22.1
65+	15.4 (1,444)	11.6



Health outcomes: life expectancy

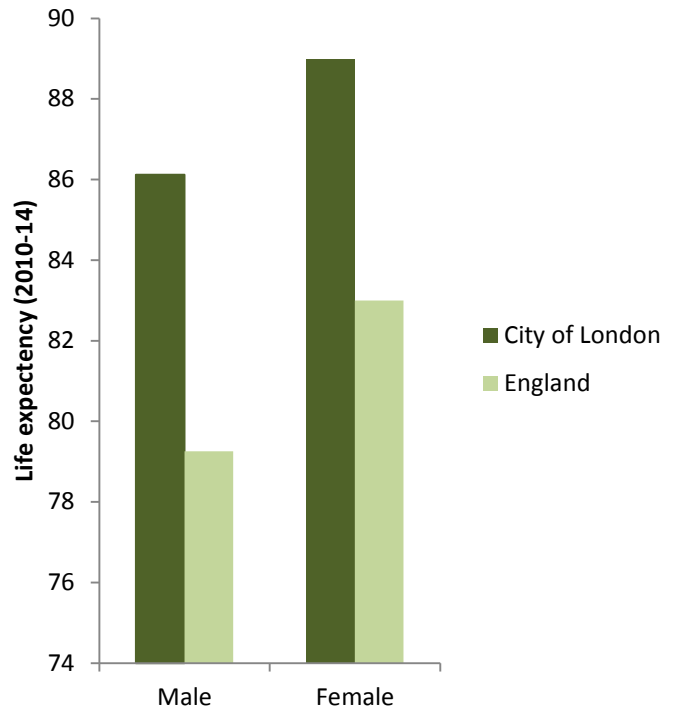
Life expectancy is closely linked to levels of deprivation, particularly in men, and this is reflected in life expectancy levels in City of London.

Life expectancy in City of London at birth in 2010-14 was 86.1 years for men and 89.0 years for women. This suggests that life expectancy in both males and females is considerably higher than both the London and England averages.

Life expectancy* at birth for males has steadily increased in England from 76.2 in 2001-03 to 79.4 in 2012-14. A similar improvement had been seen in London, where life expectancy increased from 76.0 in 2001-03 to 80.2 in 2012-14.

Life expectancy* at birth for females has also increased in both England and London between 2001-03 and 2012-14, but the increase has been smaller than among males. In England the figure rose from 80.7 to 83.1, and in London from 80.8 to 84.0.

*England and London figures presented here have been updated for a new methodology for 2012-14, they are available elsewhere for 2013-15, but have not been presented here for consistency with City of London.



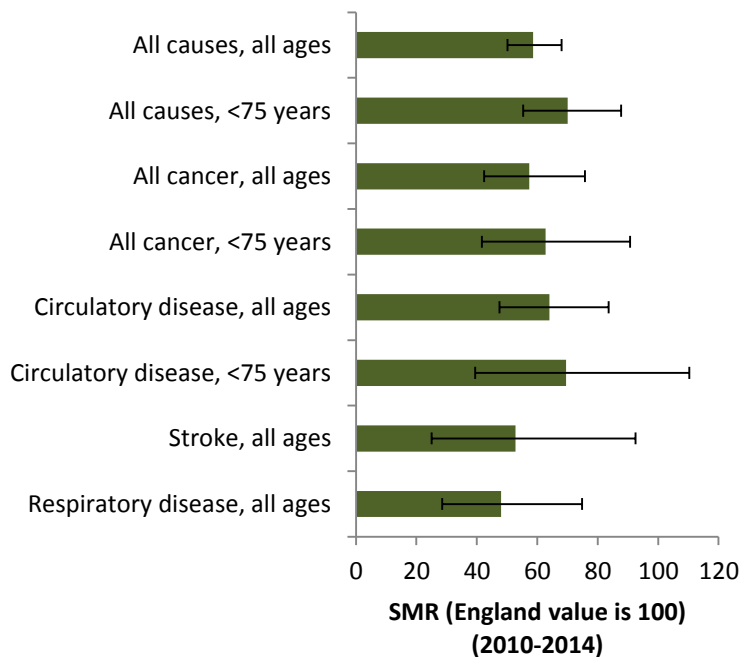
Source: ONS

Health outcomes: causes of death

The mortality rate in the City of London is significantly lower for all causes and for the specific disease groups displayed in the graph, apart from circulatory disease for the population under 75 years of age.

Overall in London for the past 10 years, the standardised mortality ratios have been consistently lower than the England average.

During the five year period 2010-14, there were around 170 deaths among City of London residents. Almost a third of these were from cancers, with a similar proportion from circulatory disease and one in 10 were from respiratory disease.



Source: localhealth.org.uk

Health summary for City of London

	Indicator	Local value	England Value	England Worst	England Best	Statistical significance
1	Life expectancy (males) ^{a,b}	86.1	79.3	74.3	86.1	●
2	Life expectancy (females) ^{a,b}	89.0	83.0	79.7	89.0	●
3	Children in poverty (under 20)	12.8	19.9	41.9	6.8	●
4	Children in poverty (under 16)	12.0	20.1	39.2	7.0	●
5	School readiness	78.6	69.3	59.7	78.7	●
6	Pupil absence	4.2	4.6	5.8	3.4	●
7	NEETs (16-18 year olds) ^b	0.0	4.2	7.9	1.5	●
8	Violent crime ^c	52.6	44.8	133.4	9.1	●
9	Statutory homelessness (temporary accom)	5.0	3.1	35.0	0.0	●
10	Fuel poverty ^b	5.7	10.6	15.1	5.8	●
11	Social care users content with social contact ^d	42.5	44.8	34.6	54.8	●
12	Smoking Prevalence in adults	8.4	16.4	24.1	9.8	●
13	Smoking during pregnancy ^c	5.2	10.6	26.0	1.8	●
14	Proportion eating '5-a-day' ^b	36.5	52.3	36.5	62.8	●
15	Excess weight in adults	47.9	64.8	76.2	46.5	●
16	Active adults	45.8	57.0	44.8	69.8	●
17	Inactive adults	21.0	28.7	43.7	17.5	●
18	Recorded diabetes ^b	2.8	6.4	3.7	8.9	●
19	Alcohol admissions (persons) ^c	585	647	1,163	390	●
20	Breast cancer screening	71.8	75.5	57.2	84.0	●
21	Abdominal Aortic Aneurysm screening	87.2	79.9	57.5	87.2	●
22	Health checks (offered)	33.1	56.4	17.0	100.0	●
23	Air pollution mortality ^b	7.0	4.7	7.0	3.2	○
24	New STI diagnoses (exc. Chlamydia in <25's)	2,516	795	3,288	344	●
25	Late presentation HIV	35.7	40.1	75.0	12.5	●
26	TB incidence	8.2	12.0	85.6	1.2	●
27	Infant mortality ^c	5.4	3.9	7.9	2.0	●
28	Preventable mortality	114.0	184.5	320.5	114.0	●
29	Emergency readmissions	10.7	11.8	14.5	8.8	●

a. England figures updated for new methodology

b. Although City of London has the highest/lowest figure, it is not recorded as such in the Public Health Outcomes Framework due to its small population

c. Value for City of London and Hackney combined

d. Most recent data (2015/16) is missing. Data is from 2014/15.

Sources: all data in the above table sourced from the Public Health Outcomes Framework except 1 and 2 (source: Local Health, PHE), 10 (source: ONS) and 30 (source: Sexual and Reproductive Health Profiles, PHE)

Statistical significance colour code (City of London values compared to England)

Better than average/target	●	Worse than average/target	●	Similar to average/target	●	Lower than average/target	●	Not compared	○
----------------------------	---	---------------------------	---	---------------------------	---	---------------------------	---	--------------	---

1. Life expectancy at birth (males), 2010-14 2. Life expectancy at birth (females), 2010-14 3. % all dependent children <20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs), 2014 4. % children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income) for u-16s only, 2014 5. All children achieving a good level of development at end of reception as % of all eligible children, 2015/16 6. % half days missed by pupils due to overall absence (incl. authorised and unauthorised absence), 2014/15 7. % of 16-18 year olds not in education, employment or training (NEET), 2015 8. Violent crime (including sexual violence) – hospital admissions for violence, directly standardised rate – per 100,000 2013/14 – 15/16 9. Households in temporary accommodation per 1,000 households, 2015/16 10. % of households that experience fuel poverty based on the "Low income, high cost" methodology, 2014 11. % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey, 2014/15 12. % of the population who classify themselves as either occasional or regular smokers according to the GP Patient Survey (GPPS), 2015/16 13. % women who smoke at time of delivery, 2015/16 14. % of the adult population meeting the recommended '5-a-day', 2015 15. % adults classified as overweight or obese, 2013-15 16. % adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines on physical activity, 2015 17. % adults classified as "inactive", 2015 18. % QOF-recorded cases of diabetes registered with GP practices aged 17+, 2014/15 19. Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population, 2015/16 20. % eligible women screened adequately within previous 3 years on 31st March, 2016 21. % of men eligible for abdominal aortic aneurysm screening who are conclusively tested, 2014/15 22. Cumulative % eligible population aged 40-74 offered NHS Health Check in the 5 year period 2013/14 – 2017/18, for 2013/14 – 2015/16 23. Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM_{2.5}), 2015 24. All new sexually transmitted infection diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15 to 64, 2016 25. % adults (aged 15 or above) newly diagnosed with HIV with a CD4 count < 350 cells per mm³ 2013-15 26. Rate of reported new cases of TB per year per 100,000 population, 2013-15 27. Rate of deaths in infants aged < 1 year per 1,000 live births, 2012-14 28. Age-standardised rate of mortality from causes considered preventable per 100,000 population, 2013-15 29. Indirectly standardised % of emergency admissions to any hospital within 30 days of the previous discharge from hospital, 2011/12.

Red indicators highlighted in the Health Summary for the City of London

Breast cancer screening

% eligible women screened adequately within previous three years on 31st March 2015

This service is not provided by the City of London Corporation, so we are not in a position to influence uptake. NHS England provides this service.

Health checks (offered)

Cumulative % eligible population aged 40-74 offered NHS health check in the five year period 2013/14 – 2017/18

The City of London only has one GP surgery, the Neaman Practice. Health check data is only collected for residents who are registered at the Neaman Practice. Many of our residents are registered at GPs in Tower Hamlets or Islington so may be offered health checks but aren't included in the figure provided.

The City of London has recently commissioned Reed Momenta to deliver a new Integrated NHS Health Checks, Lifestyle Weight Management and Physical Activity Service (HWMPA), which was mobilised in October 2016. This included a community Health Check service available for residents and workers so will increase offers and uptake in the City of London. Data will take a while to reflect this change

Air pollution mortality

Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter PM2.5), 2013

Public Health England state that this indicator may not be accurate data for the City due to its small population. Air pollution is likely to contribute a small amount to the deaths of a large number of people rather than being solely responsible for the 8.4% - which complicates the relationship between pollution and mortality even more.

New STI diagnoses (exc. Chlamydia in <25's)

All new sexually transmitted infections diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15-64.

New STI diagnoses in the City of London are significantly higher than the national value due to workers in the City of London accessing sexual health services using their work postcode. Additionally, attendees at St Bartholomew's Hospital who refuse to give a postcode or who are from overseas may also be allocated to the City of London.

Infant mortality:

Rate of deaths in infants aged <1 year per 1,00 live births, 2012-14

This value is for the City and Hackney combined. Infant mortality in the City is 0.0 and therefore the value does not reflect infant mortality in the City.

Statutory homelessness

Households in temporary accommodation per 1,000 households, 2015/16

Looking at the figures in isolation, we had 24 households in temporary accommodation on 31 March 2016. Their connection with the City was as follows:

Work = 10
Residence = 5
Family = 0
Other/none = 9

42% of our caseload had a connection to the City through work. This information is not recorded by DCLG so a direct comparison cannot be made, but anecdote suggests other councils have approximately 10% local connection rate through work. The unique imbalance in the City for working versus resident population distorts our figures in comparison to any other local authority in England.

If we only had 10% of our caseload having a connection through work, this would only be 2 households, giving total number in temporary accommodation as 16. This would result in 3.3 households per thousand in temporary accommodation, much closer to the national average.

Violent crime

Violent crime (including sexual violence) – hospital admissions for violence, directly standardised rate – per 100,000 2013/14 – 15/16

This value is for the City and Hackney combined so does not reflect the figure in the City

TB incidence:

Rate of reported new cases of TB per year per 100,000 population, 2013-15

This equates to 2 new cases of TB in the City of London. This is marked as red but given our small resident population is not comparable to England/other local authorities. A small change in numbers can give a very big change in rate.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank