



Health and Wellbeing Board

Date: FRIDAY, 21 SEPTEMBER 2018
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Deputy Joyce Nash (Chairman)
Randall Anderson
Tom Anderson
Jon Averbs
Matthew Bell
Dr Penny Bevan
Andrew Carter
Dr Gary Marlowe
Jeremy Simons
Marianne Fredericks
Gale Beer
David Maher
Kate Smith

Enquiries: Julie Mayer – 0207 3321410
Julie.mayer@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**
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. **ELECTION OF A DEPUTY CHAIRMAN**
To elect a Deputy Chairman in accordance with Standing Order 30.

For Decision
5. **HEALTH AND WELLBEING UPDATE REPORT**
Report of the Director of Community and Children's Services.

For Information
(Pages 7 - 20)
6. **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**
Report of the Director of Community and Children's Services.

For Decision
(Pages 21 - 24)
7. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN REFRESH**
Report of the Director of Community and Children's Services.

For Decision
(Pages 25 - 46)
8. **HEALTH CARE PROVISION FOR PEOPLE SLEEPING ROUGH IN THE CITY OF LONDON**
Report of the Director of Community and Children's Services.

For Decision
(Pages 47 - 76)
9. **VOLUNTARY SMOKE FREE SPACE IN FINSBURY CIRCUS**
Report of the Director of Community and Children's Services.

For Decision
(Pages 77 - 80)

10. **DEVELOPING A NEW HOUSING STRATEGY**
Report of the Director of Community and Children's Services.

For Decision
(Pages 81 - 100)

11. **RECOMMISSIONING OF EARLY INTERVENTION AND PREVENTION SERVICES FOR THE CITY OF LONDON**
Report of the Director of Community and Children's Services.

For Decision
(Pages 101 - 112)

12. **POLICIES ON HEALTHY AND INCLUSIVE CITY: DRAFT CITY PLAN 2036**
Report of the Director of Community and Children's Services.

For Information
(Pages 113 - 130)

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

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

15. **EXCLUSION OF PUBLIC**

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

For Decision

Part 2 - Non Public Reports

16. **2018/19 PUBLIC HEALTH AND SOCIAL CARE COMMISSIONING INTENTIONS**
Report of the Director of Community and Children's Services.

For Information
(Pages 131 - 134)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 15 June 2018

Minutes of the meeting of the Health and Wellbeing Board held at on Friday, 15 June 2018 at 11.30 am

Present

Members:

Deputy Joyce Nash (Chairman)
Randall Anderson (Deputy Chairman)
Jon Averbs
Dr Penny Bevan
Gale Beer
Jeremy Simons
Dr Gary Marlowe
Marianne Fredericks.

Officers:

Natasha Dogra – Town Clerk’s Department
Nicole Klynman– Community and Children’s Services Department
Simon Cribbens – Community and Children’s Services Department
Farrah Hart – Community and Children’s Services Department
Tizzy Keller – Community and Children’s Services Department
Sarah Thomas – Community and Children’s Services Department
Sukhjit Gill – Community and Children’s Services Department
Xenia Koumi - Community and Children’s Services Department.

1. APOLOGIES OF ABSENCE

Apologies had been received from Simon Murrells, Matthew Bell and Andrew Carter.

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

There were no declarations of interest.

3. THE ORDER OF THE COURT OF COMMON COUNCIL

The Order of the Court of Common Council was put to the Board for their consideration.

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

4. ELECTION OF CHAIRMAN

The Board was invited to elect a Chairman for the year ensuing.

Resolve – Deputy Nash being the only Member expressing a willingness to serve was elected a Chairman for the year ensuing.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Board agreed to defer this item until the next meeting to allow for those Members who were unable to attend this meeting to be considered for this appointment.

Resolve – that the appointment of a Deputy Chairman be deferred until the next Board meeting.

6. **TO CONFIRM THE APPOINTMENT OF A CO-OPTED MEMBER REPRESENTING THE CCG**

The Board was invited to a co-opted Member representing the CCG.

Resolve – David Maher, CCG, was appointed as a co-opted member of the City's Health and Wellbeing Board.

7. **MINUTES**

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

8. **PRESENTATION: CITY PLAN 2036**

The Board received a presentation regarding the City Plan 2036. It was noted that the Healthy and Inclusive City plan brings together policies on a range of issues in one section of the plan, including:

- Air Quality
- Noise and Light Pollution
- Social & Community Facilities
- Inclusive Buildings & Spaces
- Sport & Recreation/Play Areas.

In response to a query Members were informed that the draft plan was to be finalised in September 2018, so there would be an opportunity for Members to comment informally over the summer. The Board agreed that it would be very useful for Officers to engage with elected Members when producing plans which had an impact on several areas and committees. The current local plan did not focus largely on health and wellbeing, but this would be revised by the proposal to include a section relating to a health and inclusive city.

Resolved - that the presentation be received.

9. **PHARMACY SERVICES IN THE CITY OF LONDON**

Members noted that the Health and Wellbeing Board has a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) at least every three years. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current and future needs of the area.

In response to a query Members were informed that the PNA will be used by NHS England to commission future pharmacy services in the area and will also inform the commissioning plans of City of London Corporation and City & Hackney CCG.

The PNA does not identify any gaps in current provision of pharmaceutical services in the City of London and does not anticipate any gaps within the next three years. Members also considered the role of pharmacies in the City of London more broadly, particularly their role in health promotion and provision of health services for both City residents and workers.

The Board agreed that independent pharmacies were very helpful and a map plotting the current practices and the areas that access these provisions would be helpful. Officers informed Members that this information was included in the needs assessment report.

Resolved – that the update be received.

10. **DENTAL PUBLIC HEALTH**

Oral health is a key component of overall health and wellbeing. Tooth decay and oral disease is largely preventable but remains a widespread health problem and increases the risk of a number of serious health issues. Effective oral public health services are an essential component of public health improvement.

Members noted the oral public health services that are currently being delivered in the Square Mile through our commissioned provider. It highlights how the Public Health Team are working with the provider expand their activities within the City. This report also includes some possibilities for opportunities to increase dental public health provision and provide additional activities within the Square Mile to ensure we are effectively improving the oral health of our population.

Discussions ensued regarding the provision available for school children in the City. Members noted that some additional opportunities to increase the provision of oral public health services in the City, potentially to be delivered with private partners, could include:

- ☐ Provide oral health information sessions for children, young people and their parents in community spaces, with a focus on areas with higher levels of deprivation in the City e.g. delivering sessions in Portsoken community centre.
- ☐ Distribute toothbrushes and toothpaste in more community settings e.g. libraries at children's sessions, community centres.
- ☐ Organise supervised tooth-brushing sessions to for children and young people, focusing on those with special educational needs and learning disabilities (SEND), in community sessions.
- ☐ Organise a health promotion campaign to raise awareness of free NHS dental services for children, the importance of young children visiting dentists, free apps available to encourage young people to brush etc.

The Board agreed that schools should be approached with the options above to ensure the dental provision was widely used by school children in the city.

Resolved – that Members reviewed options for expanding oral health promotion and agreed the approach.

11. **SUICIDE PREVENTION ACTION PLAN (ANNUAL UPDATE)**

Members noted the progress on 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.

In response to a query Members noted that 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.

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

Board Members were disappointed that cameras had not yet been positioned on bridges; the Chairman agreed to speak with the Chairman of the Police Committee regarding the matter. Discussions ensued regarding the slow progress and lack of monitored CCTV cameras erected around the city. It was proposed and seconded that a motion would be submitted to the Police Committee highlighting the Board's disquiet regarding the matter.

Resolved – that the motion be submitted to the Police Committee to be considered at their meeting on 12th July 2018.

12. **SEND AREA INSPECTION**

Members noted the outcome of the City of London Local Area Inspection letter – May 2018. Her Majesty's Chief Inspector of Education, Children's Services and Skills gave notification on 5 March 2018 to the City of London local area that we were going to be inspected, under section 20 of the Children Act 2004, from 12 to 16 March 2018.

The inspection provided an independent external evaluation of how well the City of London local area carries out its statutory duties in relation to children and young people with special educational needs and /or disabilities (SEND) to support their development. Ofsted and the Care Quality Commission (CQC) published the inspection findings in letter form on 18 May 2018. The findings set out briefly the context of the inspection, the evidence gathered, any strengths and weaknesses, and areas recommended for improvement.

Resolved – that the update be received.

13. CITY WORKER HEALTH RESEARCH

The last major piece of research carried out on the health needs of City workers was six years ago, in 2012. “The Public Health and Primary Healthcare Needs of City Workers” provided valuable intelligence, which informed the Joint Strategic Needs Assessment and was used to lobby for resourcing and shaped commissioning of public health services for the Square Mile’s worker population.

Since 2012 the landscape has shifted in some areas, including the further growth of the City’s worker population, the Brexit vote and the significant increase in mental health awareness. It would be prudent to carry out follow-up research to explore current City worker health issues and how receptive City workers may now be to existing and new interventions.

Resolved – that Members approved the proposal to undertake research on the health and wellbeing needs of City workers.

14. HEALTH AND WELLBEING BOARD UPDATE REPORT

Board Members received 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:

- ☐ City of London Healthwatch update
- ☐ Leadenhall Sexual Health Centre
- ☐ Sustainable City Awards – Healthier City Award
- ☐ Housing Strategy update
- ☐ Sexual Health London update
- ☐ Integrated Commissioning update
- ☐ Better Care Fund update

Resolved – that the update be received.

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

There were no questions.

16. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no urgent business.

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 PERFORMANCE REPORT

The Board received the bi-annual performance report of the Director of Community and Children’s Services.

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

There were no 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 1:00pm

Chairman

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

Committee:	Date:
Health and Wellbeing Board	21.09.2018
Subject:	Public
Health and Wellbeing Board update report	
Report of:	For Information
Director of Community and Children's Services	
Report Author:	
Sarah Thomas, Health and 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:

1. **Children's Executive Board update**
2. **Adult Wellbeing Partnership update**
3. **Health and Wellbeing Advisory Group update**
4. **Safer City Partnership update**
5. **Mental Health Strategy review**
6. **Active City Network Best Practice Guide 2018**
7. **Dragon Café in the City evaluation**
8. **Sexual Health London update**
9. **Better Care Fund update**

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Children's Executive Board (CEB) update

The CEB is in the process of refreshing its terms of reference, with a focus on its role in that oversight and co-ordination of the new Children and Young People's Plan (CYPP). This follows a wider review of oversight and governance for children and young people's issues. It is proposed that CEB is renamed the Children and Young People's Steering Group (CYSG). A key change is the proposal that meetings will be arranged thematically, giving CYSG partners an opportunity for focused discussion and review of specific issues, with opportunities for a wider group of relevant partners to attend meetings where they have an interest/investment in a given theme.

The CYSG will have dual reporting lines to the HWB and the Community and Children's Services Grand Committee. It will escalate where necessary issues to the HWB and will provide a bi-annual report to the Board.

For further information, please contact Marcus Roberts, Head of Strategy and Performance, marcus.roberts@cityoflondon.gov.uk

2. Adult Wellbeing Partnership (AWP) update

The AWP met on 10 July. The meeting included a strategic overview from Simon Hall, Managing Director of Tower Hamlets CCG. Roughly 1,200 City residents are registered with a Tower Hamlets CCG GP Practice, with implications for health and wellbeing and the integration agenda. This initiated a helpful discussion of how the City of London fits into the strategic conversation and structures for Tower Hamlets CCG, at a time when Tower Hamlets is reviewing and refreshing strategic objectives, with an agreement to pick this conversation up. A review of the AWP's role and activity is ongoing and will be considered at the AWP meeting in October.

For further information, please contact Marcus Roberts, Head of Strategy and Performance, marcus.roberts@cityoflondon.gov.uk

3. Health and Wellbeing Advisory Group (HWAG) update

The Health and Wellbeing Advisory Group met on 31 July for updates on:

- The Transport Strategy
- The Local Implementation Plan final strategy, due March 2019.
- The Draft Road Danger Reduction and Active Travel Plan findings
- The Local Government Declaration on Sugar Reduction and Healthier Food, due for sign off September 2018
- The Responsible Business Strategy, launching September 2018
- The Corporate Plan

The City of London Corporation's first draft Transport Strategy underwent an engagement process as there was a need to address how the City's competition for space is managed. The Local Implementation Plan is currently being prepared with a 3-year timeframe, drafts expected to go to committee in October 2018 and a final strategy is due by March 2019.

The Draft Road Danger Reduction and Active Travel Plan executive summary was shared with the group. Findings were positive, with data suggesting that there has been no increase in total injuries in the last 20 years.

The Local Government Declaration on Sugar Reduction and Healthier Food declaration is due to be signed off this month (September 2018) and the pledges are being turned into an action plan to be monitored annually by the HWAG.

The Responsible Business Strategy launches this month (September 2018) including objectives relating to domestic violence, noise pollution and employee health and wellbeing.

Further updates from HWAG partners:

- The police have drafted a new health and wellbeing strategy.
- Corporate Anti-Social Behaviour Strategy in development, work currently ongoing on case studies and procedures
- Saturday morning working consultation for construction and deconstruction sites ended in August.

For further information, please contact Sarah Thomas, Health & Wellbeing Executive Support Officer, sarah.thomas@cityoflondon.gov.uk

4. Safer City Partnership update

Engagement

During the recent World Cup the Community Safety team worked to deliver safer drinking messages to those enjoying the hot weather and football. Emphasis was put on eating before going out, safer drinking and planning your journey home in advance. Messages were shared on Twitter and an electronic toolkit which provided advice and tips was provided to other London Boroughs and relevant partners. This work also supported the work of the City of London Police (CoLP) who were trialling the use of a SOS bus at Liverpool Street, which provided medical support and care for those in need, thus reducing the burden on the police, ambulance service and hospitals.

A new 'Community Engagement' shared calendar has been created to support the work of the Engagement working group which has been well supported by Corporation and CoLP colleagues.

Domestic abuse

Since May 2018 there has been one high risk case referred to the City of London Multi Agency Risk Assessment Conference (MARAC) and three cases referred to other boroughs.

The community safety team have also been supporting the CoLP in their recent campaign targeting domestic abuse. The campaigns focus is on the workplace and gives advice to businesses on how to spot the signs of domestic abuse and give employees the confidence to report anything affecting them. A member of the community safety team and CoLP officer ran a stand at Nomura in August to support this campaign, which received great feedback.

Prevent

There has been one Channel referral relating to a City resident this period and three referrals to other boroughs. An active programme of community engagement has been undertaken at a range of locations. Sessions have also been delivered to new police recruits and new joiners at the City Corporation. In all cases the response from the public and partner agencies has been very positive.

Anti-social behaviour

A major focus for the Safer City Partnership this year is the development of an Anti-social Behaviour Strategy improving the responses to anti-social behaviour (ASB) in the City. Whilst the City experiences lower levels of ASB than most London local authorities there is a need to ensure we are capturing the scale of the issue and

effectively responding to the problems identified. This area of work requires good internal co-operation as well as effective partnership working with City of London Police and other partners to be successful.

To support this work, we have purchased a new tasking and database system, E-CINS. By using this secure, encrypted, cloud-based central hub all partners will be able to share information and actions allowing us to build a clear picture of problems and who is reacting to them. This system is in use with many local authorities, including many of our neighbours. While there will be a need for training and it will take some time for it to bed in, this new system provides a powerful tool in supporting partnership problem solving.

For further information, please contact David Mackintosh, Head of Community Safety, david.mackintosh@cityoflondon.gov.uk

5. Mental Health Strategy review

The City of London's current Mental Health strategy runs until 2018 and is due to be refreshed. The majority (89%) of the actions on the current action plan were complete or on track and any actions that are not yet completed will be taken forward and incorporated into the new strategy.

The City of London Corporation, City and Hackney CCG and the London Borough of Hackney (LBH) have agreed to produce a joint Mental Health strategy. It was agreed that this would be the most effective way forward as mental health and wellbeing falls across health, public health and social care, and an increasing amount of mental health work will be delivered through the integrated commissioning programme. The Mental Health Co-ordinating Committee (MHCC) supports the four workstreams of the integrated commissioning programme to consider and embed mental health into their work. It is made up of representatives from the City Corporation, London Borough of Hackney and the CCG. This group will lead the development of the strategy.

The new strategy will be a high-level document that outlines our shared vision and priorities and provides the strategic direction for the mental health activity of the integrated commissioning programme and each organisation. The aim is that this strategy will ensure commitment and accountability across all organisations to enable us to work in synergy to deliver better outcomes. The implementation of the strategy will be supported by a delivery plan with clear and measurable outcomes. The MHCC will oversee the implementation of the delivery plan and will monitor progress against the priorities and aims of the strategy.

The Mental Health Joint Strategic Needs Assessment (JSNA) is currently being updated. The information from this analysis, together with local intelligence gathered from engagement with service users and stakeholders, will be used to develop the priorities of the strategy.

The strategy is due to be finalised in early 2019.

For further information, please contact Tizzy Keller, Strategy Officer, tizzy.keller@cityoflondon.gov.uk.

6. Active City Network Best Practice Guide 2018

The Active City Network has created the Best Practice Guide 2018 so businesses in the City of London can share best practice and learn from one another.

Over 485,000 employees are now registered within the Square Mile and the majority of these chose to walk or cycle the last mile to work on a given day. The Best Practice Guide 2018 coincides with the new Mayor of London's Transport Strategy, which strives for a new Healthy Streets Approach. Not only does the Guide encourage a healthier commute to work, it also endeavours to make improvements to the health and fitness of workers in the City and improve air quality and congestion, resulting in creating safer streets for all.

The guide highlights a number of different projects in the Square Mile, from delivering responsible procurement to promoting walking in the workplace. The guide gives successful examples and lessons learnt, aiming to inspire other businesses to do the same. For instance, one way in which The Active City Network is helping commuters to travel to work by healthier means is by providing a Dr Bike service to its partners within the City of London. This means that professional bike mechanics can set up stations within businesses and offer free maintenance checks and advice. The experts check the overall road-worthiness of the bike and can fix any problems there and then, whilst also offering cycle maintenance courses for businesses. The Best Practice Guide further outlines the Exchanging Places programme, in which Tideway are bridging the gap between HGV drivers and vulnerable road users. Participants of the programme take the literal space of HGV drivers and are hereby allowed to realise the sight limitations and blind-spots, which are imposed upon the HGV driver. Additionally, the Best Practice Guide outlines the new City Etiquette Campaign, the City's 'ten steps in five years' Road Danger Reduction plan and provides details on cultural walks and air quality.

For further information, please contact Andrea Bending, Behaviour Change & Campaigns Officer, andrea.bending@cityoflondon.gov.uk, or read the [guide](#).

7. Dragon Café in the City evaluation

Initial findings show that the Dragon Café in the City pilot programme has been a positive addition to the landscape of local services supporting the health and wellbeing of those working and living in the City. The pilot programme ran for 14 sessions between February and July and was hosted fortnightly on Thursdays at Shoe Lane Library.

It was a collaborative project, part-funded by the Wellcome Trust and Carnegie UK's "Engaging Libraries" fund and the Department of Community & Children's Services' Commissioning, Public Health and Libraries. The pilot project team comprised of Mental Fight Club, Barbican & Community Libraries, Business Healthy and Output Arts, supported by a Deloitte "Beyond Me" team. Out of 14 projects across the UK, which were awarded funding through Engaging Libraries, it is understood that Dragon Café in the City ranks within the top five preferred programmes, representing

successful partnership working across different stakeholders and making a positive difference to the mental wellbeing of the local community.

The City of London Corporation proposed a set of objectives be met, as a condition of its contribution to the pilot. The overarching objectives were:

- To increase engagement with the library
- To demonstrate a model for how the library can host events on mental health going forward
- To promote the library as a sanctuary and engage with people at a service level

Further, more detailed, objectives were also outlined:

Objective	Outcome	Details
Support the health and wellbeing of City workers and residents	Use the Café as a space to promote (passive promotion, i.e. leaflets and printed materials) CoLC-commissioned health and wellbeing services and other partners, including City Advice, the Vulnerable Victims’ Advocate, WDP Square Mile Health, City LivingWise, Business Healthy and Samaritans	Complete. Also, some active promotion was also carried out, e.g. stalls for Private Fostering Week, Club Soda, etc.
	Ensure consultation process and evaluation can record qualitative and quantitative information on visitors’ opinions on the impact of the Café	Several different methods were used to continuously capture visitor and provider feedback, information, in-depth individual case studies and quotes throughout the pilot, including feedback forms, online surveys and focus groups. More details, including footfall and visitor demographic below.
	Gather 10 case studies/ quotes from users on the impact the Café has had on them	
	Employ a registration process for the Café to record the number of people using it, whether they are City residents/ workers/ other, and who is visiting the Café on a repeat basis	
Contribute to and support the Thrive LDN initiative	Hold Thrive LDN problem-solving booths (PSBs) in the Café	There were Thrive LDN PSBs at every DCC session and Dr Alex Belsey from Thrive LDN also delivered a session on 22 February. Shoe Lane Library staff and DCC volunteers received training from the Thrive LDN team to facilitate
	Record number of PSBs hosted throughout the pilot	

		the PSBs.
Find out what City worker and resident needs are relating to mental health support and where the City of London Corporation can provide support	Use information collected through the consultation process and evaluation of the pilot through various means, e.g. a “voting box”	As above. The offering of a free, drop-in space to support mental wellbeing in City workers and residents was well-received. See below for more details on individual activities offered.
Establish whether the pilot can feasibly become a permanent and long-term offering	Identify appetite among City businesses and other potential sponsors to help fund the Dragon Café in the City model past the pilot phase	Work is currently underway to identify ongoing funding opportunities, using the business case and model drawn up from data collected during the pilot. The data point to a strong case for Dragon Café in the City supporting the mental wellbeing of local populations, as well as a free and effective offering for the local business community to their workforce.
Make the Dragon Café in the City model appealing to City workers, residents and employers	Use information gathered during the consultation phase and evaluation to: determine the look, feel and offerings of the Café and match this with relevant providers; and ensure communications and marketing are targeted and effective, using a range of new and existing platforms	Feedback collected continuously from users and providers throughout the pilot helped inform the programming, timings, communications and marketing materials (posters, flyers, bookmarks, digital resources, etc.) This included Google Analytics, A/B testing, the analysis of the effect of targeted social media adverts and the leveraging of local networks to spread the word about Dragon Café in the City. The Dragon Café in the City offering was adjusted (timings, duration of sessions, type of sessions, etc.) according to feedback over the course of the pilot.

We can see that all headline and detailed objectives have been met. Further information is outlined below.

What was offered?

A varied programme of free activities was offered through Dragon Café in the City. No two programmes were the same and activities included:

- Massage
- Yoga
- Mindfulness
- Chess strategy
- Singing for wellbeing
- “Empower yourself at work” masterclass
- Creative workshops
- Calligraphy
- Scent workshops
- Outdoor gym sessions
- Hula-hooping
- Screen printing
- Reiki
- Story-telling
- Alternative board games
- Pickling masterclass
- Terrarium-making...and more. The aim was to offer something that would appeal to anyone.

Popularity and engagement with other aspects were trialled during the pilot. These included the promotion of key milestones, such as the “This is Me” session during Mental Health Awareness Week in May, the taster session for City business leads, the “Celebrating Dragon Café in the City” evening event in March, a pop-up hula-hooping session in New Street Square in collaboration with Landsec, and an additional “bonus” event offered by the City Mental Health Alliance.

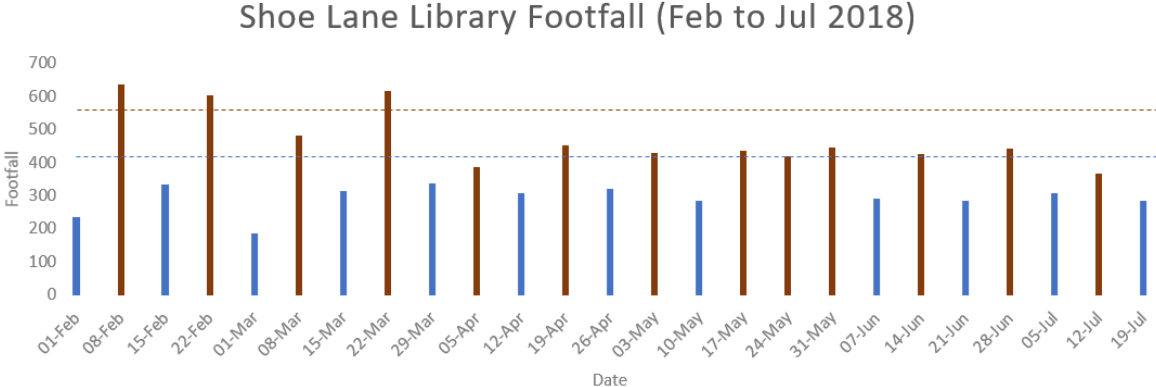
According to feedback, visitors liked the variety of activities offered and the yoga and massage were particularly popular. Others liked the opportunity offered by DCC to relax in a quiet, calming and social space, free of charge.

Dragon Café in the City also provided a platform for providers in the health and wellbeing space – mostly small businesses and sole traders – to showcase their services, in return for offering their time to run sessions for free.

Who attended Dragon Café in the City?

Footfall data shows that attendance at Shoe Lane Library during the pilot duration (February to July) was, on average, almost double on the Thursdays when Dragon Café in the City was running (467), compared with non-Dragon Café in the City Thursdays (284). Comparing attendance during the pilot dates with the same period

in 2017, we can see that again, on average, footfall was almost doubled during Dragon Café in the City Thursdays, compared with the same Thursdays in 2017 and in some individual cases, footfall more than doubled. It appears that on occasions, footfall at the Library was negatively impacted by very good, or very bad weather and also the school holidays.



*The brown lines indicate DCC dates and the blue are non-DCC Thursdays. The brown dotted line is average footfall across DCC dates and the blue dotted line is average footfall across non-DCC Thursdays.

It was not possible to collect rigorous attendance data, due to the layout and nature of Dragon Café in the City, and that it was run during normal library opening hours. This also made it difficult to capture who was a returning visitor and the number of times individuals had visited over the course of the pilot. Of data collected, roughly 35% of visitors were male and 65% female.

From this data it is also possible to see the vast majority of visitors to DCC during the pilot were City workers, a significant number of City residents and some were visitors to the City (neither living nor working in the Square Mile). Staff from organisations including Deloitte, the City of London Corporation, Hymans Robertson, Mizuho, Capgemini, Merrill Lynch and smaller firms attended. Of those visitors who stated that they worked in the City and provided their company size, 16% worked for companies with less than 50 staff, 82% worked for companies with more than 250 staff and the remainder worked for medium-sized companies.

The age bracket with the highest number of female visitors was 26-35 years, whereas for males it was 36-65 years. 10% of visitors were aged between 18 and 25, 45% were 26-45 years old and 27% were aged between 46 and 65 years old, with 5% of registered visitors 65 years and older.

...and what did they say?

Based on feedback collected, when asked whether attending DCC helped to improve visitors' mental wellbeing, 76% felt that they strongly agreed, or agreed, with 22% saying they neither agreed nor disagreed. 80% said that they agreed or strongly agreed that they felt more inclined to engage with their mental wellbeing with 15% neither agreeing nor disagreeing. and 77% agreed or strongly agreed that they felt more able to engage with their mental wellbeing having attended the Café.

Here are some comments from visitors to Dragon Café in the City:

- *“I think this has been a fantastic and much-needed initiative in the City and have really enjoyed the sessions I managed to attend. I will certainly miss [Dragon Café in the City] and look forward to hearing of its return. It prompted me to return and to use Shoe Lane.”*
- *“Meeting and interacting with more people, learning various techniques in dealing with stress”*
- *“I just wanted to say that I experienced some wellbeing activities at the Dragon Café. To have this free resource to be able to tap into over the past couple of months has been brilliant. This country is beginning [to be] increasingly understanding that a person’s peace of mind and agility of body is interlinked and important to the wellbeing of the whole society. I have loved it.”*
- *“I look forward to it every two weeks”*
- *“I believe strongly that initiatives like the Dragon Café can be hugely beneficial for individuals and therefore the community. I was hesitant to try it myself as I am an introvert and find social situations stressful. Having dipped my toe in the water, I have broken through a barrier and know that I could attend many more sessions without undue stress. My confidence has certainly been boosted and my mood improved. In the dark winter months such events may be even more appreciated by those suffering from SAD [Seasonal Affective Disorder]”.*
- *“I heard about Dragon Café in the City through [my organisation’s] Mental Wellbeing Network. Two colleagues who run the network came down initially to check it out and said it was a good resource... I particularly like the element of joint mindfulness- meditation: it’s helpful doing those things in a group. It’s hard at work to have a pocket to decompress. When you free yourself to come along [to DCC], you do come away feeling better... I felt a sense of community by being in a group. There are people from all sorts of jobs coming in. It makes you feel part of a bigger picture. Sometimes at work they do mindfulness or yoga at the desk, but coming here makes you feel part of the bigger picture. It’s interesting to know your neighbours working in other companies. The nature of the City is grey and anonymous. Coming to DCC personalises it a bit more... When you are at work and you don’t have a break and get caught up, going to DCC breaks the bubble. It also lets me connect with other people who are working in the City who have similar experiences. It creates a sense of connection and you feel less alone.” – Jess, City worker, aged 36*
- *“The idea that you can use grey cells you are not using on a daily basis – you are taken away from the normal. Doing something together with no commitment – just pop in and pop out and it’s something to talk about later – something we can do together.” – City residents, male (aged 60) and female (aged 55)*
- *“For me it’s about relaxing every couple of weeks and knowing you have a place to do it...It’s somewhere people find peace of mind.” – City worker, male, aged 43*

- “[What I liked most about Dragon Café in the City was] meeting people, doing the workshop, feeling connected to others and cared for and about.” – City worker aged 30-39
- “[What I liked most about Dragon Café in the City was] meeting and interacting with more people, learning various techniques in dealing with stress.” – City worker, female, aged 20-29

Overall, visitors seemed happy with Shoe Lane Library as the location of DCC, but some City workers did suggest “pop-up” DCC sessions at office locations, as an addition to the offering.

Going forward

The continuous data collection over the course of the pilot has provided rich feedback on what visitors liked and didn’t like. Key lessons have been learned, which would be applied to a future programme. These include:

- Moving DCC to a Wednesday – “Wellbeing Wednesdays”. Thursday evening is traditionally a popular time in the City for workers to socialise and even though DCC is a different offering to the City’s bars and pubs, it is not able to compete.
- Joining up DCC with Spice Time Credits and local volunteering networks, including those within City businesses. This would help to upskill and build a volunteer base to increase capacity at DCC.
- Shortening the duration of lunch and learn sessions to 30 minutes and clearly communicating that visitors are welcome to bring their lunch, for example renaming them “lunch vox” or “packed lunch” sessions. This could inspire a stronger turnout of City workers.
- Feedback indicated that some visitors found the name “Dragon Café” misleading, as they were unable to purchase food on-site. The name has been established, however conversations could be established with local food outlets to see if catering could be made available.
- Variety of activities, but some were one-off, so people missed their chance
- A fortnightly basis was feasible and realistic. If moved to a weekly schedule they would probably need to be shorter
- Privacy/ noise issues
- Making the programme for the following DCC available at the preceding session, to give potential visitors sufficient notice
- Incorporate an FAQs section onto the [DCC website](#).

For more information, please contact Xenia Koumi, Project Officer, xenia.koumi@cityoflondon.gov.uk

8. Sexual Health London update

After launching at the Homerton in January, London’s sexual health e-service has been mobilised across 12 NHST trusts and embedded into the pathways at 42 clinic locations across the capital. The mobilisation phase concluded early in the summer

with the introduction of test kits that could be picked up from those clinic sites and the opening of the public facing portal www.shl.uk and residents of the 27 related authorities were able to order postal kits directly without needing to visit a clinic or follow weblinks on the web pages of participating clinics.

Test kit volumes have built up steadily from week to week thanks to the controlled mobilisation and as of August 31st, we had dispatched over 47,000 kits and tested over 33,000 returned kits. These tests have revealed over 2,500 infections although some of these will be historic latent infections as is the case with syphilis. More than 500 people have been offered chlamydia treatment by post or by collection from a pharmacy.

Just over half (58%) of the kits were returned by women, almost a quarter (24%) were returned by men who only have sex with women and almost a fifth (18%) were returned by men who have sex with men. A fourth kit type includes vaginal swabs with triple site swabs and these are usually recommended for trans men, 18 such test kits have been returned thus far.

Service users have responded positively with 99% approval and recommendation scores. This has been further evidenced with many positive mentions by service users on social media and most recently by an article in the online version of the Stylist Magazine: ‘I don’t think it’s an overstatement to say the discovery of these free kits has changed my life – and my sexual health. Here’s hoping it does the same for you.’ (see full article here: <https://bit.ly/2P0Nq1k>)

For further information, please contact Adrian Kelly, Lead Commissioner (Sexual Health), adrian.kelly@cityoflondon.gov.uk

9. Better Care Fund update

A BCF performance report for Q1 2018/18 was submitted in July 2018. For the City of London, performance against target has been generally good.

Metric	Annual Target	Quarter 1 Performance	Comments
Non-elective admissions	<700	153 (estimated)	Figures for June have not yet been made available but an average for the quarter is 153 against a target of 174.
Permanent admissions to residential care	<10	0	None
Number of people still at home 91 days after hospital discharge	85%	100%	None

Delayed Transfers of Care (DIOC) (days)	<255 (182 NHS delays and 73 ASC delays)	NHS delays – 89 days ASC delays – 10 days	As can be seen from the figures, the number of NHS delays were above target for the quarter at 89 against a target of 45. ASC delays were below the maximum target of 18 which was positive.
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For more information contact Ellie Ward, Integration Programme Manager, ellie.ward@cityoflondon.com.

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Committee(s)	Dated:
Health and Wellbeing Board	21.09.2018
Subject: Health and Wellbeing Board – Terms of Reference	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Decision
Report author: Sarah Thomas, Health and Wellbeing Executive Support Officer	

Summary

This report is for the Health and Wellbeing Board (HWB) to consider and approve its amended terms of reference. It is proposed that the terms of reference are updated to describe the HWB’s role in influencing the Integrated Commissioning Board.

Recommendation(s)

Members are asked to:

- Approve the amended terms of reference as set out in Appendix 1.

Main Report

1. This report sets out proposed amendment to the terms of reference of the HWB. The existing terms of reference were approved when the HWB was first established in April 2013, with the addition of the provision for the provision for allocating co-opted Members and allowing named substitute members to attend in their place.
2. It is proposed that the terms of reference explicitly reference the HWB’s relationship with the Integrated Commissioning Board and their role in influencing the Board, ensuring the City’s priorities are adequately represented and scrutinising plans and decisions. This amendment reflects the changes in the wider health and social landscape since the HWB was first established, and in particular the progress made in establishing integrated health and social care commissioning arrangements.
3. The HWB’s terms of reference are set out in Appendix 1, with the proposed inserted amendment (4) (a) (ii) set out in bold and italics. Members are asked to approve the amendment.

Appendices

- **Appendix 1** – HWB terms of reference, amended to show proposed change.

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Appendix 1: Amended Health and Wellbeing Board Terms of Reference

HEALTH & WELLBEING BOARD

1. Constitution

A Non-Ward Committee consisting of,

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

2. Quorum

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

3. Membership 2018/19

Deputy Joyce Nash (Chairman)
Randall Keith Anderson (Deputy Chairman)
Thomas Alexander Anderson
Jon Averbs
Matthew Bell
Penny Bevan
Andrew Carter
Dr Gary Marlowe
Jeremy Lewis Simons
Marianne Bernadette Fredericks
Gail Beer
David Maher
Kate Smith

Co-opted Members

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

4. Terms of Reference

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-
 - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services;
 - ii) ***to influence the Integrated Commissioning Board, ensuring the City of London's priorities are adequately represented and scrutinising their plans and decisions; and***
 - iii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint

Health and Wellbeing Strategy.

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

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

5. Substitutes for Statutory Members

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

Committee	Dated:
Health and Wellbeing Board	21/09/18
Subject: Joint Health and Wellbeing Strategy action Plan refresh	Public
Report of: Andrew Carter – Director of Department of Community and Children’s Services	For Decision
Report author: Tizzy Keller – Strategy Officer (health and children)	

Summary

This report asks Members to approve the refresh of the action plan which underpins the City of London Joint Health and Wellbeing Strategy (JHWS) and provides an update on the ongoing actions.

The original JHWS Action Plan was signed off by the Health and Wellbeing Board in June 2017. This report presents the annual refresh of the JHWS Action Plan. Many of the actions from the original plan are ongoing and new activities have been incorporated. This refreshed action plan sets out what will be done to deliver the JHWS in 2018-19 in order to improve the health of City residents, workers and rough sleepers. The actions are listed under the strategies five priorities;

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

Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Approve the refreshed Joint Health and Wellbeing Strategy Action Plan

Main Report

Background

1. The Health and Social Care Act 2012 requires Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).
2. The City of London Health and Wellbeing Board approved its Joint Health and Wellbeing Strategy in January 2017 following consultation with a range of stakeholders, including a series of local events and engagement with residents and workers in the City of London.

3. The Strategy outlined the Health and Wellbeing Boards five priorities:
 - Priority 1: Good mental health for all
 - Priority 2: A healthy urban environment
 - Priority 3: Effective health and social care integration
 - Priority 4: Children have the best start in life
 - Priority 5: Promoting healthy behaviours
4. The JHWS Action Plan outlines how we will deliver the vision and priorities of the Strategy. The JHWS action plan 2017-18 was approved by the Health and Wellbeing Board in June 2017. The Action Plan lists actions under the strategies five priorities. It aims to draw together the key pieces of work being done by the Corporation and its partners to improve health and wellbeing in the City of London.

Current Position

5. The JHWS Action Plan was reviewed and refreshed in conjunction with the Health and Wellbeing Advisory Group. Members of the Health and Wellbeing Advisory Group include senior officers across the City Corporation whose work contributes to improving the health and wellbeing of City residents, workers and rough sleepers. This includes officers from Markets and Consumer Protection, HR, Housing, Libraries and Community Safety. The City of London Police are also represented. This report presents the refreshed Action Plan for 2018-19 (Appendix 1)
6. The aim of this action plan is to outline what will be done in 2018-19 to deliver the vision and aims set out in the Joint Health and Wellbeing Strategy 2017-20. Many of the actions from the 2017-18 action plan are ongoing so have been carried over to the renewed plan. An update on progress of these actions is included. The action plan 2018-19 also incorporates a number of new activities that have developed and will be delivered over the coming year. Most actions in the new plan include a RAG rating but those that have not yet begun do not.
7. Some of the main additions to the new action plan include the development of a joint mental health strategy with the CCG and the London Borough of Hackney, the delivery of a neighbourhood's model of service delivery and the implementation of the Local Government Declaration on Sugar Reduction and Healthier Eating.
8. The Health and Wellbeing Board will be updated on the progress of the action plan and accompanying key performance indicators every 6 months.

Corporate & Strategic Implications

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

10. The Joint Health and Wellbeing Strategy Action Plan supports the delivery of the following aims of the Corporate Plan 2018-23:

- Contribute to a flourishing society
 - People enjoy good health and wellbeing
- Shape outstanding environments
 - We have clean air, land and water and a thriving and sustainable natural environment

Implications

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

Health Implications

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

Appendices

- Appendix 1 – Joint Health and Wellbeing Strategy Action Plan 2018-19

Background papers

- Joint Health and Wellbeing Strategy 2017-20
(<https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/health-wellbeing-strategy.pdf>)
- Joint Health and Wellbeing Strategy Action Plan 2017-18
(<http://democracy.cityoflondon.gov.uk/documents/s90346/City%20of%20London%20JHWS%20Action%20Plan%20Feb%2018%20update.pdf>)

Tizzy Keller

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**Joint Health and Wellbeing Strategy Action
Plan
City of London
2017-2020**

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Name	Joint Health and Wellbeing Strategy Action Plan		
Duration:	2017-2020		
Relevant strategies:	Noise, Air Quality, Social Wellbeing, Mental Health, Suicide Prevention,		
Board responsible for monitoring plan:	Health and Wellbeing Board		
Owner:	Consultant in Public Health		
Implementation date:	Sept 2018	Review date:	Sept 2019

Priority:		Good mental health for all					
Objective (if applicable):		For more children, adults and older people in the City of London to have good mental health.					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/ partner:	Update	RAG rating
1.1	Produce a joint Mental Health Strategy with City and Hackney CCG and the London Borough of Hackney	Sept 2018	March 2019	• Strategy produced and approved	DCCS (Strategy Officer, Health and Children) C&H CCG	• Planning for the joint strategy is underway. The Mental Health JSNA is currently being produced and a draft will be ready by mid-Nov. This data will be used to develop the priorities of the strategy	Green
1.2	Implement the City Corporation actions of the Joint MH strategy and support the	March 2019	Ongoing	• Reduced occurrence, severity and duration of mental ill health	DCCS (Strategy Officer, Health and Children)		Green
1.3	Implement the Suicide Prevention Action Plan • Provide annual implementation and performance reports to the Health and Wellbeing Board	June 2017	June 2020 June 2018	• Reduction in suicides and suicide attempts in the City of London	DCCS (Strategy Officer, Health and Children); City of London Police M&CP / Port Health & Public Protection (Lead Officer - Health & Safety)	The suicide prevention group met in May 2018. Two new members of the steering group are TFL and Port of London Authority. The HWB board was provided with an update on the action plan in June 2018. The majority of actions were on track or complete.	Green
1.4	Implement the Social Wellbeing Strategy and action plan	June 2017	June 2020	• Increased wellbeing among target groups as	DCCS (Strategy Officer, Housing and Adults)	Social wellbeing strategy was approved by the HWBB in June 2017 and is moving forward successfully:	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		Good mental health for all					
Objective (if applicable):		For more children, adults and older people in the City of London to have good mental health.					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
	<ul style="list-style-type: none"> • Social Wellbeing Action Plan complete • Annual update to Health and Wellbeing Board 		Sep 2017 Ongoing	measured by the Loneliness Measurement Tool		<ul style="list-style-type: none"> • 10 of the planned activities are complete/in place, 18 are in progress. Successes include: • First pilot of Community Builders on Golden Lane is complete. Second phase of Community Builders is starting on Middlesex Street. Evaluation report from first phase in production • Various events held over the summer (Remembering Yesterday, Celebrating Today, Lantern Parade, Aldgate Square Festival) • Opening of refurbished Golden Lane Community Centre • A City of London A-Z of services guide has been produced • New carers assessment in place on Mosaic that has a greater emphasis on the needs of the carer. 	
1.5	Create a workplace health centre in the City, which would offer specific support for mental health, particularly for lower-paid City workers.	April 2017	Jan 2020	<ul style="list-style-type: none"> • Gateway process underway • Project timeline complete 	DCCS (Strategy Officer, Housing and Adults)	<ul style="list-style-type: none"> • Policy and Resources Committee approved funding for the rental element of 75 & 77 Middlesex Street across 3 years. This is subject to a report to the Finance Committee to allow draw down. 	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		Good mental health for all					
Objective (if applicable):		For more children, adults and older people in the City of London to have good mental health.					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/ partner:	Update	RAG rating
				<ul style="list-style-type: none"> Approval for refurbishment funding Mental Health centre open 		<ul style="list-style-type: none"> Funding to cover the refurbishment costs has been agreed based on final approval from the DCCS Committee and the Resource Allocation Sub-Committee. City Surveyors have undertaken a site familiarisation visit and provided a cost estimate for renovations. The gateway process has begun as the project met the financial threshold. Once Gateway documents 1 and 2 have been considered a process route will be assigned. This will set out the timeline for project. 	
1.6	<p>Promote and deliver initiatives in the Square Mile that encourage employers to support staff with mental health issues:</p> <ul style="list-style-type: none"> Business Healthy represented on the Steering Group of the Lord Mayor’s Appeal’s “This is Me” and support recruitment of local employers 	Ongoing	Ongoing	<ul style="list-style-type: none"> Increased participation in initiatives and events by City employers Increased use of relevant Business Healthy resources Increased number of City employers with LHWC accreditation 	<p>DCCS (Business Healthy Project Officer)</p> <p>M&CP / Port Health & Public Protection (Lead Officer - Health & Safety)</p> <p>DCCS (Business Healthy Project Officer)</p>	<p>Continued promotion of City-focused initiatives such as “Release the Pressure”, This is Me – In the City and the London Healthy Workplace Charter through Business Healthy. PH and CityWell provided green ribbons to senior CoL figures and other members of staff during Mental Health Awareness Week (May 2018).</p> <p>The City Corporation hosted an event on suicide prevention for the Thrive in the City Emergency Services Event in April 2018 and the first meeting of the National Suicide</p>	

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		Good mental health for all					
Objective (if applicable):		For more children, adults and older people in the City of London to have good mental health.					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/ partner:	Update	RAG rating
	<ul style="list-style-type: none"> Environmental Health supports City businesses to achieve accreditation to the London Healthy Workplace Charter. Business Healthy to promote the Charter and refer organisations to Environmental Health. Explore options to develop the Dragon Café into a longer-term offering in the City Delivery of mental health training opportunities to local employers and stakeholders 	Ongoing July 2018 Ongoing	Ongoing July 2019 Ongoing	<ul style="list-style-type: none"> Evaluation of DCC pilot and options appraisal to DLT Samaritans'-led Suicide Prevention Awareness Training sessions delivered 4 times a year Mental Health First Aid Training for staff of CoL-commissioned providers 	Principal Librarian (Shoe Lane) & (Business Healthy Project Officer) DCCS Public Health	<p>Prevention Alliance's Workplace Suicide Prevention Special Interest Group in June 2018.</p> <p>The Dragon Café in the City Pilot (Feb-Jul) met objectives and saw footfall to Shoe Lane Library almost double.</p> <p>Samaritans' Suicide Prevention Awareness Training is held on a quarterly basis and is well-received.</p> <p>The City Corporation offered 11 free places to staff of commissioned providers on a 2-day Adult Mental Health First Aid training course held at Guildhall in April and discussions are ongoing to host a second one.</p>	
1.7	Undertake research into the health needs of City workers and used the results to further shape the CoL services for City workers	July 2018	March 2019	<ul style="list-style-type: none"> Research completed Findings from qualitative research used to shape BH activity 	Public Health (supported by Commissioning and EDO Research team)	Research began in July 2018	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		A healthy urban environment					
Objective (if applicable):		To create a healthy place for people who live in, work in and visit the City of London					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
2.1	Support the renewal of the City Corporation Air Quality Strategy	Sept 2018	Sept 2019	Improved up to date Air Quality strategy that delivers improvements in local air quality (reduced particulate matter and reduce NOx emissions)	MCP / Port Health& Public Protection (Air Quality Manager)		Green

2.2	<p>Support the Implementation of the Noise Strategy</p> <ul style="list-style-type: none"> Investigate options for improving the evidence base for noise and soundscape issues and produce a report of recommendations. Implement the Lane Rental Project to examine opportunities for improvement in the operation and control of street works on the TfL Network Implement the construction levy for new developments 	June 2017	<p>March 2026</p> <p>June 2018</p> <p>March 2018</p> <p>July 2019</p>	<ul style="list-style-type: none"> Report produced and evidence base proposed 	M&CP / Port Health & Public Protection (Pollution Team Manager)	<ul style="list-style-type: none"> Saturday working consultation- Report results from the consultation to both Planning and Port Health Committees. September and November 2018. Implement recommendations. A draft report examining attitudes towards noise and soundscapes at key city locations has been produced. The result of survey will be used to recommend actions that could be taken to improve the soundscape. Lane Rental Project- This project is a collaboration between TfL, City of Westminster and CoL. The work is to examine opportunities for improvement in the operation and control of street works on TfL Network, undertaking training of contractors and agreeing a MOU to deliver the improvements. Pollution Team to utilise the income from construction levy to undertake monitoring of construction to minimise environmental impact. 	Green
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Joint Health and Wellbeing Strategy Action Plan/2017-2020

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2.3	<p>Ensure health and wellbeing is considered and incorporated into the Local Plan</p> <ul style="list-style-type: none"> Public Health to engage with consultation and scoping meetings for the Local Plan and identify health and wellbeing considerations 	June 2017	Feb 2019	<ul style="list-style-type: none"> Health and wellbeing considerations incorporated into the Local Plan 	DCCS/ Public Health (Strategy Officer, Health and Children)	<ul style="list-style-type: none"> PH team attended scoping meetings and contributed to the issues and options consultation. The team will comment on the Healthy and Inclusive city chapter before it is finalised. The local plan was presented to the HWBB in June 2018 for member input. 	Green
2.4	<p>Raise profile of Health and Wellbeing Board agenda and Health in All Policies.</p> <ul style="list-style-type: none"> Hold a learning lunch for staff on health and wellbeing and the influence different departments can have Coordinate Health and Wellbeing Board Advisory group with senior officers from across the City Corporation. 	May 2017	<p>May 2018</p> <p>Dec 2017</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Increased awareness and reference to health issues in corporate and departmental policies 	DCCS (Executive Support Officer)	<ul style="list-style-type: none"> The standard template for committee reports now includes a “health implications” section, prompting officers and Members to consider the impact that policy changes will have on health and wellbeing. Health and wellbeing plays an important role in the Corporate Plan. The Health and Wellbeing Advisory Group has become a useful forum for information sharing and joint working on health issues across the Corporation and Police. The Group has consulted on the new transport strategy, the local plan, the responsible business strategy and heard a presentation about urban design and mental health. Learning lunch for staff has been delayed but will be planned for early 2019. 	Amber

Joint Health and Wellbeing Strategy Action Plan/2017-2020

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2.5	Develop a Housing Strategy which will look at our approach to housing management and set out approach to delivering 700 new home in the Housing Revenue Account by 2025. • Finalised strategy to be presented at the Health and Wellbeing Board	June 2017	March 2018 March 2018	• New homes delivered	DCCS (Strategy Officer, Housing and Adults)	The strategy fell behind schedule due to staff changes but is now progressing. The HWBB will receive the first draft of the strategy for discussion in Sept 2018. The final strategy is due to be signed off in Jan 2019.	Amber
2.6	Develop and implement an action plan for the People’s Wellbeing strand of the Responsible Business Strategy.	Sept 2018	Ongoing	• Action plan approved • Annual updates of action plan	Public Health Consultant/ Corporate Strategy Officer		Green

Priority:		Effective health and social care integration					
Objective (if applicable):		That further development of integrated health and social care services reflect and meet City residents’ needs effectively					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
3.1	Maintain a focus on integration at the Adult	Ongoing	Ongoing	• City needs and opportunities for	DCCS/ Integration Programme Manager	Integration is a standing item on a wide range of forums	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		Effective health and social care integration					
Objective (if applicable):		That further development of integrated health and social care services reflect and meet City residents' needs effectively					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
	Wellbeing Partnership, SEND Programme Board, Children's Executive Board and other key strategic forums with partners			health are identified and articulated			
3.2	Better Care Fund 2017 - 19						
	Secure approval of Better Care Fund for 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> City of London plans approved by NHSE 	DCCS/ Integration Programme Manager	The BCF plan covered two years (2017/19) and an outline plan for 2018–19 was part of the approved plans. Confirmation detail is likely to have to be submitted ahead of 2018-19	Green
	Meet national conditions for BCF for 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> National conditions met 	DCCS/ Integration Programme Manager	National Conditions unlikely to change for 2018-19	Green
	Delivery of BCF plans 2018/19	April 2018	March 2019	<ul style="list-style-type: none"> Delivery of BCF plans on time and to budget 	DCCS/ Integration Programme Manager	The schemes in the BCF are ongoing schemes and are already established	Green
3.3	Integrated Commissioning						
	Workstreams, Transformation Board and ICBs receiving City specific information where appropriate and necessary	Ongoing	Ongoing	<ul style="list-style-type: none"> Appropriate City representation within governance structure City element of agendas / reports and work undertaken 	DCCS/ Integration Programme Manager	There is City representation on each of the workstreams and sub-groups where appropriate. The City is also represented on the Transformation Board. Workstream Directors attend City of London Integration Programme Board to talk to Officers in more detail about specific transformation projects and City views. Each report that goes to Transformation Board and ICB has a specific box for authors to complete on implications for the City of London.	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

Priority:		Effective health and social care integration					
Objective (if applicable):		That further development of integrated health and social care services reflect and meet City residents' needs effectively					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
	Establish a City of London neighbourhood model of health and social care	Sept 2018	Ongoing	<ul style="list-style-type: none"> • Profile of services delivered at neighbourhood level • Delivery of localised, integrated care services 	DCCS/ Integration Programme Manager		Green

Priority:		All Children have the best start in life					
Objective (if applicable):		Every child to reach their full potential					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
4.1	Work with school staff to develop offer for Sir John Cass Primary School regarding healthy eating and physical activity for the academic year 2018-19	Sept 2018	June 2019	<ul style="list-style-type: none"> • The school promotes healthy eating and physical activity. 	DCCS (Public Health Commissioning Manager, Strategy Officer, Health and Children)		Green

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4.2	Delivery of a service to increase levels of employment, including parental employment, for City of London residents	March 2018	Ongoing	<ul style="list-style-type: none"> • Level of participation in programme • Employment outcomes secured 	DCCS (Strategy Officer, Health and Children/ Head of Strategy and Performance)	The new Central London works employment programme was launched in March 2018 by Central London Forward. The programme replaces the previous national employment support programmes in Central London, and will support up to 51,000 residents to find work and manage their health condition. Ingeus has been appointed as the lead provider for delivery. Two city residents have been referred to the programme to date. CoL is developing the programme locally with Hackney.	Green
4.3	Implement the Children and Young people’s plan 2018-21	Oct 2018	Ongoing	<ul style="list-style-type: none"> • Annual updates on CYPP action plan to HWBB and DCCS committee 	DCCS (Strategy Officer, Health and Children)	The new strategy has been approved and the action plan is being developed	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

4.4	Embed the new 0-15 and 5-19 healthy eating and obesity services so City CYP are supported to achieve healthier lifestyle choices.	April 2018	Ongoing	<ul style="list-style-type: none"> • Number of frontline staff trained on raising the issue of weight • Healthy eating workshops delivered through early years settings • Nutritional support and expertise delivered to SJC • City families offered child weight management programme when appropriate 	DCCS (Strategy Officer, Health and Children)	The new obesity service launched in April 2018	Green
4.5	Embed MECC into all frontline services in the city and provide training for frontline staff	June 2017	May 2020	<ul style="list-style-type: none"> • Make Every Contact Count training provided for frontline staff 	DCCS (Strategy Officer, Health and Children)	MECC is a priority of the Prevention stream of the integrated commissioning programme and they are currently scoping options for training for City and Hackney frontline staff.	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

4.6	Work with Open Spaces to promote opportunities for play for young people within the City of London and outside of the Square Mile.	June 2017	May 2020	<ul style="list-style-type: none"> List of outdoor play spaces available of FYi Increased awareness and take up of opportunities 	DCCS/ Public Health (Strategy Officer, Health and Children, Communications Manager); Open Spaces	<p>Identifying areas where outdoor play can be incorporated, in particular through multi-purpose furniture, was a consideration in the City Gardens audit commenced in March 2018.</p> <p>The plan to better promote outdoor play space has been delayed due to staff changes but will be picked up when the new FYi manager is in place.</p>	Amber
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Page 12	Priority:	Promoting healthy behaviours					
	Objective (if applicable):	Reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
5.1	Develop and implement a Corporate Alcohol Strategy <ul style="list-style-type: none"> Alcohol Strategy approved by Health and Wellbeing Board 	May 2017	May 2020 Sept 2017	<ul style="list-style-type: none"> Improvements in responsible licencing Reductions in crime and antisocial behaviour in relation to alcohol Awareness-raising with businesses and local communities. 	DCCS (Executive Support Officer) M&CP / Port Health & Public Protection (Licensing Team Manager) Community Safety	Public Health is leading on the development of a Corporate Alcohol Strategy which will set out our aims for creating a culture of safe, responsible drinking in the City. This strategy has been delayed; however the public health team are in conversations to take forward this piece of work and it will be progressed over the next few months.	Amber
5.2	Reduce harm of second hand smoke and stop young people from taking up	June 2018	Ongoing	<ul style="list-style-type: none"> Reduced parental smoking Reduced smoking in 	DCCS/ Public Health (Poppy Middlemiss)	The PH and open spaces are currently working together to identify options and determine feasibility of more smoke free	Green

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	<p>smoking</p> <ul style="list-style-type: none"> • Increase the number of smoke free spaces in the City 			<p>parks and play areas</p>		<p>spaces in the City. A paper is going to the HWB in Sept2018 to gain support to make Finsbury Circus a voluntary smoke-free space when it re-opens.</p>	
5.3	<p>Help tobacco users to quit</p> <ul style="list-style-type: none"> • Continue to commission stop smoking service which includes e-cigarette offer. • Support and promote public health awareness raising campaigns such as Stoptober. • Smokefree awareness raising and enforcement in CoLC owned areas – e.g. Leadenhall Market 	June 2017	<p>March 2020 Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Increase in resident and workers quitting smoking • Outreach by WDP Square Mile Health and joint events with public health and other commissioned services 	<p>Public Health (Public Health Commissioning Manager, Project Officer, Business Healthy); WDP; M&CP (Trading Standards Manager) M&CP / Port Health & Public Protection (Lead Officer, Health & Safety) City Surveyors)</p>	<p>CoL Cleansing Team to develop new anti-smoke-related litter campaign (launch date TBC). PH and WDP to provide input and assist with promotion.</p> <p>Business Healthy continues to promote WDP services to member organisations, with a particular focus on key milestones, e.g. Stoptober and PHE’s Smokefree January. WDP and Business Healthy hosting a “Smashing the stigma” workshop for City HR leads (Sep 18) The PH team are currently exploring how they can work with vape shops to promote e-cigarette to smokers from vulnerable groups to help them quit.</p>	Green
5.4	<p>Establish and deliver new GUM service provision in the City of London</p>	June 2017	Ongoing	<ul style="list-style-type: none"> • New clinic is opened and operational 	DCCS (Public Health Consultant)	<p>The 80 Leadenhall Clinic opened in the City on 3rd April 2018. Feedback from service users has been overwhelmingly positive so far.</p>	Green
5.5	<p>Work with E-sexual health service to achieve channel shift and reduce clinic visits</p>	June 2017	Ongoing	<ul style="list-style-type: none"> • Increased uptake of the e-sexual health service and corresponding reduction in terrestrial clinic visits by 10%. 	DCCS (Public Health Consultant)	<p>The E-sexual health service went live on 8 Jan2018 in Homerton clinic, and “smart kits” were rolled out in June. As of 14/08, the Homerton is the 2nd highest issuer of e-service kits (“in-clinic diversion”) – there will be a lag time to see whether this translates into reduced attendances.</p>	Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

5.6	Develop a profile of the health needs of rough sleepers	June 2017	Oct 2018	<ul style="list-style-type: none"> Report to be presented at the Health and Wellbeing Board 	DCCS (Homelessness and Housing Options Manager)	The rough sleeper health audit will be presented to the HWB in Sept	Green
5.7	Develop a new homelessness strategy	Sept 2018	Jan 2019	<ul style="list-style-type: none"> Strategy produced and approved 	DCCS (Strategy Officer- Housing and Adults)		Green
5.8	Promote and support healthy eating behaviours among City workers and residents: <ul style="list-style-type: none"> The Gild caterers promote healthy eating to CoLC staff City Corporation signs the Local Government Declaration on Sugar Reduction and Healthy Eating and produces action plan to delivers pledges. 	June 2017	Ongoing	<ul style="list-style-type: none"> CoLC new catering contracts incorporates promotion of healthy eating behaviours City Corporation signs the Local Government Declaration on Sugar Reduction Action Plan produced and successfully implemented. 	M&CP / Port Health & Public Protection (AD (PP)Lead Officer Food Safety) Public Health/ Commissioning Public Health/ Health and Wellbeing Advisory Group	Soil Association’s “Food for Life” standard and healthy eating KPIs incorporated into new corporate catering contract (going live in Sep 18) which will be monitored as part of the contract management key. The local declaration on sugar reduction pledges have been agreed by Summit and are due to be signed off my members in September 2018.	Green
		June 2017	Ongoing				
		Sept 2018	Sept 2019				
		Sept 2018	Ongoing				
5.13	Increase residents’ capacity to cook healthy and affordable food <ul style="list-style-type: none"> Commission a provider to deliver three healthy cooking courses for adults and 1-2 for CYP in the City of London in 2018/19. 	Sept 2018	Sept2019	<ul style="list-style-type: none"> Commissioned provider in place Courses delivered 	DCCS (Strategy Officer, Health and Children)		Green

Joint Health and Wellbeing Strategy Action Plan/2017-2020

5.10	<p>Reduce injuries and fatalities on City of London roads</p> <ul style="list-style-type: none"> ● Promotion of road safety initiatives and active travel by: <ul style="list-style-type: none"> ➤ Assisting with the promotion of events, e.g. the Active City Network and behavioural surveys. ➤ Promoting City infrastructure changes relating to road safety – e.g: Bank on Safety. ➤ Assist the development of promotion material and information to encourage safer active travel. 	June 2017	Ongoing	<ul style="list-style-type: none"> ● Successful implementation of schemes such as “Bank on Safety” ● Campaigns and events aimed at City workers and residents that promote safe use of the City’s streets ● Business Healthy to support promotion of ACN events, initiatives and campaigns among City employers ● Increased walking and cycling by commuters and reduction in the number of KSIs on the City’s streets 	Active City Network and the Road Danger Reduction Team (DBE) Public Health team/ Business Healthy	<p>The Active City Network and Business Healthy continue to work in partnership to promote messages around safe and active commuting and cross-refer to respective services; the ACN promoted and sponsored a prize in the BH Challenge 2018; “Hidden City” walking map launched by RDR team in May 2018.</p> <p>The City of London’s Transport plan is currently in development, the HWAG contributed to the consultation of this plan.</p> <p>The Road Danger Reduction and Active Travel Plan 2018 – 23 is also being developed and a focus of this new plans in healthy streets. The HWAG were consulted on this plan.</p>	Green
5.11	Make Business Healthy available to City employers	June 2017	Ongoing	<ul style="list-style-type: none"> ● Increased membership and participation by City employers ● Implementation in line with the Business Healthy 	DCCS (Business Healthy Project Officer)	During 2017 Business Healthy hosted/ co-hosted 11 events, activities and campaigns and supported on a further 14. Its membership by individual organisations increased by 169%, as did the number of those engaging with it on social media. Growth targets for 2018 have now been	Green

				<p>Strategy 2017-20</p> <ul style="list-style-type: none"> • Delivery of events, activities and initiatives to promote a healthier workforce among business community • Promotion of commissioned services among business community and City workers 		set.	
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Committee:	Dated:
Homelessness and Rough Sleeping Sub Committee	21/09/2018
Subject: Health care provision for people sleeping rough in the City of London	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Simon Cribbens, Assistant Director – Commissioning and Partnerships Department of Community and Children's Services	

Summary

This report presents the findings of an assessment of health care provision for those sleeping rough in the City of London. It identifies a number of problems with the design, delivery and availability of current health services, and recommends solutions to address these.

City Corporation officers will use the findings to define and propose specific service responses to those responsible for their commissioning.

Recommendation

Members are asked to:

- Note and comment on the report
- Endorse the recommended next steps for City Corporation officers to pursue with commissioners the additional provision of:
 - specialist nurse practitioner service
 - peer-led or specialist care navigators
 - improved mental health assessment.

Main Report

Background

1. The City Corporation and the City and Hackney Clinical Commissioning Group (CCG) have commissioned an assessment of health care services for those who sleep rough in the Square Mile. It aims to inform a strategic and commissioning response to rough sleeping.
2. The assessment was undertaken by an independent consultant with relevant expertise. The assessment looked at existing levels of need, service delivery and examples of specialist and mainstream services delivered to those who are

homeless and living on the streets. It also consulted with people with lived experience of rough sleeping to help inform its findings and recommendations.

Current Position

3. The report (Appendix 1) identifies a number of key problems in meeting the health needs of a population with multiple and complex issues, including:
 - unidentified needs
 - poor communication and sharing of information
 - accessing services and service delivery
 - unclear pathways of mental health service
 - reactive rather than planned or preventative health care delivery.

Proposals

4. The report proposes a range of solutions, including provision of:
 - specialist nurse practitioners
 - care navigators or co-ordinators
 - improved mental health assessment and service
 - single multi-disciplinary team approach.

Next steps

5. Engagement with key commissioners at the City and Hackney CCG, Tower Hamlets CCG and the workstreams of the Integrated Commissioning Board has already commenced.
6. City Corporation officers will use the report and its recommendation to propose a range of specific service responses to commissioners. The details of these have yet to be specified, but it is recommended that the initial focus is on three key services:
 - a specialist nurse practitioner to identify, treat and refer clients – based within existing service settings
 - peer-led service navigation and treatment adherence service to support access to and maintenance of health care
 - a specialist mental health practitioner to provide therapeutic intervention, referral and guidance to outreach practitioners.

Corporate & Strategic Implications

7. This work progresses the commitments of the City Corporation's Homelessness Strategy and Joint Health and Wellbeing Strategy.

Conclusion

8. People who sleep rough face some of the greatest health inequalities in the population. This assessment is an important step in identifying the right health services to improve health outcomes for this group, and reduce their rough sleeping.

Appendices

- Appendix 1 – Health care provision for people sleeping rough in the City of London

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Appendix 1 – Health care provision for people sleeping rough in the City of London



Housing services with a human face



Healthcare for people sleeping rough in the City of London

June 2018

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1. Introduction

The City of London and City and Hackney Clinical Commissioning Group (CCG) want to ensure that healthcare services are part of the solution to enabling people who are rough sleeping in the Square Mile to move on in their lives, towards a home of their own.

Gill Leng (www.gilleng.co.uk) and the Revolving Doors Agency (www.revolving-doors.org.uk) were commissioned in April 2018 to work with local partners, providers and people with experience of rough sleeping to review the current health care offer, and to recommend practical local solutions that will best meet local needs.

The Healthy London Partnership's '[Health care and people who are homeless: Commissioning Guidance for London](#)' provided the basis for the review, considering physical and mental health, and wellbeing. This short piece of work involved:

- Interviews with 19 individuals representing 11 local organisations (Annex A)
- Visits to, and conversations with staff at:
 - The Neaman Practice
 - The Dellow Centre (Providence Row)
 - The Lodge (St. Mungo's)
- Attendance at a Royal London Hospital Pathway Team multi-disciplinary team meeting (Barts Health NHS Trust)
- People with lived experience of rough sleeping
 - Two expert panel sessions to inform the review process, and recommendations (seven people in total)
 - A session with members of St. Mungo's *Outside In* group
 - The Lodge, St. Mungo's
- A review of available information provided by the local authority and partners

This short report and practical recommendations are intended to inform City of London and City and Hackney CCG joint plans to transform the local health and care system. It may also be relevant to joint working with other local authorities, CCGs and providers, given the movement across boundaries by the population of people experiencing rough sleeping.

2. Key findings and recommendations

Although not possible to complete a detailed analysis of the population of people experiencing rough sleeping in the Square Mile, available information suggests a population:

- Who has multiple needs i.e. relating to two or more of alcohol or drug use and mental ill-health.
- Who, although younger than in the past, are still seen rough sleeping multiple times in the City of London i.e. there is a greater 'stock' and potentially more opportunities to meet needs, if engagement is possible
- Of whom eligibility for services is unlikely to be as much of a barrier as elsewhere in London ie, a greater proportion of UK nationals are recorded. Also, the number of times some people have been seen rough sleeping suggests a greater likelihood of a local connection.
- That is small enough to target with an appropriate local response.

Challenges to understanding the population in the City of London are the lack of local services and clear pathways to meeting needs, that health services do not routinely record information about an individual's housing circumstances (this is a nationally recognised problem), and that there is no single record of information about the individual's needs and preferences.

This is a population that would benefit from the approach that is now commonly taken to other populations with long-term and/or complex health conditions, i.e. integrated and person-centred care. It may be that this brings to light existing provision that could be more accessible/appropriate. However, the terms of engagement to enable access to services, continuity of care and improved outcomes would need to reflect the population's behaviour and experiences of services in the past, and that they are not housed.

More specific suggestions to improve the current position are below, informed by working with people with experience of rough sleeping (Annex C):

Problem: Health needs and preferences of people experiencing rough sleeping are not known or shared between services working with them

Solutions:

- Specialist health professional e.g. nurse practitioner and/or peer worker completes assessments. These will likely be carried out over time, allowing for trust and relationships to form.
- This information should form a record that could be shared across organisations, perhaps using technology e.g. the approach BrisDoc is taking in Bristol¹.
- This outreach could form part of the new contract for the Greenhouse homeless health service i.e. individuals may be able to benefit from other services on offer here.
- Partners should make a public commitment to a 'no wrong door' approach.

Problem: People experiencing rough sleeping in the City of London are likely to be accessing health services elsewhere in Greater London. Although little is known about the circumstances, experiences and effectiveness of treatment received, evidence suggests that experiences and outcomes are unlikely to be positive. It is also unclear if care and support services on offer to housed residents in City of London are accessible to people sleeping rough e.g. those accessed through a Care Act assessment.

Solutions:

- Employ care navigators to co-ordinate care and support around an individual and enable individuals to access, and benefit from health services. Peer advocacy would also be appropriate for some individuals, including those who have moved off the streets but still have high health needs. These roles would follow an individual wherever they go in Greater London to access services.
- Care and support needs should be assessed through a Care Act assessment as it must be assumed that:
 - Physical and/or mental ill-health are associated with rough sleeping, and there are likely needs arising from this ill-health;

Healthcare for people sleeping rough in the City of London

- These needs are likely to prevent an individual sustaining a home and related outcomes eg, accessing work;
- The needs and inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing.ⁱⁱ
- The care navigator role would hold a 'care passport' for the individual which captures information about experiences, preferences and aspirations (including that gained through the health assessment)
- Enable access to health services (not just health care) in locations in the City of London. This could be:
 - At the proposed monthly 'hubs', alongside a range of other services. The care navigators should oversee the hubs i.e. it should be evident that the purpose of the hub is to improve an individual's health and wellbeing first and foremost (engagement with housing may not be an individual's priority)
 - Through the use of a mobile facility, either working in partnership with an existing provider to expand/enhance their offer, or with other local authorities/CCGs to develop a new mobile offer
 - Through the Neaman Practice. Although not a specialist practice, it has recently extended its hours and is required by the CCG to describe how it is reducing inequalities. There is space available here on Saturdays.
- Learning from the assessment and care navigator approach should inform pathways/transitions between services and across local authority and CCG boundaries.

Problem: Mental ill-health is a significant issue for people experiencing rough sleeping. There is no clear pathway to services, and gaps in services, across the spectrum of need, for people in this situation, and those who have moved off the streets eg, living in the Lodge, who may need continued support to sustain their homes.

Solutions:

- Assessments of need should identify needs for mental health and wellbeing services – these should not be limited to the treatment of ill-health but the promotion of good mental health, and opportunities for individuals to benefit from health-promoting activity e.g. physical activity, social interaction etc.
- With Healthwatch, and support from an appropriate organisation e.g. Groundswell, Providence Row, St Mungo's, complete an exercise with people experiencing rough sleeping/people who have moved on from rough sleeping, to identify what the ideal pathway would be for people experiencing mental ill-health, and enable this work to inform service redesign (including addressing gaps).
- Provide a spot-purchase fund to enable individual's needs to be met in a timely manner, and to buy-in services that are not otherwise available in the City of London. This would include mental health services that are not time-bound.

Problem: There are many services working across sectors that engage with people experiencing rough sleeping in the City of London, albeit to achieve different and potentially conflicting outcomes. Provision is weighted towards reactive and crisis management rather than planned and preventative. There is more than one meeting of partners to discuss individual cases and it is unclear how they relate, who is accountable for what, or how learning is applied.

Solutions:

- Review and revise the City of London strategy for ending rough sleeping, to secure a shared ambition, better understanding of collective resources, roles and responsibilities, and agreement over how to achieve the best possible outcomes for individuals.
- Implement a single multi-disciplinary team approach to people experiencing rough sleeping.
- Consider how the findings from the three integration work streams (planned care; unplanned care; prevention) apply to people with experience of rough sleeping and chronic homelessness to ensure these factors inform redesign.

3. Why carry out a review?

Homelessness is a health problem

As long as there is rough sleeping and other forms of homelessness in the City of London, the Corporation, City and Hackney CCG and other partners to the Joint Health and Wellbeing Strategy **will not achieve their ambition for longer, happier, healthier lives in the City of London.**

We know this because:

- Socially excluded populations, of whom people experiencing homelessness are part, have a mortality rate that is nearly eight times higher than the average for men, and nearly 12 times higher for women.ⁱⁱⁱ
- The average age of death of a single homeless person is 47 years old (43 years for female), compared to 77 years for the general population.^{iv}
- Death by unnatural causes has been found to be far greater among the single homeless population eg, suicide, death connected with substance misuse traffic accidents and infections^v and the prevalence of infectious diseases is also high among the homeless population.^{vi}
- People who sleep rough experience poorer physical and mental health than the general population.
 - 73% of homeless people reported a physical health problem (with 41% reporting this was a long-standing problem).^{vii}
 - Common mental health problems are over twice as high among people who are homeless compared with the general population.
 - Estimates of the prevalence of mental health conditions among homeless people suggest they have far higher rates of schizophrenia, anxiety disorders and depression, suicide and personality disorders than the general population^{viii}
 - In Greater London, 57% of rough sleepers who had a support need assessment recorded in 2016-17 had a drug or alcohol need, 31% of whom were also assessed as having a mental health need^{ix}.
- Ill health may have contributed to them becoming homeless, but the experience of rough sleeping is likely to exacerbate existing conditions and/or result in physical and mental ill health.
- People can turn to alcohol and drugs as a mechanism to cope with homelessness, and symptoms of ill health, including chronic pain^x.
- 62% of rough sleepers report experiencing chronic pain, and homelessness and trauma compound the effects
- Mental ill health and negative experiences of accessing health care, and low literacy are some of the factors in people not seeking help with physical ill health, only accessing urgent health care when they are in crisis.
- It is estimated that 70% of homeless people receiving hospital treatment (not specialist homeless health service hospitals) are discharged onto the streets. Homeless people attend A&E five times as much, stay three times as long, and cost up to eight times as much as the general population^{xi}.
- Of a sample homeless population, half of the total acute care costs were incurred by 10% of people. Financial savings could be made, and quality of life improved by earlier intervention.^{xii}

Framework for the review

Recognising rising homelessness and associated health inequalities as a significant issue in London, the Healthy London Partnership¹ established the London Homeless Health Programme in 2015. In December 2016 the programme published commissioning guidance for CCGs, for use by all London CCGs and anyone delivering health services to people who are affected by homelessness.

The guidance centres around ten commitments, of which eight formed the basis for the review²:

Service delivery

1. People experiencing homelessness receive high quality healthcare
2. Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models
3. People experiencing homelessness are never denied access to Primary Care
4. Mental health care pathways, including crisis care, offer timely assessment, treatment and continuity of care for people experiencing homelessness
5. Wherever possible people experiencing homelessness are never discharged from hospital to the street or to unsuitable accommodation
6. Homeless health advice and signposting is available within all Urgent and Emergency Care Pathways and settings
7. People experiencing homelessness receive high quality, timely and co-ordinated end of life care

Commissioning

8. People with a lived experience of homelessness are pro-actively included in patient and public engagement activities, and supported to join the future healthcare workforce

The commissioning guidance primarily covers primary care services, mental health services, and hospital discharge. Other services are covered insofar as health checks, information and advice should be available. More detail is available in Annex B.

4. The needs of people experiencing rough sleeping in the Square Mile

It was an aspiration of the review to achieve a clearer understanding of the health care needs of people experiencing rough sleeping in the Square Mile, particularly through information provided by services that are seeking to meet those needs. In practice this has not been possible, reflecting a nationally recognised problem: health care services do not routinely collect information about the housing circumstances of their patients/service users.

Instead, this review has drawn on information made available through outreach teams in the City of London and elsewhere in London, analyses completed in other London boroughs, and anecdotal evidence from all those spoken to.

To begin with, stakeholders have a shared view that the City of London's population of people rough sleeping differs from elsewhere in London owing to the perceived 'peace and quiet' and safety offered by an area with a very small resident population and little in the way of a night-time economy compared to other boroughs. Its location enables the population to move into neighbouring areas, to access services during the day-time

¹ Healthy London Partnership, a collaboration between all 32 London Clinical Commissioning Groups and NHS England London region

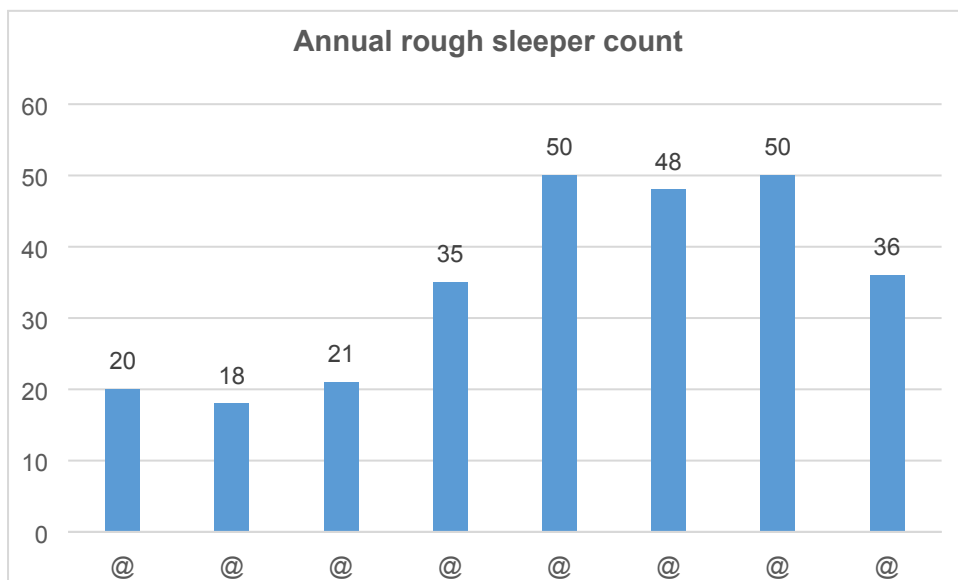
² The remaining two commitments are: data recording and sharing is improved to facilitate outcome-based commissioning for the homeless population of London; multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness

Healthcare for people sleeping rough in the City of London

(there is nothing specific for people experiencing rough sleeping in the City), but also to access an income or substances. Stakeholders also reported individuals coming into the City during the day to beg from the business community, who leave in the evening.

The number of people sleeping rough in the City of London

36 people were reported the annual, official, count completed in November 2017, a significant decrease (28%) from the previous year (50 people).



Source: MHCLG statistics <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

During this research, St. Mungo's reported c.30 people seen by the Outreach Team each night (with up to 50% of these with a local connection ie, they could be eligible for local services such as housing and social care), whilst the Street Triage Team suggested c.50 people, with many people out of sight of the Outreach Team. It was noted that Challenge meetings discuss between 11 and 13 individuals.

The City of London is unique in it's very small resident population, which is reflected in high rate of rough sleeping per 1,000 households reported in the Government's annual report; the rate in City of London was 7.08 per 1,000 households, compared to 0.20 for England, 0.31 for London, and 1.78 for Westminster.³

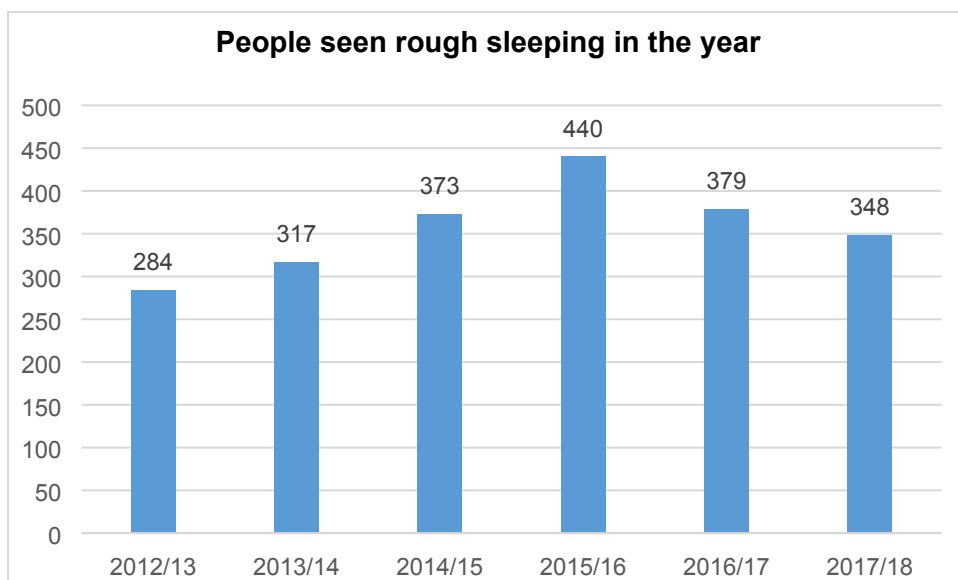
379 people were reported to have been seen rough sleeping in 2016/17, a decrease of 14% on the previous year. Although the total figure for 2017/18 has not yet been published (due 28 June 2018), quarterly reports suggest 559 contacts compared to 542 in 2016/17 ie, overall numbers may broadly remain the same as 2016/17 or be slightly higher.⁴

³ MHCLG official statistics

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf

⁴ CHAIN data based on contacts made by the Outreach Team (St. Mungo's)

Healthcare for people sleeping rough in the City of London



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

Comparison with Greater London CHAIN statistics⁵ suggest a bigger 'static' population ie, fewer new rough – flow - sleepers (35% compared to 60%)⁶, a higher number of those seen in 2017/18 and 2016/17 (48% compared to 26%), and more reported contact with those who are seen (52% seen three or more times, compared to 27%).



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

⁵ 2017/18 CHAIN data

⁶ The flow, stock and returner model categorise people seen rough sleeping in the year according to whether they have also been seen rough sleeping in previous periods

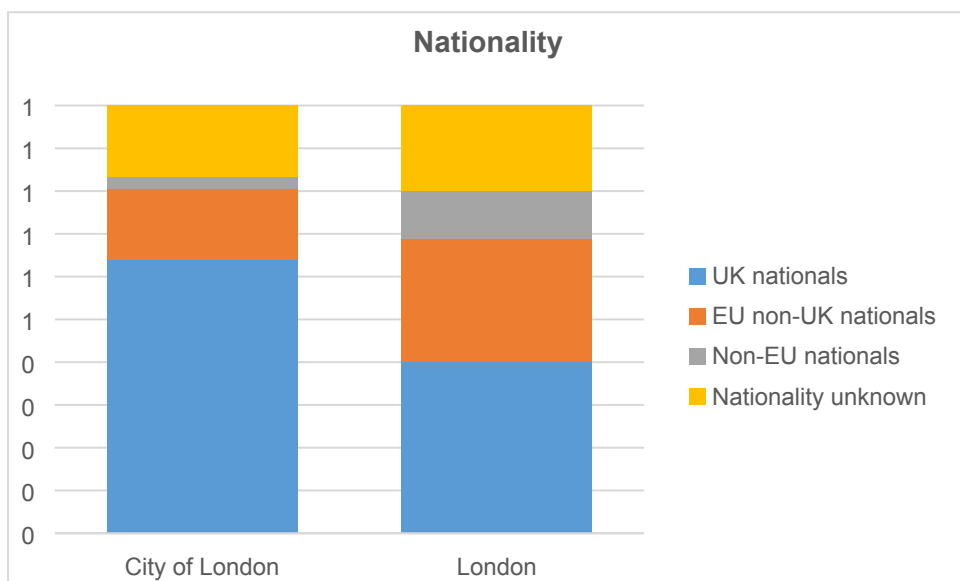
The demography of people sleeping rough in the City of London

Comparison with Greater London CHAIN statistics⁷ suggest:

- Very little difference in the age profile.
- Fewer females (9% compared to 15%).

From 2017, government 'count/estimate' official statistics included information on age and nationality. This information relates to only 36 people on one night, so care must be taken with it's use, but it suggested:

- A much smaller proportion of 18-25 year olds than CHAIN data suggests for the City (3% - 1 person, compared to 8% - 30 people across the year).
- A higher proportion of UK nationals than in Greater London (nationality comparison isn't possible using available CHAIN information).



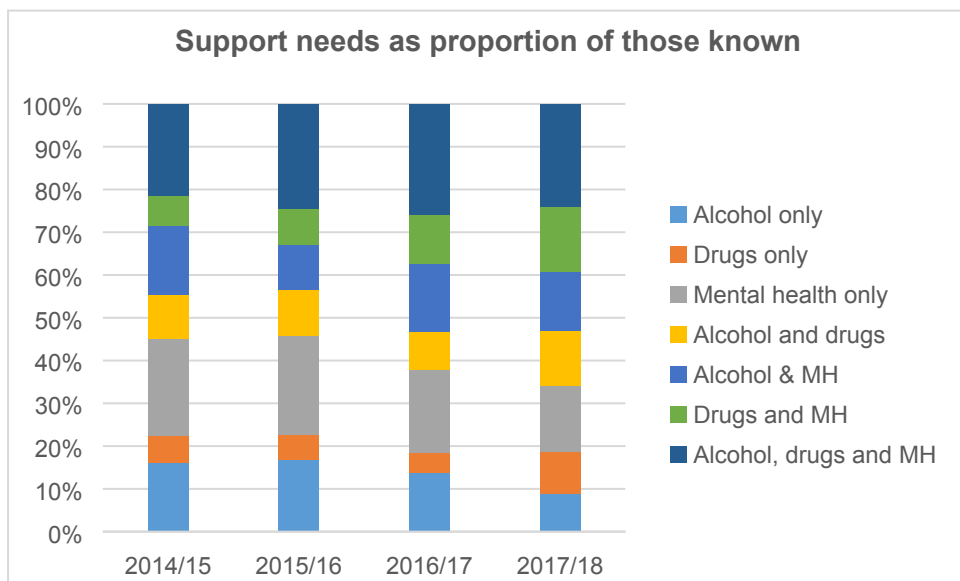
Source: MHCLG statistics <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

Anecdotally there has been a change in the age profile of people experiencing rough sleeping: until the opening of the Lodge(s) accommodation, there was a larger older population. Today, the population is proportionally younger but more akin to the profile of London overall.

⁷ 2016/17 CHAIN data

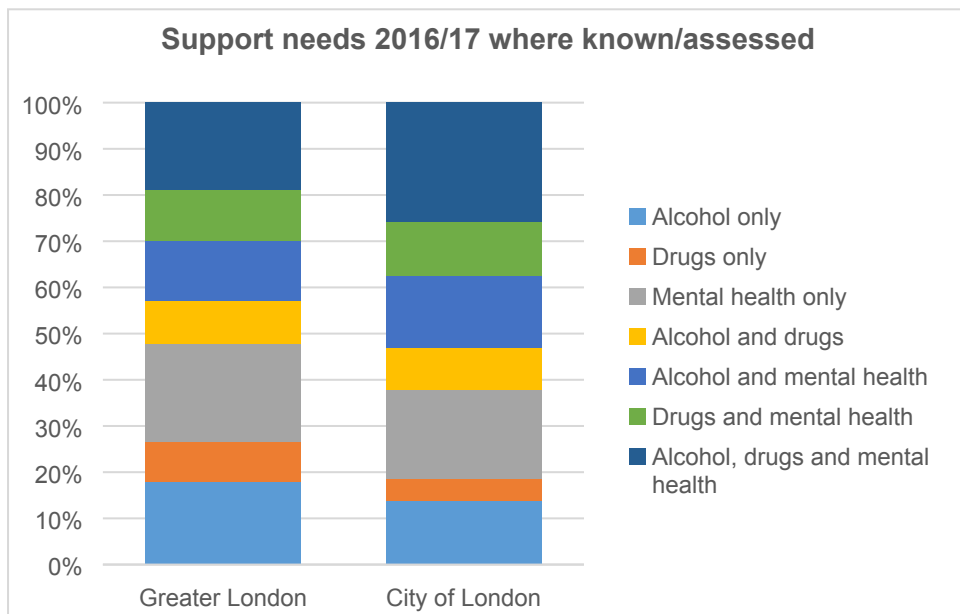
Health needs of people who are sleeping rough in the City of London

CHAIN data provides an indication of health-related needs, albeit these are self-reported. Data for City of London suggests that the profile of needs has changed over time, with an increasing number of individuals with two or more support needs.⁸



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

Comparison with Greater London CHAIN statistics⁹ suggests a greater proportion of those whose support needs are not known (38% compared to 32%). However, for those whose needs are known, there is a greater proportion of people with more than one support need (31% compared to 26%).



Source: Annual CHAIN reports <https://data.london.gov.uk/dataset/chain-reports>

⁸ Note that 2017/18 data is based on quarterly reporting and not an annual figure ie, there may be some duplication in this information

⁹ 2016/17 CHAIN data

Healthcare for people sleeping rough in the City of London

Stakeholders recognise that the needs of people experiencing rough sleeping have changed. The older 'entrenched' population now accommodated in the Lodges, although living on the streets for many years, are reported to have had fewer needs associated with drug and/or alcohol use, and are less chaotic. The remaining younger population are however presenting with these needs, including chronic drug problems and under-lying mental ill-health.

5. Health care available to people experiencing rough sleeping in the Square Mile

It has proven difficult to understand exactly which services people experiencing rough sleeping in the City of London access, and benefit from ie, receive quality care and continuity of care. Individuals move across local authority boundaries on a regular basis and are felt likely to access services outside City of London.

Primary care

The **Neaman Practice** is the only GP practice in the City of London. It reports that it will register any NFA patient, it has taken on all Health E1 homeless patients in recent months, and most of the Lodge residents are registered here. The Practice has recently extended its opening hours to offer a Saturday service. A podiatrist is available one day a week can be accessed by all patients.

A meeting with the practice manager was positive (there was a suggestion that the recently extended practice hours could offer an opportunity for new services to be delivered for people experiencing rough sleeping), but further information was requested from clinicians (not provided) to understand:

- Number of people registered with who have 'no fixed abode' (or otherwise no fixed address)
- Experiences of being able to provide continuity of care to this population, including extent to which 'did not attend' was a feature of referrals to other care
- Experiences of access to mental health services

The Practice was rated as 'good' by the CQC in October 2016, including 'good' for people whose circumstances may make them vulnerable: they held a register of patients living in vulnerable circumstances and homeless patients could register; the practice regularly worked with other health care professionals in the case management of vulnerable patients; the practice informed vulnerable patients about how to access various support groups and voluntary organisations; staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Some stakeholders feel that the Neaman Practice is unlikely to be providing a service to people experiencing rough sleeping, for example it is understood that it will not do scripting, that it has a waiting list and it is to capacity. This hasn't been possible to verify. Although not currently rough sleeping, three residents of the Lodge reported they were very satisfied, had been able to access services on the same or the next day, and that they had been visited by a doctor at the Lodge when they had been unable to attend in person.

The Greenhouse in LB Hackney is a long-established specialist homeless health service, one of 28 in England. Commissioned by the City of London and Hackney CCG it is accessible to people experiencing rough sleeping in City of London. It is co-located with Thames Reach and LB Hackney's Housing Advice as part of the Single Homeless Hub.

Services provided include: full health assessments; GP registration; housing advice; welfare and benefits support; help with access to employment, training, and volunteering; legal advice for people registered at the medical practice; and links to other support services. The service was rated as 'outstanding' by the CQC in August 2017.

Healthcare for people sleeping rough in the City of London

The current caretaking contract with AT Medics expires in March 2019, and the CCG has begun a procurement exercise, starting with pre-procurement engagement in May 2018, to commission a new specialist homeless health practice (the patient list has increased from 860 patients to 1,076 patients in the last four years).

There appears to be scope in the new contract to deliver services in a different way, including to people experiencing rough sleeping in City of London, eg, through an outreach model, and/or integrated with other services – this would be supported by frontline workers in the City of London, who report that people will not travel to the Greenhouse practice. The intention is to implement Pathway's model and the Faculty for Homeless and Inclusion Health's standards, and to follow good practice on end of life care (resource pack being developed by St Mungo's, Marie Curie and Pathway. The model will be agreed with the Patient Participation Group.

Finally, in recognition of the presenting physical health problems of people experiencing rough sleeping, St Mungo's is testing working with the **Greenlight Medical Van** in the City.

Dental services

It is not known where people access dental services: there is no specific provision in the City of London, nor is it known where else people will access dental services elsewhere.

A dental van was available as part of a health pilot delivered at the Dellow Centre in 2016/17. Providence Row reported difficulties in attracting a practitioner to begin with, but once in place, 18 patients were seen and all needed treatment. This service could not be continued without additional resources.

Mental health services

There is no single, shared understanding of available mental health provision for people experiencing rough sleeping in the City of London, when and how this can be accessed, whether this is proving effective in the care it provides and who is accountable.

- **EASL** is commissioned by the City of London to work with St. Mungo's Outreach Team to support them in identifying need, supporting 'lower end' mental health needs, and enabling assessments under the Mental Health Act and Mental Capacity Act. It is also providing supervision to the Team.
- **ELFT** employ a specialist homeless mental health practitioner. There are different views of what this role exists to achieve but it appears it works with St. Mungo's to assess mental health needs of people experiencing rough sleeping. Also, if an assessment is needed in working hours the role will call upon the City's AMHP.
- **The Street Triage Team** (funded by the City of London police and ELFT), has recently been resourced to deliver mental health care to people at risk of suicide or self-harm seven days a week). It does respond to referrals by St. Mungo's outreach team, but these are reportedly few. If an individual is not in immediate need or care or control, they are referred for an assessment, either to ELFT or AMHPs in the Homerton.
- The City of London employ an **Approved Mental Health Professional (AMHP)**, in a small team of social workers who, in working hours, can be called upon to complete a mental health assessment, and who will also support discharge from the Homerton, including for people who have no connection to the City. The AMHP is part of the South Hackney Community Mental Health Team for working age adults which enables a duty rota, cover for leave, and supervision. Outside of working hours the council commissions a service from Hackney. If someone who is rough sleeping is identified as needing a planned mental health assessment this often needs to happen out of hours, the assessment will be set up by the City's AMHP, but the actual assessment will be spot-purchased from the Hackney service.

Healthcare for people sleeping rough in the City of London

- The council commissions ELFT's rehab-team to assess the need for specialist accommodation by people due to leave hospital. However, pathways from hospital appear problematic owing to the lack of specialist accommodation in the City; discharging an individual to specialist accommodation elsewhere triggers a local connection for social care in the receiving authority. For people experiencing rough sleeping they may be discharged to temporary accommodation; this may not be suitable or enable continuity of care.
- Access to mental health services in the community ie, when not in crisis, and access to mental health promoting activities would be, for the housed population, something that should be enabled through a Care Act 2014 assessment. This would 'unlock', for example, an individual budget to purchase counselling, gym membership etc. However, the assessment is reportedly rarely requested for people experiencing rough sleeping.
- Stakeholders report that reductions in funding over time have reduced capacity and capability to meet mental health needs, and that there are gaps in provision across the spectrum, from counselling to dual diagnosis and personality disorder services.

Following the death of someone experiencing rough sleeping, a group was established to regularly review individuals who are felt to be a risk of a mental health crisis and approaching the threshold for an assessment. The council is looking at ways they can improve the offer to this population, and is considering extending meetings to discuss safeguarding, particularly in light of the proposed revision to the London safeguarding policy. It is not clear how the mental health and homelessness meetings relate to the Challenge meetings; many of the same partners appear to attend.

Secondary care

It was not possible to identify the effectiveness of referrals to secondary care from primary care.

In an emergency most stakeholders felt that people experiencing rough sleeping would be taken to the Royal London hospital for treatment, not the Homerton (the focus of current unplanned care work, which may be extended to the Royal London).

There is no specific homelessness service at the Homerton. Also, a 'step-down' service from the hospital, delivered by St. Mungo's several years ago, was felt to be ineffective: people did not move on from the accommodation and it was felt to create a dependency culture. It was not possible to speak to A & E or hospital discharge teams at the hospital in this work (attempts were made).

People experiencing rough sleeping is a consideration of the City and City and Hackney CCG unplanned care workstream, particularly activity to understand frequent attendance, non-elective admissions and discharge. The current focus of work is the Homerton (may be extended to UCL/Barts), where a 'frequent attenders MDT', led by a nurse, considers up to 30 people each month. There were no people of 'no fixed abode' considered in the most recent monthly meeting. Also, work is underway to audit 50 Delayed Transfer of Care cases: housing has emerged as a theme, but further information is not available in time for this research and this may just apply to the Homerton.

The Royal London is home to a 'Pathway model' homelessness service, commissioned by Tower Hamlets CCG. It provides care to inpatients who are homeless or at risk of becoming homeless, with a view to improving their outcomes after discharge. The stated outcomes in the service specification are:

Desired outcomes

- Improved health for homeless patients
- Improved self-efficacy in handling money, relationships and accommodation
- Reduced rough sleeping (as an outcome to which the service contributes through coordination with the work of other agencies)

Patient experience outcomes

Healthcare for people sleeping rough in the City of London

- Trusting relationship formed with supportive team
- Improved self-efficacy in handling money and accommodation
- Joined up, integrated care

Efficiency outcomes

- Reduced average duration of stay (when assessed annually across whole patient group)
- Reduced admissions and emergency attendances

Positive recovery outcomes for individuals

- Increased ability to manage mental health
- Increased physical health and self-care skills
- Encourage social networks and peer support
- Increase in the ability to find work, training and access education
- Improvement in the ability to develop and maintain relationships / contact with family
- Reduction in addictive behaviours
- Increase in self-esteem, trust and hope.

In 2016/17 Pathway were notified of 306 inpatients, of whom 296 were unique cases. The average length of admission was 11.8 days, with an average of 10 days spent under Pathway management. 40% of the admissions were related to drugs, alcohol, or a combination¹⁰.

Of the 629 patients managed by Pathway between November 2015 and July 2017, 54% were registered in another part of Greater London, which could include City of London (data not available)¹¹¹². Attendance at a monthly MDT in May 2018 did not identify any individuals from City of London (from 59 cases, in patients and those recently discharged).

The Pathway service works in partnership with the Routes to Roots service delivered by Providence Row. Funded by LB Tower Hamlets, Routes to Roots is working with an increasing number of individuals (146 in 2017/18 compared to 123 in 2016/17). It appears to be successful in enabling prompt assessments and establishing local connection for patients: 80% of new referrals were assessed within 24hrs with 95% of total assessed within 48hrs; 96% of local connections were determined within 48 hours; 100% of patients have been referred to a local authority when appropriate to do so and the team achieved 69 reconnections up 4 on last year. A new “step down” accommodation service was opened in 2017/18, enabling patients to move from hospital when their reconnection is not established at discharge; this would be available to people who have been rough sleeping in the City but do not have a connection to Tower Hamlets.

Other

City of London police: PCSOs and Community Police reportedly have a good understanding of where people sleep rough in the City, and play a part in enabling people to access the quarterly hubs, where people can access a range of services. They have also just established a ‘begging hub’, once a month, where individuals, some of whom sleep rough in the City of London, can access mental health support provided by the Street Triage team mental health nurse.

St. Mungo’s Housing First approach: St. Mungo’s outreach team, through funding from City of London, has recently been increased to enable additional capacity to provide a Housing First approach. The principles of Housing First are¹³:

¹⁰ Pathway, service data 2017

¹¹ Pathway, service data 2017

¹² It is worth noting that this data was manually extracted, as the databases used by the two NHS trusts (East London Foundation Trust and Barts Health Trust) are not compatible.

¹³ Homeless Link. 2016. Housing First in England: the principles.

Healthcare for people sleeping rough in the City of London

1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals, and aspirations
7. A harm reduction approach is used

Support and services may relate to an individual's health and wellbeing, physical and mental: success in the Housing First approach will depend on the availability, appropriateness and effectiveness of these services.

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 - Blog about the Care Act Toolkit as an advocacy aid - <https://www.homeless.org.uk/connect/blogs/2017/jul/31/care-act-toolkit-for-advocacy>
 - The Care Act Multiple Needs Toolkit - <https://www.homeless.org.uk/sites/default/files/site-attachments/VOICES%20Care%20Act%20Toolkit.pdf>
 - Webinar about the Care Act and Housing First (from minute 18 onwards) <https://www.homeless.org.uk/our-work/resources/webinar-and-podcast-catchup/care-act-and-housing-first-webinar>
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- ^{xii} An analysis of the cost of acute health service use by rough sleepers in London, Resolving Chaos and St Mungo's Broadway, 2013

Annex A Research interviewees

Organisation	Name	Role
The Neaman Practice	Sue Neville	Practice Manager
St Mungo's	Laila Grinberga & Kathy Simms	Outreach team
	Isaura Abbas	The Lodge accommodation
EASL	Barney Wells	Director
Providence Row	Sarah Makhoulouf	Manager, Dellow Day Centre
	Dominic Gates	Dellow Centre
	Phil Hennessy	Routes to roots project
Find and Treat	Dr. Al Storey	Clinical lead
Groundswell	Kate Bowgett	Director of Advocacy
City of London	Will Norman	Service Manager – Homelessness & Rough Sleeping
	Simon Cribbens	
	Ian Tweedie	Social care
City of London police	Mark Montgomery	Street Triage
Healthwatch	Jon Williams	Executive Director
ELFT	Denise O'Grady	Senior Nurse Practitioner Homelessness & Project manager NRPF
NHS City and Hackney CCG	Richard Bull	Programme Director, Primary Care
	Nina Griffith	Workstream Director, Unplanned Care

Annex B - Services in scope of the London Homeless Health Partnership CCG guidance

Service type	Service/function	Healthy London guidance?
Primary care services	GP/nurse practitioner	Yes
	Dental	
	Optician	Health checks and advice only
Allied health services	Podiatrists	
Mental health services	Counselling	Yes
	Talking therapies (IAPT, psychology, psychiatry)	
	Community mental health team	
	Assertive outreach	
	Crisis team	
	Personality disorder services	
Public health - and protection improvement	Sexual health	Health checks and advice only
	Diet and nutrition	
	Smoking cessation	
	Drug services	
	Alcohol services	
	TB treatment	Yes
Secondary care	Urgent and emergency care: 111; A & E; ambulance; urgent care	Health advice and signposting
	Hospital discharge	Yes
Other services/settings	Palliative care	
Social care	Care Act 2014 assessment	

Annex C Input from people with lived experience

People with experience of rough sleeping, including a small number who have spent time sleeping rough in the City of London, provided input at a number of points in the research:

- Before interviews were completed with partners: a desktop exercise informed an Expert Panel discussion to identify lines of enquiry
- During the research, enabled through St. Mungo's: through the Outside In group of people with experience of rough sleeping; at the Lodge accommodation
- At the end of the research: findings were presented back to the Expert Panel and recommendations discussed

The following section presents the findings from this part of the research, which was led and delivered by the Revolving Door Agency.

1. Lived Experience Panel (LEP)– Final Recommendations

Held on 12 June 2018, four people (2 women and 2 men) attended this session.

- 1. The City of London and City and Hackney CCG should commission a health and social care needs assessment of all people who are sleeping rough in the Square Mile. This assessment should be carried out by a specialist nurse/health team and peer workers.**
 - Evidence tells us that people experiencing homelessness have significantly worse physical and mental health than that of the general population and the longer a person experiences homelessness the more likely their health and wellbeing is at risk.
 - The research has not been able to produce any in-depth data about the health needs of people who are sleeping rough in the Square Mile. Panel members suggest that in the absence of such data, evidence from elsewhere should be an adequate basis for investment in 'homeless health' in the first instance.
 - Given the relatively small number of people who are sleeping rough in the Square Mile, the panel recommends that the City and Hackney CCG and City of London to work together to carry out **a full assessment of health and social care needs of every person sleeping rough in the next year.**
 - **LEP recommended that the health needs assessment to be carried out by a specialist nurse (who can also carry out tests) and peer workers.** Panel members thought peer workers would be trustworthy, reliable and empathetic to their needs, and they felt peer workers would be able to collect more in-depth and more accurate information than the professionals.
- 2. Health and social care agencies and homelessness services should share information and work together to meet the needs of people who are sleeping rough in the Square Mile.**
 - People who are sleeping rough in the Square Mile are likely to have been asked about their health and social care needs several times by several services. Therefore, this data should be collected just once, shared across relevant health and housing agencies as relevant, and should be updated by health services as part of ongoing record keeping processes.
 - LEP expected this data to be kept safely (especially female members of the panel raised concerns about confidentiality and data leaks). However, they broadly agree that services will need to share information to provide the best jointed support for the individuals who are sleeping rough in the Square Mile.
 - Reflecting on their personal experiences, they emphasised that the health needs (particularly mental health needs) can be multi-faceted and may span across experiences of childhood trauma, domestic abuse, and criminal justice contact and recommended the information sharing protocol should cover a broad range of local services people might access to.
 - Some of the LEP members, who now work as peer support-workers and regularly attend to multi-agency meetings, suggest that sharing information between different agencies does not always change 'system behaviours' and that individuals can still find themselves fall through the gaps between services. LEP

therefore recommends that the information sharing protocol to support a principle for ‘no wrong-door’ for people who are sleeping rough in the Square Mile.

- 3. Care passports for people who are sleeping rough in the Square Mile should be implemented.**
 - Some LEP members suggested that data sharing practices are unhealthily focused on needs and deficits, and fail to recognise differences in individuals’ experiences, preferences and aspirations.
 - LEP recommended that the City and Hackney CCG and the City of London to implement care passports for people who are sleeping rough. This passport should include a summary of health and social care needs and support needs, as well as information about the personal strengths and preferences.
 - LEP recommended that this information is collected by a peer worker, alongside ‘a care navigator’ (or ‘link worker’) who will be ultimately responsible for coordinating support and care around the individual
 - LEP saw care passports as an opportunity to implement a personalised and strength-based approach to multi-agency working practices.

- 4. Multiple needs should be met simultaneously**
 - LEP members shared the view that the health needs assessment should form the basis of all services working together to meet the need. People who are sleeping rough in the Square Mile should be able to find services that join-up to meet their personal combination of needs, not just one need in isolation. They should be able to get help with their alcohol problems and mental health difficulties at the same time, for example.
 - LEP suggested that **a hub** that brings together benefits and housing advice, training and employment activities and health services would be beneficial for this group.
 - LEP members understood that people who are sleeping rough in the Square Mile might access a variety of services in the neighbouring boroughs (including Tower Hamlets, Hackney and Westminster) during the day. However, currently we know very little about how frequently and how successfully they make use of these services.
 - LEP queried piloting **pop up ‘hubs’** (e.g. a tent/temporary space) to specifically engage with people in the Square Mile in the evenings (for example once a month). This pop-up service should be run by ‘care navigators’ (or ‘link workers’) alongside the same peer workers who help to develop the care passports.
 - Currently, we know very little about how people, who are sleeping rough in the Square Mile, access services. LEP saw these ‘pop up’ hubs as an opportunity for ‘care navigators’ to build relationships with individuals, identify needs, understand the service use, and develop agreements to spot purchase services where necessary.
 - LEP believed that money should follow the individual across the system, and across the commissioning boundaries. They felt that the services found it easier to ‘pass the buck’ and recognised that more incentives need to be in place for services to join up and help individuals move on with their lives. They understand administering funding across system/local authority/CCG boundaries is difficult to administer, but they felt options such as ‘spot purchasing’ services could help achieve better outcomes.

- 5. The City and Hackney CCG and the City of London Corp should consider better transition across services.**
 - a. Transitions from custody to community**
 - Five out of seven LEP members have had experience of the criminal justice system, as well as experience of sleeping rough.
 - People leaving prison are at high risk of homelessness for many reasons, e.g. they may have been homeless before entering prison, are dependent on drugs or alcohol or simply are unable to get support finding the right sort of accommodation on release. The Rough Sleeping in London report (CHAIN) showed that a third of people seen rough sleeping in 2015-16 had experience of serving time in prison.
 - We do not currently know what proportion of people who are sleeping rough in the Square Mile had served time in prison, however the LEP asked the City and Hackney CCG need to consider the increased health needs for this population, including mental ill-health (and personality disorders), increased risk of suicide, substance misuse needs, physical health needs, TB and blood borne viruses.

Healthcare for people sleeping rough in the City of London

- LEP members who have served time in prison, said that the medical notes are not always shared between community and custody healthcare settings, or the notes are not always up to date. On exiting prison, all services (but particularly mental health services) were reportedly fragmented, 'virtually impossible' to access. LEP recommends that health needs linked to other support needs, such as housing, should be prioritised for this group.
- Two LEP members reflected on their experiences of moving from streets to custody and from custody back to streets. They raised concerns about restrictions on housing eligibility of people who have previous criminal convictions and asked the City of London Corp to consider working with the criminal justice agencies to prevent homelessness. This may involve designing a specific housing pathway for people with criminal records, or integrating criminal justice contact in the multi-agency framework going forward.

b. Transitions from secondary mental health services

- While all LEP members reported to have experienced some mental health problems, four have had experience of being admitted to secondary mental health settings in the past three years. Their experiences of housing support following discharge from psychiatric hospital were varied.
- One member was a woman in their 50s, with experience of homelessness (including sleeping rough and sofa surfing), mental ill-health and substance misuse needs. She recently found herself street homeless, after having exhausted the accommodation offers from friends over the last six months. She attempted to take her own life, was picked up by the street triage team, and subsequently admitted to a psychiatric ward. She was offered a two-week step down accommodation following the discharge, and yet was not supported with finding an accommodation during this time. She was clearly distressed and told us that her mental health crisis was caused by 'a deep shame to admit that [she had] nowhere to go' and felt that the uncertainty about her housing situation made her mental health significantly worse. She was once again contemplating suicide.
- Another member was a man in his 40s, with experience of sleeping rough in Westminster and the City. While he was on the street, he was admitted to a psychiatric hospital and subsequently diagnosed with 'schizophrenia'. During his six months stay at the psychiatric hospital, he was offered a range of support with his physical health problems, including diabetes, musculoskeletal problems and dental treatment. He suggested that the good quality care that addressed both his mental health and physical health needs made him willing to move on from the streets and able to keep his accommodation.

6. How to involve people with lived experience in the commissioning and delivery of services

- The LEP recommends that commissioners and providers of service use the knowledge of people with lived experience as a valuable resource, and ask them to listen and act on people's views to make changes for the better.
- They feel strongly about the need to involve peer workers in both assessing the health needs of people who are sleeping rough and supporting people to their health appointments.
- They recognise that people who are sleeping rough may not be readily available to attend to consultations.
- Whenever possible, feedback on health care services should be collected on a real-time basis, for example by installing satisfaction buttons at the entrance/exit of healthcare services.
- When further and broader information is required, the consultation should be flexible and in places they already are (for example day centres, local parks, 'pop-up hubs' etc).
- The LEP also endorses the recommendations made by Outside In group.

2. Focus group with St Mungo's Outside In

Held on 6 June 2018, this group involved six participants: three men and three women with experience of sleeping rough. Formerly accepted as 'homeless' in two in Hackney, one in Tower Hamlets, two in Westminster and one in RBKC. They are now working as part of the St Mungo's Outside In group to advise policy and practice issues affecting people who are homeless, including for example, providing help and support via Streetlink).

1. Experiences with access to healthcare

- Participants told us that during the time they were sleeping rough, they tended to access health services only when there was an urgent health need. This included attending to wounds, severe lung/ breathing problems (e.g. bronchitis/pneumonia), and dental abscesses. Minor illnesses (e.g. cold, flu, low grade fever) or chronic problems (e.g. musculoskeletal problems, diabetes, blood borne viruses) were either not treated/or followed up, often because of not seeing the doctor for extended periods of time to collect test results, picking up the prescription or losing medication, or not attending follow up appointments.
- Attending only to what they consider 'major health issues' was often a consequence of accessing services in day centres, walk in clinics, or A&E departments, where the follow-on care was understood to be unavailable.
- Participants said they chose to use day centres, walk-in clinics or A&E departments, because of the inconvenience of seeing a doctor on the day, especially when they thought they needed urgent care. Some had the impression that the mainstream primary healthcare services were not available to them, and they were not asked if they wanted to register with a specialist 'homeless' GP while they were on the street.
- All suggested they had registered with a GP service after they were offered a supported accommodation/hostel place.
- Sporadic use of healthcare services also meant that their healthcare records are incomplete. Two participants suggested that their healthcare information has never transferred to the specialist GP (potentially via GP2GP service) and that their historic data is missing.
- Participants who are now taking calls from Streetlink line, suggested that accessing mainstream GP services and receiving treatment continue to be problematic. Despite the ongoing Healthy London campaign, often people are asked to provide proof of address and identification. They also reported negative attitudes of receptionists to dealing with people who are sleeping rough.
- Currently the healthcare services in daycentres, walk-in clinics and A&E departments are felt inadequate in moving people off the streets.
- The group's recommendations included:
 - a. Ensure the Healthy London Partnership's 'My Rights to Access to Healthcare' card is made available across all day centres, foodbanks, Job Centres, libraries and any other public services that rough sleepers might access.
 - b. Explore how GP services can identify people who are at risk of homelessness/or are not-street homeless (e.g. sofa surfing) and offer them assistance or refer to people who can provide that assistance. It was suggested that this should at the minimum include a referral to housing authority, and an up-to-date list of organisations, such as night shelters and foodbanks.
 - c. Include a "housing" element in all MECC training for services/organisations that meet people who are homeless.

2. How to involve people with lived experience in the commissioning and delivery of services

Participants said that engagement process should:

- **Have a clear purpose** Commissioners and providers of services will need to make it very clear 'why they are engaging with people with lived experience' and regularly feedback on changes that are being made upon the recommendations of people with lived experience.
- **Offer beneficial outcomes for people who are experiencing/or experienced sleeping rough.** These need to include immediate benefits (e.g. being offered payment for their time/contribution, and/or training as part of the involvement process) and longer-term benefits (e.g. 'making a difference')

Healthcare for people sleeping rough in the City of London

- **Account for support people might need.** Involvement in service design and delivery can be difficult and overwhelming for many people who are sleeping rough, or who have recently moved into accommodation. Many individuals will need to be supported by people who they already have relationships with (e.g. outreach team, daycentre staff, etc.).
- **Increase responsibilities gradually** All participants have started volunteering as part of a group, first shadowing meetings, and gradually became more involved in various parts of the system they were interested in.
- **Respect a variety of experiences and views** Many people with experience of homelessness have fears of being rejected, judged, ridiculed, often because of multiple adverse experiences. The engagement process will need to be based on a deliberate statement of mutual respect and recognition.
- **Make use of trusted places/trusted faces** People who are sleeping rough might find meeting rooms, service buildings intimidating, and therefore it was suggested that the involvement meetings are kept flexible and informal in places where people already are. This could include day centres, but also places such as the local church, local park, etc.

3. Interviews with Lodge guests

Held on 8 June 2018, three males in their 60s contributed, with experience of sleeping rough 10+ years, including in the Square Mile, before they moved into the Lodge(s) between two and three years ago.

1. Healthcare needs:

- While sleeping rough, the only healthcare service they accessed was in the Providence Row day centre. They reported to have good relationships with the GP and practice nurse, who have supported them with several needs over the years. On reflection, they think they only asked for help with what they consider to be serious health issues that cause severe pain and discomfort.
- Reflecting on the experiences of people they have met on the streets over the years, they think substance misuse, coupled with poor mental health is a very common experience; and the day centre has been helpful in getting some basic support in place, e.g. Needle Exchange, referrals to substance misuse treatment, getting access to script. However, they feel there was not enough help especially with mental health problems to get them off the street in the first place.
- They recall some, but not frequent/regular visits to A&E during the time they have slept rough. Pain management, e.g. with leg wounds, was a common cause of their visit. They felt that the A&E staff always attended to their immediate needs.
- The first time they registered with a GP was after they had moved on to Lodge. They were supported by a support worker to register.

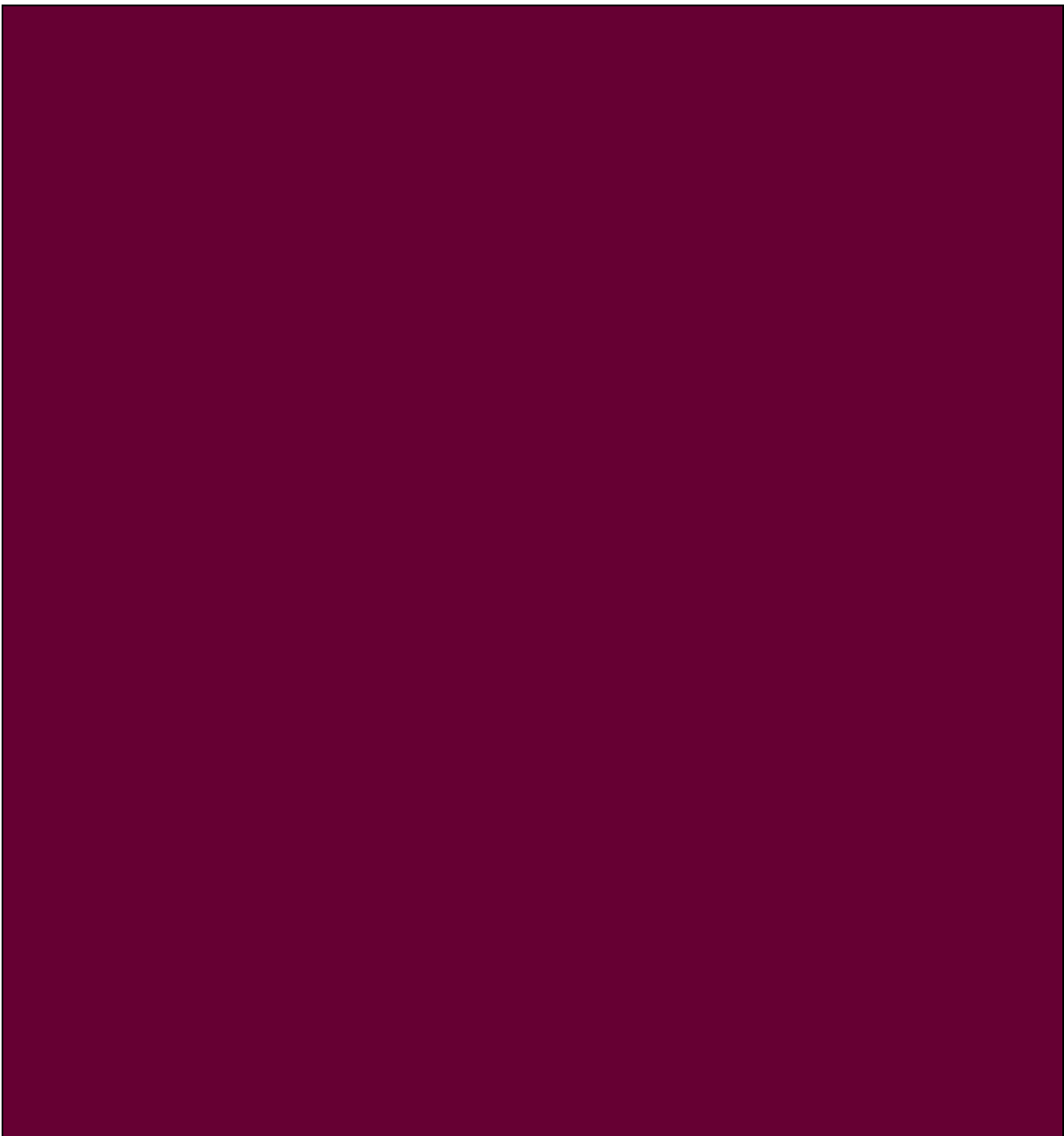
2. Health needs

- All three reported chronic health conditions: Guest 1 reported Type 2 diabetes, high blood pressure, cardio-vascular problems; Guest 2 reported they had been treated for TB, and currently has COPD, and musculoskeletal issues that makes walking difficult; Guest 3 reported asthma, high blood pressure, limited sight.
- These issues have come to surface after they had registered with the Neaman Practice. Guest 1 thought he had not been previously tested for these conditions, partly because he suspects 'these are not the sorts of things that can be treated on the street'. In comparison, Guest 2, thought that his 'health problems started after [he] moved indoors'

3. Feedback on Neaman Practice

Healthcare for people sleeping rough in the City of London

- All three said they are 'very satisfied' with the Neaman Practice. They found making appointments and seeing a doctor on the day or next day 'very easy'. They felt that their GP always treated them with dignity and respect and cared for them.
 - They all talked about the occasions when they were unable/unwilling to go to the surgery, but the doctor visited them at the service and got the medication they needed to get better. This has not been always their experience with all services they have accessed to over the years.
 - All three felt there was nothing that they needed to complain about, but they knew how to raise their concerns and they felt they were going to be listened to.
- 4. How to involve people with lived experience in the commissioning and delivery of services**
- All three participants felt that commissioners and service providers will have to go to places 'rough sleepers' live and services they access. This echoed the suggestions of Outside In group who suggested engagement events to take place in 'trusted places'.
 - They expressed they felt they had been let down by a number of services, rather than just physical health, mental health or housing services, so it is our view that the consultations should be based on how the 'system' on the whole operates to meet a particular need/or combination of needs, rather than focus just one service.
 - They felt these meetings should be regular (four to six months every year, rather than every month, or every week) and people should be incentivised to attend. They felt, much like the Outside In group, that incentives should include vouchers (for their time) in the first instance, but they felt they would need to see 'something being done' with the information gathered after the meetings.
 - We tested the idea from our forums about installing a screen to receive 'immediate feedback' as they go in/leave a health service. They felt this could be a good way of monitoring people's satisfaction more generally but suspected everyone accessing Neaman Practice would be happy with the health service they receive.



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Committee(s)	Dated:
Health and Wellbeing Board-For decision Open Spaces City Gardens Committee-For decision	21.09.18 02.10.18
Subject: Voluntary smoke-free space in Finsbury Circus	Public
Report of: Andrew Carter, Director of Children and Community Services	For Decision
Report author: Tizzy Keller, Strategy Officer- Health and Children	

Summary

Finsbury Circus has been closed due to Crossrail works and is due to be returned to the City in October 2018 The City Gardens team are currently planning the use and design of the reopened space and considering how it can better cater to the needs of children and families to increase use by this group.

This report seeks to gain Member support for the implementation of a voluntary smoke free space in Finsbury Circus when the full space is reopened to the public. It outlines the benefits of implementing a voluntary smoke-free ban in this area including denormalising smoking, reducing smoking relating litter and increasing potential for use of the space for leisure and recreational activity.

Recommendation(s)

Members are asked to:

- Endorse the implementation of another voluntary smoke free green spaces in the City in Finsbury Circus when it reopens.

Main Report

Background

1. In May 2014, the Health and Wellbeing Board (HWBB) agreed to trial voluntary smoke free spaces in four children's playgrounds in the City. Following the successful implementation of these spaces, the Health and Wellbeing Board agreed to include the aim to explore options for extending this scheme and implementing more voluntary smoke free spaces in the City in the Joint Health and Wellbeing Strategy 2017-20.
2. In September 2015 the HWBB rejected the recommendation from the 2014 'Better Health for London report' to ban smoking in the City's green spaces.

However, it was agreed that the board would seek to expand smoke free children's spaces as new play areas are developed in the City.

3. Finsbury Circus is the biggest green space in the Square Mile. It is currently closed for Crossrail construction. The City Corporation are due to get this space back in October 2018 and hope to reopen the full space in early 2020.

Current Position

4. The Public Health team have been in conversation with the City Gardens team to discuss the feasibility of expanding the voluntary smoke free scheme in the City's green spaces. Finsbury Circus was chosen as the best trial area as it is currently partially closed to the public and will be closed in its entirety for a period during the development of the new garden. During this time it will not be used by smokers and will not require them to change their behaviour when it reopens as a smoke free space. Additionally, it is the biggest green space in the Square Mile and so provides the best opportunity for leisure and physical activity.
5. While evidence is mixed regarding whether second hand smoke in open spaces poses a direct risk to health, there are a number of other benefits of implementing a voluntary smoking ban in Finsbury Circus. These include:
 - To support the denormalisation of smoking. When smoking is made less visible it is made less normal and less convenient and contributes to fewer people starting smoking, and more stopping. The City Garden's team plan to incorporate children's play equipment into Finsbury Circus when it re-opens and a lack of adults smoking will set a good example.
 - To reduce smoking-related litter and the threat of cigarette ends, which are non-biodegradable and toxic to children, wildlife and the environment. Currently the City gardeners spend a significant proportion of their time and resources clearing up cigarette butts. An initiative like this would save both time and resource.
 - To offer the potential for increased use of parks and recreation areas. When it reopens, Finsbury Circus will be the biggest green space in the Square Mile. This is a space provides residents and workers for physical and leisure activities. Cigarette litter will make this space less appealing for this use.
 - To reduce fire risk
6. In Bristol, voluntary smoke free spaces have been implemented in two of their biggest public squares - Millennium and Anchor Square. These spaces have largely been positively received. The team who implemented the initiative in Bristol noted that a beneficial outcome was that they raised awareness of the impacts of smoking in public and started a conversation about how this impacts the way the spaces are used and who uses them.
7. The City Gardens team are exploring options for how Finsbury Circus can best be utilised for all groups, including children and young people, to increase use by

this group. It is important that this space is children friendly and that smoking is denormalised.

Proposals

8. This report seeks to gain support from the Health and Wellbeing Board to make Finsbury Circus a voluntary smoke free space.

Corporate & Strategic Implications

9. This proposal supports the following aims of the aims of the Corporate plan:
 - Contribute to a flourishing society
 - People enjoy good health and wellbeing
 - Communities are cohesive and have the facilities they need
 - Shape outstanding environments
 - We have clean air, land and water and a thriving and sustainable natural environment
 - Our spaces are secure resilient and well-maintained.

Cost Implications

As there will be no enforcement involved in these smoke free spaces, the costs associated with it will be minimal. The only expenses are expected to be the cost of the signs and potentially some marketing activity.

A lack of cigarette litter in Finsbury Circus would save resources for the City Gardens team as currently a significant part of the gardeners' time is spent cleaning up cigarette litter.

Health Implications

This initiative would support the priorities of the Joint Health and Wellbeing Strategy of a health urban environment, promoting healthy behaviours and giving every child the best start in life.

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Committee: Health and Wellbeing Board	Dated: 21/09/2018
Subject: Developing a new Housing Strategy	Public
Report of: Andrew Carter, Director of Community and Children's Services	For decision
Report author: Marcus Roberts, Head of Strategy and Performance, DCCS	

Summary

The report presents a draft housing strategy and asks the Health and Wellbeing Board to consider and approve the approach to health and wellbeing issues.

The strategy sets out the Corporation's vision for housing to 2022 and how it will use its expertise and resources as a strategic housing authority to build, maintain and manage homes and estates, identifying four key outcomes. This includes a commitment to developing homes and estates to benefit health and wellbeing and support social connectedness.

Recommendations

Members are asked to:

- Note the report
- Review and provide comment on the draft Housing Strategy
- Support the approach to health and wellbeing in the draft Housing Strategy.

Main Report

Background

1. The City Corporation is the strategic housing authority for the Square Mile and a landlord to 1,923 tenanted properties and 936 leasehold properties across London.
2. The City has a residential population of around 8,000. Most residents in the Square Mile live on four estates at the Barbican, Golden Lane, Middlesex Street and Mansell Street. Three quarters of our social housing (over 1,500 homes on 11 estates) is not in the Square Mile but in Southwark, Islington, Lewisham, Lambeth, Hackney and Tower Hamlets. The resident population is projected to rise by a third by 2036, with a particular increase in the numbers of older people.

3. The Corporation is developing a new Housing Strategy to set out its vision, aims and approach to the management of the Corporation's 13 estates across London, to increasing the supply of housing (both socially rented and mixed tenure) and to supporting wider objectives around health and wellbeing, helping people to achieve their potential and building strong and sustainable communities.
4. The Housing Strategy will contribute to delivering the *City of London Corporate Plan 2018-23* and the five priorities in the *DCCS Business Plan*, as well as supporting the *Joint Health and Wellbeing Strategy*. It is supported by other housing plans and strategies (e.g. Allocations Strategy and Housing Services Plan) and is being developed alongside the Corporation's new *Housing Design Guide* and a *Homelessness and Rough Sleeping Strategy*.

Strategy Outline

5. The vision of the strategy is 'healthy homes, space to thrive and vibrant communities for Londoners'. The aim is 'to use our expertise and resources as a strategic housing authority to build, maintain and manage quality homes in estates people are proud to live in, where our residents will flourish, and through which we support our communities and economy to thrive'.
6. The strategy is structured around four key outcomes:
 - Quality homes that meet the changing needs of our residents and communities
 - Well-managed estates that people are happy and proud to live in
 - Thriving and connected communities where people feel at home and flourish
 - New homes to meet the needs of Londoners, our communities and economy.
7. Key commitments in the strategy include:
 - Investment in a £55 million major works programme over five years with an expectation of further resources to address the findings of an independent Stock Condition Review that was completed in 2018
 - A programme of fire safety and maintenance work, including retro-fitting state-of-the-art sprinklers in City tower blocks
 - Community development activity to involve residents in decisions and to provide opportunities for them to take an active role on their estates
 - Increasing housing supply, with a long-term ambition to deliver 700 new social homes and a further 3,000 mixed tenure homes, with all new social homes let at London Affordable Rent.
8. The outcome 'thriving and connected communities where people feel at home and flourish' has a focus on health and wellbeing. It highlights the role of housing in

reducing pressures on health services by supporting people to live independently and supporting discharge from hospital.

9. It specifically commits to supporting health and wellbeing by:

- Using design to enable residents to lead more active lifestyles and use of open spaces, landscaped environment and the 'internal environment' in new homes
- Supporting residents with mobility, sensory and memory impairments (including adaptations and developing assistive technologies)
- Prioritising vulnerable people and the needs of existing tenants in unsuitable accommodation (e.g. overcrowded) in allocation of new social housing stock
- Developing the Community Builders programme and other initiatives to strengthen communities and tackle social isolation
- Ensuring that residents are safe in their homes and neighbourhoods – for example, developing Neighbourhood Patrols and designing out crime
- Helping to develop housing solutions for the most vulnerable – including care leavers and rough sleepers.

10. The draft Housing Strategy also seeks to identify measures and indicators, including:

- Reduction in delayed transfers of care
- People requiring less support following a period of reablement
- More residents involved in volunteering and reporting improved quality of life
- Involvement of residents who are new to volunteering
- Low rates of anti-social behaviour and crime
- Reduced homelessness.

11. The strategy will be overseen by the Community and Children's Services Grand Committee and its sub-committees. It is also proposed to provide regular progress reports to the Health and Wellbeing Board in recognition of the importance of housing for the delivery of the Joint Health and Wellbeing Strategy and addressing health issues and pressures.

Corporate and Strategic Implications

12. The Housing Strategy will contribute to delivering the objectives in the Corporate Plan and to the five priorities in the DCCS Business Plan.

Appendices

- Appendix 1 - Draft Housing Strategy

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Housing Strategy 2019-22

Executive Summary

Our role: The City Corporation is the strategic housing authority for the Square Mile and a landlord responsible for 1,923 social tenanted properties and 936 leaseholder properties across London.

Vision: Healthy homes, space to thrive and vibrant communities for Londoners.

Our aim: To use our expertise and resources to develop, maintain and manage quality homes on estates people are proud to live on, where our residents will flourish, and through which we support our communities and economy to thrive.

Our Outcomes

Quality homes that meet the changing needs of our residents and communities

Well-managed estates that people are happy and proud to live in

Thriving and connected communities where people feel at home and flourish

New homes to meet the needs of Londoners, our communities and economy

Our Activities

- Consistent, high quality design for our social housing
- A major works programme to renew our housing stock
- Installation of state-of-the-art fire safety technologies
- Ensuring the highest standards in private rented housing

- Maintaining high levels of resident satisfaction
- Involving residents in co-developing our estates together as partners
- Reviewing our model of estate management to deliver best value for money for our residents

- Designing in health, wellbeing and security and designing out crime
- Supporting community development, and tackling social isolation
- Designing and adapting housing for residents with mobility, sensory or memory impairments
- Providing tenancy support for those in difficulty

- Building hundreds of new social and affordable homes for Londoners
- Preparing plans to develop thousands of new mixed tenure homes on City Land
- Minimising disruption as we develop new housing and prioritising the needs of existing tenants

Our success measures

We will monitor our progress in delivering this Housing Strategy using a range of measures, including the number of new homes (and affordable homes) that we plan, start and complete; the proportion of our properties that meet the Decent Homes Standard; the investment we make in our major works programme and a range of measures that capture our residents satisfaction with their homes and estates.

BACKGROUND AND CONTEXT

The purpose of this strategy

The City of London Corporation is the landlord and freeholder to 2,859 homes, the strategic housing authority for the Square Mile, and an organisation dedicated to a vibrant and thriving City, supporting a diverse and sustainable London.

This Housing Strategy sets out our housing priorities through to 2022. It explains how we intend to work with our residents and communities to improve homes, regenerate estates and increase the supply of housing for Londoners, including social and affordable housing.

It depends on and supports the implementation of a wide range of other strategies – nationally, regionally and in the City itself, and should be read alongside the *City 2036 Local Plan*, the *Homelessness and Rough Sleeping Strategy* and the *Housing Design Guide*. It also supports the City Corporation’s *Joint Health and Wellbeing Strategy*, the *Social Wellbeing Strategy* and the *Social Mobility Strategy*.

The Housing Strategy – with these other documents - sets out our approach to supporting the five key priorities in the *Mayor of London’s Housing Strategy* (2018):

- Building homes for Londoners;
- Delivering genuinely affordable homes for Londoners;
- High quality homes and inclusive neighbourhoods;
- A fairer deal for private renters and leaseholders; and
- Tackling homelessness and helping rough sleepers.

We will continue to work with central government, the Greater London Authority and London Boroughs to deliver our strategy and to engage with national initiatives.

Our housing

The City has a small but growing residential population of around 8,000.

Most residents within the Square Mile live on four estates at the Barbican, Golden Lane, Middlesex Street and Mansell Street, with the remainder living in smaller residential clusters at Smithfield, Queenhithe, Carter Lane and City West.

Sixty-three per cent of housing on the Barbican Estate is owner occupied and 30% is privately rented; by contrast, 67% of housing on the two estates in the East of the City (Middlesex Street and Mansell Street) is socially rented.

Three quarters of our social housing (over 1,500 homes) is situated outside the Square Mile on eleven estates that the City Corporation runs in the six London Boroughs of Southwark, Islington, Lewisham, Lambeth, Hackney and Tower Hamlets.

Within the Square Mile, 97% of residential properties are flats, the majority in purpose-built blocks. Over half (52%) of our housing is one-bedroom flats – significantly above the Inner London average; by comparison, only around 1 in 7 homes (13%) are larger family houses – compared to over a third in Inner London.

The Square Mile has a higher proportion of older residents than elsewhere in central London, and the number of older residents is growing faster than the general population. Only 1 in 10 of City households have dependent children, with single person households accounting for over half (56%) of Square Mile housing stock.

In October 2017 there were over 650 applicants on our housing register. Unusually, most will have established a local connection with the City through their place of employment. Nearly two thirds (62%) are registered for studio or one-bedroom sized accommodation. As noted above, most of the City Corporation's social housing stock is outside of the Square Mile itself.

Addressing challenges; recognising opportunities

Our Housing Strategy has been developed to address several key challenges:

First, many of our homes were built during the inter-war and post-war period and need significant maintenance and renewal, with a need to invest in state-of-the-art fire safety installation, particularly following the Grenfell tragedy. An independent Stock Survey conducted by Savills concluded that 11% of our housing stock does not currently meet the Government's decent homes criteria. In 2017, 70 per cent of tenants who occupy our social housing said they were 'satisfied' or 'very satisfied' with our housing service. While this compares well with satisfaction in other London authorities, it is an 11 per cent decline from the 2016 figure, and this is something that the implementation of this strategy will seek to address.

Second, the need for additional housing in the City – and in London – continues to grow, as a result of population growth and the changing needs of households. By 2036 the population in the Square Mile is projected to rise to 10,675, an increase of a third. We estimate that we will need 126 additional dwellings per annum up to 2036 to meet this demand. Among our existing social tenants, 1 in 10 registered to transfer to alternative accommodation in April 2017, with the main reason being overcrowding – i.e. their current property is not meeting their needs.

Third, the number of people aged 60 to 74 is expected to rise by a half in the Square Mile by 2036, and those who are 75 or over by 70%. This has important implications for the development of our housing stock, namely the need to build and adapt homes to support people with age-related health problems (and other adults with disabilities).

Fourth, our most vulnerable tenants are managing significant changes in their lives, such as those affected by changes to the welfare system, including the benefit cap, under-occupancy charge (or 'bedroom tax') and Universal Credit, with housing benefit paid directly to tenants, not landlords. This can increase the risk that they will accumulate rent arrears, and, at the worst, this could make them vulnerable to homelessness.

Fifth, there has been significant pressures on our housing budgets, including a year-on-year reduction in social housing rents of 1%, which is positive for tenants but means we must be innovative to maintain services with less revenue. There is also the challenge of managing competing demands on our Housing Revenue Account budget for social housing, including maintenance and repairs, fire safety measures and building new social housing.

Sixth, for the most part house prices and rents in London are significantly higher than elsewhere in the country. In addition, there is a growing polarity in housing opportunity in central London between social rented accommodation and private housing at the high end of the market, with little opportunity for those on lower and middle incomes to secure housing. Half of Londoners aged 25 to 39 say that they would consider leaving the city to work in a more affordable region, with three quarters of businesses in London saying that housing supply is a significant risk to their future growth. While many people commute into the City to work, this brings its own costs and challenges.

Finally, there are challenges in identifying land for development within the City, where there is strong competition from the commercial sector and residential land values are the highest in the country. Some of our estates are listed buildings, and we must balance the demands for renewal and development with custodianship of the City's architecture, history and environment.

But while there are challenges for us, there are also opportunities:

- To engage with *major policy initiatives*, including the affordable homes programme and Social Housing Green Paper and the Mayor of London's housing strategy, and help to address London's housing crisis;
- To *mobilise our assets* to realise our ambitions, particularly the Corporation's holdings as a major land owner and the potential for further housing development on our existing estates;
- To explore *new models for housing*, such as the potential of 'housing in multiple occupancy' as an accommodation option for single City workers;
- To use our *major housing renewal programme* to modernise our housing stock, including installing fire sprinklers and new assistive technologies to support older and disabled people to live independently;
- To implement a '*health in all policies*' approach to our role as a Strategic Housing Authority, taking advantage of our improved understanding of the links between housing and health and wellbeing, and the importance of strong communities and tackling social isolation.

Listening to our residents

This strategy reflects extensive on-going engagement with our residents and has been developed to align with their priorities, as well as recognising the needs of our businesses and other employers.

We conduct a detailed Survey of Tenants and Residents (STAR) every year, which provides insight into their experience and views of our housing services, the quality of their homes, cleanliness, safety and security on their estates, community facilities, repairs and maintenance, our customer services, information and how we listen to and act on their concerns. We can identify what residents are thinking on an estate by estate basis and can compare their experiences with those of tenants from other authorities through HouseMark, a benchmarking tool for social housing.

We meet with representative resident groups on all our estates, and host an annual City-Wide Residents Meeting, with a focus on residents' issues and concerns.

Current research that is helping us to understand our residents' views and experiences includes a project with Goldsmith's University to identify and engage with residents experiencing social marginalisation and isolation on our estates, which will be completed in 2019, and will inform the development of appropriate community services with residents.

We have also considered other surveys of residents, including our 2017 consultation on the City Corporation's allocation scheme for social housing.

We listen to, record and assess feedback from the customers of our housing services, and are able to interact regularly with residents in and around the City and talk to them about their views, concerns and experiences – including, for example, those involved in the Community Builders project. Many of our members are residents and play a leading role in the development and oversight of housing policy and strategy through the Corporation's committees.

OUR HOUSING STRATEGY

Vision and aims

At the heart of our housing strategy is a simple **vision**:

Healthy homes, space to thrive and vibrant communities for Londoners.

In helping to deliver this vision, the City Corporation's **aim** is:

To use our expertise and resources as a strategic housing authority to build, maintain and manage quality homes on estates people are proud to live in, where our residents will flourish, and through which we support our communities and economy to thrive.

Our strategy will support and deliver four **outcomes**:

- *Quality homes that meet the needs of our residents and communities;*
- *Well-managed estates that people are happy and proud to live in;*
- *Thriving and connected communities where people feel at home and flourish;*
- *New homes to meet the needs of Londoners, our communities and economy.*

Housing and our Corporate Plan

The Housing Strategy will make a key contribution to delivering the aims of the *City of London Corporate Plan 2018-23*, which are to:

- Contribute to a flourishing society;
- Support a thriving economy; and
- Shape outstanding environments.

It will contribute to the five priorities set out in the *Business Plan* of the Department of Community and Children's Services within the City Corporation:

- **Safe** – people of all ages live in safe communities, our homes are 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, play a role 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 are able to shape their community.

Housing has a critical role to play for each of these aims and priorities, as we explain in more detail below.

Delivering outcomes

1. Quality homes that meet the needs of our residents and communities

Why this outcome?

Providing homes that are safe, secure and offer a healthy living environment is the Corporation's most important duty as a Strategic Housing Authority.

The quality of the homes and estates that we live in has a profound impact on our health, wellbeing, connectedness, leisure, education and employment. For children, growing up in a secure, healthy environment helps to reduce inequalities and improve educational, health, social and economic attainment. For older people, adaptable homes and well-designed estates help to prevent accidents and enable them to live independently.

Delivering this outcome

Working closely with our residents and communities, we will invest in a major programme of work to maintain, develop and improve our housing stock, while ensuring that new homes are of high quality, sustainable, responsive to the needs of residents and communities and respect our natural and built environment.

- **Quality design.** A new City of London Corporation Housing Design Guide sets out consistent design standards for our social housing programme. This will ensure quality and consistency in design and services for social housing projects; for example, space standards, energy efficiency, sustainability, finishes and fittings, materials and components, mechanical and engineering services, fire protection and how we create and work with digital models of buildings.
- **Renewal and modernisation of housing stock.** The Corporation is investing £55 million in a five-year major works programme, and we will commit further investment as we respond to the findings of an independent Stock Condition Review completed in 2018. The major works programme and Stock Condition Review are driving a pro-active approach to maintenance and renewal, so we are not waiting for things to go wrong before fixing them.
- **Fire safety.** The Corporation completed fire risk assessments for all our social housing in 2018, as part of our response to the issues that were raised by the Grenfell Tower tragedy. We are delivering a programme of fire safety and maintenance work, including upgrading entrance doors and frames in our social housing stock at an estimated cost of £4 million. In addition, we are planning to retro-fit sprinklers in City tower blocks.
- **Private rented sector.** The private-rented sector in the City is growing. While standards in the Square Mile are good and complaints are rare, as a Strategic Housing Authority we will remain vigilant in ensuring that the private rented sector is operating to the highest standards and private tenants are living in safe, secure

and well-maintained accommodation. We will also help to ensure that private residents are aware of their rights and the avenues open to them where they have problems and concerns.

Monitoring our progress

Key Outcomes	Measures and indicators	Key Corporate Plan Outcomes
Consistent high-quality design for all our social housing	Implementation and compliance with the Corporation's Housing Design Guide	<p>Communities are cohesive and have the facilities they need</p> <p>Our spaces are secure, resilient and well-maintained</p> <p>People enjoy good health and wellbeing</p>
Well-maintained housing	<p>Corporation properties meet the Government's Decent Home's Standard</p> <p>Resident satisfaction with repairs and maintenance</p> <p>More investment in pro-active work so there are less things to fix later</p>	
High standards of private-rented housing	<p>Low level of complaints</p> <p>Complaints are addressed and resolved</p>	
Safe housing	<p>Number of annual fire risk assessments</p> <p>Installation of fire doors and sprinklers</p> <p>Improved lighting and CCTV where identified as appropriate</p>	

2. Well-managed estates that people are happy and proud to live in

Why this outcome?

Good management of estates is critical for residents' quality of life. Our rents and service charges must provide good value for money and be invested in visible improvements that address the priorities of our residents, with estates in good condition, clean and cared for. This means providing excellent estate services to all residents, whatever their tenure type or location, whether in the Square Mile or not.

Delivering this outcome

In delivering this outcome, we will be guided by the findings of our annual Estate Satisfaction Survey and leaseholder review. Where our residents are less satisfied we will target action on service areas and estates where there is a need for improvement, building this into Estate Plans.

Some residents have expressed concern about a perceived lack of renewal on their estates, such as window replacements. We are addressing this by progressing our major works programme – see above – and improving our communication and engagement with residents, so they understand what we are doing, when and why.

- **Resident voice and involvement.** Our Community Engagement Team will continue to work with estate staff to involve resident's in decisions and to provide opportunities for an active role on their estates. Our Housing User Board (HUB) provides valued scrutiny and comment on new and revised policies. We will be reviewing the HUB with a view to making sure it is fully representative of our estate demographics and to increase its effectiveness. Over 80% of residents at Mais House in Sydenham Hill said their views were listened to and acted on in our latest satisfaction survey at a time when they were being rehoused elsewhere as part of major redevelopment work. We will look to adapt and replicate the learning from this initiative on our other estates.
- **Effective, inclusive and accessible communication.** The Corporation will continue to improve the effectiveness with which it communicates with residents; for example, by continuing the work to upgrade IT systems and providing electronic communications to residents wherever possible, and by working with the residential engagement boards and structures across our estates. We believe that by communicating what we have done, what we are doing and why more clearly, we will improve resident satisfaction.
- **Customer Services.** The Corporation will implement new Customer Service Standards to ensure that when residents approach our estate services they feel respected, welcomed and helped, with appropriate action and good communications maintained by motivated and engaged staff teams. All staff will receive customer service training to support best practice. We will involve residents in monitoring customer service (e.g., undertaking 'mystery shopping').

- **Improving value for money.** We are proud of the high-quality estate service that we deliver, with each of our estates having its own Estate Office with responsibility for management, maintenance and engagement with residents. However, we are currently spending £150 more per property on housing management costs than comparable social landlords, and this reduces the money we have available for direct investment in the fabric of our housing and estates. With our residents, we will review our management model to make sure that we are giving them both high quality services and the best value for money.

Key outcomes	Measures and indicators	Key Corporate Plan Outcomes
Resident satisfaction Residents feeling that they are listened to and concerns are acted upon	Improvements in annual resident satisfaction survey Satisfaction levels that compare favourably with those in other authorities	People have equal opportunities to enrich their lives and reach their potential
Improved communication and engagement with residents	As above Residents engaging through meetings, surveys and events	
High Quality customer service in line with our new Customer Service Standards	Staff participation in training On-going monitoring and review against the Standards Reduction in complaints relating to customer service issues	Communities are cohesive and have the facilities they need
Best value for money from estate services	Reduced gap between our Housing Management Costs and those of others	Communities are cohesive and have the facilities they need Our spaces are secure, resilient and well-maintained

3. Thriving and connected communities where people feel at home and flourish

Why this outcome?

People's homes are vital for health and wellbeing and a safe and secure place to live is the cornerstone for a fulfilled life. The Marmot review (Fair Society, Healthy Lives) highlights the 'social determinants of health', and the importance of integrating planning, transport, housing, environmental and health systems. It recognises the need to strengthen communities and reduce social isolation.

Housing services have a key role in reducing pressures on health services by supporting people to live independently in their own homes who might otherwise end up in hospital and by supporting discharge from hospital where people are ready to go home. They are also vital for the prevention and alleviation of homelessness.

Delivering this outcome

We will design and adapt our homes and estates to maximise benefits to health and well-being, support social connectedness and enable those with health and mobility issues to live independently, while continuing to support vulnerable tenants, including helping to prevent homelessness.

- **Housing and health in all policies.** The Corporation will systematically and explicitly consider the health and wellbeing implications of decisions about housing stock and estates. For example, we will use design to enable residents to lead more active lifestyles and use open spaces, landscaped areas and the 'internal environment' in new homes (e.g. lighting and quiet space) to support health and wellbeing. We also recognise the importance of housing design for the protection of the environment.
- **Responding to the changing needs of residents.** The Corporation will develop housing that meets the needs of residents with mobility, sensory and memory impairments, including innovative use of adaptations and assistive technologies. We will work with health to support the discharge of residents who have spent time in hospital. In allocating new social housing stock, we will prioritise the needs of existing tenants in accommodation that is no longer suitable for them (e.g. because of overcrowding or a preference to downsize).
- **Strengthening communities and tackling social isolation.** The Corporation will develop the Community Builders programme, which supports resident volunteers to identify and engage with socially isolated people on our estates and involve them in community activities. Our Community Engagement Team will continue to work with community and resident groups to develop and build their capacity and help them to run sustainable events and activities that bring people together in and around our estates. Other initiatives will include our pilot programme with the Association of Adult Social Services to protect socially isolated older residents at risk of financial abuse. We will ensure that our

residents are safe in their homes and neighbourhoods – for example, developing our existing Neighbourhood Patrols and ‘designing out’ crime on our estates.

- **Supporting people experiencing vulnerability.** The allocation of social housing will continue to prioritise people experiencing vulnerability. The Corporation’s tenancy support team will support vulnerable tenants to navigate the welfare system (including the introduction of universal credit), manage their finances and avoid debt. Where tenancies are at risk of breaking down we will work with tenants as part of our duty to prevent homelessness. We will adapt our housing stock to support the old and disabled. We will develop housing solutions for vulnerable groups like care leavers and rough sleepers (for example, Housing First approaches to rough sleeping).

Key outcomes	Measures and indicators	Key Corporate Plan Outcomes
Homes and estates that support healthy lifestyles	Resident use and experience of open spaces, landscaped areas and recreational facilities Increase in energy efficiency of our housing stock	People enjoy good health and wellbeing Our spaces are secure, resilient and well-maintained People enjoy good health and wellbeing People have equal opportunities to enrich their lives and reach their full potential People are safe and feel safe
Housing that better meets the needs of residents, particularly the old and disabled	Fewer residents in unsuitable accommodation Reduction in delayed transfers of care People require less support following a period of reablement	
Strengthened communities and reduced social isolation	More residents involved in volunteering and reporting improved quality of life Involvement of residents who are new to volunteering Low rates of anti-Social Behaviour and crime	
Supporting vulnerable tenants	Low incidence of tenancy breakdown Low incidence of rent arrears Reduced homelessness	

4. New homes to meet the needs of Londoners, our communities and economy

Why this outcome?

Housing shortage is one of the most pressing issues we face in London today. It contributes to worsening affordability, overcrowding and homelessness, as well as to the strains on our transport systems and other infrastructure. It threatens economic prosperity, with three quarters of London businesses saying that problems with housing supply are a significant risk to the capital's future growth. It threatens health, social, police, emergency and community services, if key workers cannot find affordable homes.

Delivering this outcome

The Corporation has committed to play a leading role in tackling the housing shortage in London with an ambitious pledge to build hundreds of new social homes and thousands of additional mixed tenure homes. Recent development on our social housing estates has delivered 62 new homes, with seven current schemes expected to deliver a further 270 houses. We are actively considering options for developing mixed tenure housing on sites in our ownership, and the potential to work with other public and private sector partners to increase our housing stock.

- **Increasing housing supply.** Our current ambition is to deliver 700 new social homes – a 25% increase on our current stock – and a further 3,000 mixed tenure homes. We will increase our social housing stock in the lifetime of this strategy and make plans for delivering housing on City sites, while exploring options for increasing housing supply beyond the use of our own sites.
- **Delivering affordable homes.** All new social homes will be let at the London Affordable Rent, to provide housing for households on low incomes. In allocating new houses, we will consider the needs of existing tenants whose current house is not best suited to their family size and housing needs. We will explore innovative housing models to help meet the needs of City workers and businesses, such as multiple occupancy accommodation for young professionals.
- **Minimising disruption.** The Corporation will carefully consider the potential impact of new housing developments on its existing residents. We will limit land costs by developing additional social housing on our existing estates. To minimise disruption and to build in the most efficient way, we will focus on three City estates with potential for renewal and expansion – Sydenham Hill, Avondale Square and York Way. Elsewhere we will not develop on Corporation land without careful consideration of any current operational or investment uses, and then only following consultation.
- **Working with partners.** The Corporation's plans to build new homes have encouraged both public and private sector partners to propose development opportunities and potential joint ventures. Where we can work with others to

house more Londoners we will carefully consider the options to increase the supply of new homes beyond our own sites. We will continue to review the potential for future regeneration of Corporation housing estates to deliver further social and affordable housing down the line.

Key outcomes	Measures and indicators	Key Corporate Plan Outcomes
More homes and more affordable homes	Number of houses planned, started and completed Number of social houses planned, started and completed Number of vacant dwellings	People enjoy good health and wellbeing People have equal opportunities to enrich their lives and reach their full potential We have access to the skills and talent we need Our spaces are resilient, secure and well-maintained. Communities are cohesive and have the facilities they need Our spaces are secure, resilient and well-maintained
New homes are of high quality	Compliance with the Corporation's Housing Design Guide Corporation properties meet the Government's Decent Home's Standard	
Our social housing meets the needs of tenants and prospective tenants	Fewer tenants in overcrowded accommodation More applicants on the Housing Register moved into Corporation housing Housing for the most marginalised (e.g. rough sleepers)	
Minimised disruption on estates where new building is taking place	Residents on redeveloped estates say they have been listened to and concerns acted on	

Oversight and accountability

We will monitor and regularly report on our progress in delivering the Corporation's Housing Strategy including:

- Conducting the annual Survey of Tenants and Residents
- Collecting and analysing performance data
- Comparing performance to that of other Strategic Housing Authorities using the Housemark tool
- Incorporating performance indicators in our Business Planning cycles
- Reporting to the Annual City-Wide Residents Meeting.

Progress in delivering the strategy will be overseen by the Corporation's Community and Children's Services Grand Committee, with scrutiny provided by its Housing Management and Almshouse Sub-Committee (as well as the Homelessness and Rough Sleepers Sub-Committee). The Barbican Residential Committee will continue to provide oversight on behalf of Barbican residents.

There will also be a regular progress report to the Health and Wellbeing Board, recognising the importance of housing for our health and wellbeing priorities, and those of partners, including the NHS.

Delivering our Housing Strategy is important for achieving the ambitions of our *Corporate Plan 2018-23*, and this will be reflected in the focus, pace and professionalism of our delivery and its 'visibility' for the Corporation, including members and senior officers.

Implementation and development will depend on the suite of related strategies and plans, particularly, the new Housing Design Guide, Allocations Strategy and Homelessness Strategy, as well as our Housing Assets Management Strategy and Housing Services Plan.

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Committee:	Dated:
Health and Wellbeing Board	21/09/2018
Subject: Recommissioning of Early Intervention and Prevention Services for the City of London	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Decision
Report author: Collette Le Van – Gilroy, Commissioning Project Manager, Department of Community and Children’s Services	

Summary

This report informs the Health and Wellbeing Board of the development of an integrated outcomes-based delivery model to provide City Community Connections Services and City Community Finance Services for adults, via a competitive process, which shall progress towards the achievements of the DCCS and Health and Wellbeing priorities.

The project aims also to meet the City of London Corporation’s 2% efficiency savings target and to address the following service gaps which were identified during the consultation and engagement process:

- Lack of co-ordination and information sharing of local community support services
- the current provision is driven by process and outputs as opposed to person-centred outcomes

Recommendations

Members are asked to:

- Note the contents of the report and approach set out
- Endorse the recommendation for the proposed Outcomes Delivery Board from January 2019
- Consider whether the Health and Wellbeing Board wishes a representative on the Outcomes Delivery Board.

Main Report

Background

1. The Early Intervention and Prevention Services for adults currently commissioned by the Community and Children's Directorate include sixteen individual providers which deliver individual services under the following four categories:
 - community support services (such as befriending, community support for isolation and dementia, and support for carers),
 - self-directed support services (supporting people with direct payments)
 - Telecare and responder services (across the City of London and in its sheltered accommodation in a range of London boroughs),
 - Community aids, equipment and adaptations.

2. In September 2017, the departmental leadership team agreed to a new strategic approach to commission and deliver a range of early intervention and prevention services for adults which would include an integrated outcome-based approach, whilst advancing towards the achievement of the departmental and Joint Health and Wellbeing Strategy priorities.

Current Position

3. A new model and approach has been developed according to the following process:
 - A Steering Group was formed with representatives from Public Health, Housing, Adult Social Care, Procurement and Comptrollers, which has been meeting regularly to oversee the project, review the current offer and shape the new specifications.
 - A Service Needs Analysis; Service Gap Analysis and recommended model have been produced.
 - Practical solutions have been designed to ensure compliance to the Joint Health and Wellbeing Strategy (2017 to 2020) to encourage partnership working to a) prevent where we can; b) intervene early when problems do develop; c) take steps to reduce the harms arising from behaviours or actions that cannot be prevented
 - A new service direction has been developed to help fulfil the Health and Wellbeing priorities of a) Good mental health for all b) A healthy urban environment c) Effective health and social care integration d) Children have the best start in life e) Promoting healthy behaviours
 - A range of stakeholders have been consulted and engaged with, including residents through the housing hub; residents in sheltered accommodation; faith groups; intergenerational groups, VCS and community groups, patients at the Neaman Practice; and staff, to inform the future model
 - Additional stakeholders, such as the Planned Care Workstream and Prevention Care Workstream have been engaged with and updated.

- Potential and current providers have been engaged with, and soft market testing of different models and approaches has been undertaken.
4. This process has been fully compliant with the City Corporation’s robust governance procedures including: Social Values Panel; Leadership Team; Adult Social Care Management Team; and Procurement Category Board.

Proposals

5. The recommended model is that the City of London Corporation competitively appoints two providers: one Lead Provider for a **City Community Connection Service**; and another provider for **City Community Finance Service**. The period of the contracts will be three years plus two one-year extensions subject to satisfactory delivery and outcomes which will dovetail with the increased integration of health and social care services.

City Community Connections Services	The role of the successful provider shall include the requirement to coordinate, communicate, connect and deliver a range of community support services and activities plus to signpost service users to relevant Public and Local Health Services, Community and Voluntary Services, City Finance Services, City Call Care and Responder Services, City Equipment Services and in the future, to City Technology Solutions.
City Community Finance Services	Self-directed support including planning and account management
The following services are excluded from the tendering process	
City Call Care and Responder Services (Proposal for 2 providers)	Commissioning Project Manager is in negotiation with Camden and Southwark for the provision of Telecare and Responder services.
City Equipment Services (Proposal for 1 provider)	Commissioning project Manager is in negotiation to access a London – wide framework which is used by 19 local authorities for community Aids, Equipment and Adaptations.

Outcomes Framework and Outcomes Stars

6. The “Outcomes Star” methodology is proposed as the measurement tool for service users. An appropriate Outcomes Star is created in collaboration with a service user to ensure their outcomes are being met through the delivery of the service. Examples of Outcomes Stars are set out at Appendix 2.

Next steps

7. The tender documents for the City Community Connections Services and City Community Finance Services were released to a range of current and new providers from 3rd September 2018. The contract awards are scheduled for the beginning of December 2018. Mobilisation will commence in January 2019 for contract commencement in April 2019.
8. To support the management of the model and to drive forward the delivery of an outcomes-based approach, an Outcomes Delivery Board is proposed to be initiated from January 2019. The suggested representation on the Board is to include, providers, service users and other stakeholders such as a representative from the City and Hackney CCG.

Corporate & Strategic Implications

9. Local drivers that inform service priorities and delivery include the City of London Corporation Corporate Plan, and the Department of Community and Children's Services (DCCS) Business Plan 2017-22. DCCS has developed an Outcomes Framework which identifies the following five priority themes through which progress will be tracked and measured.

Safe - People of all ages live in safe communities, safe and well-maintained accommodation and 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

10. This project will progress with the commitments of the Joint Health and Wellbeing Strategy and the Planned Care and Prevention Workstreams

Conclusion

11. The new outcomes-based delivery model has been developed with the community and the provider market to help deliver the DCCS and Health and Wellbeing priorities and to continue the journey of supporting, safeguarding and planning. The Board is asked to consider whether one of its members might contribute to the proposed Outcomes Delivery Board.

Appendices

Appendix 1: Extract from City Community Connection Specification
Appendix 2; Examples of Outcomes Stars for services- users

Collette Le Van – Gilroy

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Department of Community and Children’s Services

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Appendix 1

Extract from the Specification

City Community Connections Service

2.1 Partnerships and Subcontracting

In respect of Addendum 1 / Lot 1 the City of London will consider tenders for **partnerships and subcontracting arrangements or other such arrangements**. The appointed provider will either employ and train his own staff and volunteers or partner with other organisations or sub-contract elements of the service but at all times he shall maintain the responsibility to ensure suitably experienced and capable staff and / or volunteers are used for the delivery of the Coordination, Communication, Connection and Community Support Activities specified above.

This Service is focused on coordination, communication, connection and community support activities, which are delivered in the community to residents of the City of London Corporation.

2.2 **Coordination** – the service will provide a coordinating function for all other functions it offers to the City of London Corporation. This will include:

- Managing the transition between services for individuals so that anyone who currently accesses a service in the community, which may change as a result of this tender, is supported through any change in provider or service they receive.
- assessing, recording, monitoring and reporting on outcomes and for people using services in the community, including those from other providers including City Finance, City Call Handling and Response and City Community Care Equipment Services
- collecting, recording and reporting usage and performance data from other services in the community, including those from Providers of Community Support function activities
- collecting, recording and reporting signposting and referrals into and out of the City Community Connections service with signposting to include, but not be limited to, the services named within Section 3 of the Core Specification
- arranging and participating in service development and review meetings including hosting the Community and Children's Outcomes Delivery (Co-Production) Board (CCODB).

2.3 **Communication** – the service will provide a communication function for all other services in the City community. This will include but not be limited:

- Developing and maintaining a website to provide a central communication point where information about community-based activities can be easily accessed and shared. (See Core Specification Section 3 for some examples of activities and services to include).
- The website should contain a specific section with support and information available to Carers, including young carers.
- The website should make explicit links/reference to the [FYI website](#) for families and young people's information service and City of London Corporation Corporation's website pages.
- Providing a telephone number (with voicemail function) that can be promoted as a central 'one stop shop' for information and enquiries about support and activities that are available to people in the City of London
- Developing and maintaining at least one physical presence within the City of London Corporation as a 'hub' for information to be displayed and shared
- Developing and distributing a range of communication materials to promote the City of London Corporation Community Connections service
- Promoting the service to a wide range of statutory and community organisations, practitioners or leaders who are likely to make referrals into the service or who can provide support and activities to people. This could be achieved through a variety of methods (e.g. attending team meetings, hosting information sessions)
- Ensuring full use is made of existing publications such as City Resident and other communication channels such as the Barbican Broadcasts to raise awareness of community activities
- Making more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

2.4 **Connection** – the service will provide a connection function to each individual City of London Corporation resident (or their carer) that makes a contact with or is referred to the Service. This will include:

- Offering information about local community activities that may meet a person's needs.
- Ensuring all people who require an individual befriender or volunteer to support them are matched with one, and / or that the person has a named contact person either in the City Community Connections Service or in an appropriate other service (such as Community Connectors or a Network Navigator from the Wellbeing Network).

- Offering the individual, the option of a full community support assessment through the service or alternatively a referral to their social prescribing coordinator based in a GP practice.
- The community support assessment will include, but is not limited to:
 - Explanation of the City Community Connection service and exploration of person's understanding of reason for referral / their reason for contacting the service
 - Discussion of the main areas of need
 - Completion of well-being star or another appropriate outcomes framework
 - Discussion and signposting to relevant services and activities, including City Community Finance, City Call and Response and City Community Equipment if appropriate
 - Discussion around initial person's reaction and potential barriers to attending
 - Identification of other issues if any
 - Need for individual volunteer support / befriending
 - Written agreed action / wellbeing plan
- A community support follow-up contact should be arranged and made within four weeks of the initial assessment. Reasons for failure to attend or complete actions should be recorded.
- A further wellbeing star or alternative outcomes framework should be completed at the end of the person's contact with the service, or every three months that they remain in contact with the service.
- If the person's needs appear to be increasing and /or wellbeing declining, then support should be offered to person to contact their GP and /or Adult Social Care as appropriate.

2.5 Community Support Activities – the service will either directly provide, sub contract or contact a wide range of support activities and interventions that can be offered to the person in the community. This will include:

- Signposting / referring people to the wide range of services which are available in the community (see Core Specification Section 3 for some examples)
- Promoting the social and emotional wellbeing courses that are available free of charge to people through the City of London Corporation and Hackney Wellbeing Network and developing the relationship so that more courses can be offered at venues in the City of London Corporation.
- Promoting and establishing links with primary care and community health services such as community dentists, opticians, pharmacies, podiatrists that can support people to stay well in the community.
- On a short-term basis (e.g. for a maximum of 6 weeks), using a volunteer befriender to support an individual to access new services in

the community, or to support their wellbeing for example by providing support to a person to set up an internet shopping service.

- Care Navigation – supporting people from hospital settings with short term information and support to help them settle back into the community.
- Running group-based interventions or activities in community settings. These should be targeted to support certain groups (e.g. Carers, people with dementia) if there is evidence of a gap in current services and evidence of improved outcomes will be provided.
- Developing new groups or initiatives linked into and delivered from the neighbourhood model, particularly linking in with the Neaman GP Practice and with GP practices in Tower Hamlets.
- Establishing a range of specific support activities and initiatives that are supporting Carers, including young carers. For example, a City Community Carers Card offering discounts could be developed.
- Establishing ways (such as access to a handyperson or skilled volunteer support) that people can be supported to stay safely in their homes through minor repairs, fire safety improvements or removal of fall or trip hazards.
- Establishing other initiatives or links to other community services such as food/meals provision, pet carers, hospital transport provision, hoarding and decluttering services which will help people stay or return safely to their home.
- Any new developments or initiatives that are developed over the course of the contract which require additional funding (for example to cover venue hire, staffing or volunteer training) will be considered through the CCODB.

In Year One it is anticipated that as a minimum there will continue to be a Care-navigation type service which will support outcomes and associated indicators around discharge from hospitals. This service should work jointly with Adult Social Care to facilitate the process and transition from hospital to home and ensure a person can quickly regain independence.

Health and Wellbeing Board.

Early Intervention and Prevention Services (paper)

Appendix 2

Examples of Outcomes Stars required	Key Outcomes Areas
Wellbeing Star	<ul style="list-style-type: none"> • Lifestyle • Looking after yourself • Managing symptoms • Work, volunteering and other activities • Money • Where you live • Family and friends • Feeling positive
Community Star	<ul style="list-style-type: none"> • Feeling safe • Getting to know people • Making a difference • Building a healthy lifestyle • Making greener choices • Confidence and learning
Older Persons Star	<ul style="list-style-type: none"> • Staying as well as you can • Keeping in touch • Feeling positive • Being treated with dignity • Looking after yourself • Staying safe • Managing money
Examples of other Outcomes Stars: Visually Impaired Star; Homelessness / Tenancy Star	

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Committee(s)	Dated:
Health and Wellbeing Board	21 September 2018
Subject: Draft City Plan 2036; policies on Healthy and Inclusive City	Public
Report of: Carolyn Dwyer, Director of the Built Environment	For Information
Report author: Adrian Roche, Department of the Built Environment	

Summary

The City Corporation is reviewing its adopted Local Plan, which sets out the policies which guide decisions on planning applications. A draft version of the new Local Plan is currently being prepared for public consultation later this year, following which there will be a further round of consultation and an examination conducted by an independent planning inspector. This report provides Members with an update on the proposed draft policies relating to Healthy and Inclusive City. While the report is for information, any comments made by Members will be taken into account by officers before the draft policies are finalised and presented to the Planning and Transportation Committee for approval to publish for consultation.

Recommendations

Members are recommended to:

- Note the contents of this report and the appendix.

Main Report

Background

1. The Local Plan sets out the City Corporation's vision, objectives and policies for planning the City of London. It is accompanied by a Policies Map, in two parts, which shows where its policies apply to specific locations. The Local Plan has to be consistent with national policy and in general conformity with the London Plan prepared by the Mayor of London.
2. The current City Local Plan was adopted in January 2015 and plans for development requirements up to 2026. The new Local Plan, which will look forward to 2036, will be known as City Plan 2036. A draft version of City Plan 2036 is currently being prepared and is being given detailed scrutiny by the Local Plans Sub-Committee of the Planning and Transportation Committee, prior to consideration by the Grand Committee.

Draft policies on Healthy and Inclusive City

3. A brief presentation regarding City Plan 2036 was given to the Health and Wellbeing Board at the last meeting held in June 2018. At that meeting, Members asked to see the draft Healthy and Inclusive City policies at the September Board meeting, and these are now attached at Appendix 1 of this report.
4. The intention of the Healthy and Inclusive City section of City Plan 2036 is to bring together policies on a range of issues that may affect health and wellbeing, which are currently spread across four different sections of the adopted Local Plan. Even with this restructuring, the wide-ranging influences upon health and wellbeing mean that there will be some relevant issues which are covered in other sections of the Plan, such as proposals to increase the amount of greenery in the City.
5. The Health and Wellbeing Board does not have a formal decision-making function in relation to the Local Plan review, and the attached draft policies are therefore presented for Members' information. However, Members are welcome to ask questions at the meeting or to make comments or suggestions. Officers will take these into account and make changes where appropriate before the draft policies are finalised.

Next steps

6. Once the Local Plans Sub-Committee has concluded its consideration of the emerging Plan, it is intended to present a full draft of City Plan 2036 to the Planning and Transportation Committee on 30th October 2018 for approval to publish for consultation. Public consultation would then start in November, alongside consultation on the Corporation's draft Transport Strategy, and would run for 12 weeks through to February 2019. There will be an opportunity for the Health and Wellbeing Board to input as part of the consultation process.
7. Comments received during the consultation period will be considered and changes made to the Plan as appropriate. A final version of City Plan 2036 will then be published for a further round of consultation in summer/autumn 2019, following which there will be a statutory examination conducted by an independent planning Inspector appointed by the Secretary of State for Communities and Local Government. The new Plan is expected to be adopted in 2020.

Corporate and Strategic Implications

8. The review of the Local Plan is being informed by the City Corporation's new Corporate Plan and will provide an opportunity to complement a number of key corporate objectives, which include the strategic objective of 'contributing to a flourishing society' and that 'people enjoy good health and wellbeing'.

Appendices

- Appendix 1 – draft policies on Healthy and Inclusive City

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City of London Local Plan Review: Proposed draft policies relating to Healthy and Inclusive City

Context

The City of London is a very densely built up area with a large daytime population and limited open space. The City's economic success results in a high level of construction activity, while the density of development and employment, delivery and servicing requirements and the narrowness of many of the City's streets all contribute to periods of traffic congestion. This can result in poor air quality, noise and light pollution and a shortage of adequate open spaces, play and recreational spaces. The health of residents, workers and visitors to the City can be affected by adverse environmental conditions and lack of access to recreation and leisure opportunities.

The NPPF and the London Plan stress the importance of health and wellbeing and the role that the planning system can play in improving this. Planning policies can perform a social role, including supporting strategies to improve health and cultural wellbeing and promoting healthy communities. Planning decisions can have an influence on people's health, particularly through the design and management of new developments.

The City Corporation is committed to enabling an inclusive environment in which nobody is disadvantaged. Everyone should have equal opportunities to access buildings, spaces, job and training opportunities and health, leisure and educational services. An inclusive environment is one that recognises that everyone benefits from improved accessibility including disabled people, older people and families with children, carers, people with temporary medical conditions and people who do not consider themselves disabled.

An important element of this commitment is breaking down the unnecessary physical barriers and exclusions imposed on disabled people and others by poor design of buildings and spaces. The needs of disabled people should be considered at an early stage of the planning process and not considered separately from the needs of others.

A wide range of elements contribute to a healthy and inclusive environment. The transport and design sections of the Plan also address relevant issues such as: active travel and permeability, inclusive transport; and mitigating the impacts of pollution through the design of streets and public spaces, and providing adequate shade and shelter.

Core Strategic Policy CSXX: Healthy and Inclusive City

The City Corporation will work with a range of partners to create a healthy and inclusive environment in the City and enable all communities to access a wide range of health, education, recreation and leisure opportunities, by:

1. Implementing the principles of the City of London Corporation Joint Health and Wellbeing Strategy;
2. Ensuring that the use, design and management of buildings and the public realm helps to protect and improve the health of all the City's communities;

3. Requiring Health Impact Assessments to be carried out for major development proposals;
4. Requiring the design and management of buildings, streets and spaces to provide for the access needs of all the City's communities, including the particular needs of disabled and older people;
5. Expecting development to:
 - (i) promote healthy buildings and the Well Building Standard;
 - (ii) improve local air quality, particularly nitrogen dioxide and particulates PM₁₀ and PM_{2.5};
 - (iii) respect the City's quieter areas;
 - (iv) limit the City's contribution to unnecessary light spillage and 'sky glow';
 - (v) address land contamination, ensuring development does not result in contaminated land or pollution of the water environment.
6. Protecting and enhancing existing public health and educational facilities, including St Bartholomew's Hospital and existing City schools, working in partnership with neighbouring boroughs to deliver accessible additional educational and health facilities in appropriate locations;
7. Encouraging the further provision of both public and private health facilities;
8. Promoting opportunities for training and skills development to improve access to employment, particularly for City residents and those in neighbouring boroughs;
9. Providing and improving social and educational services through the City's libraries;
10. Supporting nursery provision and additional childcare facilities where a need exists;
11. Protecting and enhancing existing community facilities and providing new facilities where required; and
12. Protecting and enhancing existing sport, play space and recreation facilities and encouraging the provision of further facilities within major developments.

Reason for the policy

The City Corporation's Joint Health and Wellbeing Strategy considers three distinct populations with different needs and health issues: residents, workers and rough sleepers. Using data from the City and Hackney Joint Strategic Needs Assessment, it identifies five priorities for health and wellbeing in the City:

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

The second of these priorities is the most relevant to land-use planning, as it includes issues such as poor air quality; relatively high levels of noise; a lack of green space, community space and space to exercise; some overcrowding of the housing stock; and road safety. The Joint Health and Wellbeing Strategy notes that there is strong evidence that the environment shapes health outcomes and it seeks to “ensure health and wellbeing issues are embedded into the Local Plan and major planning applications”. This section of the Local Plan sets out policies that relate to many of the issues identified in the Joint Health and Wellbeing Strategy.

The City’s population differs from other areas in that the daytime population is dominated by workers, with residents forming a small but important fraction. The number of City employees and residents is forecast to increase during the Plan period, placing additional demands on the provision of health, education and social services to the working and resident populations. City workers may find it difficult to access health services where they live due to their working hours and the provision of additional clinics and pharmacy services in the Square Mile could play an important role in addressing their health needs.

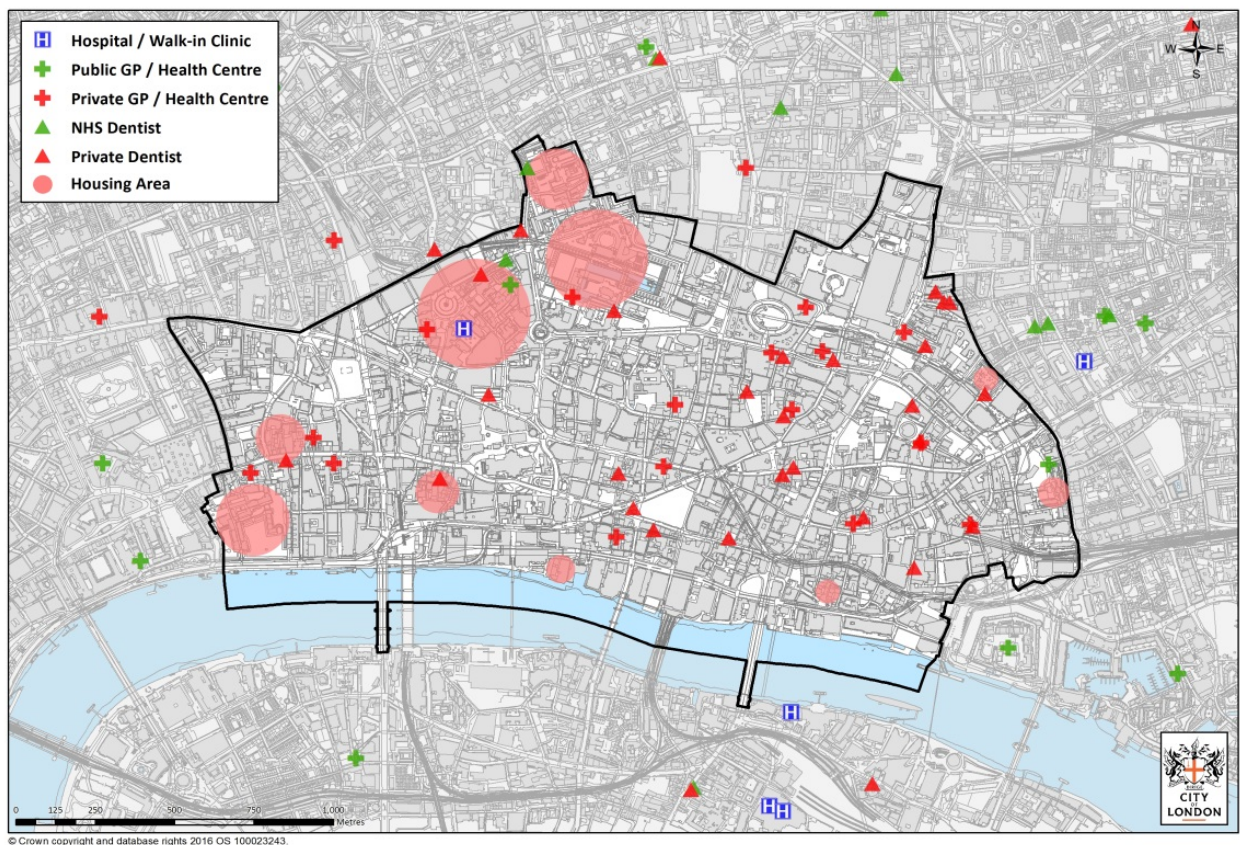


Figure XX: Distribution of health facilities in and adjoining the City

The small permanent residential population in the City means that it is often not economic to deliver effective services within the City. The City Corporation therefore works jointly with neighbouring boroughs and service providers to ensure that cost effective services can be provided. For example, the City Corporation is working jointly with Islington to deliver a new primary academy adjoining the City boundary.

The City is an intensively occupied location with large numbers of people working in office buildings in close proximity. Many City employees work long hours and may

also access leisure, medical and entertainment opportunities within their place of employment. Research suggests that a poor working environment can have a negative impact on the health of workers, and consequently their productivity. It is therefore important that buildings are designed to promote the health and wellbeing of everyone. The City Corporation established the Business Healthy programme in 2017 to support businesses to promote the health and wellbeing of their employees.

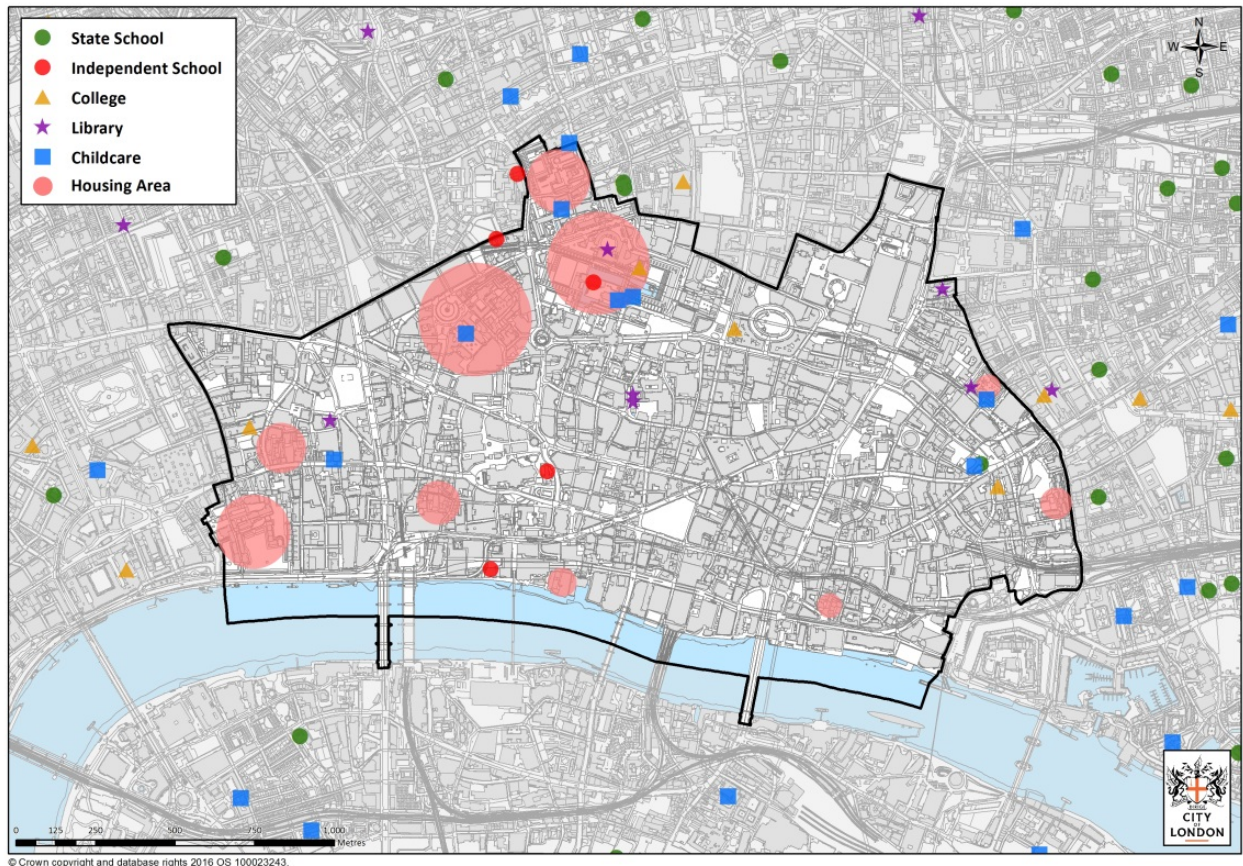


Figure XX: Distribution of skills and education facilities in and adjoining the City

Advances in technology and an awareness of how office environments can impact people’s mental and physical health has highlighted the importance of striving to create a healthy City environment. A sense of community inclusion and belonging is important for both physical and mental health. People who live in cohesive communities with a wide range of employment opportunities, services, infrastructure and low crime are less likely to suffer poor health.

Outdoor spaces and the public realm are under increasing pressure to provide places for flexible working whilst also providing for relaxation and amenity. Protecting the relative tranquillity of at least some of the City’s open spaces would confer benefits to health and wellbeing by providing places of respite from the City’s generally high ambient noise levels. For instance, research on traffic noise has found that long-term exposure to noise above a certain level can have negative impacts on physical and mental health.

The location and nature of the City means that quieter areas, such as churchyards and open spaces, in the City cannot reasonably be expected to be as quiet as similar areas in suburban locations. Nonetheless, perceptions of tranquillity are often based

on the relative noise levels of an area compared to its surroundings, rather than absolute noise levels.

The City is a relatively affluent area and is the third least deprived local authority area in London. However, disparities exist. While the Barbican is amongst the 20% least deprived residential areas in England, Mansell Street and Petticoat Lane areas are amongst the 40% most deprived. The planning system can play a part in tackling such disparities, for instance by securing training and skills programmes through planning obligations associated with major development schemes.

How the policy works

To protect and enhance people's physical and mental health, new development should be designed to promote physical activity and well-being, through appropriate arrangements of buildings and uses, access, increased green infrastructure, and the provision of facilities to support walking and cycling.

To facilitate the delivery of a healthy city, developers are encouraged to use established methodologies, such as Well Certification under the Well Building standard. The Well Building standard is an accreditation system that attempts to measure how building features impact on health and wellbeing. Compliance requirements for the standard fit into seven key areas; air, water, nourishment, light, fitness, comfort and mind. Each category is scored out of 10 and, depending on the total achieved, silver, gold or platinum certification is achieved.

Full Health Impact Assessments (HIA) should be submitted to support planning applications for over 10,000 sqm GIA for commercial developments or 100 or more residential units. Such assessments consider the impact on people's health of the development. For schemes of between 10 and 99 dwellings or between 1,000 - 9,999 m² of commercial floorspace, developers should use the NHS London Healthy Urban Development Unit's Rapid Health Impact Assessment Tool for preparing their HIA. This allows for a focused investigation of health impacts and should address the most significant impacts and/or those most likely to occur.

Larger commercial developments should seek to reach outwards into the community by providing relevant services with health impacts such as publicly available drinking water, defibrillators and toilets. Signage at the front of buildings should be displayed to make the public aware of the availability of these facilities.

Policy DM XX: Inclusive buildings and spaces

1. To achieve an environment that meets the highest standards of accessibility and inclusive design in all developments (both new and refurbished), open spaces and streets, ensuring that the City of London is:
 - inclusive and safe for all who wish to use it, regardless of disability, age, gender, gender expression, ethnicity, faith or economic circumstance;
 - convenient and welcoming with no disabling barriers, ensuring that everyone can experience independence without undue effort, separation or special treatment;

- responsive to the needs of all users who visit, work or live in the City, whilst recognising that one solution might not work for all.

Reason for the policy

The built environment needs to be safe, accessible and convenient to improve the quality of life for all City users and particularly for disabled and older people. Despite progress in building a more accessible City, some people still experience considerable barriers to living independent and dignified lives as a result of the way the built environment is designed, built and managed. The outcome of embracing inclusive design should be a City where people want to live, work and visit.

How the policy works

Developers will be required to submit Design and Access Statements which demonstrate a commitment to inclusive design and engagement with relevant user groups. Design and Access Statements should include details both on how best practice standards have been complied with and how inclusion will be maintained and managed throughout the lifetime of the building.

Policy DM XX: Air quality

1. Developers will be required to effectively manage the impact of their proposals on air quality and all major developments must provide an Air Quality Impact Assessment;
2. Development that would result in deterioration of the City's nitrogen dioxide or PM₁₀ and PM_{2.5} pollution levels will be refused;
3. All developments should be at least Air Quality Neutral. Major developments must maximise credits for the pollution section of the BREEAM assessment relating to on-site emissions of oxides of nitrogen (NO_x);
4. Developers will be encouraged to install non-combustion low and zero carbon energy technology. A detailed Air Quality Impact Assessment will be required for combustion based low and zero carbon technologies, such as CHP plant and biomass or biofuel boilers, and necessary mitigation must be approved by the City Corporation;
5. Developments that include uses that are more vulnerable to air pollution, such as schools, nurseries, medical facilities and residential development will be refused if the occupants would be exposed to poor air quality. Developments will need to ensure acceptable air quality through appropriate design, layout, landscaping and technological solutions;
6. Construction and deconstruction and the transport of construction materials and waste must be carried out in such a way as to minimise air quality impacts to the fullest extent possible. Impacts from these activities must be addressed within submitted Air Quality Impact Assessments;

7. Air intake points should be located away from existing and potential pollution sources (e.g. busy roads and combustion flues). All combustion flues should terminate above the roof height of the tallest building in the development to ensure maximum dispersion of pollutants.

Reason for the policy

Due to its location at the heart of London and the density of development, the City of London has high levels of air pollution. Poor air quality can harm human health, particularly for young people while their lungs are developing, and increase the incidence of cardiovascular and lung disease. National health based objectives for the pollutants nitrogen dioxide (NO₂) and small particles (PM₁₀) are not being met in the City, in common with all central London, so the whole of the Square Mile has been declared an Air Quality Management Area. The City Corporation has also designated a Low Emission Neighbourhood in the Barbican, Guildhall and Bart's Hospital area of the City with the aim of improving local air quality by reducing the amount of traffic and encouraging and supporting low and zero emission vehicles in the locality.

Tackling poor air quality requires a range of actions, including reducing traffic congestion and supporting low emissions vehicles, reducing emissions associated with combustion based heating and cooling systems, and limiting emissions linked with demolition and construction. The addition of green space and planting within the public realm can help to trap particulate pollution. The main source of pollutants in the City is currently road transport, but following implementation of the Mayor's Ultra Low Emission Zone in 2019 it is forecast that a greater share of air pollutants will be generated by buildings. It is predicted that by 2020 buildings will account for almost half of NO₂ emissions arising in the City.

How the policy works

The City Corporation's Air Quality Strategy provides detailed information on the air quality issues facing the City and the various actions being pursued to improve air quality. The Air Quality SPD sets out specific guidance for developers on the City Corporation's requirements for reducing air pollution from developments within the Square Mile. The City's Code of Practice for Deconstruction and Construction Sites and the Mayor's Control of Dust and Emissions during Construction and Demolition SPG provide guidance on procedures to be adopted to minimise the impacts of demolition and construction activities on air quality.

The Air Quality SPD sets out the circumstances in which an Air Quality Impact Assessment is required and provides guidance on the information required. Such an assessment must be submitted for all major development.

Policy DM XX: Noise and light pollution

1. Developers will be required to consider the noise and lighting impacts of their developments and, where there may be an impact on noise-sensitive uses, to provide a noise assessment. The layout, orientation, design and use of buildings should ensure that operational noise does not adversely affect neighbours,

particularly noise-sensitive land uses such as housing, hospitals, schools, nurseries and quiet open spaces.

2. Internal and external lighting should be designed to reduce energy consumption, avoid spillage of light beyond where it is needed and protect the amenity of light-sensitive uses such as housing, hospitals and areas of importance for nature conservation.
3. Any potential noise or light pollution conflicts between existing activities and new development should be minimised. Where the avoidance of such conflicts is impractical, the new development must include suitable mitigation measures such as attenuation of noise or light spillage or restrictions on operating hours.
4. Noise and vibration from deconstruction and construction activities must be minimised and mitigation measures put in place to limit noise disturbance near the development.
5. Developers will be required to demonstrate that there will be no increase in background noise levels associated with new plant and equipment.
6. Opportunities will be sought to incorporate improvements to the acoustic environment and existing lighting within major development.

Reason for the policy

The City has a complex, densely developed and intensively used built environment in which space is at a premium and where multiple activities occur in very close proximity. Therefore, the effective management of noise and light pollution impacts applies to both development that introduces new sources of noise and light pollution or development that is sensitive to noise and light pollution.

The main noise sources related to new developments in the City are:

- Construction and demolition work and associated activities, such as piling, heavy goods vehicle movements and street works;
- Building services plant and equipment, such as ventilation fans, air-conditioning and emergency generators;
- Leisure facilities and licensed premises, involving noise from people and amplified music; and
- Servicing activities such as deliveries, window cleaning and building maintenance.

Noise sensitive developments in the City include residential developments (including hotels and serviced apartments), health facilities, schools and childcare provision and certain open spaces. For noise sensitive developments, confirmation will be sought of appropriate acoustic standards at the design stage. The City Corporation will apply the 'agent of change' principle, meaning that the responsibility for mitigating the impact of noise will fall on the new development.

Developments, including changes of use, may require permission under both the planning and licensing regimes, which operate under different legislation. In implementing planning policy, liaison will take place with licensing to enable consistency of advice and decision making as far as possible. Policy DM XX: Evening and Night-Time Economy sets out the planning policy approach to evening and night-time entertainment uses in the Square Mile.

How the policy works

The City of London Noise Strategy 2016-2026 identifies the strategic approach to noise in the City and the City's Code of Practice for Deconstruction and Construction Sites provides guidance on procedures to be adopted to minimise the noise impacts of development. The use of planning conditions or obligations will be considered where this could successfully moderate adverse effects, for example, by limiting hours of operation.

When bringing forward major development proposals, developers are encouraged to consider whether there may be opportunities to enhance the existing acoustic environment, for instance by incorporating water features that can aid relaxation and help to mask traffic noise. More information about this can be found in the City's Noise Strategy.

The City Corporation is preparing a Lighting Strategy, which includes a range of proposals to improve the quality of lighting across the City with specific recommendations for different character areas. The Lighting Strategy includes guidelines to help reduce light spillage and glare from retail and office premises, and from signage. The redevelopment or refurbishment of buildings may present opportunities to reduce the impacts of existing insensitive lighting schemes.

Policy DM XX: Contaminated land and water quality

Where development involves ground works or the creation of open spaces, developers will be expected to carry out a detailed site investigation to establish whether the site is contaminated and to determine the potential for pollution of the water environment or harm to human health and non-human receptors. Suitable mitigation must be identified to remediate any contaminated land and prevent potential adverse impacts of the development on human and non-human receptors, land or water quality.

Reason for the policy

When a site is developed and ground conditions change there is potential for contaminants to be mobilised, increasing the risk of harm. Site investigation should establish whether the proposed use is compatible with the land condition. The phrase non-human receptors encompasses buildings and other property, or ecological systems and habitats, which may be harmed as a result of contaminated land or water.

How the policy works

Pre-application discussions should be used to identify the particular issues related to environmental protection that are relevant to a development site. The City

Corporation has published a Contaminated Land Strategy and a Contaminated Land Inspection Strategy, which provide details of the issues likely to be encountered in different parts of the City and should be used for reference by developers.

Policy DM XX: Location and protection of social and community facilities

1. Existing social and community facilities will be protected in situ unless:
 - replacement facilities are provided on-site or within the vicinity which meet the needs of the users of the existing facility; or
 - necessary services can be delivered from other facilities without leading to, or increasing, any shortfall in provision; or
 - it has been demonstrated through active marketing, at reasonable terms for public, social and community floorspace, that there is no demand for the existing facility or another similar facility on the site.
3. The development of new social and community facilities should provide flexible, multi-use space suitable for a range of different uses and will be permitted:
 - where they would not be prejudicial to the business City and where there is no strong economic reason for retaining office use;
 - in locations which are convenient to the communities they serve;
 - in or near identified residential areas, providing their amenity is safeguarded;
 - as part of major mixed-use developments, subject to an assessment of the scale, character, location and impact of the proposal on existing facilities and neighbouring uses.
4. Developments that result in additional need for social and community facilities will be required to provide the necessary facilities or contribute towards enhancing existing facilities to enable them to meet identified need.

Reason for the policy

Social and community facilities contribute to successful communities by providing venues for a wide range of activities and services. As such they make a significant contribution to people's mental and physical well-being, sense of community, learning and education. Library and educational facilities for children and those that support the City's business and cultural roles are particularly important and will be protected where there is a demand for these facilities.

Existing social and community facilities will be protected, unless it can be demonstrated to the City Corporation's satisfaction that there is no demand from social and community users for the facilities or that their loss is part of a published asset management plan, in the case of non-commercial enterprises. The presumption is that current facilities and uses should be retained where a continuing need exists. If this is not feasible, preference will be given to a similar type of social and community use in the first instance. Proposals for the redevelopment or change of use of social and community facilities to an alternative use must be accompanied by evidence of the lack of need for those facilities.

Where existing social and community facilities are to be relocated, the replacement facilities should be within the City. However, for services that serve a wider catchment area, relocation outside the City, but within a reasonable distance, might be acceptable. There may be advantages in locating organisations together within multi-functional community buildings to maximise the efficient use of resources.

Where rationalisation of services would result in either the reduction or relocation of social and community floorspace, the replacement floorspace must be of a comparable or better standard.

Policy DM XX: Public conveniences

A widespread distribution of public toilets which meet public demand will be provided by:

- requiring the provision of a range of directly accessible public toilet facilities in major retail and leisure developments, particularly near visitor attractions, public open spaces and major transport interchanges. Larger developments should include provision for disabled people and their carers (changing places toilets). Public toilets should be available during normal opening hours, or 24 hours a day in suitable areas with concentrations of night-time activity;
- supporting an increase in the membership of the Community Toilet Scheme;
- resisting the loss of existing public toilets, unless adequate provision is available nearby, and requiring the provision of replacement facilities;
- taking the opportunity to renew existing toilets which are within areas subject to major redevelopment schemes and seeking the incorporation of additional toilets in proposed developments where they are needed to meet increased demand.

Reason for the policy

Inclusive and accessible toilet provision is essential to meet the needs of all communities. Public conveniences are a particularly important facility for a number of groups, such as disabled people, older people and parents with young children and are a necessity in areas where people spend considerable time such as tourist areas. Areas of the City with concentrations of night-time entertainment require adequate toilet provision to prevent fouling of the streets.

The City Corporation provides public toilets and aims to provide a distribution which effectively meets public demand, but this needs to be supplemented by provision in major retail and leisure development through membership of the Community Toilet Scheme. The City Corporation provides attended toilets equipped with baby changing units and accessible toilet facilities, while automatic toilets provide a 24-hour service. The Community Toilet Scheme allows the public to use toilet facilities in participating businesses, albeit that hours are often restricted.

Public toilets should be clearly signposted to ensure they are easily found. The City Corporation has produced a free toilet finder app suitable for use on mobile phones.

Facilities should be maintained by the owner as part of the overall maintenance of any development.

Consideration should be given to the provision of self-contained gender-neutral toilets. 'Changing places' toilets are not designed for independent use and should be provided in addition to standard unisex accessible toilets, baby change and family facilities, rather than as a replacement.

Policy DM XX: Sport and recreation

1. Existing public sport and recreational facilities will be protected in situ, unless:
 - replacement facilities are provided on-site or within the vicinity that meets the needs of the users of that facility; or
 - necessary services can be delivered from other facilities without leading to, or increasing, any shortfall in provision; or
 - it has been demonstrated through active marketing, at reasonable terms for sport and recreational use, that there is no demand for the existing facility or alternative sport and recreation facilities which could be met on the site.
2. The provision of new sport and recreation facilities will be encouraged:
 - where they provide flexible space to accommodate a range of different uses/users and are accessible to all;
 - in locations which are convenient to the communities they serve, including open spaces;
 - near existing residential areas;
 - as part of major developments subject to an assessment of the scale, character, location and impact of the proposal on existing facilities and neighbouring uses;
 - where they will not cause undue disturbance to neighbouring occupiers.
3. The use of vacant development sites for a temporary sport or recreational use will be encouraged where appropriate and where this does not preclude return to the original use or other suitable use on redevelopment.

Reason for the policy

There has been an increase in sport and recreational facilities in the City in recent years, with much of the increase resulting from additional private gym facilities within office developments and some hotels. The rapid growth in the working population, as well as the increasing recognition of the importance of healthy lifestyles, means there is a continued demand for these facilities. While such facilities are important in meeting sport and recreational needs, it will not always be necessary to prevent their change of use, due to the fluid nature of the private market.

However, any proposals involving the loss of public sport and recreational facilities must be accompanied by evidence of a lack of need for those facilities. The presumption is that current facilities and uses should be retained where a continuing need exists. If this is not feasible, preference will be given to a similar type of sport and recreational use in the first instance.

Open spaces and publicly accessible rooftops can provide valuable sports and recreational facilities in the densely built City environment.

Policy DM XX: Play areas and facilities

1. The City Corporation will protect existing play provision and seek additional or enhanced play facilities or space, particularly in areas where a need has been identified, by:
 - protecting existing play areas and facilities and, on redevelopment, requiring the replacement of facilities either on-site or nearby to an equivalent or better standard;
 - requiring external play space and facilities as part of major new residential developments;
 - ensuring that where the creation of new play facilities is not possible, requiring developers to work with the City Corporation to deliver enhanced provision nearby;
 - promoting opportunities for informal play and play within open spaces where it is not possible to secure formal play areas.
2. Play areas and facilities must be inclusive and not be located in areas of poor air quality due to the negative health impacts on young children.

Reason for the policy

Play is essential for the healthy development of children and takes place in both formal and informal spaces. Formal play spaces include areas specifically designed and designated for play. Due to the City's large working population there are also opportunities to create informal play spaces in the City, which are not designated solely for that purpose but contain features that can be used for imaginative play. These spaces would also benefit the increasing numbers of children who visit the City.

Public realm spaces should be designed imaginatively to serve the needs of workers but also offer informal play opportunities. The City Corporation plans to provide appropriate sensory play areas in the City for children and young people with special educational needs.

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By virtue of paragraph(s) 1, 2, 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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