



Health and Wellbeing Board

Date: FRIDAY, 23 NOVEMBER 2018
Time: 11.30 am
Venue: COMMITTEE ROOMS - COMMITTEE ROOMS

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

Enquiries: Lorraine Brook
Lorraine.brook@cityoflondon.gov.uk / 020 7332 1409

Lunch will be served in the Guildhall Club at 1pm

N.B. Part of this meeting could be the subject of audio or visual recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**

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

3. **MINUTES**

To agree the minutes of the previous meeting.

For Decision
(Pages 1 - 6)

4. **RIVER CAMERAS PROJECT - UPDATE**

A report of the Commissioner of the City of London Police relative to an update on the River Cameras Project which was considered by the Police Committee on 20th September 2018.

In light of the work being undertaken by the City of London Police around suicide prevention and the protection of vulnerable people, both of which are relevant to the work of the Health and Wellbeing Board, the Committee asked that the report be submitted to the Board for information.

For Information
(Pages 7 - 10)

5. **CITY OF LONDON HEALTH PROTECTION**

A presentation by the Public Health England London Health Protection Team.

For Information
(Pages 11 - 18)

6. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2017/18 AND UPDATE**

A report of the Chair of Healthwatch City of London.

For Information
(Pages 19 - 38)

7. **BETTER CARE AND WELLBEING IN EAST LONDON**

A report from the East London Health & Care Partnership.

For Information
(Pages 39 - 60)

8. **ENDORSEMENT OF HIV STIGMA CAMPAIGN: "U=U"**

A report of the Director of Public Health.

For Decision
(Pages 61 - 64)

9. **THE PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH PROGRAMME**
A report of the Director of Community and Children's Services.

For Decision
(Pages 65 - 68)

10. **DEFIBRILLATORS - VERBAL UPDATE**
To receive a verbal update on defibrillators.

For Information

11. **DRAFT CITY OF LONDON TRANSPORT STRATEGY**
A report of the Director of the Department of the Built Environment.

For Information
(Pages 69 - 78)

12. **HEALTH AND WELL BEING BOARD UPDATE**
A report of the Director of Community and Children's Services.

For Information
(Pages 79 - 88)

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 7 of Part I of Schedule 12A of the Local Government Act.

Part 2 - Non Public Reports

16. **CITY OF LONDON DRUGS PROFILE AND RISK REDUCTION STRATEGY**
A report of the City of London Police.

For Information
(Pages 89 - 94)

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, 21 September 2018

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,
21 September 2018 at 11.30 am**

Present

Members:

Randall Anderson
Tom Anderson
Jon Averbs
Matthew Bell
Dr Penny Bevan
Andrew Carter
Dr Gary Marlowe
Jeremy Simons
Marianne Fredericks
Gayle Beer
David Maher
Kate Smith

In Attendance

Officers:

Farrah Hart	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services
Natasha Dogra	- Town Clerk's Department
	-
Sarah Thomas	- Community and Children's Services Department
Marcus Roberts	- Community and Children's Services Department
Adrian Roche	- Department of the Built Environment
Colette Le Van Gilroy	- Community and Children's Services Department
Simon Cribbens	- Community and Children's Services Department
Monica Patel	- Community and Children's Services Department

1. APOLOGIES

Apologies had been received from Deputy Joyce Nash.

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

There were no declarations of interest.

3. MINUTES

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

4. **ELECTION OF A DEPUTY CHAIRMAN**

The Board moved to elect a Deputy Chairman for the year ensuing. Marianne Fredericks being the only Member expressing an interest in serving was elected as Deputy Chairman for the year ensuing.

5. **HEALTH AND WELLBEING 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:

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

Members asked for a report on mental health across the young people's offer, including independent schools

Members asked about future funding for the Dragon Cafe

Members asked about the route between the dragon café and the new mental health centre, and suggested that the objectives be refreshed using the Corporate Plan to identify impact and outcomes.

Resolved – that the update be received.

6. **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

Members considered the terms of reference of the Board. 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 care landscape since the HWB was first established, and in particular the progress made in establishing integrated health and social care commissioning arrangements.

Resolved – that the amendments to the terms of reference be agreed.

7. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN REFRESH**

The Board received the JHWS action plan and noted that 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

Resolved – that the report be received.

8. HEALTH CARE PROVISION FOR PEOPLE SLEEPING ROUGH IN THE CITY OF LONDON

Members discussed the health care services available for people sleeping rough in the city of London. 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.

Resolved – that the report be received.

9. VOLUNTARY SMOKE FREE SPACE IN FINSBURY CIRCUS

The Board received information relating the voluntary smoke free space in Finsbury Circus. 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 de-normalising smoking, reducing smoking related litter and increasing potential for use of the space for leisure and recreational activity.

Resolved – that the report be received.

10. DEVELOPING A NEW HOUSING STRATEGY

The Board noted the City of London's strategy for developing new housing in the square mile. 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.

Resolved – that the report be received.

11. RECOMMISSIONING OF EARLY INTERVENTION AND PREVENTION SERVICES FOR THE CITY OF LONDON

The Board noted a report relating to the recommissioning of early intervention and preventions services. The report advised Members 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, thereby progressing the the achievements of the DCCS and Health and Wellbeing priorities. The project sought to meet the City of London Corporation's 2% efficiency savings target and 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.

Resolved - 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.

Resolved – that the report be received.

12. POLICIES ON HEALTHY AND INCLUSIVE CITY: DRAFT CITY PLAN 2036

The Board noted policies relating to a Health and Inclusive City. 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. 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.

Resolved – that the report be received.

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

There were no questions.

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

There was no urgent business.

15. **EXCLUSION OF PUBLIC**

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

16. **2018/19 PUBLIC HEALTH AND SOCIAL CARE COMMISSIONING INTENTIONS**

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

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

There were no questions.

18. **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 1pm.

Chairman

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Committee(s):	Date:
Police Committee- For information	20 th September 2018
Subject: River Cameras Project	Public
Report of: Commissioner of Police Pol 72-18	For Information
Report author: Inspector Lorenzo Conigliaro – Crime and Counter Terrorism	

Summary

Members will recall that during the July 2018 Committee the subject of river based cameras to aid suicide prevention was discussed after receipt of a resolution from the Health and Wellbeing Board of the City of London Corporation. This was with reference to the 'River Cameras Project' which was part of the Ring Steel Programme during 2016.

The Rivera Cameras Project was part of the larger Ring of Steel Programme, which included the Barbican CCTV project and IMS/DRS as other headline projects. The River Cameras Project had reached a fairly advanced stage, with agreement in principle at Gateway 3/4 and proof of concept completed.

At the beginning of this year the Ring of Steel Programme was shut down, in order to review the management of the programme to ensure better and more effective outcomes. The only element of the programme taken forward at that time was the IMS/DRS project and this was maintained as a standalone project. The ambition was to relaunch the Ring of Steel in a more structured and effective way under Secure City, of which CCTV and Infrastructure would be a central strand.

The work that has been completed to date on the River Cameras Project remains valid and the work will be within scope of the CCTV and Infrastructure strand of Secure City. Suicide prevention and the protection of vulnerable people remains a key priority for City of London Police, along with ensuring we have the most robust and innovative counter terrorism measures.

The delivery of the IMS/DRS project remains a dependency on the feasibility of the River Cameras Project, as well as holding a large amount of resource and expertise needed to drive the River Camera Project forward. The next steps are to restart the River Camera Project as a strand within the CCTV and Infrastructure strand of Secure City and review all previous work completed with an ambition of developing the project at pace.

Recommendation(s)

For members to note the report.

Main Report

Background

1. The River Cameras Project was part of the Ring of Steel Programme and had been set up in response to the increased number of vulnerable people committing suicide from the City Bridges. It followed an innovation suggestion from one of our control room operators who documented the benefit of instant thermal imaging in order to help save people who had fallen into the River Thames. Their first-hand experience in managing the initial response highlighted how valuable this technology could be in helping to save lives.
2. In June 2016 a Gateway 1/2 paper entitled 'River Cameras Project' was presented to the Project Sub Committee. The paper outlined the ambition of the project and requested £30,000 in staff funding, with relevant rationale and confirmation that the funding had been agreed from Bridge House Estates. This paper was approved.
3. The project team began the necessary work in order to prepare and submit a Gateway 3/4 paper, outlining cost and rationale for the installation of cameras. This included but not exclusively;
 - Privacy Impact Assessment screening phase.
 - Operational Requirement and assessment.
 - User Requirement and functionality.
 - Feasibility study and proof of concept.
4. In November 2016 a Gateway 3/4 paper was drafted for Policy and Resources Committee providing the full operational requirement for the project and providing three options with costing. Option three, which was the installation of fixed thermal imaging cameras along with advanced analytics which came with an estimated cost of £1,388,000.
5. The rationale was largely weighted towards the ability to quickly identify and track people in water to assist with search and rescue operations and mobilisation of water assets. The paper also highlighted the benefit to the City in terms of Counter Terrorism. To quote the paper; 'The number one priority of both the City of London Police and the Safer City Partnership is Counter Terrorism. The proposals in this paper will assist the police in pre, during and post investigations and there is no doubt that they will result in a fundamental improvement in security. The technology will also support and improve the deployments of Project Servator on the bridges to help detect and deter criminal behaviour'. This extract was written prior to the terrorist attacks on Westminster Bridge and London Bridge.
6. The Gateway 3/4 report was submitted and agreed in principle by Policy and Resources Committee.

7. At the beginning of this year, the Ring of Steel Programme was re-organised in order that the whole programme could be revaluated, assessed and relaunched with more strategic direction, support and importantly measurable outcomes. This change was communicated to Members at the Committee in a report to your January 2018 Committee (Pol 01-18 refers) and this report also went to the Project Sub Committee, Policy and Resources Committee and Resource Allocation Sub Committee. This included the subsuming of the One Safe City Project. The IMS/DRS element remained in motion due to the advanced position of the project and investment to date. However the River Cameras Project was paused awaiting the refresh of the programme.
8. It should be noted that the delivery of river based cameras as set out in the original Gateway 3/4 cannot be achieved without the successful implementation of IMS/DRS. The technology behind IMS/DRS is the enabling factor for advanced technology such as tracking CCTV cameras, thermal imagery and analytics. Hence the push to continue with IMS/DRS despite rebranding of the Ring of Steel programme.
9. In January 2018 the Secure City Programme was launched. One of the strands of Secure City was defined as CCTV and Infrastructure. This was a broad strand with the aim of reviewing the CCTV technology in the City *holistically*, and setting a vision for the future, with innovative and creative ways to make the City more secure. Firmly within this strand was the river cameras, albeit not a project in its own right from the outset.

Current Position

Secure City Programme

10. This new joint programme with the City of London Corporation is about creating a secure environment, using the most up to date technology now and in the future, to make the City an attractive place to visit and locate business. The programme consists of a number of strands:
 - Physical Infrastructure
 - Future Technologies
 - CCTV and Hardware
 - IMS/DRS (digital upgrade of CCTV back office system)
 - Joint Command and Control Room
11. The project team have provisionally identified the River Cameras Project as within scope of the CCTV strand and are now awaiting staff funding to move this strand forward. Much of the foundation work for river cameras has been completed however the team will need to review the operational requirement, location feasibility and funding requirements/agreements, as would be expected given the time period between the original Gateway 3/4 and now. The only funding spent on the River Cameras Project remains the initial staffing costs to get the project to Gateway 3/4.

12. As mentioned previously in this report, river cameras are entirely dependent on the delivery of IMS/DRS. This is true for much of the advanced technology that would be within scope of the CCTV strand of Secure City. Many of the team working on the IMS/DRS project possess the skills and knowledge requirement for the CCTV strand of Secure City and therefore the team await the release of staff to move this part forward. This is a key dependency.
13. What is not in question is the pressing need to address two priorities for the City of London. Protecting people from harm and ensuring the City is a safe place for everyone who visits it. The addition of intelligent river cameras that can support search and rescue in the river, but also provide enhanced counter terrorism capabilities will place the City in an advanced position in terms of capability and investment into security and safety.

Recommendation

14. It is recommended that Members note the contents of this report.

Contact:

Lorenzo Conigliaro

Inspector – Crime and Counter Terrorism

Crime Directorate

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Public Health
England

Health Protection

Dr Deborah Turbitt
23rd November 2018



Public Health
England

PHE London Health Protection Team

21 consultants

32 health protection practitioners

5 information/surveillance staff

14 business support staff

3 locations providing place-based approach

32 London boroughs + City of London

8.6 million resident population



Public Health
England

Responsibilities

Protect the population from infectious disease and non-infectious environmental hazards

Proper officer function for all London boroughs

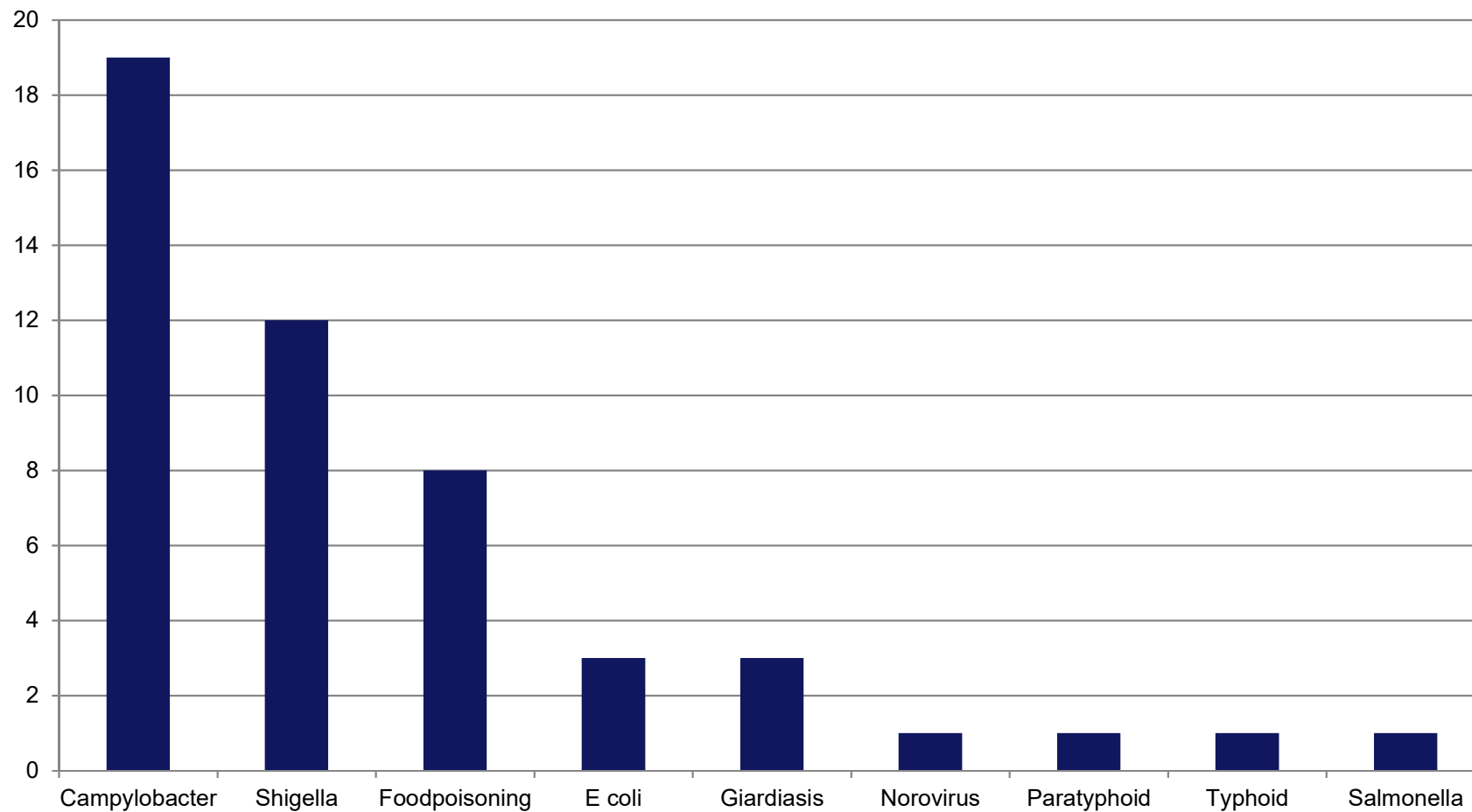
Notification of Infectious Diseases – statutory function producing official government statistics

Advising clinicians on single cases of disease

Investigation and control of outbreaks

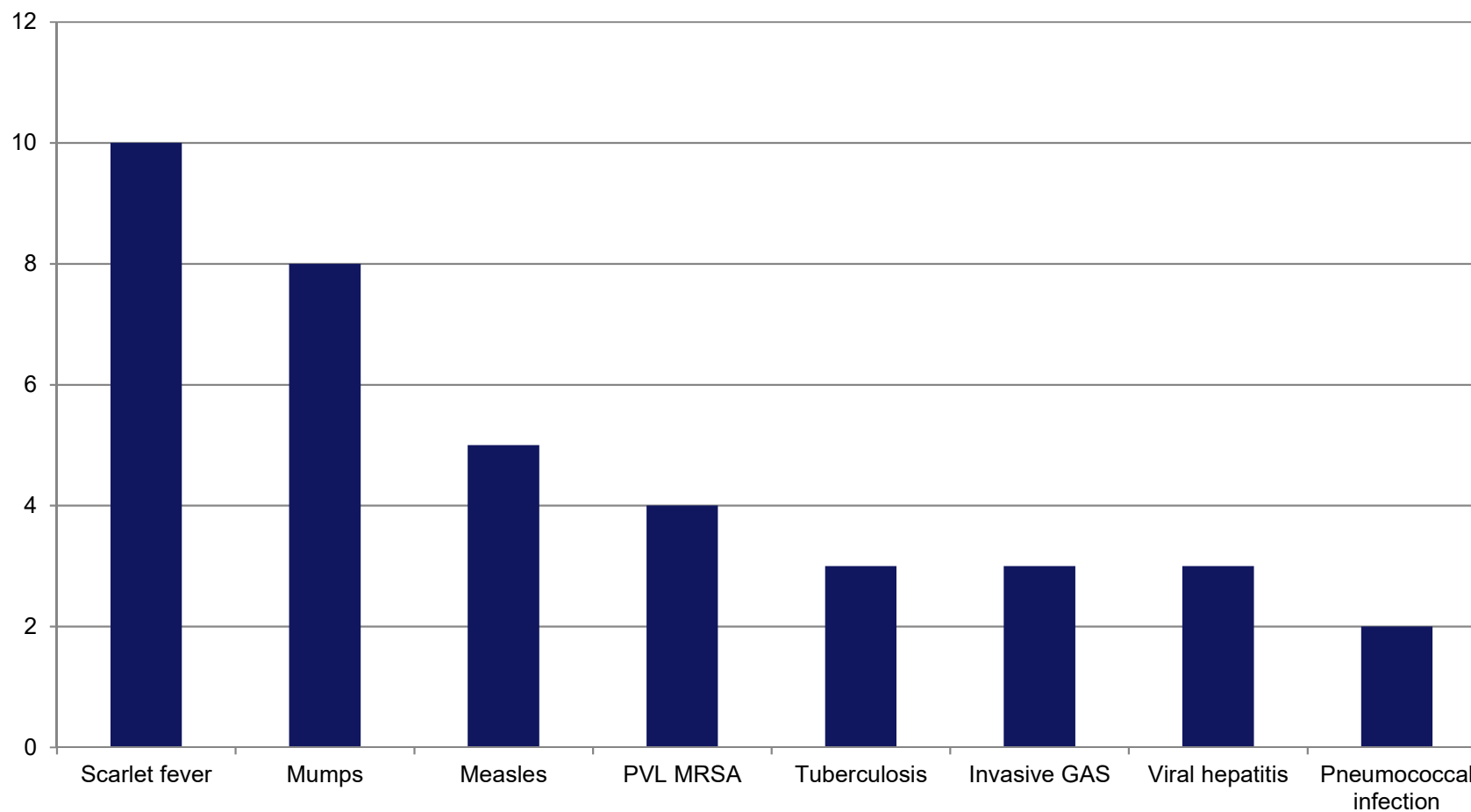


City of London 2013-2018





City of London 2013-18





Public Health
England

Tuberculosis

49 people working in City over past 5 years diagnosed with tuberculosis.

Risk assessment in each case to determine potential for transmission.

Screening of co-workers organised either on site or in specialist clinics.

No workplace transmissions detected.



Outbreaks

17 outbreaks of infectious disease in 5 years.

Food poisoning - 8 in pubs or restaurants, 2 on ships, 4 in catered venues, 1 workplace – norovirus, *Bacillus cereus*, *Clostridium perfringens*, *Campylobacter*.

Measles – 3 young adults in workplace.

Scarlet fever – 6 children in nursery.

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Committee	Dated
Health and Wellbeing Board	28/11/18
Subject: Healthwatch City of London Annual Report 2017/18 and update	Public
Report of: Chair of Healthwatch City of London	For Information
Report Author: Jon Williams, Healthwatch Executive Director	

Summary

The attached Healthwatch City of London Annual Report 2017/18 provides an overview of the activities of Healthwatch City of London during its fifth year. This report also provides an update on recent Healthwatch activity.

Recommendation

Members are asked to:

- Note the Healthwatch City of London Annual Report 2017/18
- Note the update on Healthwatch City of London activity.

Main Report

Background

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

Current Position

2. Healthwatch City of London Annual Report 2017/18

The attached report Healthwatch City of London (HW CoL) Annual Report 2017/18 provides an overview of the activities of Healthwatch City of London during its fifth year. This report is by the previous provider of the Healthwatch contract, Age UK London. The report highlights achievements during 2017-18 and shows how City people have been reached to hear their needs and represent their views with the aim of improving their health and social care experience.

The report features some of the activities undertaken to engage with diverse groups and communities in the City, how this has made a difference to local health and social care services and how Healthwatch worked collaboratively with service providers, commissioners, regulators and other local partners to benefit City people.

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

3. Update on current activities

In April 2018 Healthwatch Hackney became the provider of the HW CoL contract for the City of London. Initial focus has been on

- restructuring Healthwatch Hackney staff team to deliver the contract
- establishing relationships and seeking initial local insight, and
- settling the governance arrangements between the boards of the two Healthwatches.

City Board members sit on this Board and the Health and Social Care Scrutiny Committee. A City chair is being recruited (and hopefully in place for this meeting) and a new HW CoL board member, Renu Gupta, has been appointed. The board is also seeking to recruit a City worker and a parent of SEND child. Long-standing board member, Geoffrey Rivett, stepped down from the board in July, HW CoL thank him for his extensive contributions of public involvement in health and care for many years.

4. Whilst there has been work in the City, delivery has not been as extensive as hoped. HW CoL and City Commissioners are agreeing a work plan including an engagement and communications plan to move this situation forward. Work to update has focused on staff gaining insight, a better understanding of local issues and working in the City. Examples include:

- a. Advice and guidance, particularly on coproduction, to the consultant engaged to help the Corporation redesign for re-commissioning the Early Intervention and On-going Support service.
- b. Training Corporation staff on coproduction.
- c. Advice and guidance on the updating of the Carers Strategy and the Homelessness and rough sleeper strategy
- d. Introductory meetings with Corporation officers in Community and Children's Services
- e. Introductory meetings with local service providers (e.g. Age UK London Open Doors project, Age Concern City of London, Toynbee Hall and the Revolving Doors Agency). This gives us a number of future opportunities to gather City residents views and also signpost residents to local health and care service.
- f. Attended the Golden Lane Community Centre Re-Launch.
- g. Attended a meeting at City Hall called The Way Ahead and took part the workshop on "Prevention violence".
- h. Attended meetings at the Mental Health Awareness project run by the Dragon Café at the Shoe Lane Library. This led to further discussions with the Lord Mayor's Appeal Healthy City programme and Corporation officers on mental health prevention work with City workers.
- i. Attended the Aldgate Square festival to promote our work. Gather 20 comments on health and care from attendees.
- j. Meeting and report from the City Carers Network.

- k. Met the CoLC Community Engagement Manager, who is based at the Barbican and runs the community builders initiative. This officer can link us into resident groups in the City and newsletters they circulate.

5. Healthwatch City of London AGM

The HW CoL AGM took place on 4th October at the Livery Hall, Guildhall, City of London, and was attended by 42 members of the public. The event included stalls from Toynbee Hall who deliver City Advice, Mind, Henry, Westminster Drug Project, The Advocacy Project and the Barbican Library.

The meeting was chaired by the interim Chair of Healthwatch City of London, Gail Beer. Gail and the board led sessions on HW CoL's priorities for the coming year, and the development of our engagement plan.

Speakers included Will Norman, the service manager, Homelessness and Rough Sleeping talking about improving services for rough sleepers; Ellie Ward, Integration Programme manager talking about the neighbourhood model and integration; and Spencer Hawkes from Enhance Cleaning Services talking about their commitment to the living wage and their work to support their workforce through English classes.

Feedback from attendees was that they felt that the event was overall very "useful", "informative", and "clear". Attendees also reported enjoying the breakout sessions because they helped them to discuss ideas and problems with their neighbours and "flesh out ideas and suggestions".

Conclusion

6. Members are asked to note the report.

Appendices

- Appendix 1 – Healthwatch City of London Annual Report 2017/18

Jon Williams, Healthwatch Executive Director

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Healthwatch City of London



Annual Report
2017/18



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Welcome from the Chair



We are delighted to welcome you to the annual report from Healthwatch City of London. This report showcases our achievements during 2017-18. It shows how we have reached City people to hear their needs and represent their views with the aim of improving their health and social care experience.

Dear Friends and Colleagues,

This has been another busy year for Healthwatch City of London, and in the year of the 70th birthday of the NHS it is clear we have a mixed picture - the winter flu crisis put extra strain on the NHS, at a time of great financial difficulty and staff shortages. Yet there have been many successes for local services and this is clearly a time to be celebrating the work of our local NHS and social care services.

Against this backdrop, Healthwatch City of London has continued to answer the call of our three key aims - listening to local people, signposting residents and workers to the support they need, and making sure that the voices of local people are heard and that they influence decision-makers. I cannot list all the work we accomplished but I hope this report gives you a flavour of the impact we have had.

Sadly, though, this will be my last annual report to you - Healthwatch City of London will be managed to Healthwatch Hackney on April 1st 2018, and as such there will be new governance structures

put in place (see page 7). As you are aware, many of the services are commissioned by the City & Hackney CCG so the new services will be fully integrated between the two boroughs.

This, of course, does not mean that the City residents will not have a voice - Healthwatch will still be providing information and reviewing the services that are available in the City. It is very important that City residents do become involved in the design of the new services that are being developed and provide feedback on the services already available.

In closing I would like to thank my fellow board members for all their hard work over the last year, and in particular our staff and volunteers for their commitment to the people of the City of London and their health and wellbeing.

Glyn Kyle

Chair, Healthwatch City of London



About Healthwatch

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

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

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

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

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

Our vision and mission

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

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

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

Our strategic priorities

In this year we have continued to work on our strategic priorities, building on the foundations of the previous three years, continue our comprehensive programme of engagement across the City, and specifically:

- Continuing to provide and expand our fully searchable online directory 'CityHealth'. We also have an ongoing programme to improve and extend our website.
- To support the Cancer Unit and the Patients' Forum at St Bartholomew's Hospital (the only hospital located in the City). We continue to ensure that local voices are heard in the planning and provision of cancer related services.
- To promote wider patient engagement and make sure that patients' voices are heard in the development of the patient engagement and experience strategy for Barts Health NHS Trust.

Our work to gather feedback and consult with City people from all walks of life throughout our first four years has helped us identify particular sections of the City community which require specific support to access and utilise services.

Consequently, in 2017-18 we have focused on the following groups to make sure that everyone's voice is heard:

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

City of London Corporation on delivering the City's Mental Health Action Plan and promoting better mental health services.

Plans for next year

Going forward Healthwatch Hackney have stated that from 1st April, their new governance arrangements will ensure a distinct Healthwatch City of London to represent the views of those who live and work in the City. Going forward, their strategic priorities will be determined in collaboration with the new Healthwatch City of London board, residents and other stakeholders.

Your views on health and care

Listening to local people's views

Healthwatch City of London has consulted widely in 2017-18, and we have held a range of events and activities to get local people involved in our work. We distribute over 2000 newsletters to people working and living in the City, which detail the many opportunities for people to get involved. Highlights of the year are:

Co-Production - Getting residents' views on service design

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

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

Primary Care

The Healthwatch City of London board has focussed on primary care as a priority area for residents and City people. One of our board members sits on the Local GP Provider Contracts Committee and contributes the City perspective on this important area. We were delighted to welcome Richard Bull, Programme Director for Primary Care at City & Hackney CCG to our December board meeting. Points covered included:

- On the CCG dashboard, the Neaman Practice scores above the CCG average. Its level of achievement is high compared to London benchmarks. The indicators came from a GP survey.
- The GP to patient ratio at the Neaman is a healthy one, the practice has 10 GPs or 6 FTE.
- The board raised concerns that the telephone triage may not pick up on social isolation.

- Mental health care needs could escalate as a result of this. Social prescribing services are run for the City that residents can be referred to.
- City workers are only seen as part of the urgent care duty, not routine care. Community nurses only have responsibility for residents registered with the Neaman and not those who are with other GPs in other boroughs. It was highlighted that many patients are left on the fence.
- A feasibility study is being undertaken on how the Neaman is coping with demand. A task and finish group has been set up to look at other options for the City to see if there are options for expanding the practice. The groups will report back on their findings. The cost per patient for rent and rates is £51 at the Neaman compared to £18 in Hackney.

Enter and View

A visit was made by the City of London Healthwatch Manager to the Transport Waiting Area at St Bartholomew's Hospital on the 6th July between 11am and 3.30pm.

The aim of the visit was to talk to staff, patients and carers about the transport service they received. Healthwatch asked patients and carers about their journey to and from the hospital and the transport experience.

Healthwatch spoke to staff in the format of group discussion. Patients' and carers' views were at times on a one to one basis but as the room filled up - patients and carers joined in to become a group discussion. During the discussions there was a lot of movement of people being picked up or coming into the waiting room following their clinic appointments.

St Bartholomew's management has responded with an action plan addressing the recommendations made by Healthwatch:

Recommendations	Action
The water fountain should be stocked with cups or cups should be available at reception with a notice by the fountain informing where the cups are held	Site Management Team have temporarily taken over stocking cups and check each day that enough are available Task will be handed over to the Transport team in October once this service transfers from ERS to Bart's Health.
Magazines or free newspapers such as the Metro and Evening Standard should be available. There is an opportunity to publicise the Patients Forum when it recommences	An order has been placed to deliver the standard daily. The Site Management Team will audit this weekly.
There should be a tea/coffee machine in the waiting area	Estates Manager to organise the siting of a vending machine via Elior who are our current provider.

There should be more small tables for filling forms/ putting drinks etc.	Our Site and Flow Team are looking at suitable small tables and an order will be placed.
There should be signage to the nearest toilets	Signage requested through the estates department.
There should also be a notice asking patients to let reception know if going for drinks or toilet so patients don't miss their transport slot	Facilities manager to implement a system to allow patients to leave the department and/or go to the toilet is in place at handover from ERS to Barts Health in October 2017
There should be a green button for the corridor between doors for entry into the waiting room from the main atrium	Facilities manager to review the green button issue, the ambulance exclusion zone and the wheelchair station issue.
Both sets of doors for entry into the waiting room should be automatic	Costing and case to be proposed
There should be a 'no entry' sign put on staff cupboard	The sign has been put up
There should be discussion with the Corporation in respect of an ambulance exclusion zone	Consideration through Hospital Management Board
Procedures should be explained to ward staff for discharge transport	This is completed regularly. To be re-visited on hand over to Bart's Health
There should be a wheelchair station in the waiting room or vestibule	Facilities manager to review the options for this





Helping you find the answers

How we have helped the community access the care and support they need

In addition to the CityHealth directory, our quarterly newsletters have included information about the services available across the City for residents and workers. This included information and advice on:

- Air Quality, including the need to educate young people on why air pollution is a problem and what can be done about it, and what the City is doing about air pollution
 - Advocacy services in the City, including POhWER
 - Highlighted the role of local libraries as community resources for both finding information and joining local groups
 - Accessing local health care venues, particularly for those with mobility issues
 - Dealing with Council tax arrears
 - Supporting people with heart conditions, and their carers
 - Finding help to quit smoking, and the free resources available
- thorough Barts and the London Medical School
 - Local exercise classes
 - Accessing sexual health advice and support
 - Young people and promoting City Gateway as a resource
 - The importance of registering with a GP and how to go about it
 - Supporting the City campaign on rough sleeping and homelessness in the City, which included promoting the campaign and encouraging people to make referrals to Streetlink via the app, website and national helpline.
 - Managing Stress, particularly over the Christmas period, and signposting residents to drop in sessions at Tonybee Hall
 - Side effects of medicines, how to spot them and who to report these to
 - Local service providers and groups, who had stall at our annual conference showcasing their work across the City.





Making a difference together



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



Our people

Our board

There were eight members of the Healthwatch City of London Board at the year end. Glyn Kyle was elected Chair in October 2014 and continued to chair and to represent Healthwatch City of London on the Health and Wellbeing Board up until the end of the contract year.

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

How we involve lay people and volunteers

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

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

The contribution of our volunteers

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

We have recruited to and maintained our volunteer base of seven volunteers during 2017/18. They undertake a variety of duties including representing Healthwatch City of London and producing reports for us. All volunteers are provided with a role description and training to support them in their roles. All of the volunteers are managed by the Healthwatch Officer who meets with them regularly to discuss their involvement and support needs.

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

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

Our Finances

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	54,678
Signposting contract income	15,000
Income deferred from previous year	7,149
Total income	76,827
EXPENDITURE	
Staffing costs	39,868
Direct delivery costs	15,362
Age UK London programme and support costs	21,597
(Includes management and communications support, accommodation, overheads, printing and stationery.)	
Total expenditure⁷	76,827
Balance brought forward	0

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

Contact us

Get in touch

From 1st April 2018, Healthwatch City of London will be managed by Healthwatch Hackney.

Phone number: 020 7923 8358

Email: info@healthwatchcityoflondon.org.uk

Website: www.healthwatchcityoflondon.org.uk

Address: The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ, United Kingdom

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

Cover photo kindly provided by the City of London.

Additional photos of the City kindly provided by Clayton Hirst.

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

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Committee(s): Health and Wellbeing Board	Date(s): 23.11.2018
Subject: Better Care and Wellbeing in East London	Public
Report of: East London Health & Care Partnership	For Information

Main Report

The Committee has been provided with a briefing paper by East London Health & Care Partnership on better care and wellbeing in East London. The report sets out the Partnership's priorities, aims and actions to improve health and care services in the area.

At Committee we will welcome a representative from the East London Health & Care Partnership, to discuss the changing role of the CCG and update Members on the work of the Partnership so far.

Recommendation(s)

Members are asked to note the report and briefing paper provided.

Appendices

Appendix 1. Report of East London Health & Care Partnership: Better Care and Wellbeing in East London

East London Health and Care Partnership
First Floor, Vicarage Lane Health Centre,
10 Vicarage Lane, Stratford E15 4ES
www.eastlondonhcp.nhs.uk

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**East London
Health & Care
Partnership**

BETTER CARE AND WELLBEING IN EAST LONDON





We are:

NHS


Barking and Dagenham
Clinical Commissioning Group


Redbridge
Clinical Commissioning Group


City and Hackney
Clinical Commissioning Group


Tower Hamlets
Clinical Commissioning Group


Havering
Clinical Commissioning Group



Waltham Forest
Clinical Commissioning Group


Newham
Clinical Commissioning Group

East London 
NHS Foundation Trust

Homerton University Hospital 
NHS Foundation Trust

North East London 
NHS Foundation Trust

Barking, Havering and
Redbridge University Hospitals 
NHS Trust

Barts Health 
NHS Trust

Councils



BETTER CARE AND WELLBEING IN EAST LONDON

We can all do our bit

As more and more people choose to live and work in east London, and more of us are living longer, the demand on health and social care services is at an all-time high.

Our doctors, nurses, therapists and other health and care professionals are looking after record numbers of people every day as our population grows faster than in any other part of the country.

Despite immense pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country.

Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area that we are getting the care we need. But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 diabetes.

There are big opportunities to improve things by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

This a chance to deliver improvements that matter:

- ▶ to make it easier to see a GP;
- ▶ to speed up cancer diagnosis;
- ▶ to offer better support in the community for people with mental health conditions;
- ▶ to provide care for people closer to their home.

If we do nothing and carry on providing and using services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going as now.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care will suffer if not addressed urgently.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

We all have a part to play in this – all of those providing the services, and all of us using them. We can all do our bit.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

BETTER CARE AND WELLBEING IN EAST LONDON

The organisations behind the Partnership are:

- NHS**
- Clinical Commissioning Groups**
- ▶ Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest
- ‘Provider’ Trusts**
- ▶ Barking, Havering and Redbridge University Hospitals Trust; Barts Health NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS; Foundation Trust; North East London NHS Foundation Trust

- Councils**
- ▶ Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

With a shared goal to help people live healthy and independent lives, the Partnership’s mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes. The public themselves. The public wants easier access to GPs.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most, supported by the right team of staff from across health and social care, with the right resources, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people’s health deteriorating. This isn’t just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Improving the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a challenge.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there’s still much to do.

Although they operate safely, some of our hospitals aren’t fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

‘Barrier busters’

The East London Health & Care Partnership isn’t afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care service providers even closer together – busting any barriers between them and ensuring services are fully able to meet the needs of local people, now and in future.

The Partnership’s main priorities are:

- ▶ To help local people live healthy and independent lives
- ▶ To improve local health and care services and outcomes
- ▶ To have the right staff in the right place with the right resources to meet the community’s needs
- ▶ To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London as a whole faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must continue to be tailored and managed accordingly.

The Partnership is therefore shaping the way it tackles its priorities around three localised areas, bringing the councils and NHS organisations within them together as local care partnerships:

- ▶ Barking, Havering and Redbridge
- ▶ City of London & Hackney
- ▶ Newham, Tower Hamlets and Waltham Forest

They will be responsible for ensuring the people living in these areas get high quality standards of care designed around their particular needs.

The Partnership as a whole will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- ▶ good quality urgent and emergency care for the area
- ▶ the availability of specialist clinical treatments
- ▶ a better use of buildings and facilities
- ▶ the recruitment and retention of doctors, nurses and other health and care professionals
- ▶ an increased use of digital technology to speed up the diagnosis and treatment of illness
- ▶ ways of working that put a stop to duplication and unnecessary expense

The involvement of councils is enabling the provision of health and care services to be

aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and in particular deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

This is something we can all play a part in – everyone living and working in east London. It’s not just down to the authorities.

All of us can do those little things each day that help us stay healthy and well, watching what we eat and drink and being more active. We will help people to do this and get involved in local communities to overcome isolation, which is a bigger killer than smoking.

It’s also about using health and care services in the right way. Rather than go to a doctor or an A&E for every minor ailment, we can get advice from NHS111 first, online or by telephone, or go to a local pharmacist.

We can all do our bit. If we do this, and get behind the work of the East London Health & Care Partnership, the prize is being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it.

PREVENTION

Our aims

- Better support to stop smoking
- Better screening, treatment and support for diabetes
- Help you look after your own general health and wellbeing

More and more people are choosing to live, work and stay in east London.

Major regeneration of the area is creating growth and opportunity, bringing new jobs and housing, better transport, shopping and leisure facilities, making it an attractive place to call home.

But while this is improving east London as a place, and making it generally more prosperous, are we actually investing in ourselves and taking care of our personal future health and wellbeing?

Some 40 per cent of all deaths in England are preventable and are caused by the effects of lifestyle choices including diet, lack of exercise, smoking, alcohol and drugs.

Treating preventable diseases, such as heart disease and smoking-related lung cancer, costs the NHS in England £11 billion each year.

About 1.2m people in London still smoke. Of these, 280,000 live in east London and the local NHS spends £56m a year treating people for illnesses caused by it.

Type 2 diabetes is also preventable.

One in six patients in hospital in England has diabetes, 90 per cent of whom have Type 2 and it costs the NHS £1million an hour to care for them – 10 per cent of the total NHS spend.

More than half of all adults in east London are overweight or clinically obese. This is less than the national average of 63 per cent, but London has the highest rate of childhood obesity of any city of its size in the world.

If we fail to tackle preventable illnesses, not only will this situation continue, and likely get worse, the sustainability of our health and care services will be put at risk.

The East London Health & Care Partnership has three priorities to help tackle these issues:

- ▶ To help people stop smoking. We will especially target children and young people, so they fully understand how harmful and expensive smoking is – both to the individual and, in terms of treatment, to the NHS
- ▶ To reduce diabetes. We want to improve early diagnosis and provide ongoing support for those identified ‘at risk’. This includes offering places on the National Diabetes Prevention Programme, where people are given a personal health and wellbeing coach to help with their diet and exercise. We also want to improve outcomes for those living with Type 1 and Type 2 diabetes, ensuring they receive regular follow ups and have access to specialist advice when needed.
- ▶ To improve workplace health. Around 24 million working days are lost in London each year because of sickness absence or injury. We will help business and public sector organisations across east London, including our own, give better health and wellbeing support to staff. We will promote healthy eating and physical activity and create support services for dealing with stress and other health issues, including those who want to stop smoking or reduce the amount of alcohol they drink.

But it’s not just down to the authorities; we all have a stake in our own health. There are many things we can do in our daily lives to take better care of ourselves – such as eating more healthily, reducing alcohol intake and getting plenty of exercise.

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better support in our hospitals, mental and community health and primary care services to help people stop smoking
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles
- Making the care that people with Type 1 and Type 2 diabetes receive in GP surgeries and hospitals the same across east London
- Empowering people, through flexible self-care courses, to better look after their diabetes and avoid unnecessary trips to hospital
- Working with local schools, colleges and universities, employers, libraries and voluntary services to provide better support for young people with diabetes
- Improving workplace health across east London, starting with the NHS. Happier, healthier NHS staff means better healthcare for patients.

What does it mean for local people?

- Better support to stop smoking, with help and advice available at many health and care centres, workplaces and online
- Better screening, diagnosis, treatment and support for people with diabetes
- New services to help young people, and pregnant women, manage diabetes better
- Better opportunities and more support to stay healthy at work
- Greater consistency of healthcare opportunities and support across east London
- Help to help you take better care of yourself

What can you do?

- If you smoke, try to stop and seek help to do so
- Cut down on sugary food and drinks
- Eat smaller portions and enjoy a balanced diet, including vegetables
- Keep hydrated – plenty of water!
- If you drink alcohol, do so sensibly and watch how much you drink
- Try to do some physical exercise every day. Just taking the stairs instead of the lift once a day, or going for a quick stroll, can make a difference

And if you do these things yourself, support a family member or friend that wants to do the same!

Take an NHS Health Check

The NHS Health Check is a health check-up for adults in England aged 40-74. It’s designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

If you are in this age group without a pre-existing condition, you can expect to receive a letter from your GP or local authority inviting you for a free NHS Health Check every five years.

In the meantime, there are other ways of getting your health checked. Visit www.nhs.uk for more information on this and many other topics.

URGENT & EMERGENCY CARE

Our aims

- **Make it easier to understand the range of services available and how to access them quickly**
- **Provide more services in local communities, so they are accessible and convenient. This will also reduce the pressure on hospitals**
- **Make it easier to see a GP and bring services together**

Our hospital Accident & Emergency (A&E) Departments face some of the most intense pressures in our local health and care services, with growing numbers of people attending them each year.

Around 100 people are currently visiting the A&Es across east London every hour. But many of them do not need to be there, as they have relatively minor problems that can be treated elsewhere.

With people unsure of where to go for treatment, there is a huge demand on busy A&E services.

Some 68 per cent of patients have told us they do not know the difference between facilities such as 'Urgent Treatment Centres' and 'Minor Injury Units'. We want to change this.

An immediate priority for the East London Health & Care Partnership is to give better information on how and where we can all get the right care and treatment, including advice on ways we can look after ourselves.

There are three ways in which you can access health services and help to reduce pressure on our hospitals:

- ▶ **'Click'** - online information and support and to book urgent or routine appointments when needed.
- ▶ **'Call'** - for people who don't have access to the internet and those who need more advice or reassurance from a healthcare professional.
- ▶ **'Come in'** - where patients really need to see a healthcare professional.

...and we are improving all three.

'Click' and 'Call' - information and support online and by telephone through NHS 111

Click

Online support and information 24/7 through the NHS 111 website at www.nhs.uk. Here you get information on a range of health issues, and in a variety of languages, to help you decide what action to take, including what to do if you need to speak to a clinician.

Call

If you do not have access to the internet, or need further health advice after going online, you should firstly try calling your GP. If your GP is unavailable, you can call NHS 111 by simply dialing 111.

The NHS 111 telephone service is being improved from next year, enabling you to speak to a wider range of qualified healthcare professionals, including nurses, GPs and pharmacists.

Calls to NHS 111 about the very young and older people (babies under one and people over 75) will always be directed immediately to a qualified healthcare professional.

Speaking to NHS 111 will ensure you are getting the right level of advice and support. If you need to be seen by someone, you will be booked an appointment at the most appropriate place, such as with your own GP or at an Urgent Treatment Centre close to where you live.

Staff from care homes and community health staff are also now using NHS 111 for clinical advice. It is helping many people avoid the need to go to hospital and be treated and cared for at home instead.

Come in

Where patients really need to see a healthcare professional because it is an emergency.

GP Practices

We don't just want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments online at many surgeries. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

Community

A priority is to provide care closer to, or in, people's homes. It's why we are bringing all the relevant services together in local neighbourhoods.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support - not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP practices, and equipped with the latest facilities and technology, the centres will be able to stay open longer and offer a greater range of services - from 8am to 8pm, seven days a week.

Urgent Treatment Centres

If your need cannot be treated by a GP, you may be directed or booked for an appointment at your nearest Urgent Treatment Centre.

Located across east London, Urgent Treatment Centres give treatment for minor injuries including: sprains, strains and broken bones; injuries to the back shoulders and chest; minor head and eye injuries; minor burns and scalds; insect and animal bites; and wound infections.

Before heading off to one of these centres, we recommend people contact NHS 111 first so they can be directed to the right place. If you do go to an Urgent Treatment Centre and your need can be better met elsewhere you will be redirected. It's therefore best to give a 'click' or 'call' to NHS 111 first to ensure you get it right and don't waste time.

Accident & Emergency Departments

If you need to attend an Accident & Emergency Department (A&E) we want to ensure you are treated as soon as possible.

For some emergency conditions, we are setting up special areas in A&Es where people can be quickly assessed and treated so they can, when possible, go straight home without being admitted to hospital.

An example would be for a clot in the lung (pulmonary emboli) or leg (deep vein thrombosis). You will be treated by a team of specialists in a separate part of the A&E and may be able to leave the same day, with medication and a schedule of follow up treatment if needed.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments.
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Creating consistency in the services available at Urgent Treatment Centres, so people understand what treatment can be given to them.
- Creating special areas in the hospital for specific emergency conditions to avoid people being admitted to hospital when there is no medical need for this.

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or visiting NHS 111 online you will be able to get all the advice you need on how and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Wherever you live in east London, you will have access to an Urgent Treatment Centre for the treatment of minor injuries, including broken bones and minor burns.
- We will strive to give every patient the best possible care and treatment. If you need to be admitted to hospital, we want to reduce the time you have to spend there and get you safely home as soon as possible.



PRIMARY CARE SERVICES

Our aims

- **Make it easy to see your local GP or healthcare professional**
- **Improve the quality of services provided, so it is consistently good**
- **Bring services together to make them more accessible and convenient**

Primary Care services are usually the first point of contact the public has with the NHS. They include GP surgeries or practices, pharmacies and dentists.

Across east London there are examples of excellent primary care services. Many are among the best in the country, but there are also some that need improving.

We want all of our health and care services in east London to be the very best and are working with clinicians and staff in primary care to ensure they are consistently good across the area, both now and in the future.

Information on the many improvements we are making is also given elsewhere in this guide, especially in the section on Urgent and Emergency Care. This includes information about the NHS 111 service, which you can contact online or by telephone for advice and help, day and night, when you don't feel well and are unsure about what to do and where to go.

We want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments at many surgeries online. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other

clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

For minor ailments it's often quicker in the first instance to visit your local pharmacy rather than GP surgery.

Pharmacists are skilled, qualified healthcare practitioners who will be able to see you immediately and offer advice and medication for a range of complaints such as hay fever, conjunctivitis and flu. They offer many other services as well, including flu vaccinations and help with stopping smoking.

An increasing number of pharmacists in east London are able to offer urgent repeat medication. NHS 111 can also help with this.

An important priority is to provide care closer to, or in, people's homes.

It's why we are bringing all the relevant services together in local neighbourhoods, in the form of hubs.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP surgeries, and equipped with the latest facilities and technology, the hubs will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

As well as making primary care more accessible and convenient, we want to improve the quality of services so people experience the best possible treatment and care – whoever they are and wherever they live.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Helping GP practices improve the experience of their patients, including better staff training and development
- Helping GP practices improve services for people with long term conditions, such as diabetes
- Projecting the mix and number of GPs and other Primary Care staff that will be needed to meet the needs of the public in the future, and working hard to recruit them
- Working together to retain current staff for longer, making east London an attractive place to work for both existing and new recruits

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or contacting NHS 111 online you will be able to get all the advice you need on show and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a preferred clinician if you wish and are prepared to wait longer for an appointment.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Your overall experience of Primary Care will be better and consistent. You will feel you are treated as a person, not a number

MENTAL HEALTH

Our aims

- Improve access to services and cut waiting times for treatment
- Treat mental and physical health needs as one
- Address the wider determinants on mental health, e.g. housing and employment

Mental health services in east London are among the best in England, but they face tough challenges ahead.

The area's growing population is placing unprecedented demands on services, with higher numbers of people needing mental health support.

One in four of us will have problems with our mental health at some time in our lives. Whether it is a concern about a job, financial problems, a relationship, bereavement or the pace and pressures of modern life, it can happen to any of us.

- ▶ People with a serious mental health illness die on average 15 years younger than the rest of the population.
- ▶ Physical and mental health issues are intrinsically linked – 30 per cent of people with a long-term condition have a mental health problem and 46 per cent of people with a mental health problem have a long-term condition.
- ▶ Mental health service users in east London are two to three times more likely to die of cancer, circulatory or respiratory disease than the rest of the population.
- ▶ 50 per cent of lifetime mental health conditions are first experienced by the age of 14, 75 per cent by the age of 24.
- ▶ 60 per cent of people in contact with secondary care mental health services are not in employment.
- ▶ 47 per cent of people with serious mental illness smoke compared to 20 per cent of the wider population.
- ▶ 30 per cent of people with serious mental illness are obese compared to 10 per cent of the general population.

Many people with mental health problems have to rely on emergency departments (A&E) for help.

- ▶ People with mental health problems in east London attend A&E nearly three times as often as others. They are also three times more likely to be admitted to hospital in emergencies than others.
- ▶ More than 20 per cent of all emergency admissions in east London can be attributed to mental health service users, who only make up seven per cent of the overall population.

No one should experience mental illness without the right support. But with more and more people needing it, and only so many resources available, we will have to change the way our mental health services are delivered.

We are making the provision of sustainable mental health services across east London one of our top priorities, but believe we can go further.

Working in partnership, bringing the NHS and councils together, our ambition is to:

- ▶ Develop new models of care that address mental and physical health and social care needs as one.
- ▶ Provide good service user education to reduce stigma and promote resilience.
- ▶ Help people with more serious mental health problems to find and remain in employment – a key factor in their recovery.

We also want to find the right place for people to live, with the right support close by – essential in helping them get well.

Creating opportunities and providing good quality care in the community, including specialist services, is an underlying aim of the East London Health & Care Partnership. It is part and parcel of helping people live happy and independent lives, and nowhere is this more important than in mental health.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Working with partners to address the wider determinants of mental health e.g. access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so there are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and general hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental health crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Unit Psychiatric Intensive Care Unit here in east London.

What does it mean for local people?

- Improved access to, and shorter waiting times for, psychological therapies.
- A wider range of mental health services to be accessible via your GP.
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.

CANCER

Our aims

- Cut waiting times for appointments
- Diagnose and treat any cancer quickly, with better education and information for the public
- Improve care and outcomes for people

Parts of east London compare poorly with the rest of England in helping to prevent and treat cancer.

Local people aren't living as healthy a lifestyle as others elsewhere. The area has higher-than-average rates of smoking and obesity and fewer take part in any form of physical activity.

People are also not going for check-ups as often as they should, greatly reducing the chances of survival because a cancer hasn't been detected and treated early enough.

The facts are simple:

- ▶ More than 40 per cent of cancers diagnosed in the UK last year could have been prevented by people adopting healthier lifestyles.
- ▶ Up to 10,000 deaths in England could be avoided each year if cancer is diagnosed earlier and treatment started sooner.

But we can all do something about it.

The East London Health & Care Partnership is making the prevention of cancer, and improving outcomes for people that have it, a top priority.

We are going to improve information on screening for breast, cervical and bowel cancer and other forms of the disease. This includes better signposting on when and where you can be screened, and what you can do yourself to check for symptoms.

We especially want to reach out to those that don't have regular health checks, or who don't like seeking help.

We want to cut waiting times for appointments and ensure patients from all backgrounds have access to timely, high quality modern treatments. With the help of some of the best expertise available, we want people to live well after treatment and increase their chances of survival.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring all patients who are referred for an urgent appointment with a specialist are seen within two weeks.
- Making sure patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Enabling better communication between GPs, hospital consultants and other specialists to allow faster and more effective treatment and care.
- Encouraging patients in east London to take up their screening.
- Improving information technology and administrative processes to make sure the cancer referral pathway is effective and patient care is joined up.
- Listening to patients and carers to ensure we meet their needs and keep improving their care.
- Working with public health services to improve prevention and lifestyle choices.

What does it mean for local people?

- If you are referred urgently by your GP or another health care professional you will be seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is joined up.
- Your experience of care will be positive because we are listening to you and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.

What can you do?

We will do our bit to turn things round, and make sure east London does everything it can to beat cancer. But you can play your part too and take good care of yourself. It is by far and away the best thing you can do to avoid this disease.

Do yourself, your family and friends a favour and:

- stop smoking
- avoid too much alcohol
- eat well
- keep active
- check yourself over regularly
- register with a GP
- attend regular screening appointments

If your GP refers you to the hospital for a test, or to be seen, please make sure you attend the appointment.

MATERNITY

Our aims

- **Improve information and advice about pregnancy to help prevent any problems**
- **Give women greater control and more choice about how and where they give birth**
- **Make them feel safe and secure, cared for and supported**

East London has the fastest growing population in the UK and the highest birth rate.

Our health and care services must cope with this growth and continue to ensure all goes well for the mums and babies. But it's not the only challenge.

More women of child bearing age are living with a long-term health condition, such as diabetes or heart disease. This can lead to a complex birth, requiring extra care and attention. We need to help women prevent and better manage these conditions.

Our vision for maternity services in east London is for them to be safe, caring and kind. We want it to be easier for women to find out about the services, and for care to be focussed around the needs of the woman and her family.

We want all women to feel safe and secure during their pregnancy. We want them to have a choice about how and where they give birth and to feel supported throughout.

For our staff, our culture is to promote innovation and continuous learning. We want to create a working environment where they feel valued – one that will help us attract and retain the best people.

We are one of seven areas across the country taking part in the Better Births Initiative to make care safer and give women greater control and more choices during their pregnancy. It aims to reduce the number of different midwives and doctors seen during pregnancy, so a proper relationship can be built.

We will strive for continual improvement in all that we do to ensure the best, and happiest, outcome for every mum and baby.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Listening to, and working with, women in east London to understand their needs and design care around them.
- Giving women greater choice about how and where they give birth.
- Making it easier for people to get help and information and book appointments.
- Ensuring safe and high quality care for all mums and babies.
- Ensuring there are enough midwives to cope with the increasing number of births. There is currently a shortage of midwives in east London, many are retiring or moving away from the area. We need to recruit more and keep them here.
- Working together to ensure every woman gets continuity of care throughout her pregnancy and birth. We want to reduce the number of different midwives and doctors she sees, so a proper relationship can be built.

What does it mean for local people?

- You will have a greater choice about where and how you give birth.
- You will have easier and better access to help and information, including advice on how to keep well before, during and after pregnancy. You will also be able to book appointments online.
- You will likely see the same midwife throughout your pregnancy to ensure continuity of care.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- If you have a long-term condition, such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist.
- Your overall experience of care during and after your pregnancy will be positive and of high quality. We want you to feel safe and secure, cared for and supported.

MEDICATION

Our aims

- Ensure the right medicines are used, at the right time, for the right patients
- Reduce medicine waste
- Make it easier to get prescribed medicine when it is needed

To be truly effective, medicines must be used properly and responsibly – from those that help get us better when we’re ill, to those that keep people with long-term conditions alive.

The East London Health & Care Partnership’s aim is to ensure the right people, get the right medicine at the right time. We don’t want people taking medicines they don’t need.

New medicines are being introduced all the time. This includes those available over the counter from pharmacists and supermarkets, as well as those only available on prescription.

GPs, pharmacists and other healthcare professionals must have a good understanding of what medicines their patients are taking and what they can and cannot do. They also need to know the side effects of the medicines and how and when they should be taken.

Evidence from the Royal Pharmaceutical Society shows there is an urgent need to get the fundamentals of medicine use right.

For example:

- ▶ Only 16 per cent of patients who are prescribed a new medicine take it as prescribed.
- ▶ At least six per cent of emergency re-admissions are caused by avoidable adverse reactions to medicines.
- ▶ It’s estimated at least £300m is wasted on medicines each year across England.

The overuse of anti-biotics is also something we need to get right. It is weakening their effectiveness and making them counter-productive. The World Health Organisation says resistance to antibiotics is one of the biggest threats to global health.

We will be improving education and information about medicines and encouraging people to become less dependent on them, including antibiotics.

There are alternative and often more effective ways to treat and prevent common ailments.

Taking regular Vitamin C and Zinc supplements, for instance, can prevent colds developing. If you do have a cold, steaming your nose and mouth for up to 15 minutes, four times a day, and drinking plenty of fluids, can alleviate the symptoms.

For people with long-term conditions, alternatives to medication can include following a particular healthy eating regime and an exercise programme.

An example is for those with high cholesterol. A diet rich in plant sterols and stanols, that block the body’s absorption of cholesterol, can avoid some people having to take drugs called statins. They are substances that are naturally found in small amounts in plants – in fruit, vegetables, pulses and grains. You can also buy spreads, cereals and yoghurt-style drinks which have been fortified with them. Regular exercise also helps and sometimes reduces the need for blood pressure medication.

Physical activity can also help with mental health conditions, such as depression, as can getting sufficient sleep and being more involved in communities to combat loneliness.

We also need to reduce the prescribing of medicines that are proven to have limited clinical value.

Around £3.8m is currently being spent on them every year in east London. It doesn’t just represent poor value for money – which could be better spent on other health and care services – the use of such medicines is not in the best interest of patients.

It is not always necessary to go to a GP for treatment for minor ailments, or for medication that can be bought over the counter in a pharmacy or shop without a prescription. A pharmacist can give advice for problems such as coughs, colds, fevers, hay fever and eye infections.

For those taking medication for a long-term condition, your GP will regularly review what you are taking and adjust it as and when needed. If your surgery has a practice pharmacist you can ask them to check the medication too.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Following national recommendations from NHS England, we are reviewing the prescribing of certain medicines. They are those for which there is limited evidence about their effectiveness.
- Buying some medicines from alternative better value suppliers. These are the unbranded items that do exactly the same thing, but for a lot less money. It will enable any savings to be better spent on other health and care services.
- Helping people take charge of their overall health and achieve better outcomes without a dependency on medication. Holding regular reviews with patients to identify medicines they no longer need.
- Reducing medicines waste
- Reducing resistance to antibiotics by moderating the amount and type prescribed. Educating patients and prescribers on the importance of completing courses of antibiotics when necessary.
- Ensuring we have sufficient pharmacists where they are needed. This includes clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines are used, at the right time for the right patients.

What does it mean for local people?

- You will be able to get professional medical advice for all minor ailments in pharmacies, including out of hours pharmacies.
- Pharmacists will give you advice on the nature of medicines available to buy over the counter and what you will need a prescription for.
- You will not be prescribed medicines for which there is limited evidence about their effectiveness or where there are safer alternatives.
- You will not be prescribed antibiotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning money can be better spent on other health and care services.

DIGITAL & ONLINE SERVICES

Our aims

- Give quick and easy access to health and care services, with you in control and able to see your own records
- Make it easy to book an appointment with, and talk to, a GP or other healthcare professional
- Enable healthcare professionals to provide better treatment and care by improving information systems and the sharing of records

Digital technology has brought benefits that are now part of everyday life. It has given us greater control over how and when we do anything, from shopping and banking to learning and communicating.

With this has come an expectation to access and receive services quickly and easily, whenever we want.

It's no different when it comes to health and care services.

This is why we want to make the best use of technology and give local people help and support at their convenience, rather than ours.

It means being able to book appointments with a your GP online; not having to physically go to a surgery or hospital every time you need help; and being able to view your own records. Our aim is to put you in the driving seat.

Improvements to information systems and the sharing of records will allow health and care organisations to work more closely together. It will eliminate unnecessary tests and stop you having to keep telling us about any medication you might be taking.

Doctors and other care professionals will be better placed to help prevent illness and give you the most appropriate and timely care should you need it. With better access to clinical data, and details of any hereditary illness, they will be able to detect any potential problems much sooner - increasing your chances of avoiding illness completely or recovering more quickly.

We also plan to introduce digital technology to allow doctors and healthcare professionals provide more care in local communities - something that will also reduce the pressure on hospitals.

Digital devices, such as those that can monitor your heart via a smartphone, will enable you to care for yourself in the comfort of your own home, yet remain in constant touch with expert help and support, should it be needed.

Digital outpatient services - virtual clinics that allow a consultant to assess a patient's records to decide if they actually need to visit hospital, or if the GP can take the required action - are also being introduced.

Finally, more information will be made available on how to avoid ill health, especially online and through digital apps. This includes improvements to the national NHS Choices website, as well as local initiatives like the **MyMindApp** and GP websites.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Enabling GP appointments to be booked online.
- Allowing people to view their own health and care records.
- Putting more services, such as some GP consultations and mental health services, online.
- Improving information systems and sharing of records to allow healthcare professionals to work more closely.

What does it mean for local people?

- You will have quicker and easier access health and care services.
- You will be able to book GP appointments or talk to your GP online if you choose to.
- Doctors and other healthcare professionals will be better placed, with the right information, to help prevent illness and give you better care should you need it.
- You will be cared for closer to home, or in your home.
- You will have better information on how to stay healthy and well; to monitor your own health better and prevent it deteriorating by getting support at the first sign of a problem.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Our aims

- Ensure we have the we have right number of good quality staff to look after people, now and in the future
- Make services and care accessible and convenient, consistent and personal
- Give the best possible treatment and care by ensuring our staff have access to all information and resources they need

THE RIGHT STAFF

There is a considerable shortage of staff to fill key roles in health and care services. It's one of the biggest challenges the sector is facing in meeting the demands of a growing and ageing population.

Not as many people want to become doctors or nurses or care workers as used to.

Doctors, nurses and care workers cannot afford to live in London because of high property prices and a chronic shortage of suitable accommodation.

People also want more flexible jobs and careers so they can manage their other responsibilities like childcare or looking after an older relative.

Many GPs are due to retire soon, and a quarter of nurses leave their profession after just five years.

Nearly 20 per cent of jobs in registered social care lie vacant.

We are having to rely heavily on temporary staff, who come at higher rates than permanent staff and are not always available.

While we are still managing to provide services safely, action is needed to tackle the shortages, both now and in the future.

Attracting staff

The regeneration of many parts of east London is making it an increasingly attractive place to live and work. We need to promote this more strongly and sell its strengths.

In future when we advertise for staff, we will not just give details about the job and organisation. We will tell people about the wider benefits of the area – its transport, shopping and restaurants; the nurseries, schools and colleges; the many leisure attractions. Most importantly, we will help find them a home and offer affordable key worker accommodation. This is the single most important factor in recruiting staff to work in London and is something we are currently working on with housing providers and developers.

But we don't just want to attract staff from outside the area. Far from it. We want to recruit 'home-grown' talent too and are working with local schools, colleges and universities to do more of this. Creating job and career opportunities in our public services for the people that already live here will always be a priority for the partnership.

When we have recruited good quality people to come and work with us, we want to keep them.

To do this we need to offer more training, research and career development opportunities, with the ability to work across different organisations.

For example, midwives in east London are now getting the chance to work in all different areas of the profession not just one – home births; deliveries in birthing centres; hospital labour wards; experience of complicated births. It's this sort of variety, and the opportunity to progress

a career without having to keep moving home, that's a big factor in retaining people.

As well as offering careers, we will also be putting more emphasis on looking after the health and wellbeing of our staff, including how to manage stress. Difficulty with this is a major reason why many doctors, nurses and carers leave the profession. We want to ensure the right support is in place to help them.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Collaborating with councils and housing associations to ensure there is affordable accommodation for key workers.
- Expanding roles in GP surgeries (including physician associates, clinical pharmacists, practice healthcare assistants and care navigators) and developing an endoscopy and community nurse workforce.
- Promoting east London as a place, with all its attractions and benefits, to encourage more staff to live, work and stay here.
- Working with education and training providers to develop job and career opportunities in health and care for local residents.
- Offering more training, research and career development opportunities.
- Looking after staff so they can better look after the people of east London.

What does it mean for local people?

- More healthcare professionals likely to be taken on and retained to look after you and your family's health and care needs – now and in the future.
- A continuity of care wherever you are treated – in hospital, in the community and at home.
- More job and career opportunities in local health and care services



THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT PLACE

Having staff in the right place might be a hospital, a GP surgery or even a patient’s home.

Whether staff work in a hospital trauma centre or in the community, we are enabling and encouraging them to work together across the range of health and care services. We want to stop working in silos. The focus will be on following patients, not patients following us.

Where we can we are looking to put local health and care, and other public services, in the same building. This isn’t just to save money, but to encourage closer working between them – and to stop the public having to go to lots of different places.

When a building is no longer required, the money recouped from the sale or rent will be reinvested locally to help improve or rebuild those we do need.

Although we have many modern facilities in the area, we also have buildings that are more than 100 years old and no longer fit for purpose. Whipps Cross Hospital in Waltham Forest definitely needs rebuilding, and we are working on this right now. We want all of our facilities to be up to date and functional, ready for future advances.

A greater use of digital technology will also help ensure services are provided in the right place. We want staff to have greater flexibility over how and where they work so they can spend more time in local communities. It also saves money on costly building space, which can be better spent on patient care.

Technology brings other benefits too.

Using a digital device to constantly monitor someone’s heart, or provide a video link to a doctor or nurse, for instance, can enable a patient needing that type of care to stay in the comfort of their own home, yet remain in constant touch with expert help and support should it be needed.

It will not only make care accessible and convenient, but more consistent and personal. It’s very likely you will see the same staff throughout your care rather than lots of different people.

If you are unfortunate enough to have an accident requiring major surgery, for instance, once you have been discharged from hospital the same team of physiotherapists will visit you at home to help you fully recover. As well as saving numerous trips back and forth to the hospital, it will avoid you constantly having to repeat your medical history, or details of any medication, to a number of different people.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring staff can offer a continuity of care to all patients.
- Improving buildings and facilities in need of repair or modernising.
- Enabling staff to work in the community – making services more accessible and convenient and saving on costly building space.
- Tapping into the opportunities digital technology offers to give patients better and more convenient access to services. This includes appointments via a video link and apps to monitor their own health and progress.
- Looking to share the buildings we do need with other public services, not just to save cost but to make things more convenient for people.

What does it mean for local people?

- Care will be accessible and convenient, more consistent and personal
- More care will be given to you in your home or close by, helped by digital technology
- You will more likely see the same staff throughout your care, establishing a relationship with them that generates assurance and trust
- No need to keep repeating your medical history and medicines to different health and care professionals.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT RESOURCES

It's vital our staff have all the resources they need to do their job effectively.

As we have already said, digital technology will enable staff to spend more time in local communities. We will continue to invest in it to ensure they have easy and reliable access to all the information and data while out and about.

The right resources also means creating better links between the many different information and IT systems across health and care services.

Many of them have been developed independently of one another and, as a result, they can't 'talk' to each other. It's slowing down information exchanges between organisations and delaying the results of clinical tests. We are joining systems up to overcome these problems.

And it's not just about information technology.

To give effective treatment and care, staff need access to an array of equipment and resources, from hi-tech medical scanning systems to basic office supplies. We are working together to make sure they have it, investing in new kit and facilities where needed and joining up our buying teams to secure the best possible deals.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Continuing to invest in digital technology to ensure staff can work anywhere in the community with the information and data they need.
- Joining up IT systems to speed up information exchanges and the sharing of records so staff can plan, and give better treatment and care.
- Working together to ensure staff have all the modern facilities and equipment they need to do their jobs effectively

What does it mean for local people?

- More care can be given in or closer to your home as a result of staff being better equipped to work flexibly
- Your treatment and care will be planned and managed more effectively thanks to improved IT systems and the sharing of records
- Modern equipment and facilities will enable you to get the best possible treatment and care

2017 HIGHLIGHTS

PREVENTION

Highlights

- We agreed a shared ambition to reduce obesity, smoking, diabetes, high blood pressure and heart disease. We want to support people to do more physical activity, educate people around how to avoid or better manage health conditions and see more use of ‘social prescriptions’.
- We secured extra funding to support people with diabetes and help smokers quit.
- We held a successful conference on workplace health and established a community of practice to promote it. We also launched a project with the Healthy London Partnership to improve staff health in GP practices and pharmacies.

URGENT & EMERGENCY CARE

Highlights

We worked together to improve access to health services. In the New Year, patients will be able to:

- ▶ ‘Click’ – using NHS 111 online to access information and support regarding their health.
 - ▶ ‘Call’ – calling NHS 111 to access advice or reassurance from a healthcare professional
 - ▶ ‘Come in’ – when patients need to be seen, because it is an emergency, we are supporting direct booking into either their own GP or appropriate service. This will also help reduce the pressures on A&E departments so that people who need to be seen there will be treated as soon as possible.
-
- We have shared learning to improve patient flows through our hospitals, valuing our patients’ time and reducing delays in transfers of care following an admission.
 - We implemented measures to enhance care provided in care homes and people’s own homes, helping develop a skilled workforce.
 - Social care providers told us it is often difficult to support people who become unwell in their own home. As a result, we will shortly be launching a pilot to give domiciliary care workers increased direct access to clinical advice via NHS 111.

PRIMARY CARE SERVICES

Highlights

- We launched a series of programmes to improve and standardise the quality of primary care across east London. This includes training plans and a common system for sharing improvement projects, with 500 free licences available to commissioners and providers.
- We established business intelligence systems to collect clinical outcome data and help improve the efficiency of patient services.
- We successfully set up a development framework to help our primary care providers (GP federations and networks) improve quality across local health and care systems.
- We introduced a model to help us evaluate future workforce needs and a potential skill mix for multi-professional working.
- We implemented a range of plans to recruit and retain our primary care workforce across east London.

MENTAL HEALTH

Highlights

- We successfully bid for additional funding to increase mental health support for people in hospitals.
- We were awarded more money to support children and young people in mental health crisis.
- We began work to improve access to psychological therapies, local crisis services and maternal mental health services.
- We increased the number of physical health checks for patients with a mental illness and are opening up more employment opportunities for people as part of their recovery.

CANCER

Highlights

- We set up three local programmes to improve cancer outcomes at a local level across east London.
- We achieved cancer waiting time targets and secured more funding to help earlier diagnosis.
- The one-year survival rate is continuing to improve for our local population.

MATERNITY

Highlights

- We completed and submitted (in November) our East London Maternity Transformation Plan and Funding Bid in line with the Better Births strategy to improve maternity care for our local women. We are awaiting the outcome of the bid.
- We initiated joint procurement arrangements that will save money for the maternity system without impacting on services.
- We became one of seven maternity 'Pioneer' sites in the country.
- We finalised our East London Midwifery Workforce Programme for launching in the New Year.
- We secured FIVE nominations in the Royal College of Midwives annual awards! Two of these being in the prestigious 'Team of the Year' category.

MEDICATION

Highlights

- Hospital providers and clinical commissioning groups are now working together to switch to medicines that do the same thing as others, but for a better price.
- A national consultation on the value and cost of medicines that have a low clinical value was completed at the end of October. The results of will help steer our future decisions on this in east London.

DIGITAL & ONLINE SERVICES

Highlights

- Health and social care professionals are able to make better and safer decisions by sharing records through the east London Patient Record (eLPR) system. NELFT, LB Newham & LB Hackney have also recently connected to the system, which is now getting over 80,000 views per month – more than anywhere else in the country.
- 2.3m patient records are now placed in Discovery – a population health analytics platform.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Highlights

Organisational development (OD)

- East London Health & Care Partnership is now the pilot site for the national STP OD programme, partnering with the staff college to develop collaborative working.

Workforce recruitment

- We have been working together, across the NHS and councils, to help recruit and retain essential staff for east London, such as doctors, nurses and care workers. This includes helping find them somewhere to live, and developing career opportunities.

Provider productivity

- A cap on the use of medical agencies was introduced in October, thanks to an initiative we ran in conjunction with a pan-London group.
- The introduction of a new procurement scheme has led to economies of scale and greater value for money in the buying of provider consumables.

Infrastructure

- We established an East London Health & Care Partnership estates board – in line with the formation of a London Estates Board and the requirements of London Devolution.
- We have been working together to identify opportunities to share accommodation, office and back office functions. This includes agile and new ways of working, such as shared booking systems.
- We are focusing on maximising the clinical utilisation of estates, thereby supporting seven-day working while increasing efficiency and releasing savings through disposal.
- We are working to complete a prioritised pipeline of sites, mapping current demand and capacity so we can ensure the right infrastructure is in place to meet future needs.

Health & Housing Conference

- Developing the relationship between housing and health, and bringing the various providers and services closer together was the subject of our highly successful Health & Housing Conference in October 2017.
- Delegates from across east London, with an interest in health, social care, housing and regeneration discussed a range of topics, from the provision of accommodation for key workers to how digital technology can help care for people, especially the most vulnerable, in their own home. They also talked about ways of combating homelessness and how housing services can help reduce delays in discharging people from hospital because of a lack of suitable accommodation and support.
- The conference was the first of its kind in east London, generating lots of ideas – many of which were simply the result of everyone coming together.



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Committee(s): Health and Wellbeing Board – For decision	Date(s): 23.11.2018
Subject: Endorsement of HIV stigma campaign: “U=U”	Public
Report of: Dr Penny Bevan, Director of Public Health	For Decision
Report author: Adrian Kelly, Lead Commissioner for Sexual Health	

Summary

In recent years, the City of London Corporation has played a key role in working with other authorities in London to tackle sexually transmitted infections and their associated stigma. This work is ongoing through innovative approaches, including those being taken by the London Sexual Health Programme and the sexual health e-service.

People living with HIV are particularly vulnerable to stigma and discrimination, fuelled by the fear of HIV transmission. This is despite the fact that modern antiretroviral treatments can reduce the amount of virus in an individual’s bloodstream until it is undetectable, and therefore cannot be transmitted to others.

The [Prevention Access Campaign](#) seeks to tackle HIV stigma, through asking organisations to endorse a consensus statement acknowledging that they recognise ‘Undetectable Equals Untransmittable’ (U=U) – i.e. an individual living with HIV with an undetectable viral load cannot pass on the virus to others.

By endorsing the U=U consensus statement, and encouraging City businesses to do the same, the Board will further demonstrate their support and leadership in championing the wellbeing of Londoners, as well as contributing to the City Corporation’s Responsible Business Strategy.

Recommendation(s)

Members are asked to:

- Endorse the ‘Undetectable Equals Untransmittable’ (U=U) consensus statement.
- Agree that the City Corporation’s Business Healthy programme should encourage City employers to endorse the U=U consensus statement.

Main Report

Background

1. In recent years, the City of London Corporation has played a key role in working with other authorities in London to tackle sexually transmitted infections and their associated stigma. This work is ongoing through innovative approaches, including those being taken by the London Sexual Health Programme and the sexual health e-service.
2. HIV stigma is fuelled by the fear of HIV transmission – the ‘Undetectable Equals Untransmittable’ (“U=U”) campaign is a potentially powerful way in which HIV stigma will be addressed.
3. The U=U statement is based on evidence from the [PARTNER study](#) which reported that the risk of HIV transmission, when people are on effective treatment, is negligible. The statement has already been endorsed in the UK by many leading stakeholders including the Lancet Journal, the British HIV Association, the National AIDS Manual and the Terrence Higgins Trust.
4. The U=U consensus statement reads:

“People living with HIV on Antiretroviral Therapy (ART) with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV. Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits.”

5. Endorsement of the statement also supports the achievement of the UNAIDS target for 2020, which London works to under the [Fast Track Cities Initiative](#) supported by the Healthy London Partnership. The Mayor of London, Sadiq Khan, signed the declaration on behalf of London in January 2018. If agreed, this endorsement is timely as it will coincide with National HIV Testing Week, as well as the 30th anniversary of World AIDS Day on 1 December 2018.

Current Position

1. By signing the ‘Undetectable Equals Untransmittable’ (U=U) consensus statement, the City of London Corporation’s Health and Wellbeing Board would further demonstrate their leadership for improving the wellbeing of all Londoners, thereby helping to support a sustainable capital. We understand that the City of London Corporation would be the first Health and Wellbeing Board in the UK to sign the statement.
2. The City of London’s endorsement of the consensus statement also provides an opportunity to encourage other employers in the Square Mile to sign-up, through

[Business Healthy](#). This would help to amplify the message across a potential half a million-strong workforce, which is both diverse and international. The consensus statement is a means to raise the profile of the importance of individuals being aware of their own HIV status, through access to testing, and timely adherence with medical treatment. This is in line with the City of London Corporation's support of the [Do it London](#) campaign.

3. 'Undetectable Equals Untransmittable' (U=U) is a simple but important message based on a solid foundation of scientific evidence. It has already been successful in influencing public opinion, causing more people with HIV (and their friends and families) to comprehend that they can live long, healthy lives, have children, and never have to worry about passing on their infection to others, as long as they take their medication.
4. The clarity of the message makes it easier to promote the benefits of treatment, which will encourage more and more people with HIV to seek treatment, bringing the HIV community one step closer to the elimination of the unfounded and outdated stigma still faced by many people living with HIV today.
5. By challenging the root causes of HIV related stigma, the campaign can:
 - Help to improve the emotional wellbeing of people living with HIV
 - Reduce barriers to HIV testing and thereby reduce the time between infection and diagnosis
 - Help to prevent new infections, by reducing barriers to treatment
 - Underline the importance of ensuring that all people have access to treatment, and are informed, empowered and supported to be adherent.

Corporate & Strategic Implications

6. This proposal aligns to the following outcomes of the Corporate Plan:
 - Outcome 2 – People enjoy good health and wellbeing
 - Outcome 3 – People have equal opportunities to enrich their lives and reach their full potential
 - Outcome 5 – Business are trusted and socially and environmentally responsible
7. This proposal supports the objectives of the City of London Corporation's Responsible Business Strategy 2018/23, namely the three priorities within outcome 1 (Individuals and communities flourish), which are:
 - people's wellbeing
 - equal opportunities
 - diverse organisations

8. The Responsible Business Strategy has an action to: *Continue to promote the safety of groups facing discrimination and harassment – through funding, facilitation and advocacy* (action 1.1.5). People living with HIV are a group who face discrimination solely because of their HIV status. By endorsing the consensus statement and encouraging others to do the same, the City of London Corporation will be contributing the advocacy aspect of this action.
9. This proposal also supports the objective of the City Corporation to use its convening power and lend its voice and influence to highlight and advocate for responsible practices within its networks and partnerships.
10. The proposal also supports the City of London Corporation's commitment to being an equal opportunities employer, by making a clear statement that people living with HIV will not be discriminated against in an employment context.

Conclusion

11. The report recommends that the Board endorse the U=U (Undetectable Equals Untransmittable) consensus statement. This pledge aims to further dispel the stigma and lack of understanding surrounding the of transmission of HIV. By endorsing the U=U consensus statement, the Board will further demonstrate their support and leadership in championing the wellbeing of Londoners, thereby helping to support a sustainable and diverse capital.

Appendices

- Appendix 1 – None

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Committee(s): Health and Wellbeing Board	Date(s): 23.11.2018
Subject: The Prevention Concordat for Better Mental Health Programme	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Claire Giraud, Strategy Officer	

Summary

This report proposes that the Health and Wellbeing Board nominates an elected member to act as mental health champion for the City of London Corporation, and becomes a full signatory of Public Health England's Prevention Concordat for Better Mental Health.

Recommendation(s)

Members are asked to:

- Approve the proposal for the City of London Corporation to become a joint signatory to the Prevention Concordat with Hackney Council.
- Nominate a mental health champion for the City of London Corporation

Main Report

Background

1. The Prevention Concordat for Better Mental Health Programme is an initiative by Public Health England which aims to facilitate local and national action around preventing mental health problems and promoting good mental health.
2. It offers a set of resources designed to help local areas to put in place effective prevention planning arrangements around mental health. These are aimed at health and wellbeing boards, local authorities, clinical commissioning groups and their partners.

Current Position

3. The City of London Corporation is currently working jointly with the London Borough of Hackney and City and Hackney CCG to develop the *Mental Health Strategy 2015-18*. As both local authorities will share this strategy, it is proposed that they become joint signatories of the Concordat.

4. In order to sign up to the Prevention Concordat for Better Mental Health, local authorities must meet the following criteria:
 - i. Have a named mental health champion who is either: an elected member, a member of the Health and Wellbeing Board, the chief executive (LA or CCG or both)
 - ii. Confirm that they have:
 - a. Completed and published a public mental health JSNA in the last 18 months, and have plans to refresh it or to do a focussed report on one of their priority themes OR
 - b. Completed and published a public mental health JSNA in the last 6 months OR
 - c. In the absence of a public mental health JSNA, arrangements are in place to initiate one within 3 months of signing
 - iii. A multi-agency suicide prevention plan in place
 - iv. Indicate plans for evaluation
 - v. Agree to schedule the public mental health on the agenda of a scrutiny board in the next 18 months.
 - vi. Sign off by the Health and Wellbeing Board
5. The City Corporation currently meets most of the criteria needed to join the Prevention Concordat for Better Mental Health programme except having a nominated Mental Health Champion.
6. The Mental Health Champion would provide leadership and influence the full range of City Corporation activities and responsibilities to prevent mental health issues arising and promote good mental health. Key tasks might include:
 - Advocating for mental health issues in committee meetings and during policy development
 - Reaching out to the local community to raise awareness and challenge stigma
 - Scrutinising the work of local services that have an impact on mental health
 - Fostering local partnerships between agencies to support people with mental health problems more effectively
 - Encouraging the City Corporation to support the mental health of its own workforce and those of its contractors.
7. The Mental Health Champion will have access to resources to help them with this role through the Concordat programme (which will also support the development of the JSNA). They will also be able to link up with a national network of Mental Health Champions through the Local Authority Mental Health Challenge Initiative, which is being facilitated by mental health NGOs (including Centre for Mental Health, Mind and the Mental Health Foundation).

Corporate & Strategic Implications

8. This will support the delivery of the *Joint Health and Wellbeing Strategy* and the *City Corporation/London Borough of Hackney/CCG Mental Health Strategy 2015-18*. Prevention will be key to the new mental health strategy, which is currently being developed by the City Corporation, City and Hackney CCG and Hackney

Council, with oversight from City and Hackney Mental Health Co-ordinating Committee, and linking into the Health Integration Programme.

Implications

9. There are no financial or legal implications

Conclusion/Next Steps

10. The aim of the Prevention Concordat for Better Mental Health is to help every local area to put effective prevention planning arrangements in place by the end of 2018. If the City Corporation agrees to join the Concordat and nominate a mental health champion, Hackney Council will take the signatory process forward on behalf of both local authorities.

Appendices

- None

Background Papers

Prevention Concordat for Better Mental Health: Prevention planning resource for local areas – Public Health England.

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Committee(s)	Dated:
Planning and Transportation Committee - For Decision (Approved) Health and Wellbeing Board	30 October 2018 23 November 2018
Subject: Draft City of London Transport Strategy	Public
Report of: Carolyn Dwyer, Department of the Built Environment	For Information

Summary

The City of London Transport Strategy will set the 25-year framework for future investment in and management of the Square Mile's streets and for improvements to transport connections. The Transport Strategy and supporting three-year Delivery Plan will together form the City Corporation's third Local Implementation Plan (LIP). The Transport Strategy will be reviewed every five years and the Delivery Plan updated on an annual basis.

The development of the Transport Strategy has been informed by extensive engagement with City workers, residents, businesses and other organisations with an interest in transport in the Square Mile. The most recent phase of engagement consulted on the draft vision, aims and outcomes for the Transport Strategy, all of which were supported by the majority of respondents.

This report seeks approval to consult on the draft Transport Strategy. Subject to approval, consultation will take place between 12 November 2018 and 14 January 2019. The final Strategy will be submitted for adoption by the Planning and Transportation Committee and the Policy and Resources Committee in March 2019, and the Court of Common Council in April 2019.

The draft Transport Strategy aims to:

- Ensure the Square Mile is a healthy, attractive and easy place to live, work, learn and visit.
- Support the development of the Square Mile as a vibrant commercial centre and cultural destination.

To achieve these aims the draft Strategy includes proposals to:

- Make the Square Mile's streets great places to walk and spend time by prioritising the needs of people on foot and delivering world-class public realm
- Make the most efficient and effective use of street space, by significantly reducing motor traffic and changing the way the kerbside is managed and used
- Make the Square Mile more accessible, including developing and implementing a City of London Street Accessibility Standard and championing step-free access for all stations in the City
- Eliminate death and serious injuries from our streets through measures to deliver safer streets, reduce speeds, improve the safety of vehicles and encourage safer behaviours

- Enable more people to choose to cycle by making conditions for cycling in the Square Mile safer and more pleasant
- Improve air quality and reduce noise by encouraging and enabling the transition to zero emission capable vehicles
- Reduce the number of delivery and servicing vehicles in the Square Mile, particularly in the Square Mile at peak times
- Minimising the impacts of streetworks and other planned and unplanned disruption on users of the City's street
- Maximising the opportunities presented by new transport technologies while avoiding negative impacts and unintended consequences
- Working with TfL, national government and transport providers to improve local, national and international transport connections to the Square Mile

On 9 October, Members of the Local Plan Sub-Committee approved the draft Transport Strategy for final presentation to the Planning and Transportation Committee.

Recommendation

Members are asked to note the draft Transport Strategy for consultation.

Main Report

Background

1. The City Corporation does not currently have a Transport Strategy. There is now a need for a proactive approach to addressing the transport challenges facing the Square Mile, particularly those relating to recent and forecast growth in employment. This challenge is particularly acute in the City Cluster, where a significant increase in working population will require considerable changes to streets, particularly providing more space for people walking.
2. The Transport Strategy covers the next 25-years and will be supported by a three-year Delivery Plan and a series of shorter-term Action Plans, for example the Road Danger Reduction Action Plan. Together, the Transport Strategy and Delivery Plan form the City Corporation's Local Implementation Plan (LIP). The LIP is a statutory document that sets out how the City Corporation will help deliver the Mayor of London's Transport Strategy (MTS).
3. The development of the Transport Strategy has been informed by significant public and stakeholder engagement. Activities undertaken in Phase 1, which ran in February and March 2018, included:
 - **City Streets public survey:** 1949 people responded to survey questions on their perceptions of the City's streets, priorities for the use of streets and kerb-side space, and ideas and suggestions for future street and transport improvements.

- **Stakeholder workshops:** 77 representatives from City businesses, transport user groups and other organisations with an interest in transport in the Square Mile attended workshops to share their views on the transport challenges and opportunities.
 - **City Streets exhibition:** A supporting exhibition was held at the City Centre on Basinghall Street from 5 February to 31 March 2018. The exhibition took visitors through historic and recent changes to the City's streets and presented future challenges. More than 7000 people visited the City Centre over the two-month period.
4. The key themes emerging from this first phase of engagement were that:
 - Motor traffic levels on the City's streets are too high
 - People walking in the Square Mile are not given enough priority or space
 - Conditions for cycling in the Square Mile need to be improved and made safer
 - More greenery and seating should be provided on streets and the quality of the public realm improved
 - Air quality in the Square Mile needs to be urgently improved
 - There is potential to use streets more flexibly to accommodate the various demands on them at different times of the day
 - The City's streets are not accessible to all
 - The management of freight needs to be improved
 5. A second phase of engagement was held in June and July 2018. This sought people's view on the proposed vision, aims and outcomes for the Transport Strategy. 500 people responded to the consultation survey.
 6. Overall, there was strong support for the proposed vision, aims and outcomes, with all supported or supported conditionally by between 77% and 92% of respondents. The outcome receiving the strongest support was 'People using our streets and public spaces are safe and feel safe'. The lowest levels of support were for the 'People enjoy a relaxed cycling experience in the Square Mile' and 'Emerging transport technologies benefit the Square Mile' outcomes. Further details are provided in the Phase 2 engagement report (Appendix 1).
 7. A Citizens Panel, made up of 40 independently recruited City workers and residents, met three times during the development of the Strategy. This panel, which was facilitated by Populus, provided an opportunity to gain a deeper understanding of residents and workers' transport needs and concerns. The second meeting allowed the Panel to feedback on the draft vision, aims and outcomes. The final meeting sought feedback on the draft proposals. A write up of all three meetings is included as an appendix to the Phase 2 engagement report.
 8. A Strategy Board, made up of City business representatives, representatives from Greater London Authority and TfL and external transport experts, met three times during the development of the Strategy. The Board provided advice and acted as a sounding board during the development of the Strategy.

Draft Transport Strategy

9. The draft Transport Strategy is provided in Appendix 2. The document sets out the visions, aims and outcomes for the transport in the Square Mile and detailed proposals for achieving these. It also provides an overview of how the Strategy will be delivered and progress monitored and reported.

Vision, aims and outcomes

10. While there were high levels of support for the draft vision, aims and outcomes, several changes to wording were suggested. These are reflected in the draft Strategy.

Consultation text	Current draft text
Vision	
The Square Mile enjoys world-class connections and streets that inspire and delight.	Streets that inspire and delight, world class connections and a Square Mile that is accessible to all.
Consultation text	Current draft text
Aims	
Ensure the Square Mile is accessible to all and an easy, attractive and healthy place to work, live, learn and visit.	Ensure the Square Mile is a healthy, attractive and easy place to live, work, learn and visit.
Support the development of the Square Mile as a vibrant commercial centre and cultural destination.	No change
Outcomes	
The Square Mile is a great place to walk and spend time	The Square Mile's streets are great places to walk and spend time
Street space is used more fairly and effectively	Street space is used more efficiently and effectively
Our streets are accessible to all	The Square Mile is accessible to all
People using our streets and public spaces are safe and feel safe	No change
People enjoy a relaxed cycling experience in the Square Mile	More people choose to cycle

Consultation text	Current draft text
The Square Mile is cleaner and quieter	Our air and streets are cleaner and quieter
Delivery and servicing needs are met in ways that benefit the Square Mile	Delivery and servicing are more efficient, and impacts are minimised
Our street network is resilient to changing circumstances	No change
The Square Mile benefits from better transport connections	No change
Emerging transport technologies benefit the Square Mile	No change

Proposals

11. The Transport Strategy includes 54 proposals for achieving the vision, aims and outcomes. The approach to delivering each outcome is summarised below.

- a. Make the Square Mile's streets great places to walk and spend time by prioritising the needs of people on foot and delivering world-class public realm. This includes increasing the number of pedestrian priority streets and accepting that delivering priority for people walking may result in delays or reduced capacity for other street users.
See proposals 2 – 10 for further details.
- b. Make the most efficient and effective use of street space, aiming for a 25% reduction in motor traffic by 2030 – partly achieved by supporting and championing the introduction of next generation road user charging.
See proposals 11 – 15 for further details.
- c. Make the Square Mile more accessible, including developing and implementing a City of London Street Accessibility Standard and keeping pavements clear of obstructions.
See proposals 16 – 19 for further details.
- d. Eliminate death and serious injuries from our streets through a priority investment programme to deliver safer streets, reducing speeds (including introducing a City-wide 15mph speed limit), improving the safety of vehicles and encouraging safer behaviours.
See proposals 20 – 23 for further details.
- e. Enable more people to choose to cycle by making conditions for cycling in the Square Mile safer and more pleasant, with a focus on establishing a core City cycle network.
See proposals 24 – 28 for further details.

- f. Improve air quality and reduce noise by encouraging and enabling the transition to zero emission capable vehicles, including encouraging the Mayor and TfL to establish central London Zero Emission Zone. In the meantime, establishing local Zero Emission Zones covering the City Cluster and the Barbican and Golden Lane estates.

See proposals 29 – 37 for further details.

- g. Reduce the number of delivery and servicing vehicles, particularly the numbers in the Square Mile at peak times, through consolidation, retiming and increasing the use of the Thames for freight.

See proposals 38 – 39 for further details.

- h. Minimising the impacts of streetworks and other planned and unplanned disruption on all street users, and in particular people walking and cycling.

See proposals 40 – 42 for further details.

- i. Maximising the opportunities presented by new transport technologies while avoiding negative impacts and unintended consequence, including establishing a Future Transport Programme to work with developers of new transport technologies.

See proposals 43 – 45 for further details.

- j. Working with TfL, national government and transport providers to improve local, national and international transport connections to the Square Mile

See proposals 46 – 51 for further details.

Transport Strategy Delivery Plan

- 12. The Transport Strategy Delivery Plan will provide details of the projects that will be delivered between 2019/20 and 2021/22. It will be submitted to Members in early 2019 for approval, following the completion of the Department of the Built Environment project review. Subject to approval it will then be published alongside the final Transport Strategy and updated on an annual basis.
- 13. The Transport Strategy and relevant sections of the Delivery Plan will act as the City Corporation's LIP. The LIP is a statutory document that sets out how the City Corporation will support the delivery of the MTS. There is good alignment between the Transport Strategy and the MTS, which seeks to improve London's streets to make them healthy, inclusive and safe, provide a good public transport experience and support the delivery of homes and jobs.
- 14. The sections of the Delivery Plan that are required for the LIP will be presented in draft to this Committee on 20 November. Subject to approval they will then be submitted to TfL for review.

Consultation

- 15. Consultation on the draft Transport Strategy is due to run from 12 November 2018 to 14 January 2019. The consultation will be widely promoted through newspaper adverts, internal and external newsletters, social media, the Transport Strategy mailing list, flyers and the City of London website. Transport Strategy consultation activities will also be

used to promote the Local Plan consultation and vice versa. The main consultation activities are summarised below.

16. Consultation website: A bespoke consultation website will allow people and organisations to indicate their level of support for and comment on all proposals. To maximise the volume of feedback received and cater for all interest levels the website will allow users to tailor the level of detail they see and respond to by choosing one of the following options:

- Ten 'key proposals' that are likely to be of most interest and will result on some of the most significant changes. These are:
 - Proposal 2: Put the needs of people walking first when designing and managing our streets
 - Proposal 11: Take a proactive approach to reducing motor traffic
 - Proposal 14: Make the best and most efficient use of the kerbside and car parks
 - Proposal 17: Keep pavements free of obstructions
 - Proposal 20: Apply the safe system approach and the principles of road danger reduction to deliver Vision Zero
 - Proposal 24: Apply a minimum cycling level of service to all streets
 - Proposal 29: Support and champion a central London Zero Emission Zone
 - Proposal 38: Reduce the number of freight vehicles in the Square Mile
 - Proposal 41: Reduce the impact of construction and streetworks
 - Proposal 43: Establish a Future Transport Programme
- Proposals grouped by topic or topics, e.g. transport mode
- All proposals, organised by outcome

17. Stakeholder briefings: Three briefing sessions are planned for 30 November at the Guildhall Art Gallery. We will invite organisations with an interest in transport in the Square Mile and members of the Active City Network. Briefings will consist of a presentation on the draft Strategy followed by questions.

18. Drop-in sessions: Eight public drop-in sessions will be held over the consultation period in the City Corporation's libraries and in Guildhall reception. Members of the Strategic Transportation team will be available at these sessions to provide information, answer questions and note any comments and feedback.

Corporate and Strategic Implications

19. The delivery of the Transport Strategy supports the delivery of Corporate Plan outcomes 1, 3, 5, 8, 9, 11 and 12. It also indirectly supports the delivery of Corporate Plan outcomes 2 and 4. The relationships between Transport Strategy and Corporate Plan outcomes are mapped in Appendix 3.

20. Transport plays a key role in enabling and accommodating development, and the way the City grows affects demand for travel and public space. Reflecting this relationship, relevant policies and proposals in City Plan 2036 and this Strategy are aligned. In

particular, several proposals support and respond to the significant change anticipated in the Key Areas of Change.

Financial implications

21. The delivery of this Transport Strategy will be funded from a range of sources, including:

- Money received from TfL, including:
 - LIP Corridors and Neighbourhoods – an annual allocation that contributes to projects identified in our LIP
 - Liveable Neighbourhoods – funding for large projects that encourage walking, cycling and the use of public transport, allocated through a bidding process
 - Strategic funding – funding for specific priorities or initiatives, such as cycling infrastructure, air quality improvements and bus priority
- The City Corporation's on-street parking reserve – reinvesting revenue from parking charges and penalty charge notices
- Contributions from developers through the Community Infrastructure Levy, Section 106 and Section 278

22. The long-term nature of the Transport Strategy means it is not possible to scope the full cost for all projects and programmes. However, a core principle will be to generate the necessary revenue/funding to make the delivery of this Strategy largely self-supporting.

Integrated Impact Assessment

23. The City Corporation has commissioned an Integrated Impact Assessment (IIA) of the Transport Strategy. The IIA brings together Strategic Environmental Assessment, Equality Impact Assessment and Health Impact Assessment into a single assessment.

24. The assessment report for the draft Strategy is currently being finalised by the consultants and will be published on our website alongside the draft Transport Strategy. The consultant's draft identifies the potential for significant positive effects under all the Transport Strategy outcomes. No significant negative effects have been identified.

25. The draft IIA chapter on the cumulative effects of the Transport Strategy is included in Appendix 4. This includes a table summarising the effects of each proposal on the IIA objectives:

- Economic growth
- Built environment and public realm
- Safe environment and crime reduction
- Heritage assets
- Waste management
- Environmental protection (pollution)
- Climate change mitigation and resilience
- Open spaces

- Biodiversity and urban greening
- Social and cultural facilities
- Health
- Education
- Equality and inclusion

Conclusion

26. The vision, aims, outcomes and proposals represent a radical and ambitious approach to tackling the transport challenges facing the Square Mile. The delivery of the Transport Strategy will help support the City's growth and ensure the Square Mile remains an attractive place to work, live, learn and visit.
27. On 9 October, Members of the Local Plan Sub-Committee approved the draft Transport Strategy for final presentation to the Planning and Transportation Committee.
28. Subject to approval consultation on the draft Transport Strategy will take place between November 2018 and January 2019. The final Strategy will be submitted for adoption by the Planning and Transportation Committee and the Policy and Resources Committee in March 2019, and the Court of Common Council in April 2019.

Appendices

- Appendix 1 – Presentation of the Draft City of London Transport Strategy (and appendices) to the Planning and Transportation Committee (30 October 2018): http://democracy.cityoflondon.gov.uk/documents/s103839/Draft%20Transport%20Strategy_P_T%20301018.pdf
- Appendix 2 – Final Consultation Draft Document (available here: www.citystreets.london and here: www.cityoflondon.gov.uk/transportstrategy)

Background Papers

City of London Transport Strategy – scope, process and programme, Planning and Transportation Committee, 12 December 2017

Transport Strategy – Vision, aims and outcomes, Planning and Transportation Committee, 29 May 2018

Transport Strategy - Phase one engagement report, Planning and Transportation Committee, 29 May 2018

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Committee:	Date:
Health and Wellbeing Board	23.11.2018
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information
Report Author: Farrah Hart, Consultant in Public Health	

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. **Business Healthy Challenge**
2. **PHE Conference poster**
3. **Better Care Fund performance**
4. **Local Government Declaration on Sugar Reduction and Healthier Foods**
5. **Community Safety update**
6. **Rough Sleepers Winter Campaign**
7. **Social Wellbeing Strategy Update**

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Business Healthy Challenge 2018

The Business Healthy Challenge 2018 ran throughout May (Living Streets' National Walking Month) and offered a free physical activity challenge to City workers, aiming to encourage City workers to incorporate more physical activity and exercise into their daily routines, forming long-term habits. Participants formed teams with colleagues competed to win prizes (for individuals and teams) donated by local businesses.

Over 500 City workers took part – most of whom were aged between 20 and 39 years old, with a significant percentage aged between 40 and 59. There was also a higher percentage of female participants than men, which is interesting to note, as according to PHE, women are more likely to report being physically inactive than men.

There were 136 teams, representing 19 different Square Mile organisations. These included large multinational corporates, SMEs, charities, trade associations and more. The Challenge was sponsored by Nomura and the Cheapside Business Alliance and supported by Public Health England London and the Active City Network.

26 different free activities were hosted for Challenge participants and City workers during lunchtimes and evenings in May. These included urban circuits classes, led walks around the City, an e-bike tour and running clubs. The Challenge also drew in other major health campaigns taking place during May, including Mental Health Awareness Week.

Over the course of the Challenge, 167 million steps were taken, with 70,000 miles covered through all activities. Unsurprisingly, walking was the most popular activity by far, representing 61% of activities recorded. The second most popular activity was cycling (31%), including commuting by bike, followed by high-intensity activity (9%), which included gym sessions, hiking, rock-climbing, trampolining and running for the bus. Participants also did gardening, cleaning, DIY, weight training, dancing, martial arts, surfing and stair-climbing, among other activities.

In the pre-Challenge survey, lack of time was cited by participants as by far the biggest obstacle they faced with regards to doing more physical activity or exercise (66%) and many reported that they don't like to exercise alone.

Some key findings from the post-Challenge survey included:

- 74% of participants said that the Challenge encouraged them to be more physically active
- 92% said they were either likely or very likely to continue with the levels of activity that they undertook during the Challenge
- 70% found taking part in the Challenge either somewhat or very beneficial
- 83% said they would recommend the Challenge to their colleagues/ friends/ family

Feedback on the Challenge and its impact was captured from participants. Key themes included:

- Weight loss and increased fitness
 - "Lost 5lbs in weight. Feel in great shape physically and mentally. So once again a huge thank you for organising this and see you again next year"
- Teamwork/ team-building
 - "it's good to see the friendships that have been built within the team's continuing with their activities and daily runs."
- Promoting health long-term behaviours and active travel. Many participants said that the Challenge encouraged them to walk more, including during their lunch breaks
 - "I have adopted some of the lifestyle choices I made at the time (such as taking the stairs and walking from the train station) on after the programme"

The post-Challenge survey highlighted that 52% of participants were not aware of the NHS guidelines on daily activity (150 minutes of moderate-intensity activity, or 75 minutes of vigorous-intensity activity per week). This suggests that more promotion of these guidelines would be beneficial, which could be carried out through Business Healthy, Public Health and the Active City Network, tying in with national and local campaigns, such as PHE's "Active 10".

Participants were surveyed three months after the end of the Challenge. Of those who felt that taking part in the Challenge encouraged them to be more physically active, 42% said that they had maintained the same level of physical activity in the time since the Challenge, and 50% said they had, but to a certain degree. Only 8% said that taking part in the Challenge had not encouraged them to be more physically active and some of those said that this was because they were already active.

For further information, please contact Xenia Koumi, Project Officer – Business Healthy, xenia.koumi@cityoflondon.gov.uk

2. PHE Conference poster

The City Corporation's Public Health team was invited to display an ePoster on its approach to suicide prevention at this year's Public Health England Annual Conference 2018, which took place on 11 and 12 September at Warwick University.

The poster, titled "A tiered approach to suicide prevention in the City of London" outlined the City Corporation's collaborative and strategic approach to reducing suicides locally and supporting the mental wellbeing of local populations. It outlined the key actions taken, including the "Release the Pressure" campaign, Dragon Café in the City, the Mental Health Street Triage Service and efforts to disrupt suicide attempts (Samaritans signs on the City's bridges, signage on riverside furniture and distribution of the "Guidance on Suicide Intervention" leaflets).

It also highlighted the City Corporation's successful partnership working with the City of London Police, Samaritans, RNLI, East London NHS Foundation Trust, Kent County Council, Port of London Authority, Mental Fight Club and other local and national stakeholders.

A static copy of the poster displayed can be found below. The interactive poster is available [here](#).



Public Health
England

A tiered approach to suicide prevention in the City of London

X. KOUMI¹, T. KELLER¹ and F. HART¹
1 City of London Corporation, London, United Kingdom



INTRODUCTION

Suicide is recognised as a major issue for the City of London. Between 2009 – 2014 there were 34 suicides in the City of London; 7 were residents and the rest were workers and people who came into the City to with the intention of dying by suicide. The most common method was drowning followed by falling from a great height (1). Between October 2015 and October 2016 there were 153 suicide attempts (2).

To improve outcomes for individuals at risk of suicide, we adopted a place-based, tiered model to address different levels of need and engage with both high and lower risk individuals. Evidence shows that this multicomponent approach can be effective in reducing suicide (3,4).

Our interventions ranged from universal, preventative activities to promote mental wellbeing and health seeking behaviours, to targeted support for individuals experiencing mental health crisis in the Square Mile.

OBJECTIVES

Our tiered approach to suicide prevention aims to improve the mental wellbeing of people in the City of London and to provide effective and timely support for people with mental health problems, particularly those in suicidal crisis. We aim to do this by achieving the following objectives:

- Increase the number of people who are aware of risk factors for mental health issues, how to prevent them occurring and where to seek help if they do.
- Provide a space in the City that promotes mental wellbeing for those at risk of mental ill health.
- Increase the number of people in the City who recognise those considering suicide and know how to intervene and prevent them attempting and completing suicide.
- Increase the opportunity for suicide disruption at high risk locations.
- Provide appropriate and timely clinical support for people experiencing severe mental health issues in the City of London.
- Reduce the number of people who attempt and die by suicide in the City of London.

METHOD

We took the theoretical framework of proportionate universalism to inform our approach. We developed a tiered approach to address mental health and wellbeing at different levels of need.

Universal	Release the Pressure campaign- awareness raising and fighting stigma through marketing, local campaigns and partnerships with businesses and the third sector. Aimed at those working, living and visiting the square mile and encouraged people to recognise day-to-day stresses that could trigger poor mental health and to seek help for them.
At risk	Dragon Café in the City- a safe physical space to help people de-stress and build mental resilience. The café is open and free to City workers and residents, it hosts a range of activities and workshops to help visitors de-stress and build mental resilience.
Crisis	Mental Health Street Triage Service- Mental health nurse joining police on shifts four nights per week to prevent people in mental distress from being detained under section 136 and provide appropriate support. Disruption of suicide attempts- signs with the Samaritans number at high-risk locations, training and leaflet distribution to educate front line staff and city workers on suicide prevention intervention. Updating signs on lifebuoys and piers so people know to call the coastguard if someone jumps into river.

State of Mind



Clockwise from top: feature spread in May's squaremile magazine for Mental Health Awareness Week 2016; Dragon Café in the City poster and programme; delivering Suicide Prevention Awareness training to the local business community; "Guidance on Suicide Intervention" leaflet front cover; City of London's case study in the Local Government Association "Being Mindful of Mental Health" report (2017) "Release the Pressure" advert at Bank Underground station; Samaritans' sign on London Bridge.



RESULTS



The word cloud above highlights feedback from visitors to Dragon Café in the City



distributed to commuters crossing bridges into and out of the City of London (City Corporation and City of London Police "Guidance to Suicide Intervention" leaflets)



236 mental health interventions were made by the Street Triage team during the pilot's first 11 months

41% of all potential \$136s were avoided in the first 11 months of the Street Triage pilot¹



views of the "Release the Pressure" campaign across print, digital and social media channels during the first four weeks of the campaign

² Hits on the Mental Health page of the City of London Corporation website - www.cityoflondon.gov.uk/release-the-pressure increased by



More than 233 City workers from over 52 organisations have attended the Samaritans'-led Suicide Prevention Awareness Training sessions

1 Baseline: 96 Section 136s were avoided during this time, 136 were given, but 234 would have been given had the mental health nurses not been present.

2 During the first week of the campaign (19 June 2017), www.cityoflondon.gov.uk/release-the-pressure received 423 views, compared with 42 the previous week and 6 in the same week in 2016 (20 June)

It is possible to see from associated metrics that the tiered approach has had a wide reach, and has built engagement and awareness of mental health issues. Metrics from the more targeted interventions demonstrate success in reducing \$136 attendances, and more effective engagement with mental health services. We are awaiting data on suicide rates to determine the longer-term impact of this approach on suicide reduction.

The chart below compares footfall in Shoe Lane Library on days when Dragon Café in the City was running, compared to non-DCC Thursdays



CONCLUSIONS

A tiered place-based approach may offer an effective mechanism for tackling suicides in a locale.

ACKNOWLEDGEMENTS

Thanks to our partners, who include City of London Police, Samaritans, RNLI, National Suicide Prevention Alliance, East London NHS Foundation Trust, the Lord Mayor's Appeal, Kent County Council, Port of London Authority, Mental Fight Club, Barbican & Community Libraries, Output Arts, Wellcome Trust and Carnegie UK.

REFERENCES

- 1) City of London Corporation. 2020-2017.
- 2) City of London Police. Suicide Prevention 2016.
- 3) Vogel L, Sumneridge G, Lambert A. (2016) Addressing depression - a community based approach to target depression and to prevent suicide behaviour. Neuroscience & Biobehavioral Review 37: 504-507
- 4) Vittal D, Bhatia V, Bhatia A. (2015) Implementation of mental health care recommendations in England and Wales and suicide rates, 1977-2009: A cross-sectional and before-and-after observational study. The Lancet 371: 1024-1032
- 5) Local Government Association Case Study: Suicide prevention in the City of London. Being mindful of mental health - the role of local government in mental health and wellbeing, June 2017

CONTACT INFORMATION

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www.cityoflondon.gov.uk/release-the-pressure
www.businesshealthy.org



For further information, please contact Xenia Koumi, Project Officer – Business Healthy, xenia.koumi@cityoflondon.gov.uk

3. Better Care Fund performance

The Better Care Fund (BCF) is a pooled budget of NHS and local authority funding designed to help develop integrated services at a local level. The current round of BCF funding is for 2017-19 and the City of London Corporation and City and Hackney CCG have a BCF plan and pot of money.

This current round of BCF money includes the Disabled Facilities Grant and, for the City of London Corporation, has also funded a scheme to ensure people are safely discharged from hospital in a supported way; a hospital admission avoidance and discharge scheme (providing more intensive support at home); a scheme to help people with long term mental health conditions move to more independent living situations; and support for carers.

Part of the requirements for the BCF are that we meet a number of national conditions and four key metrics. The four key metrics and performance on these can be found in table 1. Some data for September is not yet available and therefore the figures relate to a five-month period.

As can be seen from the table, at the five-month point, the City of London Corporation is performing well on the BCF metrics although the number of Delayed Transfers of Care attributable to the NHS are high and are already above target. This is mainly related to friends and family choice.

In terms of the next round of BCF, confirmation of the timings and process is currently awaited but there have been indications that this is likely to be for a one-year period. There are likely to be further considerations around the future role of BCF in relation to the ten-year NHS plan and the Green Paper on social care for older adults, both of which are due to be published in the next few months.

The contracts for some of the services currently funded by the BCF are due to end at the end of the financial year 2018/19. A piece of work is about to be undertaken to review our pathways and services around hospital discharge and assess if any services need to change. The BCF for next year may therefore fund some slightly different services in relation to admission avoidance and hospital discharge. A Care Navigator service however will be continuing, as part of an integrated early intervention and prevention service currently being tendered.

Table 1 – BCF metrics performance 2018/19

Metric	Annual Target	Performance at five months	Trajectory to target
Non-elective admissions	700	263	
Permanent Admissions to Residential Care	10	0	

Still at home 91 days after discharge	85%	100%	
Delayed Transfers of Care (days)	NHS – 182	NHS – 192	
	Adult Social Care - 73	Adult Social Care - 10	

4. Local Government Declaration on Sugar Reduction and Healthier Foods

The Local Government Declaration on Sugar Reduction and Healthier Food was signed on 4 October by Deputy Joyce Nash, Dr Penny Bevan and John Barradell, following approval of the pledges by Summit Group.

It commits the City Corporation to a number of pledges across six key areas:

1. Tackle advertising and sponsorship
2. Improve the food controlled/ influenced by the City Corporation and support the public and voluntary sectors to improve their food offer
3. Public events
4. Support businesses and organisations to improve their food offer
5. Reduce the prominence of sugary drinks and actively promote free drinking water
6. Raise public awareness

As well as supporting the Joint Health and Wellbeing Strategy, signing the Declaration supports the objectives of the City Corporation's new Responsible Business Strategy and Corporate Plan.

The pledges will be implemented over the coming year, with oversight from the Health and Wellbeing Advisory Group. An annual report on progress will be presented to the Health and Wellbeing Board and Port Health & Environmental Services Committee in autumn 2019. The City Corporation's pledges will be refreshed annually, with a view to becoming increasingly more ambitious in their scope and reach.

The signing of the Declaration received [coverage in City Matters](#) newspaper and will also be recognised in the Good Food for London 2018 league table, which is due to be published shortly.

A copy of the Declaration has been made available [online](#) and can be found below:

For further information, please contact Xenia Koumi, Project Officer – Business Healthy, xenia.koumi@cityoflondon.gov.uk

Local Government Declaration on Sugar Reduction and Healthier Food

City of London Corporation

Tackling obesity among those living and working in and visiting the Square Mile features prominently within the strategic priorities of the City of London Corporation. This requires a collaborative approach across the local authority and local partners, to ensure the spirit of the Declaration becomes business as usual, over time.

Tackle advertising & sponsorship

- Develop corporate sponsorship guidance to minimise local promotion of HFSS (high fat, salt and sugar) food and drink

Improve the food controlled/ influenced by the City Corporation and support the public & voluntary sectors to improve their food offer

- Monitor the implementation of "Food for Life" in the new corporate catering contract
- Support local concession contracts to reduce the promotion of HFSS food & drink within their retail offer
- Reduce high-sugar snacks & foods offered in meetings catering & offer lower-sugar alternatives

Public events

- Work to influence external events hosted within City Corporation premises to offer healthier menu options

Reduce the prominence of sugary drinks and actively promote free drinking water

- Install additional public water fountains throughout the City and promote them
- Ensure water and low-sugar drinks are more prominent at the point of sale across City Corporation-managed sites

Support businesses and organisations to improve their food offer

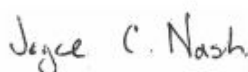
- Support more local employers to achieve the London Healthy Workplace Charter
- Encourage the promotion of healthier catering and campaigns, such as SUGAR SMART and Change4Life, among City employers
- Explore the implementation of an accreditation scheme for local food retailers that incentivises a healthier offering

Raise public awareness

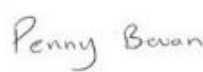
- Explore further opportunities to raise public awareness through supporting national campaigns around sugar reduction and healthier food



John Barradell
Town Clerk and
Chief Executive



Deputy Joyce Nash OBE
Chairman - Health and
Wellbeing Board



Dr Penny Bevan
Director of Public Health



Ben Reynolds
Deputy Chief Executive
Sustain

September 2018

5. Community Safety update

SOS Bus for the Christmas period

The City of London Police, supported by the Community Safety Team and City Licensing colleagues, have commissioned an SOS “booze bus” to operate in the City in the run up to Christmas.

Operated by the charity, Open Road:

http://openroad.org.uk/what_we_do/sos_buses/, it will be located by Liverpool Street station, on Thursday evenings and nights up until 20 December. Over this period the intention is to gain data and understanding about the potential for future use of this kind of intervention within the City (building on the brief experience with the same set up over the World Cup final this year). This trial is being funded via the Late Night Levy. If the decision is taken to develop a longer term and more comprehensive intervention of this kind, a broader range of funding options will be explored.

The SOS bus is staffed by a minimum of one paramedic practitioner, supported by volunteers. The vehicle provides a safe place for those who are intoxicated or those who need limited medical attention (e.g. they will stitch minor wounds) and can make informed assessments on whether an individual needs A&E services. The service has been running successfully in Colchester for a number of years.

A report on the use of the SOS bus will be prepared early in 2019 and shared with the Health and Wellbeing Board and other key stakeholders.

Refresh of the SCP strategy

The Safer City Partnership Strategy document is currently being refreshed and consultation is currently under way with partners. The aim is to build on the existing strategy and ensure we capture relevant plans and ambitions for the next 1-3 years. We aim to have an outline of priorities to present at the SCP meeting on 29 November with the document finalised early in 2019.

Engagement

The Community Safety Team (CST) attended the Licensing Forum 23 October and held a stall to engage with licensees with good engagement. On 1 November the CST Community Safety team supported the City and Hackney’s Children’s Safeguarding Conference. For 5 November the CST hosted a Prevent working lunch which attracted 45 attendees from the Corporation, key partners, and local businesses.

Christmas Campaign Eat, Pace, Plan

Supported by the Mayor of London, we will again be delivering an alcohol related Christmas campaign, *Three Wise Things – Eat, Pace, Plan* due to be launched on 26 November. The campaign encourages Londoners to enjoy the festive period but also to look after themselves and get home safe and well.

The campaign will promote a message of moderation/harm reduction and seek to influence behaviour so those out drinking during the festive season look after themselves and friends. The goal being to reduce the burden on blue light services. It will focus around three key messages; eat before you go out, pace your drinks and plan how you will get home.

The campaign will run digitally and will consist of an electronic toolkit, social media adverts and a webpage with a particular focus for employers and local authorities, who will help disseminate the message to the public.

In addition to the toolkit and advertising there will also be an online interactive scratch card which provides a quick way to review drinking based on the AUDIT C tool which was developed by experts and has been extensively evaluated. The tool can also provide a locality report based around people using it (asks for the first 4 digits of a postcode) which will be offered to other local authorities who sign up to the campaign.

For more information, please contact David Mackintosh
(david.mackintosh@cityoflondon.gov.uk)

6. Rough Sleepers Winter Campaign

Having developed its own awareness raising media campaign over the last two years, this year, the City of London Corporation will support the Mayor of London's winter awareness campaign for rough sleepers. This approach helps us move closer to a single, clear message that Londoners and visitors to our City will see throughout the coldest months, across the capital. The campaign materials will be seen at railway stations, in bus shelters and at roadside locations in the Square Mile, between mid-December and late January. Our key message is that rough sleeping is dangerous at all times, but even more so when the weather is at its coldest. London has a dedicated referral service for rough sleepers – Streetlink, which can be accessed through a website or App. Last year's long and abrasive winter saw our services provide emergency assistance for over 30 rough sleepers, each one a potentially life-saving intervention. Many of these will have come from referrals provided by residents of and visitors to the City of London.

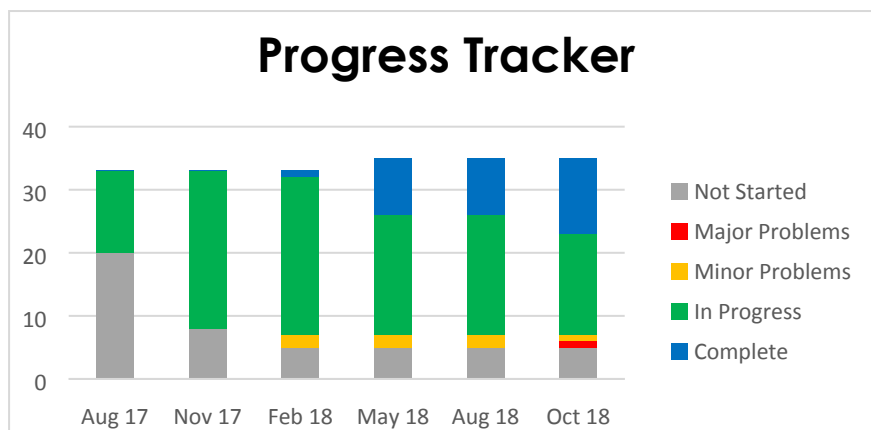
<https://www.streetlink.org.uk/>

7. Social Wellbeing Strategy Update

The Social Wellbeing Strategy brings together projects to encourage community-based responses to loneliness and social isolation, drawing upon the assets, strengths and skills within our communities (Asset-Based Community Development).

As can be seen from Figure 1, most of the projects are either in progress or completed.

Figure 1: Social Wellbeing Strategy – Progress



The ‘major problem’ involves planned work with Waitrose to follow up on a study by the University of Hertfordshire on Food Provision in Later Life. We held discussions with Waitrose, but they did not feel able to commit to enabling a City Community Builder to spend time in store each week. We are exploring options to take this forward working with other shops. The ‘minor problem’ is to increase participation in the ‘Out and About at the Barbican Project’, to get people out into the Barbican environment to exercise, connect and increase their social wellbeing. We are working with the Community Builders to increase awareness and engagement with the service.

Key areas of progress include

- completion and evaluation of the Community Builders pilot, with further roll out of the project to City estates underway
- commencing work with Dr Roger Green (Goldsmith’s) on a City funded project building on earlier work on social isolation among our older residents, to look at the experience of and solutions for other people who may be isolated on our estates (e.g. stay-at-home parents and some BME and LGBT people); and
- launching the Only Connect project launched in September. Age Concern has been commissioned by the City to develop and deliver this digital inclusion project for older residents.

For more information, please contact Zoe Tansey (zoe.tansey@cityoflondon.gov.uk)

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