



Health and Wellbeing Board

Date: FRIDAY, 14 JUNE 2019

Time: 11.30 am

Venue: Committee Rooms, Guildhall

Members:

Marianne Fredericks, (Chairman)	Dr Gary Marlowe, Clinical
Deputy Joyce Nash, (Deputy	Commissioning Group (CCG)
Chairman)	Jeremy Simons, Chairman of Port
Jess Wynne, City of London	Health and Environmental Services
Police	Committee
Randall Anderson, Chairman of	Gail Beer, Healthwatch
Community and Children's	David Maher, NHS City and Hackney
Services Committee	CCG
Jon Averbs, Markets & Consumer	Dr Susan Milner, Director of Public
Protection Department	Health
Matthew Bell, Policy and	
Resources Committee's	
representative	
Andrew Carter, Director of	
Community and Children's	
Services	

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Lunch will be served in Guildhall Club at the rising of the Board
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To approve the public minutes and non-public summary of the meeting held on 26 April 2019.

For Decision
(Pages 1 - 8)
4. **DRAFT HOMELESSNESS STRATEGY 2019-23**
Report of the Director of Community and Children's Services.

For Decision
(Pages 9 - 50)
5. **CITY AND HACKNEY DRAFT MENTAL HEALTH STRATEGY 2019-23**
Report of the Director of Community and Children's Services.

For Information
(Pages 51 - 88)
6. **RECOMMISSIONING OF THE INTEGRATED DRUG AND ALCOHOL SERVICE**
Joint report of the Director of Community and Children's Services and Director of Public Health.

For Decision
(Pages 89 - 94)
7. **DRAFT HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2018-19**
Report of the Executive Director, Healthwatch Hackney.

For Information
(Pages 95 - 120)
8. **PUBLIC HEALTH CONTRACTS**
Report of the Director of Community and Children's Services.
Please note there are 5 non-public appendices to this report at agenda item 17.

For Decision
(Pages 121 - 128)

9. **SUICIDE PREVENTION IN THE CITY OF LONDON**
Report of the Director of Community and Children's Services.
- For Information**
(Pages 129 - 146)
10. **PROGRESS UPDATE ON LONDON'S SEXUAL HEALTH E-SERVICE**
Report of the Director of Public Health.
- For Information**
(Pages 147 - 152)
11. **BI-ANNUAL PERFORMANCE REPORT**
Report of the Director of Community and Children's Services.
- For Information**
(Pages 153 - 162)
12. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Director of Community and Children's Services.
- For Information**
(Pages 163 - 168)
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 Paragraphs 2 & 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non Public Reports

16. **NON PUBLIC MINUTES**
To approve the non-public minutes of the meeting held on 26 April 2019.
- For Decision**
(Pages 169 - 170)
17. **PUBLIC HEALTH CONTRACTS - APPENDIX**
Please note the public report in respect of these appendices at agenda item 8.
- For Decision**
(Pages 171 - 176)

18. **RIVER CAMERAS PROJECT UPDATE**
Report of the Commissioner, City of London Police.

For Information
(Pages 177 - 186)

19. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
20. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

HEALTH AND WELLBEING BOARD

Friday, 26 April 2019

Minutes of the meeting held at Guildhall at 11.30 am

Present

Members:

Randall Anderson

Gail Beer

Matthew Bell

Marianne Fredericks

Deputy Joyce Nash - *in the Chair until the election of Chairman*

Dr Gary Marlowe

Jeremy Simons

In Attendance

Officers:

Farrah Hart

- Community and Children's Services

Simon Cribbens

- Community and Children's Services

Ellie Ward

- Community and Children's Services

Xenia Koumi

- Community and Children's Services

Ruth Calderwood

- Markets and Consumer Protection

Kate Smith

- Town Clerk's Department

Julie Mayer

- Town Clerk's Department

1. APOLOGIES FOR ABSENCE

Apologies were received from Jon Averbs, Andrew Carter and Dr Susan Milner.

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

There were no declarations.

3. ELECTION OF CHAIRMAN

The Board elected a Chairman in accordance with Standing Order 29.

RESOLVED, That – being the only Member willing to serve, Marianne Fredericks be elected as Chairman of the Health and Wellbeing Board for the ensuing year.

4. ELECTION OF DEPUTY CHAIRMAN

In accordance with Standing order 30, Deputy Joyce Nash, the immediate past Chairman, exercised her right to be Deputy Chairman for the ensuing year.

Deputy Nash commended the new Chairman for her stoic support as Deputy Chairman and congratulated her on her appointment.

VOTE OF THANKS

It was moved by Marianne Fredericks, seconded by Randall Anderson and RESOLVED, that - the Members of the Health and Wellbeing Board place on record their sincere appreciation to their retiring Chairman,

DEPUTY JOYCE NASH

for her unstinting commitment to fulfilling the physical and mental health and wellbeing needs of all City residents and workers.

Since Joyce's election as Chairman in 2016, and through the Board's productive partnership work, a number of ambitious and essential projects have been launched and implemented. To name but a few; the Social Wellbeing Strategy, Suicide Prevention Action Plan and the Business Healthy Strategy; notwithstanding the Board's invaluable work in overseeing adult safeguarding.

In order to support the health and social care integration agenda, Joyce's Chairmanship has overseen the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy and, looking to the future, the Board is now well placed to support the National Health Service's long term plans, working alongside its partners. Joyce has always shown flexibility, compassion and professionalism to both this and other complex, emotive issues.

Finally, the board wishes to place on record its recognition of Joyce's dedication to the wellbeing of the City's workers and residents and the Board's achievements are evidence of her exemplary work ethic and compassionate nature. Her colleagues would like to convey their gratitude and best wishes for the future.

5. ORDER OF THE COURT

Members received the Order of the Court of Common Council dated 25 April 2019 appointing the Committee and approving its Terms of Reference.

6. MINUTES

RESOLVED, that – the minutes of the meeting held on 11 February 2019 be approved as a correct record.

Matters arising

Members noted that work was on-going in respect of defibrillators.

7. INTEGRATED COMMISSIONING BOARD UPDATE

Members received a presentation from the Integrated Programme Manager and, during the discussion and questions, the following points were noted:

- The new Primary Care Networks and the importance of its alignment with the emerging neighbourhood model.

- There were concerns expressed about the size of the neighbourhood and whether the City might be at a disadvantage? Officers advised that a bespoke operational model would be developed around the Neaman Practice, given that the City had its own social care and reablement services and different voluntary sector services. However, this would still be part of a wider neighbourhood, which could enable more local provision of community and specialised services, thereby reducing the need for the City residents to travel for treatment. Officers agreed to discuss this further with Healthwatch, outside of the meeting.
- There was currently just one City resident on the Patient Panel and, in order to fully articulate the City's needs, Members would like to see this increased.
- There were currently three City of London Corporation Members on the Integrated Commissioning Board, as a Sub Committee of the Community and Children's Services Committee.
- Work was underway on cross-border issues and their importance in terms of the development of integrated care in the City of London.

RECEIVED.

8. REVIEW OF FOOD DESERT RESEARCH IN PORTSOKEN 2007

Members received a report of the Director of Community and Children's Services in respect of the potential existence of a 'Food Desert' in the Portsoken Neighbourhood. Members noted that, in 2007, research had concluded that residents in this area struggled to access healthy and affordable food.

Having recently reviewed and refreshed this work, Members noted that the position had improved and was likely to continue to improve as a result of planned regeneration of the immediate area. It cannot be said that a 'food desert' currently exists in Portsoken.

The Head of Corporate Strategy and Performance sought clarification as to how the City Corporation's Departments had contributed to the improvements (or whether they had at all); clarification of the statistics quoted in paragraph 4, to understand what the score allocated means, and asked for data on uptake of the healthy cooking classes described at paragraph 12. Officers agreed to provide more information.

RESOLVED, that – the report be noted.

9. DRAFT ALCOHOL STRATEGY 2019-23

Members considered a report of the Director of Community and Children's Services which presented the City of London Corporation's draft Alcohol Strategy for 2019-23 for approval. Members commended a very good report, which outlined the main points in the Strategy, and summarised how it would be delivered and governed.

Members discussed how the City's residents' quality of sleep and general wellbeing could be affected by alcohol related anti-social behaviour. Members were concerned generally at the increasing number of licenced premises in the City and the availability of cheap, high-content alcohol in some areas. Officers advised that the Licensing Team were undertaking research on the City's night-time economy and this would shortly be published, to inform the Strategy's action plan. The officer agreed to check with the City of London Police as to whether we could have a target for reducing alcohol related call-outs.

RESOLVED, that :

1. The Draft Alcohol Strategy for 2019-23, as set out in Appendix 1 be approved.
2. The plan for consultation be approved.

10. CITY WORKER HEALTH RESEARCH

Members received a presentation from the Public Health Team which covered recent research into the health and wellbeing needs of City of London workers. Member noted that, going forward, this work would inform the Joint Strategic Needs Assessment (JSNA) and help the City Corporation to engage with employees. The Head of Corporate Strategy and Performance advised that, as part of the Leaders of Tomorrow Business of Trust Alumni, research would take place into how best to engender a culture of trust within City businesses and offered to share the findings with the Board. Members asked if the slides from this presentation could be circulated. There was also discussion about the impact of modern workplace practices, such as the increasing use of technology, flexible and agile working on workers' health and wellbeing.

NB. Subsequent to the meeting, officers discussed how the recent City of London Corporation Staff Survey had covered the above issues. The findings had been circulated to Chief Officers, for discussion in senior leadership and team meetings, and action plans were being produced for the areas with the lowest satisfaction rates.

RECEIVED

11. DRAFT AIR QUALITY STRATEGY

Members received a report of the Interim Director of Markets and Consumer Protection in respect of the Draft Air Quality Strategy. Members noted that the Port Health and Environmental Services Committee had approved the draft Strategy for Consultation, at its last meeting on 5th March 2019, and the document would be presented to the Port Health and Environmental Services Committee, for final decision, in July 2019. Members noted that, if they had any further comments, they could submit these before 12th May 2019.

Officers advised that, since publication of the agenda, the funding bids set out in the report; i.e. an increase in the air quality base budget to £99,000 and an application for 'Priorities Investment Pot' funding for £110,000 over 2 years, had been approved. There was a further update to the report in that the City Corporation would be supporting the Mayor of London in ensuring that air

quality, in over 90% of the Square Mile, met the health-based limit value and World Health Organisation Guidelines for nitrogen dioxide by the beginning of 2025.

There was some discussion about the pros and cons of electronic vehicles, in respect of the materials used to make their batteries and the fact that the cars were generally bigger and heavier. Members were advised that the draft Transport Strategy would be presented to the Planning and Transportation Committee the following week, with a key target being to reduce the volume of traffic in the City and improve the safety of pedestrians. Officers advised that, wherever road journeys were essential, clean vehicles would be used as much as possible.

RESOLVED, that – the report be noted and the Health and Wellbeing Board continue to provide support for reducing the impact of poor air quality on public health.

12. DRAGON CAFE IN THE CITY- FUTURE FUNDING

Members received a report of the Director of Community and Children's Services in respect of the Dragon Café. Members noted that work was underway on presenting a strong business case, in preparation for when the current funding expired in 2021.

RESOLVED, that the report be noted.

13. HEALTH AND WELLBEING UPDATE REPORT

Members received a report of the Director of Community and Children's Services which provided update on local developments and policy issues related to the work of the Board.

In response to a question, Members noted the liaison between the hospital discharge service and social services care navigator, which ensured that City residents received the correct level of onward care. Members were reminded that, given the ageing City population, there had been an increase in more serious illnesses and, whilst most could be treated, there was a likelihood of recurrence, which affected the statistics and analysis.

Members noted the success of Operation Luscombe and the Chairman of the Police Committee had been asked to ensure that a representative from the City of London Police was present at future meetings.

RESOLVED, that – the report be noted.

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

In response to a question, Members noted that the contract had been awarded, but not signed, for the new Mental Health Facility on Middlesex Street. Officers advised that a Gateway 3-4 report was due to be presented to Community and Children's Services and Projects Sub Committee in June/July 2019 and the facility was likely to open in Autumn 2019.

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

The Chairman had agreed to accept an item of urgent business in respect of the City of London Corporation's Sport and Physical Activity Strategy for 2019-23. Members noted that the Strategy was due to be presented to a number of Committees, for comment, before being presented to the Policy and Resources Committee, in its final form, for decision on 4th July 2019. As the report had been circulated late, the Chairman invited Members to forward any additional comments to the Town Clerk. During the discussion, the following points were noted.

- The report should mention Hampstead Heath and Wanstead Park and the national and local events they supported.
- The Strategy offered good opportunities to make use of open spaces for community activities. Therefore, the Open Spaces Committees ought to sign-off on the strategy, rather than just be consulted.
- Circulation should include Planning and Transportation Committee and the Streets and Walkways Sub Committee, which approve events on our roads.
- Whilst commending a joined up approach, in order to ensure smooth governance and monitoring, it would be helpful to see who was going to deliver the different aspects of the strategy.
- The current version was fairly high level and would benefit from more detail.
- It should provide activities for older people to help with fall prevention and it would be helpful to focus on how the different age groups would be targeted.

RESOLVED, that – the report be noted

16. **EXCLUSION OF PUBLIC**

RESOLVED, that – under Section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 3 of Part 1, Schedule 12A of the Local Government Act

Item No(s)	Paragraph No
17	1,2 & 3

17. **SUICIDE FIGURES IN THE CITY**

Members received a report of the Director of Community and Children's Services.

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

There were no questions.

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

There were no items

The meeting ended at 1.05 pm

Chairman

Contact Officer: Julie Mayer

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Committee	Dated:
Health & Wellbeing Board	14/06/2019
Subject: Draft Homelessness Strategy 2019-23	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Zoe Dhami, Strategy Officer, Department of Community and Children's Services	

Summary

This report presents the City of London Corporation's draft Homelessness Strategy 2019-23 for endorsement.

This strategy sets out the vision, approach and commitment to tackle homelessness in the Square Mile in all its forms. It aligns to and delivers the aim of our Corporate Plan 2018-23 for a flourishing society in which people are safe, enjoy good health and wellbeing and can enrich their lives and reach their full potential.

The strategy defines the outcomes we will deliver, and these will shape our decision making, service design, partnerships and resourcing.

Recommendations

Members are asked to:

- endorse the draft Homelessness Strategy 2019-23 set out in Appendix 1.

Main Report

Background

1. Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend's sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.
2. Homelessness presents most obviously in the City of London among those seen sleeping rough on the streets. However, our services also support those at risk of homelessness or who have lost their homes and who seek our help.
3. The scale and nature of homelessness in the Square Mile is driven by and echoes the issues beyond its boundaries. Many of those who seek our help are connected to the City of London through their employment. Those who sleep on

our streets have invariably come to the City – whether from other parts of London or the UK, or from outside of the UK.

4. The Draft Homelessness Strategy Supplement (Appendix 2) provides a detailed overview of homelessness in all its forms across England, London and the City of London.
5. The City Corporation is committed to a flourishing society, where people are safe and feel safe, and where they enjoy good health and well-being as outlined in our Corporate Plan for 2018-23. Our commitment is backed by a legal duty to prevent and relieve homelessness for some groups, and to secure a home for others. Its delivery draws on our public, private and charitable roles – and the strength of our partnerships across those sectors. Our strategy commits to tackling all forms of homelessness.
6. Operational and strategic partnerships across and beyond the City Corporation are essential to realising the ambitions of this strategy. Internally this includes the work of the Department of Community and Children's Services, the Department of the Built Environment, the Town Clerk's Department, the City of London Police and City Bridge Trust. Externally, we will work with our resident and worker population, businesses in the City, the health sector, services and policy makers in local, regional and central government and the charities, philanthropists and good causes we work with to tackle homelessness.

Draft Homeless Strategy 2019-23

7. The draft Homelessness Strategy explains:
 - what the issues are for homeless and rough sleepers in the Square Mile,
 - how we plan to address these issues, and
 - what we hope to achieve.
8. To develop this draft strategy we engaged and consulted with internal and external stakeholders. Within the Department of Community and Children's Services (DCCS), Homeless and Rough Sleepers; Adult Social Care; and Public Health service teams all contributed. Across the City Corporation, City Bridge Trust; Safer City Partnership; and the Department for Built Environment were involved. Partners consulted with outside of the City Corporation include St Mungo's; The Dellow Centre; City of London Police; Westminster Drug Project; Department of Work and Pensions; and faith groups.
9. Those with lived experience were also engaged with. A group meeting was set up and facilitated by St Mungo's in winter 2018.
10. An Equality Impact Assessment has been drafted and is awaiting sign off.

Vision, aim and outcomes

11. The strategy sets out the City's Corporation's vision, overarching aim and the four outcomes that we will focus on.

12. The Vision is that:

Homelessness is prevented, and where it occurs its impact is minimised and the resolution is rapid and sustainable.

13. The Aim is:

To provide the interventions, services and cross-sectoral partnerships to tackle the causes and impacts of homelessness in the Square Mile, and to deliver the range of effective and rapid responses necessary to secure a sustainable end to homelessness

14. The four outcomes that the strategy will deliver on are:

1. Homelessness is prevented.
2. Everyone has a route away from homelessness.
3. The impact of homelessness is reduced.
4. Nobody needs to return to homelessness.

Delivery

10. The City's Homelessness Strategy will govern our approach until 2023. However, in a period of emerging policies and economic change, it is vital that it remains responsive. For that reason it will be underpinned by a separate action plan that will be refreshed annually.

11. Its implementation will be overseen by the Rough Sleeping Strategy Group and reported to the City Corporation's Homelessness and Rough Sleeping Sub Committee.

Next Steps

12. The strategy will be sent for approval to the Community and Children's Services Committee on 12 July 2019.

Corporate Implications

13. This strategy is a key driver through which the City of London Corporation can fulfil its vision, as outlined in our Corporate Plan for 2018-23, of a 'vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK'. The Homelessness Strategy will make a key contribution to delivering the following outcomes of the *City of London Corporate Plan 2018-23*:

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.
3. People have equal opportunities to enrich their lives and reach their full potential.
4. Communities are cohesive and have the facilities they need.
5. Businesses are trusted and socially and environmentally responsible.

15. This plan sits below the DCCS business plan. It contributes to the plan's delivery by mirroring its five priorities and applying them to the specific needs of our population.
16. This strategy also links to the following City Corporation strategies: Housing, Social Mobility, Joint Health and Wellbeing, Social Wellbeing, Alcohol, Safer City Partnership and the Local Plan.

Conclusion

17. The draft Homelessness Strategy 2019 - 23 is the overarching strategic document that guides services and activities for approaching homelessness in all its forms in the City of London. It outlines the values and principles that guide our work, our vision, and how we intend to achieve it. This report asks members to endorse the draft Homelessness Strategy 2019 - 23.

Appendices

- Appendix 1 – Draft Homelessness Strategy 2019- 23
- Appendix 2 – Draft Homelessness Strategy Supplement

Zoe Dhami

Strategy Officer – Department of Community and Children's Services

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Homelessness Strategy, 2019-23: *Joining the fight to end homelessness*

Definition of homelessness:

Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend’s sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.

Why homelessness matters to the City of London Corporation:

The City Corporation is committed to a flourishing society, where people are safe and feel safe, and where they enjoy good health and well-being as outlined in our Corporate Plan for 2018-23. Our commitment is backed by a legal duty to prevent and relieve homelessness for some groups, and to secure a home for others. Its delivery draws on our public, private and charitable roles – and the strength of our partnerships across those sectors. Consequently this strategy commits to tackling all forms of homelessness.

Who we will work with:

Operational and strategic partnerships across and beyond the City Corporation are essential to realising the ambitions of this strategy. Internally this includes the work of the Department of Community and Children’s Services, the Department of the Built Environment, Town Clerk’s Department, the City of London Police and City Bridge Trust. Externally, we will work with our resident and worker population, businesses in the City, the health sector, services and policy makers in local, regional and central government and the charities, philanthropists and good causes we work with to tackle homelessness.

Page 13	Our Vision			
	<i>Homelessness is prevented, and where it does occur its impact is minimised and the resolution is rapid and sustainable</i>			
	Our Aim			
	<i>To provide the interventions, services and cross-sectoral partnerships to tackle the causes and impacts of homelessness in the Square Mile, and to deliver the range of effective and rapid responses necessary to secure a sustainable end to homelessness</i>			
	Our Outcomes			
	Homelessness is prevented <i>Links to Corporate Plan outcomes: 1, 2, 3, 4</i>	Everyone has a route away from homelessness <i>Links to Corporate Plan outcomes: 1, 2, 3</i>	The impact of homelessness is reduced <i>Links to Corporate Plan outcomes: 1, 2, 3, 4, 5, 10</i>	Nobody needs to return to homelessness <i>Links to Corporate Plan outcomes: 1, 2, 3, 4, 5, 10</i>
	Our Activities			
	<ul style="list-style-type: none"> Deliver specialist advice and prevention services Support social and private sector tenancies at risk Increase supply of and access to homes Address trigger points – e.g. hospital and prison discharge, domestic abuse (DA) 	<ul style="list-style-type: none"> Delivery of specialist outreach services Safe connections to places where homelessness can be resolved Provision of a pathway of emergency, hostel and other temporary accommodation Lobby government re unmet need (NRPF etc) 	<ul style="list-style-type: none"> Review current service provision to ensure it is relevant and a commissioning approach is used to meet unmet need Lower the threshold for access to substance misuse treatment Health services are relevant and accessible Provide alternative giving 	<ul style="list-style-type: none"> Provide specialist accommodation Ensure employment support Ensure tenancy sustainment
	What success looks like			
	<ul style="list-style-type: none"> No-one who seeks our support when at risk becomes homeless All those who are homeless on our streets have an offer that will end their homelessness No one has to live on the streets of the Square Mile Advice, information and support services enable prevention and access to secure homes A well-resourced strategy delivered in partnership with internal and external partners 			

Introduction

The purpose of this strategy

This strategy sets out the City of London Corporation's (City Corporation) vision, approach and commitment to tackle homelessness in the Square Mile in all its forms.

It aligns to and delivers the aim of our Corporate Plan 2018-23 for a flourishing society in which people are safe, enjoy good health and wellbeing and can enrich their lives and reach their full potential.

The strategy defines the outcomes we will deliver, and these will shape our decision making, service design, partnerships and resourcing. It will ensure our focus – and that of our partners and providers – remains on our vision that:

Homelessness is prevented, and where it occurs its impact is minimised and the resolution is rapid and sustainable.

The homelessness context

Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend's sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.

It is experienced by single people, couples and families with children. It can be a consequence of personal circumstances such as ill health and family breakdown, or wider issues such as unemployment, housing shortage and high housing costs.

It can have significant negative impacts on employment, education, health and wellbeing. In its worst manifestation – rough sleeping – homelessness can result in lasting damage to physical and mental health, and premature death. Homelessness also has significant costs to society and the public purse.

Homelessness presents most obviously in the City of London among those seen sleeping rough on the streets. However, our services also support those at risk of homelessness or who have lost their homes and who seek our help.

The scale and nature of homelessness in the Square Mile is driven by and echoes the issues beyond its boundaries. Many of those who seek our help are connected to the City of London through their employment. Those who sleep on our streets have invariably come to the City – whether from other parts of London or the UK, or from outside of the UK.

The opportunities to prevent and resolve homelessness, and the factors that drive this issue often lie outside of our direct control. Many of the solutions – most notably affordable housing – remain scarce.

Homelessness has increased nationally and regionally with the number of families and individuals approaching their councils for help because they are homeless or threatened with homelessness. At just over 59,000, the number of annual homelessness acceptances were some 19,000 higher across England in 2016/17 than in 2009/10. With a rise of 2 per cent over the past year, acceptances now stand 48 per cent above their 2009/10 low point.

Due to the City of London's small resident community the number of applications for statutory support are few in comparison to other boroughs. In 2018-19 there were 87 approaches made to the City Corporation. There are currently 21 households living in temporary accommodation (TA)¹.

The number of people who sleep rough has also increased. The MHCLG Autumn 2018 Rough Sleeping Statistics report estimated 1,263 people sleeping rough across London on a single night – an increase of 13% on the previous year.

CHAIN² data reported that within the City of London there were 212 people sleeping rough in the quarter three of 2018/19. This is an increase of 41% since the first quarter 1 count.

Homelessness and safeguarding

It is important that the risks of living on the streets are not compounded by agencies failing to provide a timely and appropriate service response in the locality where a person is sleeping rough and is at risk of harm or abuse. There are a range of risks experienced by people living on the streets that expose them to a higher level of vulnerability to harm and abuse, these include: self-neglect, human trafficking and modern slavery.

People who sleep rough may have tenuous links with the locality where they sleep rough and if they have been moving around for some time, or are non-UK nationals, may not be able to evidence that they are ordinarily resident³ in any particular local authority. However, this does not detract from local authority responsibilities under the Care Act to make safeguarding enquiries irrespective of ordinary residence. Further, It is unlawful to refuse to assist a person who for reasons of immigration status may not be eligible for Local Authority services without undertaking a human rights assessment.

What we will do

Working in partnership

The City Corporation can only tackle homelessness by harnessing the strength of its relationships across public, community, charitable and private sectors. Therefore, in pursuing the delivery of our outcomes, the “we” refers to City Corporation services, outreach services, health services, the City of London Police, businesses and others. The City of London Corporation is uniquely positioned, as the financial and commercial heart of the UK, to extend our influence outside of the Square Mile's boundaries. Where the City Corporation can use its influence to bridge gaps between organisations to fulfil the strategy outcomes it will do.

However, the work in delivering these outcomes must also be set within regional and national actions being undertaken. The Mayor of London's aim set out in the London Housing Strategy for 2018 - 22, is to ensure '*a route off the streets for everyone who sleeps rough in London*'. The Mayor runs an £8.45m core programme of services, as well as major new services funded by £4.2m of additional investment secured from the Government in late 2016, and a further £3.3m in 2018⁴. These complement the services, including outreach and hostels, provided by many local authorities, and the work of those from the charitable, community, and faith-based sectors.

¹ Figure accurate as of May 2019.

² CHAIN is a multi-agency database recording information about rough sleepers and the wider street population in London.

³ Ordinary residence is not defined under the Care Act 2014, but usually means where a person lives. Sometimes a person is deemed to remain ordinarily resident in the area where they previously lived.

⁴ Mayor of London, Rough Sleeping Plan of Action, 2018, Appendix 2.

The 2018 Government Rough Sleeping Strategy underpins the national target to halve rough sleeping during this parliament and eliminate it altogether by 2027. The Government's initial funding of £30m (of which London has secured over a third) and £100m secured in total for the next two years is a welcome step. The Government's strategy recognises the need to look beyond rough sleeping to ensure the entire system is working to prevent all forms of homelessness. This has been demonstrated so far through the implementation of the Homelessness Reduction Act. This Act fundamentally changes the way local authorities work to support homeless people in their areas, giving them new prevention responsibilities towards more people⁵.

The Mayor of London has also used the Rough Sleeping Plan of Action to call on Government to look again at some of its policies and legislation, such as welfare reform, and also to address funding gaps in services that are not specific to rough sleeping but have a significant impact on it.

Where the City Corporation is responsible, it will lead on the delivery of actions, and where partners are responsible, then it will work to co-ordinate and support delivery where necessary. The City Corporation will lead on monitoring the implementation of this strategy and reporting its progress.

Our outcomes

Outcome 1: Homelessness is prevented

Prevention ranges from early identification and intervention to crisis responses. Identifying those at risk can be challenging, as some may not approach specialist services or recognise the potential to lose their home. For that reason, it is imperative that the partners collaborating in the delivery of this strategy are able to identify risk and respond or signpost appropriately as early as possible.

It also requires the delivery of the enablers of prevention – stable and affordable housing, improved and increased employability, better health and wellbeing, and access to timely and effective information and advice.

This acknowledges that mental ill health, drug and alcohol support needs, prevalent within the rough sleeping community, can also be the reason a person faces homelessness to begin with.

Our activities

- provide a free, confidential and independent advice and information service for residents, workers and students in the City who need support with issues such as employment, relationships, benefits and housing.
- support and deliver approaches that address the risks of homelessness arising from safeguarding issues, hospital discharge and leaving care or prison.
- work collaboratively to support those with complex and multiple needs.
- support people to stay in their homes – whether in the social or private sector, including help to mitigate the impact of welfare reform.
- support investment, such as through the Local Plan delivery of s106 monies, to deliver new and affordable housing.
- increase access to housing of other tenures.
- increase availability of and access to a range of accommodation options to prevent homelessness.
- improve and increase employability through training, volunteering and employment opportunities, and providing specialist support to those most distant from the labour market.

⁵ See Homelessness Strategy 2019-23 Supplement for details on the HRA.

Outcome 2: Everyone has a route away from homelessness

For those whose homelessness is not prevented, it is imperative there is an offer of service and support that ensures homelessness is a temporary crisis. This requires rapid assessment and identification of the needs and circumstances of individuals and families in order to identify a relevant and effective response.

Not all of those who approach the City Corporation for assistance, or who end up on the streets of the Square Mile, will be able to access our long term services or accommodation. Their homelessness may be best addressed in an area where they have entitlement and connections. In all circumstances we will be clear about the support we can and will offer to provide a route off the streets, and ensure our partners work with us to enable that outcome.

Our activities

- improve access to and increase the range of assessment and temporary accommodation options.
- support reconnection into local services, and develop a clear service offer and approach focused on voluntary reconnection for those from European countries.
- collaborate with the charitable, community and voluntary sectors to maximise the range and impact of services to support those who are homeless.
- deliver local responses to prevent new rough sleepers spending a second night on the streets and work proactively and co-operatively with City of London assessment service and the pan-London No Second Night Out service.
- work with the business, faith and resident community to improve their knowledge of services, provide opportunities to support services, and develop shared solutions to rough sleeping and other homelessness.
- promote Street Link to provide an opportunity for the public and business to report concerns about rough sleepers.
- provide outreach coverage in the City with the capacity to respond every day of the week.

Outcome 3: The impact of homelessness is reduced

Those who find themselves homeless on the streets are intensely vulnerable to crime, drugs and alcohol and at high risk of physical and mental illness, and premature death (these can also be issues for those living in temporary accommodation for long periods of time). Rough sleeping can also have negative impacts on the wider community.

Individuals and households in temporary accommodation can be separated from formal and informal support networks. It can impact negatively on schooling, employment and access to health and support services. For local authorities the cost of temporary accommodation often far exceeds the financial support available to deliver it.

Our activities

- collaborate with partners to deliver physical and mental health services, substance misuse services and adult social care designed around the needs and challenges of those sleeping rough.
- deliver an accommodation pathway, including move-on options, with the capacity and ability to meet the varying and complex needs of rough sleepers.
- maintain an assertive and consistent approach to outreach working.
- discourage and disrupt begging and other behaviours that may sustain people on the streets, and those that cause nuisance.

- support those in temporary accommodation to participate fully in their community and access the support and services they require.
- commission temporary accommodation that provide quality, support and value.

Outcome 4: Nobody needs to return to homelessness

For people with specific needs (mental health or substance misuse), being away from their support system – whether that is formal or informal networks – can be a driving factor to return to the streets.

Good health, employment, social networks and community can contribute to the resilience that ensure people do not return to homelessness. As does the ability to secure and maintain a home that is affordable - especially for those on low incomes, or in receipt of welfare.

Our activities

- work with partner services, including local day centres, to ensure that those who have slept rough develop the skills, such as those focused on employment, to sustain life away from the streets.
- deliver a “housing first” pilot providing a route straight into housing for those entrenched on the streets.
- deliver on-going support through appropriate resettlement services, day centre provision or other interventions.
- work with faith groups and other communities to develop support structures.

Implementation

The City’s Homelessness Strategy will govern our approach until 2023. However, in a period of emerging policies and economic change, it is vital that it remains responsive. For that reason it will be underpinned by a separate action plan that will be refreshed annually.

It’s implementation will be overseen by the Rough Sleeping Strategy Group and reported to the City Corporation’s Homelessness and Rough Sleeping Sub Committee.

There is a Commitment to data collection to develop baselines and measures to track progress against. We aim to measure the impact of this strategy over the short and long term, by collecting real-time feedback and high-quality data from those we work with, in order to assess fully their experience and perceptions of the quality of the interventions and activities they have been involved in.

TO BE INSERTED: HOMELESSNESS STRATEGY PERFORMANCE FRAMEWORK

Links to other strategies

This strategy is a key driver through which the City of London Corporation can fulfil its vision, as outlined in our Corporate Plan for 2018-23, of a ‘vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK’. The Homelessness Strategy will make key contribution to delivering the following outcomes of the *City of London Corporate Plan 2018-23*:

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.
3. People have equal opportunities to enrich their lives and reach their full potential.
4. Communities are cohesive and have the facilities they need.
5. Businesses are trusted and socially and environmentally responsible.

This strategy also links to the following City Corporation strategies: Housing, Social Mobility, Joint Health and Wellbeing, Social Wellbeing, Alcohol, Safer City Partnership and the Local Plan.

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HOMELESSNESS STRATEGY 2019-23 SUPPLEMENT

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1. England homelessness policy and legislation

1.1 Homelessness Reduction Act 2017

The Homelessness Reduction Act (HRA) 2017 commenced on 3rd April 2018. The HRA amended the Housing Act 1996, creating new duties on local authorities in England.

The HRA significantly amended homelessness legislation. The Act introduced a number of changes including:

- A strengthened duty to provide advisory services
- An extension to the period during which an applicant considered 'threatened with homelessness'¹ from 28 to 56 days.
- New duties to assess all² applicants (now including those who are not in priority need) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

New legal duties

Households who are statutorily homeless are owed legal duties that fall into three main categories:

1. **Prevention duties** include any activities aimed at preventing a household threatened with homelessness from becoming homeless. This would involve activities to enable an applicant to remain in their current home or find alternative accommodation in order to prevent them from becoming homeless. The duty lasts for 56 days but may be extended if the local authority is continuing with efforts to prevent homelessness.
2. **Relief duties** are owed to households that are already homeless and require help to secure settled accommodation. The duty lasts 56 days and can only be extended by a local authority if the households would not be owed the main homelessness duty.
3. **Main homelessness duty** describes the duty a local authority has towards an applicant who is unintentionally homeless, eligible for assistance and has priority need. This definition has not been changed by the 2017 HRA. However, these households are now only owed a main duty if their homelessness has not been successfully prevented or relieved.

2. Homelessness statistics

The definition of homelessness means not having a home. You are homeless if you have nowhere to stay and are living on the streets, but you can be homeless even if you have a roof over your head.

Types of homelessness are:

1. **Statutory homelessness** - covers all households who are owed a homelessness duty by a local authority. A household is considered statutorily homeless if a local authority decides that they do not have a legal right to occupy accommodation that is accessible, physically available and which would be reasonable for the household to continue to live in. The Housing Act 1996 (as amended by the Homelessness Act 2002, Localism Act 2011 and the Homelessness Reduction Act 2017) determines the legal duties on local authorities towards homeless households and households threatened with homelessness.
2. **Rough sleeping** – the most visible form of homelessness.

¹ See Section 5: Definitions

² Ibid

3. **Hidden homelessness** – those who are not eligible for assistance or have not approached their council.

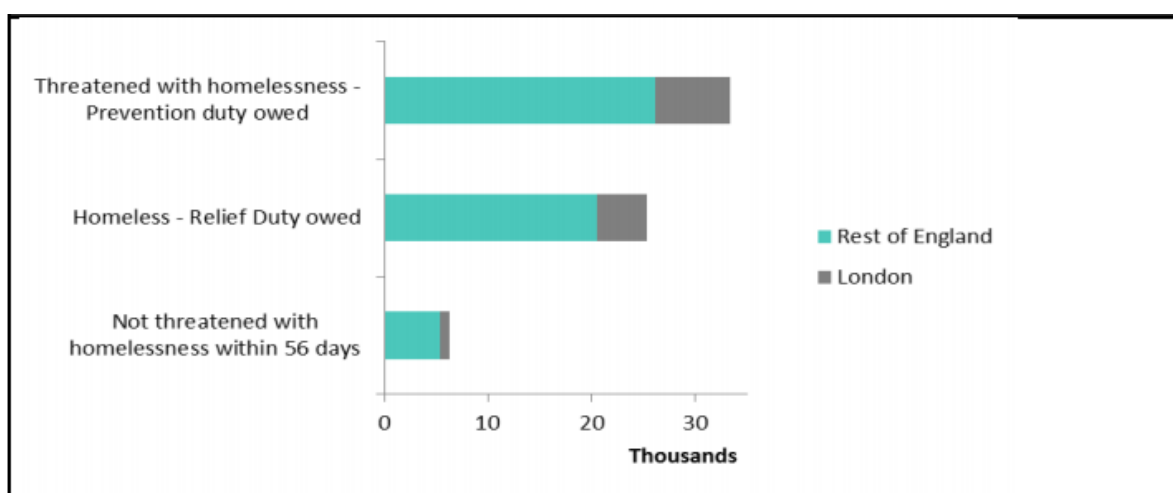
2.1 England and London

2.1.1 Statutory homelessness

Between April to June 2018, 64,960 homelessness assessments were made under the new HRA duties³, and 58,660 households were assessed as being owed a statutory homelessness duty. Of the 58,660 households, 33,330 or 57% were owed a prevention duty, 25,330 or 43% were owed a relief duty. A further 6,300 households were assessed as being not homeless or threatened with homelessness within 56 days⁴.

Total households owed a new prevention or relief duty between April to June 2018 is greater than those owed a main duty between January to March 2018. This is because of the expansion of the definition of statutory homelessness to include those threatened with homelessness within 56 days and the addition of the new duties that are owed irrespective of priority need or intentional homelessness.

Figure 1: Initial assessment of homeless duties owed to households, April to June 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Main homelessness duty

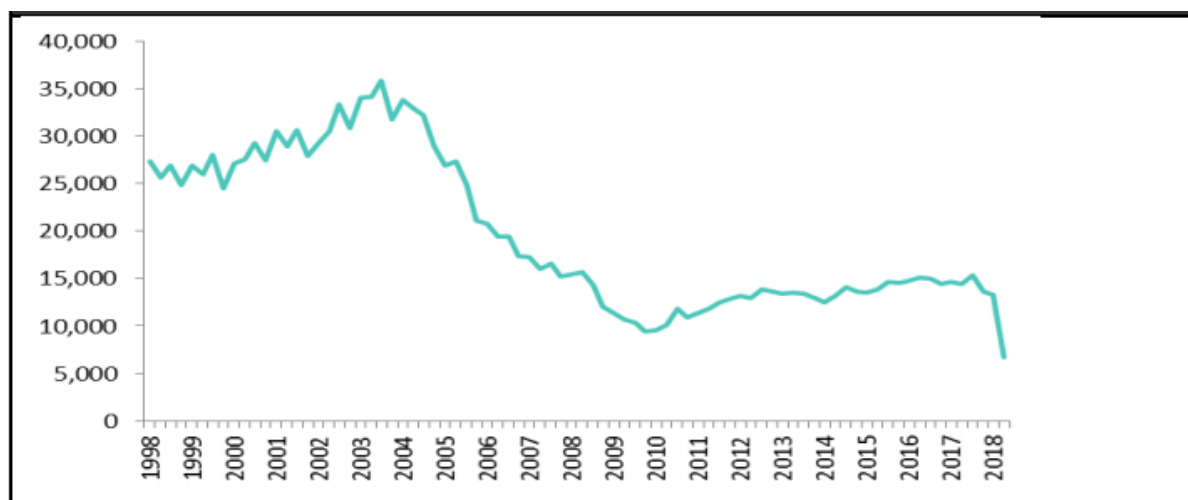
Eligible households who were homeless or threatened with homelessness and assessed as having priority needs before 3rd April 2018 were issued with a decision that they were owed a main duty. After this date, a household is first owed a relief duty or a prevention then relief duty rather than the main duty⁵.

³ [Ministry of Housing, Community and Local Government \(MHCLG\) statutory homelessness April – June 2018: England](#). The statistics in this report are published as Experimental Official Statistics. They are the first set of statistics since commencement of the Homelessness Reduction Act (HRA) on 3rd April 2018 and the first statistical release using Homelessness Case Level Information Collection (H-CLIC) data. The figures in this release are not directly comparable with previously published figures.

⁴ This figure must be treated with caution because 25 local authorities have advised that their data submission includes households who sought local authority help for other reasons than homelessness, and it has not been possible to identify the homeless applicants from within these.

⁵ A main duty decision may be issued on these households, but this decision is only being reported after the relief duty ends in this release. The 56 days required for the relief duty to end before a main duty decision takes effect is significant for this quarter as it will mean the figures on decisions will be lower than expected and in future quarters these are likely to change.

Figure 2: Main duty homelessness acceptances: 1998 to Q2 2018, quarterly England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

The total number of households owed a main homelessness duty has changed over time from Q1 1998 to Q2 2018. Local authorities made 11,630 main homelessness duty decisions in April to June 2018. This is 57.7% less than in the same quarter 2017. Local authorities accepted 6,670 households as owed a main homelessness duty between April to June 2018 this was 50% lower than January to March 2018. Of the 6,670 owed a main homelessness duty, 1,760 were in London, accounting for 26% of the England total.

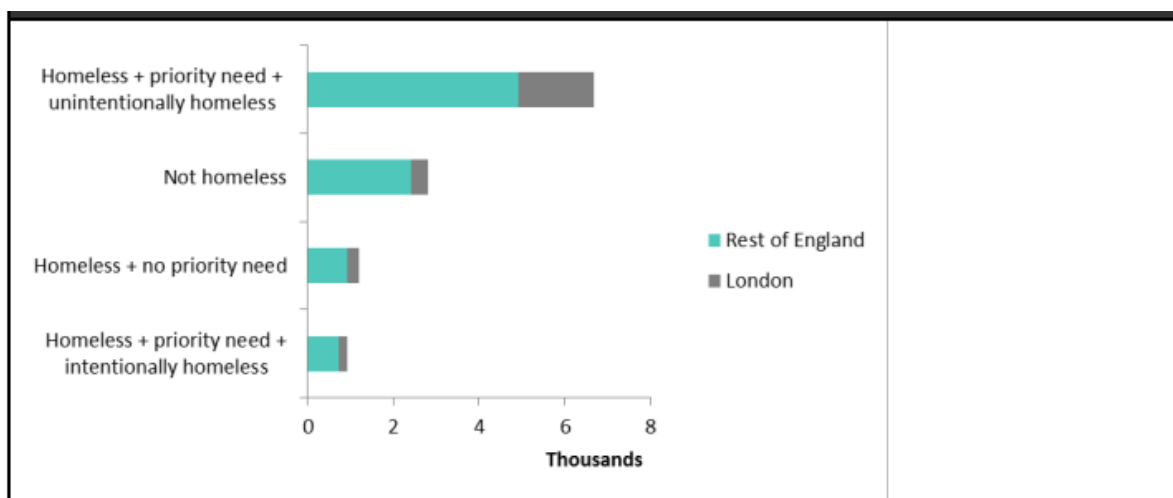
Table 1: Households accepted as owed a main homelessness duty during April to June 2018 with comparisons to previous quarter and year, England, London and Rest of England

	April - June 2018	Previous quarter: Jan – March 2018		April - June 2017	
	Households Accepted	Households Accepted	Percentage change	Households Accepted	Percentage change
England	6,670	13,320	-50%	14,360	-54%
London	1,760	3,380	-48%	4,010	-56%
Rest of England	4,910	9,950	-51%	10,350	-51%

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

This quarter the number of main duty acceptances is 6,670, which is a new low. However, caution should be taken before using this number as this number is likely to change in future quarters as the new legislation and reporting systems are established.

Figure 3: Main duty decisions: April – June 2018



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Support needs

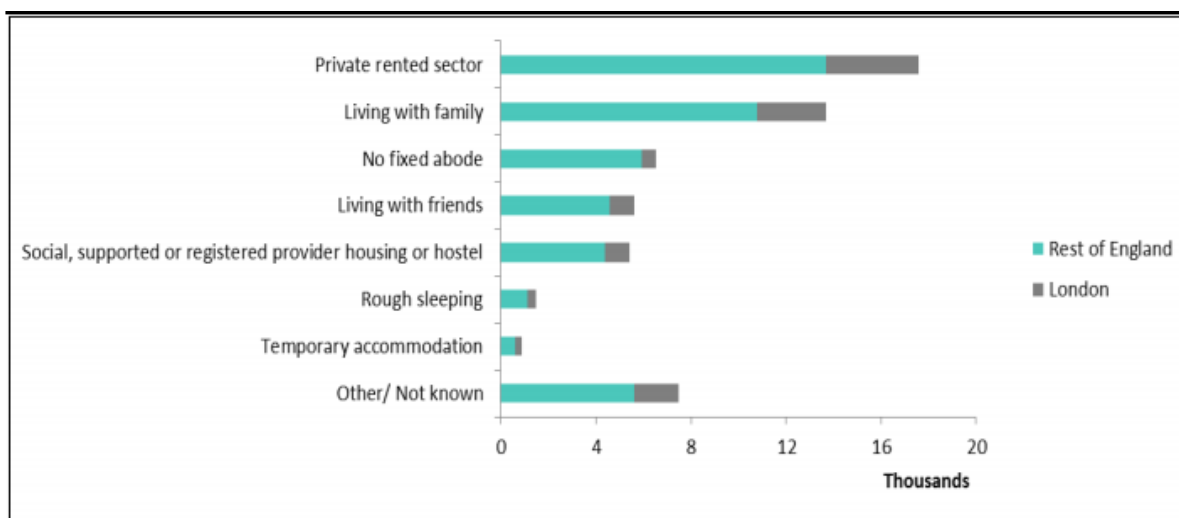
The amended legislation requires local authorities to assess the support needs of homeless households, and consider how these needs might be met as part of their personalised housing plan. Support needs are not characteristics of the household, but instead are areas of additional needs that mean the household requires support to have and sustain accommodation. Where support needs are identified, the local authority should identify the steps to be taken to provide the necessary support as part of the personalised housing plan. Support needs are reported at the household level and more than one support need could be reported per household. Therefore the total number of households receiving support will not match the total number of support needs.

Of the 58,660 households who were owed a homelessness duty, 27,580 households were identified as having support needs. Of these households 40,110 support needs were identified - an average of 1.5 support needs per household. The most common support need identified was a history of mental health problems which was reported by 12,700 of households with support needs. The second largest group was those with physical ill health or disability, identified by 8,190 households. Other notable groups included those with experience of domestic abuse (5,500 households), those with drug (3,090 households) and alcohol dependency needs (2,510 households). Those with a history of homelessness or rough sleeping were identified in 3,960 and 3,240 households respectively.

Accommodation type

The most common accommodation type at the time of approach was private renting (17,570 households), followed by living with family (13,700 households). Private renting represented 30% of all current accommodation types of households assessed as homeless, and living with family represented 23% of households.

Figure 4: Accommodation type at the time of the first local authority approach, April to June 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

This holds for both households in London and the rest of England. ‘No fixed abode’ was less commonly used outside of London (only 5,910 out of 6,530 households). Other notable groups included living with friends (5,620 households) and social housing (5,410 households). 1,480 households were rough sleeping at time of application, 340 of which were in London and 1,130 in the rest of England.

Temporary accommodation

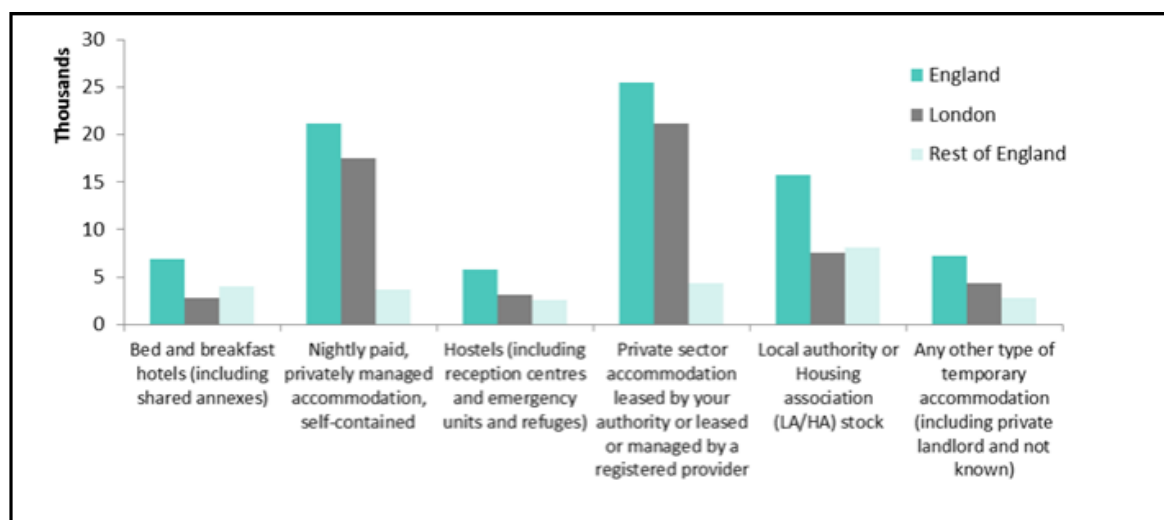
The number of households in temporary accommodation is calculated at the end of the quarter. The number represents a snapshot in time (and not the cumulative total over the quarter). This allows for effective comparison between different quarters. The number of households in temporary accommodation includes households which are:

- Provided with interim accommodation until a decision is reached on whether a main duty is owed under a new application or reapplication
- awaiting a decision on whether a referral has been accepted under local connection arrangements
- undergoing a local authority review or county court appeal
- under a relief duty and priority need so eligible for temporary accommodation under amended 2017 HRA legislation.
- Homeless, eligible for assistance and in priority need and owed the main housing duty under 1996 Housing Act
- intentionally homeless and in priority need who are being accommodated for a limited period.

On 30 June 2018, the total number of households in temporary accommodation arranged by local authorities under homelessness legislation was 82,310. This was 5% higher than a year earlier and up 71% on the low of 48,010 on 31 December 2010. In London the number of households in temporary accommodation at 30 June 2018 was 56,560, 69% of the total England figure.

Comparing the number of households in temporary accommodation to the population size in an area gives a measure of its use. In England there were approximately 3.5 households living in temporary accommodation per 1,000 households at the end of June 2018. There were approximately 15.5 cases per 1,000 households in London and 1.3 cases per 1,000 households in the Rest of England.

Figure 5: Households in temporary accommodation by type of temporary accommodation, 30 June 2018, England, London, Rest of England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Of the 82,310 households in temporary accommodation on 30 June 2018, 61,480 households included dependent children. Of the 61,480 households with children, 55,480 (90%) were in self-contained accommodation.

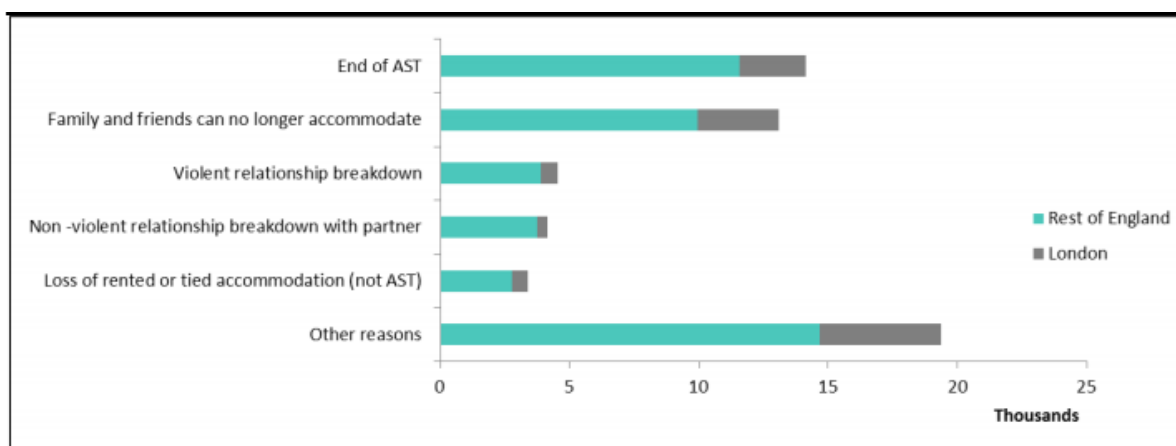
There were 2,560 households in B&B with dependent children, 37% of all households in B&B accommodation. The number of households with children in B&B is down 3% from 2,640 in the same quarter last year and as a proportion of households, this has reduced by 3 percentage points from 40% in the second quarter of 2017. Of the 2,560 households with children in B&B, 900 had been resident for more than the statutory limit of 6 weeks. This is up 14% from 790 on the 31 March 2018 and down 25% from 1,200 on 30 June 2017.

Loss of accommodation

One of the most common reasons for loss of last settled home is the end of an assured shorthold tenancy (AST). ASTs can end for a range of reasons, such as tenant difficulty budgeting, rent increase, reduction in employment income, changes to benefit entitlement, and changes to personal circumstances⁶.

⁶ Caution should be taken when comparing any breakdowns to previous quarters as any changes will reflect the expanded population owed a homelessness duty and the nature of those duties, as well as any change in external pressures impacting on the reasons for people becoming homeless or threatened with homelessness.

Figure 6: Reason for loss of last settled home, April to June 2018, England

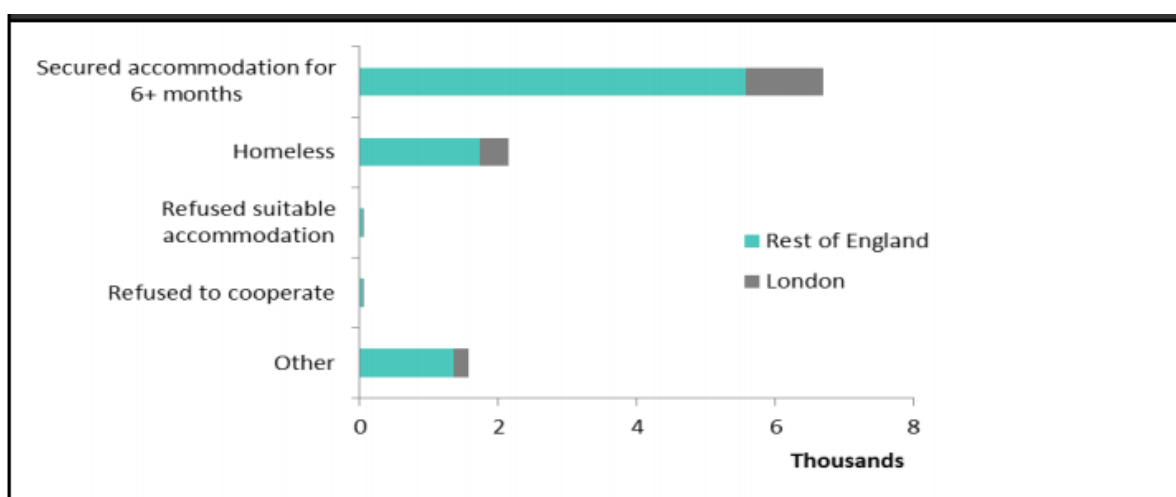


Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

The second largest category for was friends or family no longer willing or able to accommodate the household, which was the reason given for 13,090 households or 22% found to be homeless. Family no longer willing to accommodate was the largest of the two categories with 10,490 households in this category.

Duties ended

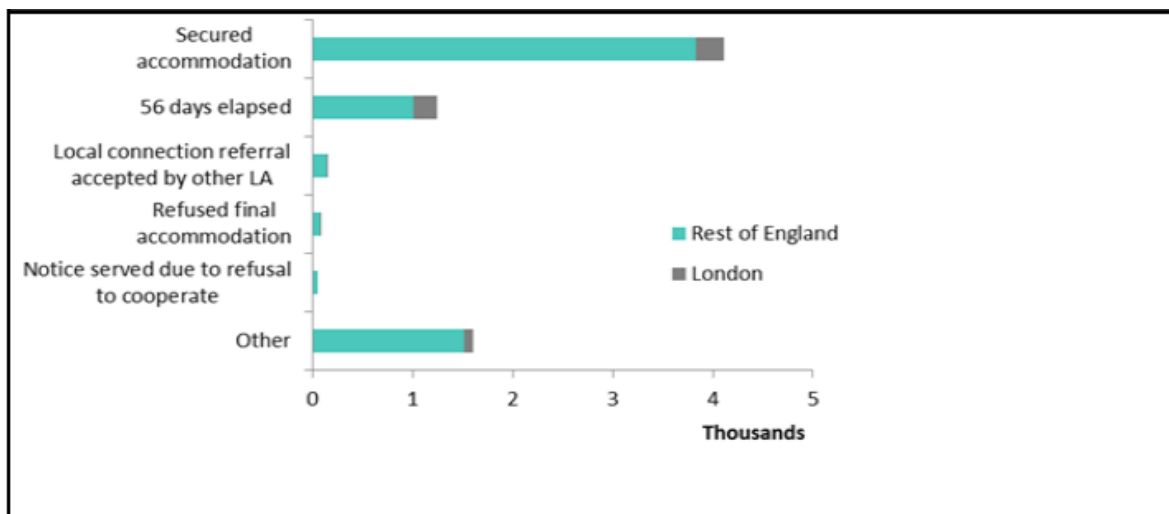
Figure 7: Outcome of prevention duty⁷



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

⁷ A number of local authorities have reported issues collecting or reporting accurately on prevention duties. This also means the overall England total is underreported and should be used with caution.

Figure 8: Reasons for relief duty ended⁸



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

A main homelessness duty was ended for 7,830 households in between April to June 2018. This includes those who had previously been in temporary accommodation or had remained, with consent, in their existing accommodation while awaiting alternative accommodation. This is a 22% decrease from 10,070 in the previous quarter and a 18% decrease from 9,530, during April to June 2017.

Of the 7,830 households, 5,840 were provided settled accommodation (75%). Of these 5,080 accepted a “part 6” offer of a tenancy in local authority or housing authority accommodation and 760 accepted a private rented sector offer, made under the Localism Act power. This is down 24% from the figure of 6,710 in the previous quarter. There were 300 households who became intentionally homeless from temporary accommodation while 840 households (11%) voluntarily ceased to occupy temporary accommodation.

2.1.2 Rough sleeping

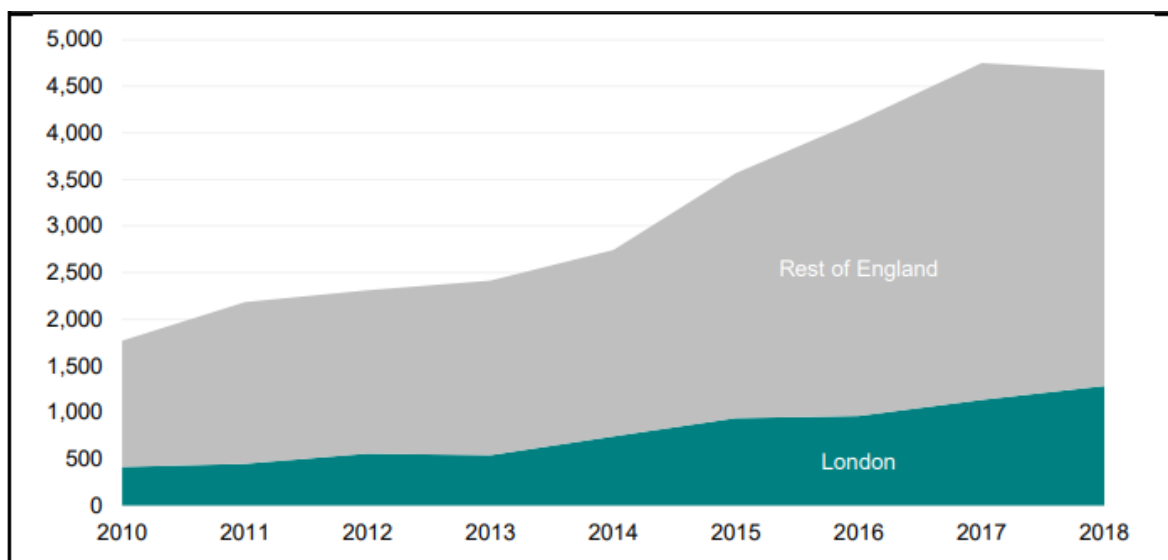
Rough sleeping street counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. Based on what is most appropriate in their area, local authorities decide whether to carry out a street count of visible rough sleeping, an evidence-based estimate, or an estimate informed by a spotlight street count, where a street count is undertaken in particular locations on the chosen night. All of the available methods record only those people seen, or thought to be, sleeping rough on a single ‘typical’ night.

⁸ As this is a new duty and the data systems on which this information is collected and reported is new a number of local authorities have reported issues recording information. These issues range from local authorities recording this information incorrectly, software issues that mean local authorities are unable to report this data or do not export all relevant cases. This also means the overall England total is underreported and should be used with caution.

Local authorities use a specific definition to identify people sleeping rough. This includes people sleeping or who are about to bed down in open air locations and other places including tents, cars, and makeshift shelters⁹.

Local authorities' street counts and estimates show that 4,677 people were found sleeping rough in England on a single night in autumn 2018. This is down by 74 (2%) from the autumn 2017 total of 4,751, and up by 2,909 (165%) from the autumn 2010 total of 1,768. Of this total, 1,283 people were sleeping rough in London in autumn 2018. This is an increase of 13% from 1,137 in autumn 2017. London accounted for 27% of the total figure for England, compared to 24% in 2017, and 23% in 2016. There were 3,394 people sleeping rough in the rest of England, a decrease of 220 or 6% from 3,614 in autumn 2017 figure. Across the 293 local authorities in the rest of England, 134 or 46% reported an increase, 117 or 40% reported a decrease, and 42 or 14% reported no change, since 2017.

Figure 9: Number of people rough sleeping, England, London and Rest of England, autumn 2010 to autumn 2018



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Within London boroughs there were larger changes in the number of people sleeping rough than the increase in London as a whole. People sleeping rough in London are likely to move across borough boundaries. Across the 33 boroughs of London, 19 or 58% of local authorities reported increases, 13 or 39% reported decreases, and 1 or 3% reported no change in the number of people sleeping rough since autumn 2017.

⁹ Ibid 3

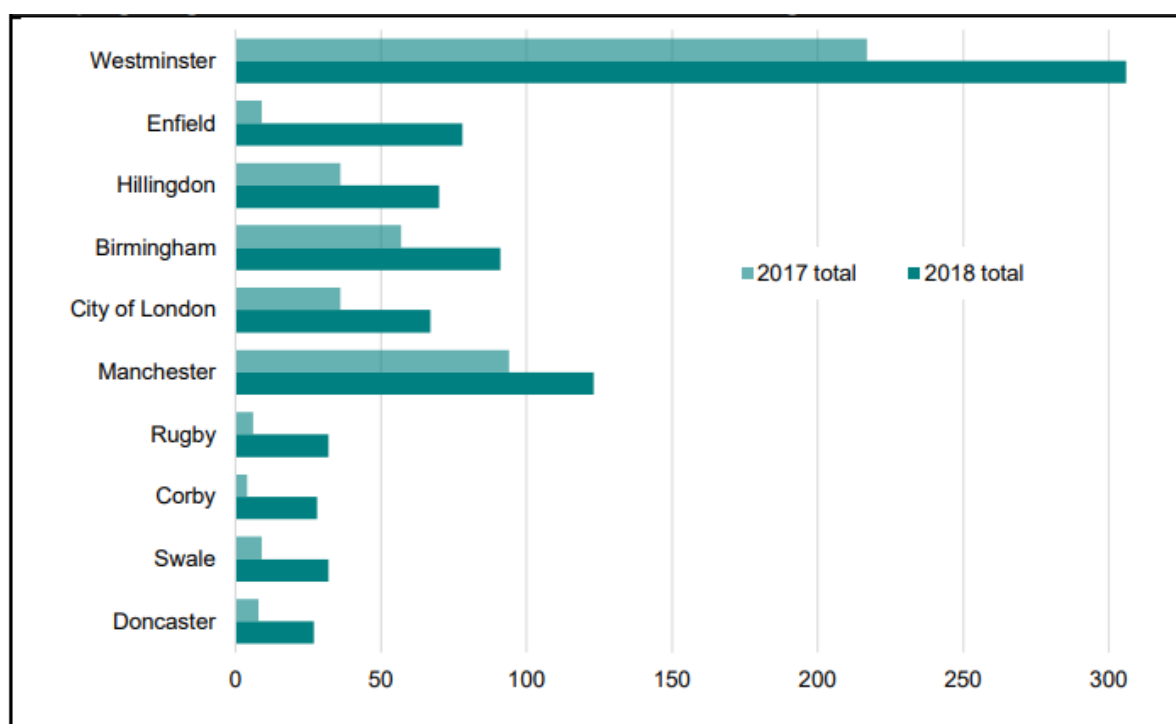
Table 2: Top ten local authorities with the highest number of people sleeping rough England, autumn 2018

Local Authority	Total	Difference since last year	% change since last year	Rate per 10,000 households
Westminster	306	89	41%	26.4
Camden	141	14	11%	13.0
Manchester	123	29	31%	5.7
Birmingham	91	34	60%	2.1
Bristol	82	-4	-5%	4.2
Newham	79	3	4%	7.0
Enfield	78	69	767%	6.0
Hillingdon	70	34	94%	6.4
City of London	67	31	86%	189.6
Brighton & Hove	64	-114	-64%	5.1
England	4,677	-74	-2%	2.0

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

When comparing across years and between local authorities, there are a range of factors that may impact on the number of people sleeping rough including the weather, where people choose to sleep, movement across local authority boundaries particularly in London, the date and time chosen, and the availability of alternatives such as night shelters.

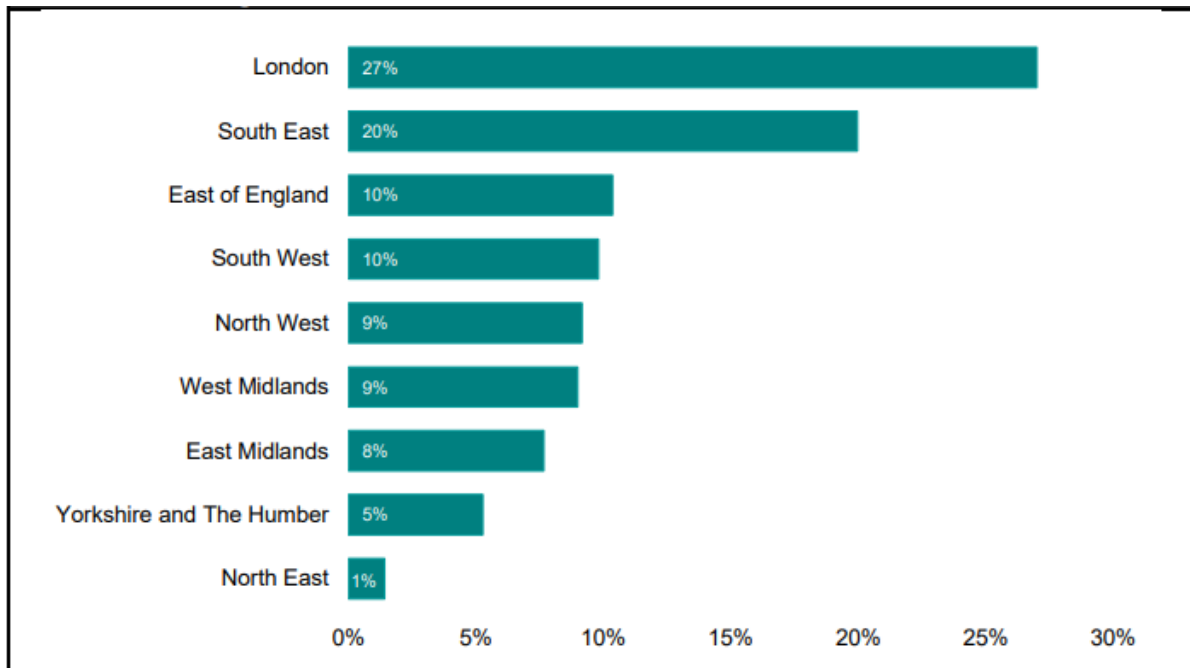
Figure 10: Top ten local authorities with the largest increases in the number of people sleeping rough between autumn 2017 and autumn 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

London and the West Midlands were the regions that saw the largest increases in the number of people sleeping rough from 2017. In 2018 there were 1,283 people sleeping rough in London, up 146 (13%) from 2017. In the West Midlands, there were 420 people sleeping rough, up 125 (42%) from 2017. The largest decreases were in the South East and East of England, down by 185 (17%) and 131 (21%) since 2017 respectively. London and the South East accounted for nearly half (2,217, 47%) of all the people recorded sleeping rough in England in the autumn 2018 snapshot.

Figure 11: Percentage of the total number of people sleeping rough by region, autumn 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Gender, age and nationality

Table 3: Demographics of the people sleeping rough, England, London, and the Rest of England, autumn 2018

	England		London		Rest of England	
Demographics	No.	% of total	No.	% of total	No.	% of total
Gender						
Male	3,937	84%	1,081	84%	2,856	84%
Female	642	14%	162	13%	480	14%
Gender unknown	98	2%	40	3%	58	2%
Age						
25 years or under	296	6%	49	4%	247	7%
26 years or over	3,744	80%	969	76%	2,775	82%
Age unknown	637	14%	265	21%	372	11%
Nationality						
UK nationals	3,013	64%	417	33%	2,596	76%
EU, non-UK nationals	1,048	22%	610	48%	438	13%
Non-EU nationals	153	3%	93	7%	60	2%
Nationality unknown	463	10%	163	13%	300	9%
All	4,677		1,283		3,394	

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

2.1.3 Hidden homelessness

Many people who become homeless do not show up in official figures. This is known as hidden homelessness. This includes people who become homeless but find a temporary solution by staying with family members or friends, living in squats or other insecure accommodation. By its very nature, it is difficult to assess the scale and trends in hidden homelessness. Crisis has estimated that there are as many as 380,000¹⁰ hidden homeless people in Britain today. That is almost equivalent to a population the size of Manchester, and one that looks likely to grow, with current trends indicating that it could reach the one million mark by 2020.

Some particular elements of hidden homelessness are amenable to statistical analysis. This includes 'overcrowded' households, and also 'concealed' households and 'sharing' households¹¹.

Concealed households are family units or single adults living within other households, who may be regarded as potential separate households that may wish to form given appropriate opportunity. The English Housing Survey (EHS), Understanding Society Survey and the Labour Force Survey (LFS) ask questions about the composition of the household which enable the presence of 'additional family/single units' to be identified¹².

The numbers of concealed households remain high in England. There were 2.32 million households containing concealed single adults in England in early 2017, in addition to 282,000 concealed couples

¹⁰ The number of single homeless people is estimated to be in the hundreds of thousands at any one time. Only a tiny proportion of these are rough sleepers. Around a quarter are single people staying either in hostels, bed and breakfast accommodation or facing imminent threat of eviction on the grounds of debt. The remaining three quarters form what are known as concealed households, residing with friends or family, but without any explicit right to do so and in accommodation, which is in some way unsatisfactory.

¹¹ [The Homelessness Monitor, England 2018.](#)

¹² These surveys only approximate to the ideal definition of 'concealed households', as they do not necessarily distinguish those who would currently prefer to remain living with others from those who would really prefer to live separately. However, both EHS and USS do enable single adults wishing or expecting to live separately to be identified. Moreover, they may not fully capture all concealed households reliably. For example people staying temporarily and informally with others may not be recorded in household surveys (like EHS) nor respond to individual surveys (like LFS).

and lone parents. The number of adults in these concealed household units is estimated at 3.38 million.

‘Sharing households’ are those households who live together in the same dwelling but who do not share either a living room or regular meals together. Sharing can be considered similar to concealed households, namely an arrangement people make when there is not enough affordable separate accommodation. For example, some ‘flatsharers’ will be recorded as concealed households, and some will be recorded as sharing households, depending on the room sizes and descriptions. That said, shared accommodation may be desired or appropriate for certain groups in the population, including some single young people, and innovative models of ‘managed’ sharing are evolving in a context where welfare cuts and housing pressures are making it likely that sharing will become more ‘normalised’ well into adulthood¹³

A previous long-term decline in shared housing has now been decisively reversed, with sharing now at its highest rate for 20 years. According to the Labour Force Survey, 1.83 per cent of households in England shared in 2017 (Q2), a significant increase on the 1.46 per cent recorded one year earlier. Sharing was most common for single person households (4.2%), but was also found amongst couples (2.1%), and lone parent households (1.6%). Increases in sharing were most marked for families and (single) pensioners.

Sharing is particularly concentrated in private renting (4.8%) but has grown sharply in the social rented sector (from 1.7% to 3.4% in one year). It is much more prevalent (and growing) in London (6.1%), as one would expect, and the next highest regions are the South West (2.6%) and North West (1.6%).

On the most recent figures, 678,000 households (3.0%) were **overcrowded**¹⁴ in England. Overcrowding has remained at a high level since 2009. Overcrowding is less common and declining in owner occupation (1.3%) but much more common in social renting (6.8%) and private renting (5.3%). As with the other housing pressure indicators considered here, there is a much higher incidence in London (across all tenures), with a rate of 7.2 per cent in 2014/15. The next worst region for overcrowding is the West Midlands (2.9%), followed by the South East (2.6%).

Hidden homeless in London

The Hidden Homelessness In London¹⁵ report cited the following groups as likely to be affected:

- Those who aren’t eligible for homelessness support from local authorities but cannot afford housing – young, single people without dependent children, especially young LGBT people.
- Those who are eligible for homelessness support under local authorities’ duty but who don’t apply, or whose applications are turned down because they can’t prove their eligibility – primarily victims of domestic violence and abuse, often women.
- Those with no recourse to public funds, especially asylum seekers.

The Hidden Homelessness in London report has estimated 225,000 young people in London have stayed in an insecure or unsafe place because they had no where else they could call home. There are estimated to be 13 times more people hidden homeless than sleeping rough in London.

¹³ Crisis’ Sharing Solutions Schemes (<http://www.crisis.org.uk/pages/sharing-solutionsschemes.html>) and Thames Reach’s Peer Landlords Scheme (<http://www.commonwealhousing.org.uk/our-projects/peer-landlord-london>).

¹⁴ This is the most widely used official standard for overcrowding. Essentially, this allocates one bedroom to each couple or lone parent, one to each pair of children under 10, one to each pair of children of the same sex over 10, with additional bedrooms for individual children over 10 of different sex and for additional adult household members.

¹⁵ London Assembly, Hidden Homelessness in London, September 2017.

The UK Statistics Authority has consistently expressed concern that the Department's presentation of its measures of homelessness lack clarity about which people are being measured.

2.2 City of London

2.2.1 Statutory homelessness

TO BE INSERTED

- Number residents in private housing
- Number residents in social housing
- Number owner occupied
- Number on housing register
- Number in overcrowded household
- Number applications of households homeless risk of homeless
- Number of acceptances
- Number owed stat duty
- Number owed prevention duty
- Number owed relief duty
- Number of households in TA
- Length of TA stays

2.2.2 Rough sleeping

The following activity data is taken from Combined Homelessness and Information Network (CHAIN)¹⁶ quarterly reports. According to CHAIN rough sleepers are: *"people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or 'bashes')"*.

Table 4: Categories of rough sleepers

New rough sleepers	Those who had not been contacted by outreach teams and identified as rough sleeping before the period.
Living on the streets	Those who have had a high number of contacts over three weeks or more, which suggests that they are living on the streets.
Intermittent rough sleepers	People who were seen rough sleeping at some point before the period began, and who were contacted in the period – but not seen regularly enough to be 'living on the streets'.

Source: CHAIN Quarterly Report

Quarter's 3 and 4 of 2018/19 saw an increase in the number of rough sleepers in comparison to quarter's 1 and 2. The total number of rough sleepers in the City remains high at 213. This is largely due to increases in the number of longer term and intermittent rough sleepers reported in the period.

¹⁶ CHAIN is a multi-agency database recording information about rough sleepers and the wider street population in London.

Table 5: Number of rough sleepers' trend - 2018/19

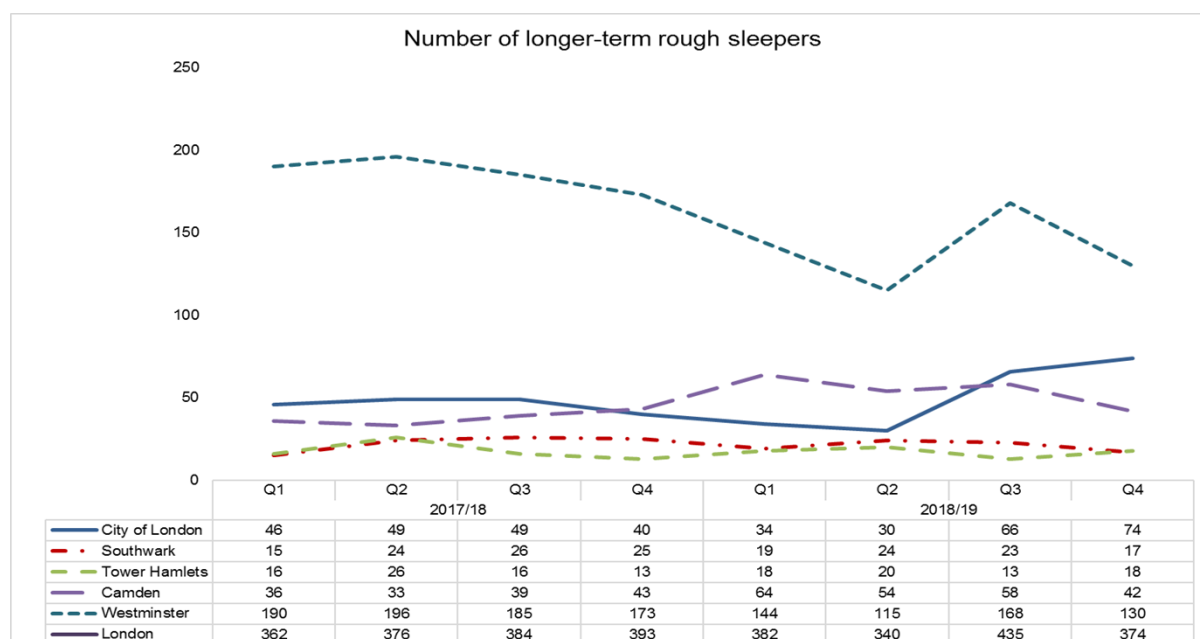
	2018/19				
	Q1	Q2	Q3	Q4	Q3 to Q4 % change
City of London	125	113	212	213	0.5%
Southwark	135	171	152	131	-13.8%
Tower Hamlets	98	137	76	104	36.8%
Camden	248	281	298	298	0.0%
Westminster	774	836	905	986	9.0%
London	2595	3103	3289	3217	-2.2%

Living on the streets (longer-term rough sleepers)

The total number of people encountered who qualify for the Living on the Street cohort increased in quarter four to 74, indicating a 12% increment from quarter three. The number of longer-term rough sleepers is also above that reported for the same period in 2018 (40), indicating an 85% increment in one year.

All other benchmark authorities, bar Tower Hamlets experienced decreases in the proportionate size of this cohort. The number of longer-term rough sleepers is also noticeably higher in the City compared with geographical neighbours, apart from Westminster (Graph 6).

Figure 12: Number of longer-term rough sleepers



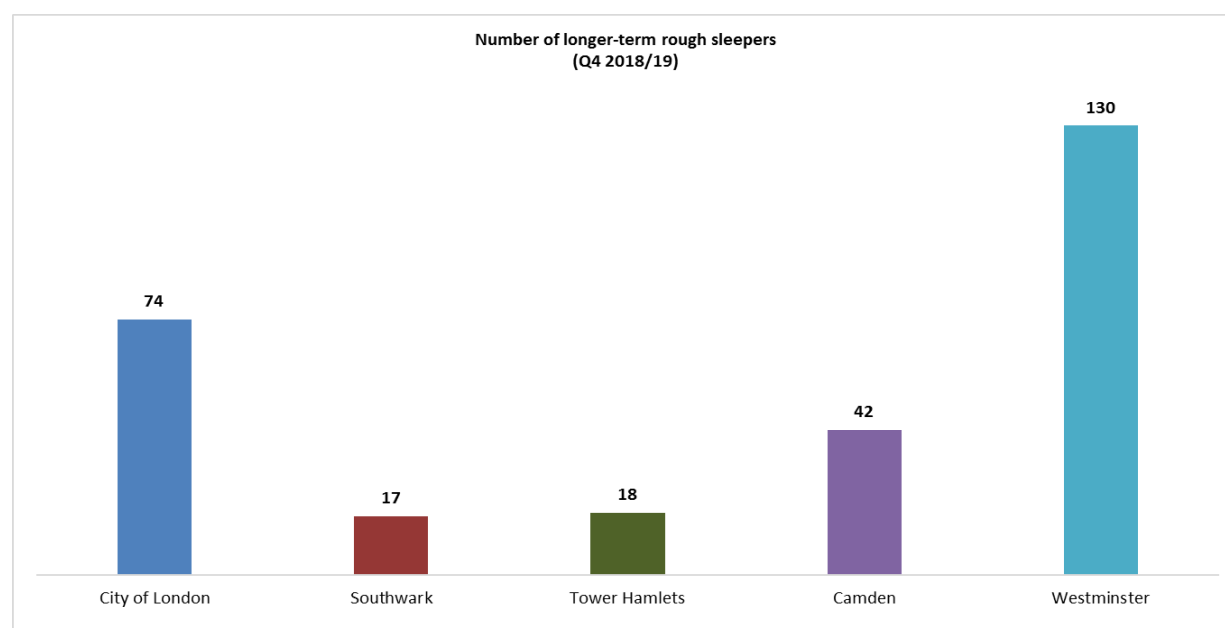
The proportion of longer-term rough sleepers in the City remains higher than benchmark groups. In quarter four this is 35% compared with the London average (12%) and is also above the quarter three average of 31%.

Eleven RS205¹⁷ clients were recorded by CHAIN as sleeping rough in the City during quarter four. This is slightly more than nine reported in quarter two and is the same as that reported in quarter 3 (11). This consistent number is a sign of a good achievement given the number of challenges with this group.

Table 6: Number of longer-term rough sleepers compared with previous period

	Living on the Streets (All) Longer Term	Change from last period	Change on same period last year	Living on the Streets (All) Longer Term	Change from last period	Change on same period last year
	Q3			Q4		
City of London	66	36	17	74	8	34
Southwark	23	-1	-3	17	-6	-8
Tower Hamlets	13	-7	-3	18	5	5
Camden	58	4	19	42	-16	-1
Westminster	168	53	-17	130	-38	-43
London	435	28%	13%	374	-14%	-5%

Figure 13: Number of longer-term rough sleepers reported in Q4



¹⁷ Most entrenched and hard-to-help 205 identified rough sleepers

Intermittent rough sleepers (returner)

Sixty-eight people sleeping rough in the City were not seen regularly on the street and had not returned to the streets over the period of January to March 2019. This represents a 26% increase from the number reported in the previous quarter.

Table 7: Number of intermittent rough sleepers compared with previous period

	Q1	Q2	Q3	Q4	Q3 to Q4 % change
City of London	62	63	54	68	26%
Southwark	63	78	75	63	-16%
Tower Hamlets	49	59	41	44	7%
Camden	114	130	145	152	5%
Westminster	340	433	381	361	-5%
London	1159	1406	1330	1309	-2%

Twenty-seven (46.3%) intermittent rough sleepers had one 'bedded down' contact with outreach workers. Forty-one people had two or more contacts, of which 11 (16%) had two contacts and one person had five contacts during the same period.

The City's proportionate rate of contacts made with intermittent rough sleepers demonstrates a high tempo of engagement between outreach workers and rough sleepers. A relatively high proportion of rough sleepers were engaged 3 or more times compared to the regional average.

Table 8: Proportion of 'bedded down' street contacts made with intermittent rough sleepers – Q4

	City of London	London Average
1 street contact	39.7%	51.3%
2 street contacts	16.2%	25.3%
3 street contacts	22.1%	13.7%
4 street contacts	19.1%	9.2%
5 street contacts	2.9%	0.3%
6 or more street contacts	0.0%	0.2%
Total	68	1309

New rough sleepers

During the earlier part of 2018/19 the City had seen a reduction in the number of new rough sleepers. This changed suddenly in quarter 3, but has dropped again in quarter 4 (99 to 73). Levels of new rough sleepers are still higher than earlier in the year.

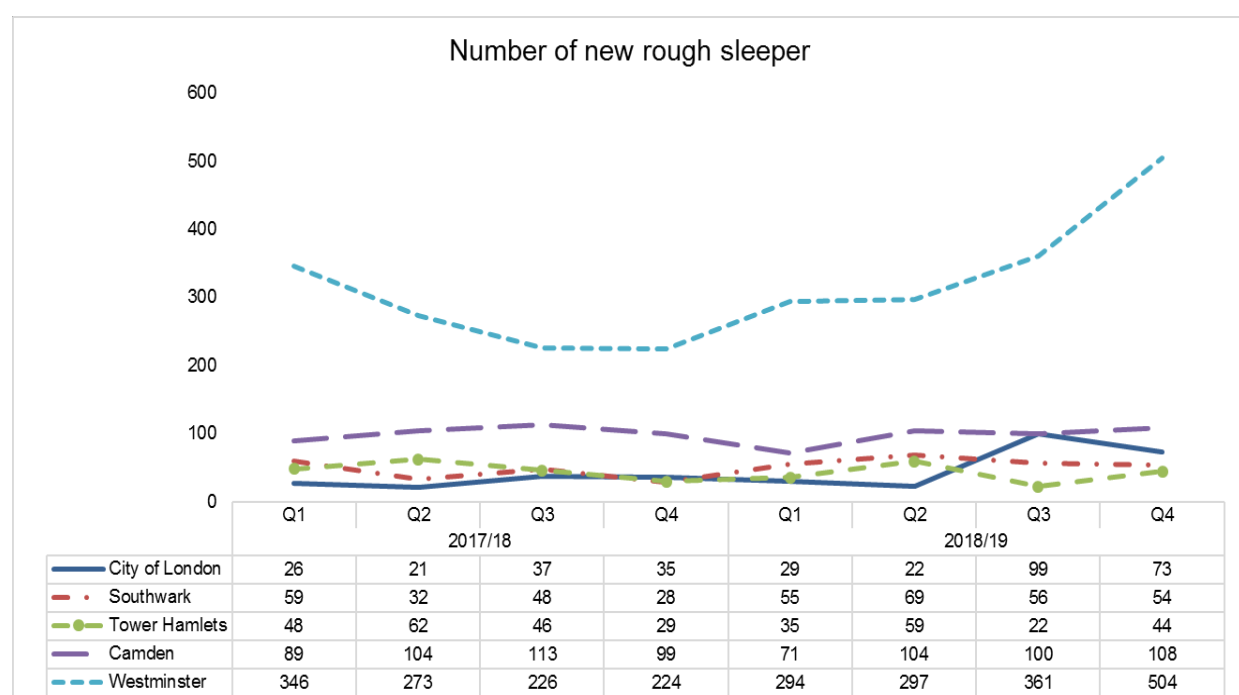
The proportion of rough sleepers who are new remains high in this quarter (Table 4). However, The City also reported the fastest proportionate decrease when compared with other benchmark groups (Graph 5).

Table 9: Proportion of rough sleepers that are new over time

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City of London	19.3%	15.0%	24.8%	25.9%	23.2%	19.5%	46.7%	34.3%

Twenty-two new rough sleepers out of 73 were reported to have spent a second night out, compared with twenty-four in the previous quarter. Two of the 73 new rough sleepers during quarter joined the longer-term living on the street cohort.

Figure 14: Number of new rough sleepers



Rough sleepers not spending a second night out

Fifty-one out of the total of 73 (70%) new rough sleepers did not spend a second night out¹⁸. This indicates that 70% of new rough sleepers did not spend a second night or were not seen again in the period. City's performance for this measure is below the London average (81%), Tower Hamlets (82%) and Westminster (83%). Performance is however in line with that of Southwark (69%) and Camden (70%).

Only two out of the 22 new rough sleepers that spent more than one night out, joined the 'living on the streets' cohort. This is better than 7 reported in quarter 3.

Table 10: Percentage of new rough sleepers not spending a second night out

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City of London	69%	71%	81%	77%	76%	59%	76%	70%
Southwark	73%	75%	69%	64%	62%	78%	77%	69%
Tower Hamlets	83%	81%	76%	83%	71%	76%	64%	82%
Camden	73%	77%	61%	69%	79%	75%	82%	70%
Westminster	75%	78%	75%	71%	82%	78%	83%	83%
London	80%	82%	77%	79%	80%	80%	83%	81%

Detailed trend graphs covering an extended period

Figure 15: Number of rough sleepers

¹⁸ Those who spent a single night out but were not seen rough sleeping again during this period.

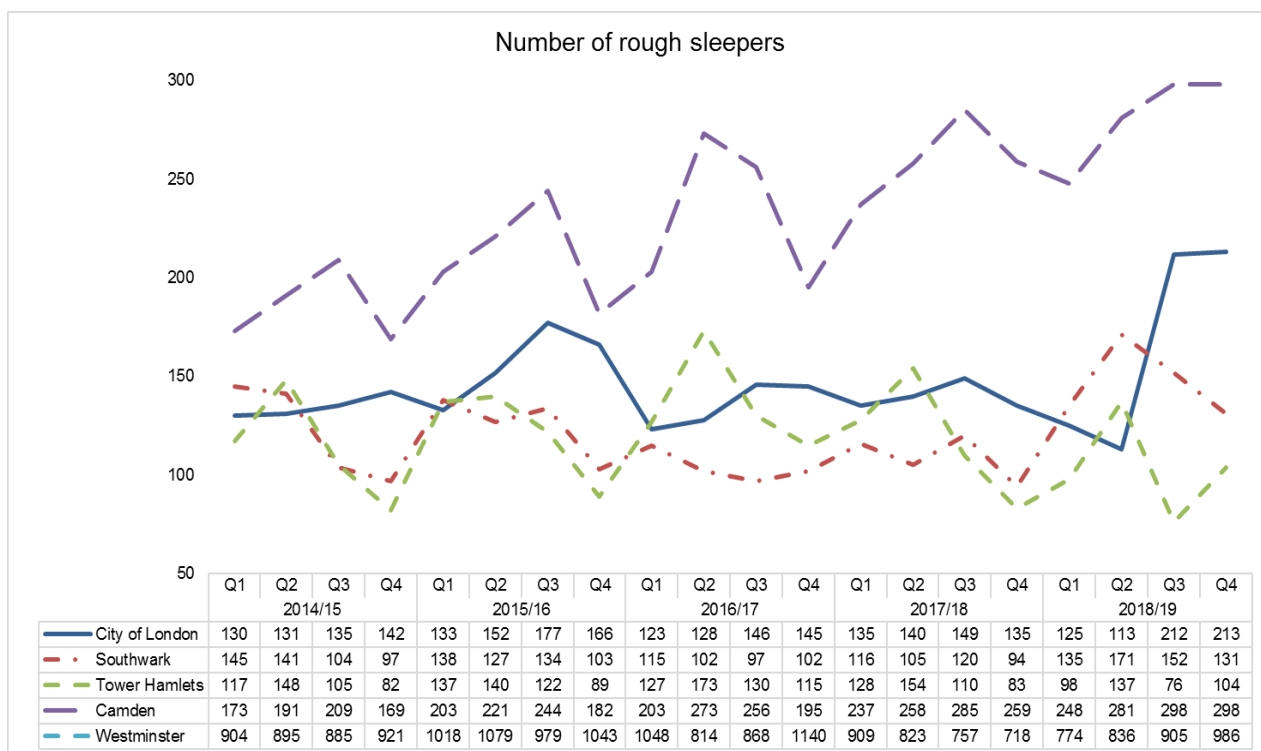


Figure 16: Number of new rough sleepers

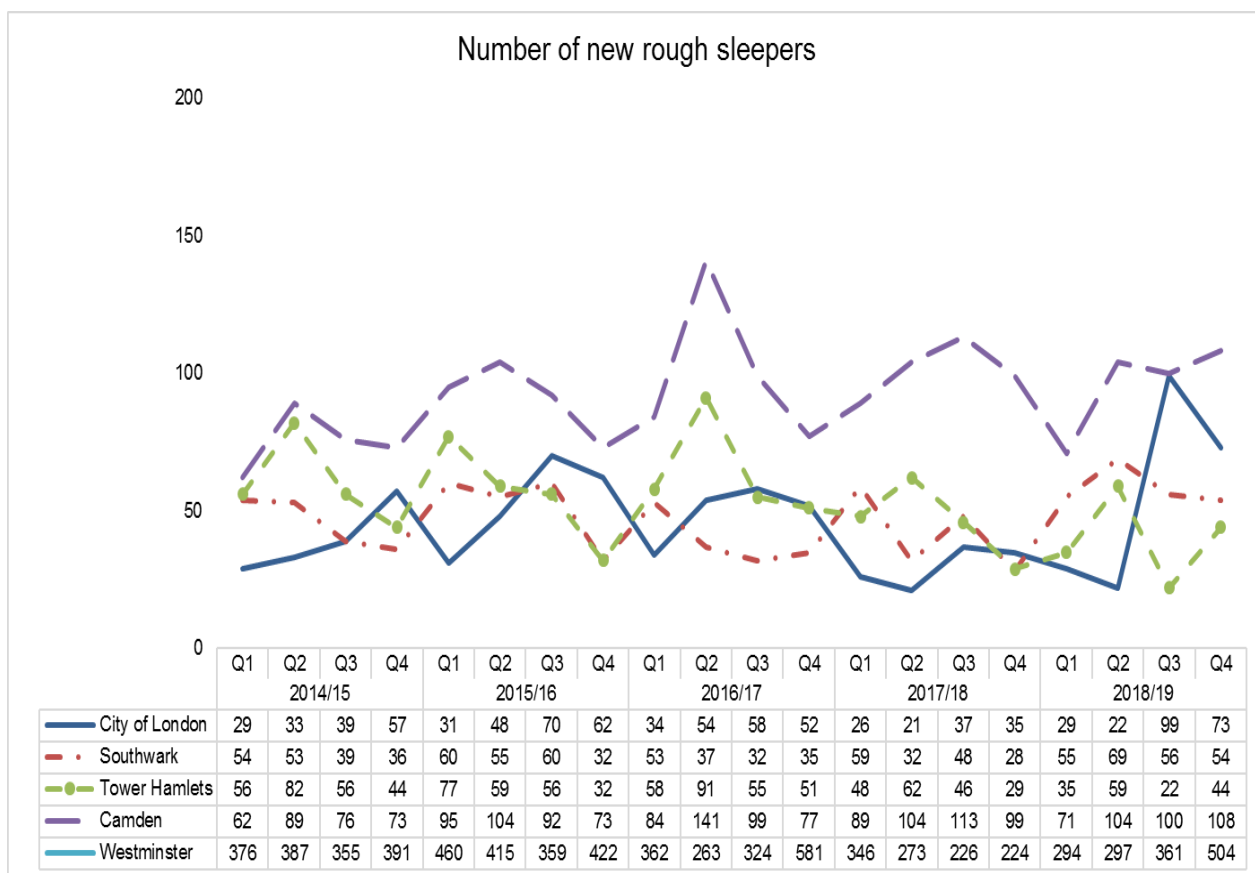


Figure 17: Percentage of new rough sleepers not spending a second night out

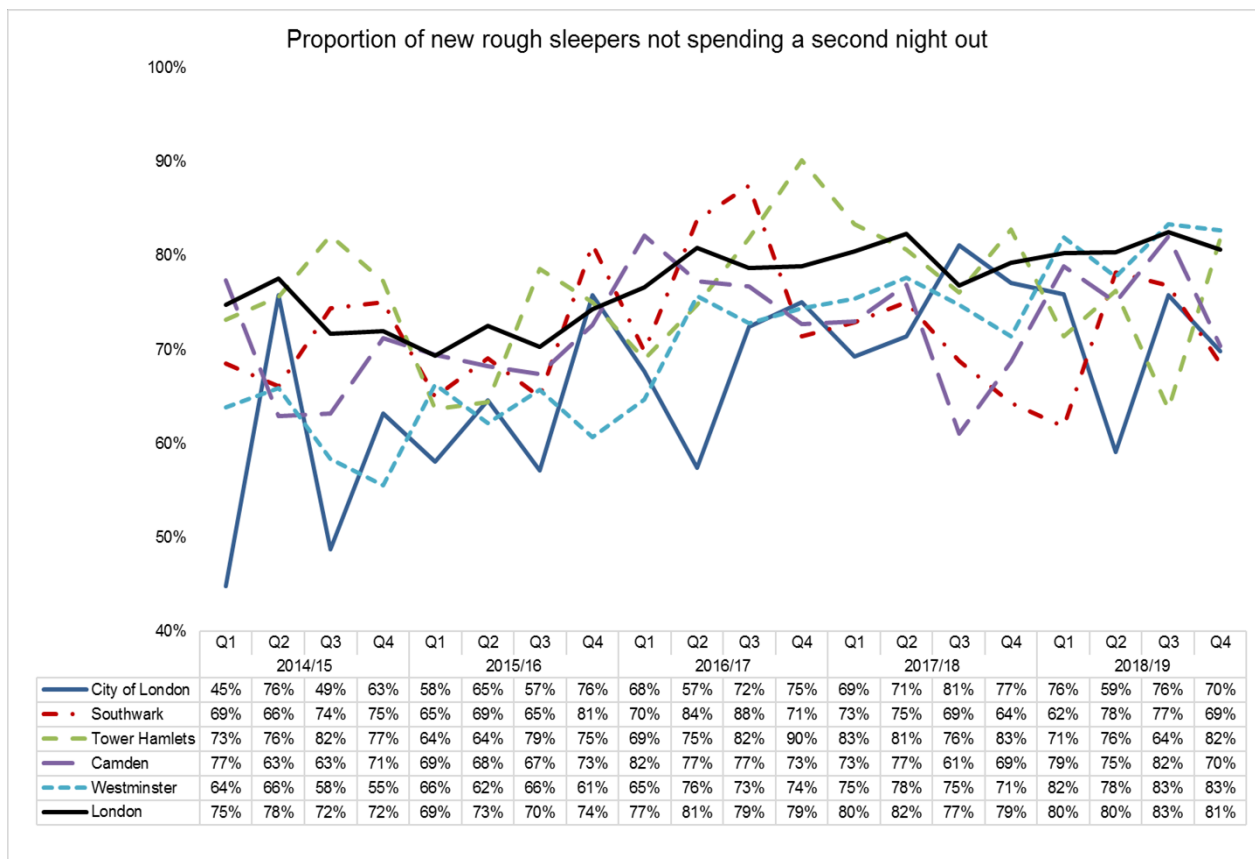
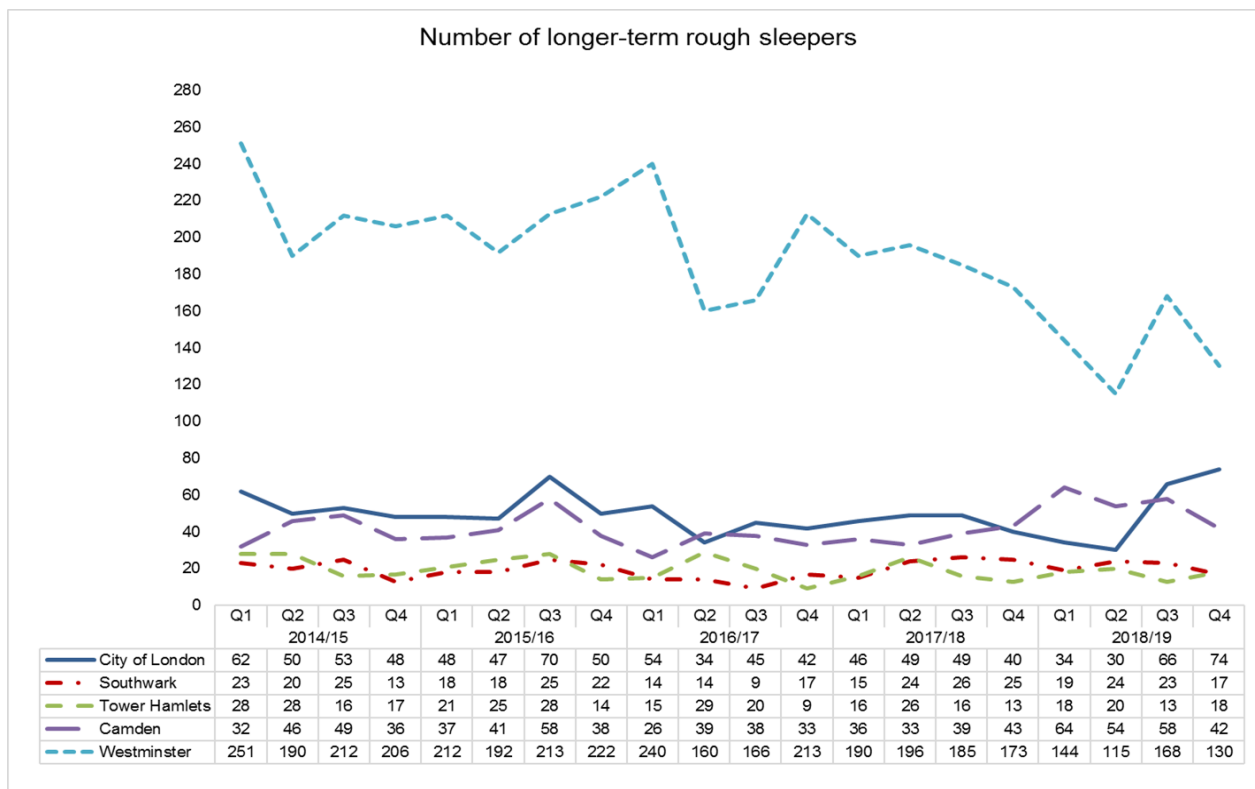


Figure 18: Number of longer-term rough sleepers



2.2.3 Hidden homelessness

TO BE INSERTED – possible to estimate?

3. City of London homelessness provisions

3.1 Current statutory homelessness provision

TO BE INSERTED

- Number of TA available to City
- Location of TA
- Private rental arrangements available
- Prevention and relief services available

3.2 Current rough sleeping provision

Outreach

The City of London commissions St Mungos to provide a specialist rough sleeper outreach service. St Mungos are one of the largest and most experienced providers in their sector who hold several similar outreach contracts with Local Authorities across London and the South East of England.

The current model utilises six outreach workers. One of these is extra to the substantive contract and is funded by the Rough Sleeping Initiative (RSI). There is a further post that coordinates the accommodation pathway, manages the Housing First placement and assists with the organisation of the monthly Assessment Hub. There is a team manager and, since November 2018, a full-time service development manager to assist with the team through the transition to new ways of working. This latter post is an interim measure.

The team undertakes outreach shifts at dawn, during the day and at night. Early shifts start at 6am and late shifts finish around 2am. Shifts take place Monday to Friday and six to nine shifts are undertaken in a typical week.

Referrals are received through Streetlink, but also informally from City of London Officers. New rough sleepers are assisted to access the No Second Night Out hub. The monthly City Assessment Hub week provides further 'off the street' options. On any given night the team has the financial resource and systems in place to guarantee a rough sleeper always has a route into accommodation.

Accommodation

The options available combine existing provision as well as extra arrangements procured after the introduction on new monies in 2017. Table 11 below sets out the current provision.

Table 11: Current City of London accommodation provision

Service	Provision	Detail	Location	Provider	Notes
Great Guildford St	Assessment beds	6 beds	Southwark	St Mungos	High support
Crimscott St	Hostel	22 beds	Southwark	Providence Row Housing Assoc.	Low support
King Georges	Hostel	2 beds	Westminster	Riverside Care & Support	Med-high support
Edward Alsop Court	Hostel	1 bed	Westminster	Look Ahead	Med-high support

Dellow Hostel	Hostel	4 beds	Tower Hamlets	Providence Row Housing Assoc.	Med-high support
Mare St	Hostel	1 bed	Hackney	St Mungos	Low-med support
Anchor House	Hostel	4 beds	Newham	Caritas	Low-med support

The City accommodation pathway currently holds a total of 40 spaces. Three of the four beds at Anchor House are funded in the short term with Cold Weather Funding provided by the RSI. Twenty seven of the available beds can be categorised as low or low/medium support beds. Seven are med/high support and only the six beds at Great Guildford St are currently considered high support. The latter two categories are the only ones suitable for housing complex needs individuals.

The six beds at Great Guildford St are used for assessment purposes. They are an initial route away from the street and a safe and stable situation from which the outreach team can conduct fuller assessments and design service offers. The projects in Southwark and Tower Hamlets are the closest to the Square Mile.

Assessment Hub

Our current position is the provision of a monthly assessment hub. Three hubs per quarter are funded by the RSI until April 2019. As with all RSI funding, a further award for 2019/20 is dependent upon the performance reported during 2018/19.

The Hubs have the capacity to accommodate 10 rough sleepers per night. Successful stays are converted into referrals into the City accommodation pathway, supported reconnections or short-term placements into temporary accommodation pending the delivery of future plans.

St Mungos is responsible for the delivery of the Hubs, with the support of the Providence Row Dellow Centre.

Daytime services

A grant is paid to the Providence Row Dellow Centre to support their work in supporting City rough sleepers.

The RSI currently funds a worker at the Dellow Centre who links in with the Assessment Hub and continues casework with City clients between hubs. City rough sleepers who visit the Dellow Centre have access to the wider service offer available at the centre. This includes meals, bathing, benefits advice and access to computers.

Specialist input

This area covers professional disciplines not delivered by the outreach team.

Substance misuse services are provided by Westminster Drug Project (WDP) as part of its contract with Public Health. Substance misuse professionals undertake outreach shifts alongside St Mungos workers and attend Tasking & Action meetings where referrals can be made. The main options are substitute prescribing or referrals into detox/rehab programmes. There are currently no low threshold prescribing services available to rough sleepers in the City. Needle exchange is available at the Dellow Centre and a single pharmacy within the Square Mile.

Mental health needs have been met for some time by collaboration with East London Foundation Trust (ELFT), so the outreach team have access to a nurse practitioner. Referrals can be made through Tasking & Action meetings and the practitioner undertakes a regular shift with the St Mungos team. Clients in need of assessment or treatment are linked into an Approved Mental Health Professional

(AMHP) or consultant who can arrange referral or admission under the Mental Health Act. The outreach team will also refer to the City of London Police mental health Triage Service for rough sleepers in need of a more immediate response.

Physical health needs are currently met by mainstream primary care services. Outreach workers will assist clients with accessing GP's, A&E or outpatient appointments as required. There is a single GP practice within the Square Mile.

4. Strategy development

4.1 Engagement

Group or individual meetings were held with the following stakeholders:

- DCCS Homelessness and Rough Sleepers
 - Service Manager
 - Rough Sleeper Coordinator
 - Advice & Homelessness Officers
 - NO First Night out Project Manager
 - NO First Night out Pathway Coordinator
- DCCS Adult Social Care, Service Manager
- DCCS Public Health, Public Health Consultant
- Built Environment
- City Bridge Trust
- City of London Police
- Westminster Drug Project, Service Manager
- Department of Work and Pensions, Partnership Manager
- Faith group, Reverend, Diocese of London
- St Mungo's
 - Service Development Manager
 - Head of Outreach
- Dellow Centre
 - Head of Advice and Support Services
 - Enterprise and Training Manager
- Lived experience
 - Arranged and led by St Mungo's

4.2 National evidence informing and confirming local engagement

Desk research was conducted to inform the strategy and support stakeholder findings. This included:

- Rough Sleeping, England, Briefing Paper, House of Commons, 2019
- Hidden Homelessness in London, London Assembly, Housing Committee, 2017
- Homelessness Reduction Act 2017, Policy and Briefing, Shelter, 2018
- Rough Sleeping Strategy, Ministry of Housing, Communities and Local Government, 2018
- Creating the Change, Homeless Link, 2018
- Everybody in: How to end homelessness in Great Britain, Crisis, 2018
- Rough Sleeping Plan of Action, Mayor of London, Greater London Authority, 2018
- London Housing Strategy, Mayor of London, Greater London Authority, 2018

4.3 Consultation

A task and finish group met regularly through the development of the strategy. The group included:

- Assistant Director Partnerships & Commissioning
- Homelessness & Rough Sleepers Service Manager
- Head of Strategy & Performance
- Corporate Strategy Manager
- Assistant Director (People)
- Head of Community Safety
- Strategy Officer

5. Definitions

Eligibility: An ineligible applicant is excluded from homelessness assistance because they are a person from abroad who is subject to immigration control, who does not fall within a category of people from abroad prescribed within regulations made by the Secretary of State as being eligible. Eligibility is an extremely complex aspect of the legislation, and more information is available in Chapter 7 of the Homelessness Code of Guidance.

The Homelessness Reduction Act (HRA) 2017: This act commenced on April 3 2018, and amended Part 7 of the Housing Act 1996 ("the 1996 Act"), and the Homelessness (Suitability of Accommodation) (England) Order 2012. It placed duties on local housing authorities to intervene at earlier stages to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. A Code of Guidance on the homelessness legislation, updated to incorporate the requirements of the Homelessness Reduction Act 2017, is available at: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>.

Threatened with homelessness: Following the introduction of the HRA, an applicant is threatened with homelessness if it is likely they will become homeless within 56 days, or if they have been served with a valid Section 21 notice to end an Assured Shorthold Tenancy which expires within 56 days. Prior to the introduction of the HRA an applicant was accepted as owed duties if they were threatened with homelessness within 28 days.

Prevention Duty: The new prevention duty is owed to eligible households threatened with becoming homeless within 56 days, The duty is owed irrespective of local connection, priority need (see below) or intentional homelessness, and lasts for up to 56 days. The local authority may choose to extend the prevention duty beyond 56 days if the applicant has not yet become homeless, in order to continue activities to prevent their homelessness. The duty is to take reasonable steps to prevent the applicant from becoming homeless. These steps are set out in a personalised housing plan which is, wherever possible, agreed with the applicant.

Relief Duty: The new relief duty is owed to eligible households who are actually homeless, irrespective of priority need or intentional homelessness, and lasts for up to 56 days. The local authority may only extend the relief duty beyond 56 days if the household is not owed the main homelessness duty. The duty is to take reasonable steps to relieve the applicant's homelessness by taking reasonable steps to help secure suitable accommodation that will be available for at least 6

months. These steps are set out in a personalised housing plan which is, wherever possible, agreed with the applicant.

Main homelessness duty acceptance: A household who is accepted by the LA as eligible for assistance, unintentionally homeless and falling within a priority need group (as defined by homelessness legislation - see below) during the quarter are referred to as “main duty acceptances”. The main homelessness duty is to secure accommodation until such time as the duty ends, usually through an offer of settled accommodation.

Priority need: The legislation provides that some categories of applicants have a priority need for accommodation if homeless, whereas others do not. Applicants who have priority need include households with dependent children or a pregnant woman, people homeless due to fire, flood or other emergency, and people who are particularly vulnerable due to ill health, disability, old age, having been in care or as a result of having been in custody or care, or having become homeless due to violence or the threat of violence. A full explanation of priority need groups and assessments is contained in Chapter 8 of the Homelessness Code of Guidance.

Households for whom a duty is owed, but no accommodation has been secured: these are households who have been accepted as being owed a homelessness accommodation duty and for whom arrangements have been made for them, with consent, to remain in their existing accommodation (or to make their own arrangements) for the immediate future. This was previously referred to as “Homeless at Home”. Before the second quarter of 2005, figures were also collected on those potentially in this category but whose application was still under consideration pending a decision.

Self-contained accommodation: this includes all temporary accommodation where the household has sole use of kitchen and bathroom facilities, including property held by local housing authorities, registered social landlords and private sector landlords. A distinction is made between this type of accommodation and accommodation where such facilities are shared with other households (i.e. bed and breakfast, hostels and women's refuges).

Temporary accommodation: households in temporary accommodation (secured by a local housing authority under their statutory homelessness functions). The majority of households in temporary accommodation have been placed under the main homelessness duty to secure suitable accommodation until the duty ends, usually through an offer of a settled home. However, the numbers also include households owed a relief duty and provided with interim accommodation, households provided with accommodation pending a decision on their homelessness application, households pending a review or appeal to the county court of the decision on their case, or possible referral to another local authority, and households found to be intentionally homeless and in priority need who were being accommodated for such period as would give them a reasonable opportunity to find accommodation for themselves.

People sleeping rough: are defined as follows for the purposes of rough sleeping street counts, evidence-based estimates, and estimates informed by a spotlight street count:

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters, often comprised of cardboard boxes). The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.

Bedded down: is taken to mean either lying down or sleeping.

About to bed down: includes those who are sitting in/on or near a sleeping bag or other bedding.

Committee:	Dated:
Health and Wellbeing Board	14/06/2019
Subject: Draft City and Hackney Mental Health Strategy 2019-23	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report Author: Marcus Roberts, Head of Strategy and Performance, Department of Community and Children's Services	

Summary

This report presents a draft *City and Hackney Mental Health Strategy 2019-23*. The strategy is being developed in partnership with Hackney CCG and London Borough of Hackney, working with service providers and service users. It will be implemented as part of the Integrated Care Programme.

Recommendations

Members are asked to:

- Comment on the draft *City and Hackney Mental Health Strategy 2019-23*
- Note that the final draft will be subject to approval by Grand Committee (12/07).

Main Report

Background

1. The draft *City and Hackney Mental Health Strategy 2019-23* has been developed as part of the Integrated Care Programme. The work has been overseen by a Mental Health Co-ordination Committee, and supported by a joint editorial group, including service user representatives. It will replace and build on the legacy of the *Mental Health Strategy 2015-18*.
2. The strategy should be considered alongside the City and Hackney joint health and wellbeing strategies and suicide prevention strategies and the *Local Transformation Plan for Child and Adolescent Mental Health Services*. It has been shaped by national policy initiatives, including the *Five Year Forward View for Mental Health* (2016) and the *NHS Long Term Plan* (2019).

Draft City and Hackney Mental Health Strategy 2019-23

3. The Strategy provides a shared framework to shape, inform and drive further improvements in mental health support across the City and Hackney, setting out a shared vision, approach and priorities. It has a focus on four key groups:
 - Residents
 - People who work in the City and Hackney
 - The most vulnerable in our communities (including the homeless)
 - All sections of our diverse populations.

4. It assesses the needs of these populations, maps challenges and opportunities, highlights current best practice (e.g. Mental Health Street Triage and Community Builders) and explains how we will work collaboratively as partners and with service users and carers to improve mental health.

Vision, approach and priorities

5. The *vision* for City and Hackney is that: *'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible'*.
6. The *approach* takes the form of a commitment: *'to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners.'*
7. The five strategic priorities are:
 - *Prevention*: 'We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do'.
 - *Access*: 'We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs'.
 - *Neighbourhoods*: 'We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services'.
 - *Personalisation and co-production*: 'We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services'.
 - *Recovery*: 'We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks'.
8. In addition, four *building blocks* to support delivery of the priorities are identified:
 - *People* and workforce development;
 - *Engagement* with experts by experience, practitioners and partners;
 - *Data and digital*; and
 - *Evidence-based policy* and practice.

Key activities

9. Key areas of activity will include:
 - Implementation of phase 3 of the transformation plan for CAMHS services;
 - Working with employers on workplace mental health and wellbeing;
 - Improving access for people with complex and multiple needs;
 - Improving mental health pathways for under-represented groups;

- Developing the role of GP and primary care services and the voluntary and community sector;
 - Increased use of personal health budgets; and
 - Improved housing and employment support for people in recovery.
10. The strategy document is illustrated by case and best practice studies. These include mental health street triage, our work with the Business Healthy employers' network, initiatives to tackle isolation and loneliness (e.g. Community Builders), the Dragon Café, neighbourhood-based dementia support and the City's plans for a new Mental Health Centre in Middlesex Street.

Delivery

11. An Action Plan is in development to set out how we will deliver our aspirations in practice and to enable us to monitor – and be accountable for – our progress. The finalised strategy will also be informed by an Equality Impact Assessment.
12. Implementation of the Action Plan will be overseen by the Mental Health Co-ordination Committee. The Action Plan will also assign responsibility for the delivery of actions to one of the four 'workstreams' in the Integrated Care Programme: '*prevention*', '*planned care*', '*unplanned care*' and '*children, young people and maternity*'.
13. Progress will be reported to the Health and Wellbeing Board at least annually, as well as to the Community and Children's Services Grand Committee. It is anticipated that councillors serving as Mental Health Champions will provide a voice for the strategy, ensuring its visibility and appropriate scrutiny.

Next Steps

12. The strategy will be sent for approval to the Community and Children's Services Committee on 12 July 2019. It is also being considered by Hackney's Health and Wellbeing Board. The Integrated Commissioning Board will have ultimate responsibility for signing off the strategy, taking account of partners' comments.

Corporate Implications

13. The *City and Hackney Mental Health Strategy 2019-23* will make key contribution to delivering the following outcomes from the *City of London Corporate Plan 2018-23*:
- People are safe and feel safe;
 - People enjoy good health and wellbeing;
 - People have equal opportunities to enrich their lives and reach their full potential;
 - Communities are cohesive and have the facilities they need;
 - Businesses are trusted and socially and environmentally responsible;
 - We have access to the skills and talent we need;
 - We are digitally and physically well-connected and responsive.

14. This strategy links to the following City Corporation strategies: Alcohol, Children and Young People's Plan, Homelessness and Rough Sleeping, Housing, Joint Health and Wellbeing, Local Plan, Local Transformation Plan for CAMHS services, Safeguarding, Safer City Partnership, Social Wellbeing and Suicide Prevention.

Legal and financial implications

15. There are no direct legal or financial implications. However, the strategy will influence how the City and other partners discharge their responsibilities under the Mental Health Act and implement national policy (e.g. NHS Ten Year Plan).

Conclusion

16. The *City and Hackney Mental Health Strategy 2019-23* will be the overarching strategic document for the development of mental health interventions and services in the City of London for the next four years, building on the progress made under the 2015-18 strategy. It commits us to working closely with our partners and service users to develop a more integrated and neighbourhood-based approach to mental health, while ensuring that this delivers for City residents and workers given their particular needs and circumstances, including the most vulnerable.

Appendices

- Appendix 1 – *Draft City and Hackney Mental Health and Wellbeing Strategy 2019-23*.

Background Papers

- *Joint Health and Wellbeing Strategy*
- *City and Hackney Mental Health Strategy 2015-18*
- *City and Hackney Local Transformation Plan for Child and Adolescent Mental Health Services*
- *Suicide Prevention Strategy and Action Plan*

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CITY AND HACKNEY MENTAL HEALTH STRATEGY 2019-23



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Executive Summary

Our vision: 'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible'.

Our approach: 'We are committed to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners'.

Our five strategic priorities:

<p>Prevention: We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do.</p>	<p>Access: We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs</p>	<p>Neighbourhoods: We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services.</p>	<p>Personalisation and co-production: We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.</p>	<p>Recovery: We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.</p>
<p>We will:</p> <ul style="list-style-type: none"> • Develop a 'health in all policies' approach • Implement a local transformation plan for CAMHS services • Work with employers on workplace mental health and wellbeing • Help people at the earliest opportunity • Prevent suicide 	<p>We will</p> <ul style="list-style-type: none"> • Expand open access to support • Improve access for people with complex needs like addictions and homelessness and physical health problems <p>Work with community organisations to reach under-represented groups and protected characteristics and ensure earlier access to mental health pathways</p>	<p>We will</p> <ul style="list-style-type: none"> • Develop the role of GP and primary care services • Develop multi-disciplinary teams around the person in neighbourhoods • Develop Community Dementia support in neighbourhoods 	<p>We will:</p> <ul style="list-style-type: none"> • Expand the use of personal budgets • Develop service user led goals and care plans • Develop personalised online support • Involve service users in the commissioning, design and monitoring of local mental health services 	<p>We will</p> <ul style="list-style-type: none"> • Develop the role of the Recovery College • Improve housing support and accommodation pathways • Support service users into training and work • Help people to build and maintain social networks

Our building blocks:

<p>People: Develop our workforce capacity and skills and support carers, peer mentors and volunteers</p>	<p>Engagement: Listen and learn by working with experts by experience, practitioners and partners</p>	<p>Data and digital: Share data, building a shared evidence base and develop digital options</p>	<p>Evidence-based policy: Be guided by research and best practice, and monitor the impact of what we do</p>
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1. Introduction

1.1. This strategy sets out our priorities for mental health support and services across City and Hackney for 2019-2023. It has been developed and will be implemented as part of our Integrated Care Programme. It provides a framework to shape, inform and support improvements in mental health care in City and Hackney. It sets out a vision, priorities and direction of travel, and builds in the flexibility to develop them collaboratively going forward.

1.2. It should be read alongside other key strategies. These include the *Joint Health and Wellbeing Strategies* and *Suicide Prevention Strategies* for both the City of London and Hackney and our *Local Transformation Plan* for Child and Adolescent Mental Health Services and the ELHCP Operating Plan.

What is covered by this strategy?

1.3. The strategy assesses the needs of our population, maps the challenges, identifies the opportunities, and explains how we will work collaboratively as partners and with service users to deliver our priorities, as well as how we will monitor our progress.

1.4. It considers how we will support the mental health and wellbeing of:

- Our residents
- The most vulnerable – e.g. the homeless and rough sleepers
- All sections of our diverse populations
- People who work in the City of London and Hackney.

It is also intended as a contribution to the development of national and pan-London mental health policy.

1.5. It considers mental health and wellbeing as part of the new integrated care system for City and Hackney, which is organised around four workstreams: '*prevention*', '*planned care*', '*unplanned care*' and '*children, young people and maternity*'. The strategy sets out the approach to mental health across this system and seeks to ensure 'parity of esteem' with physical health in all that we do.

1.6. It also explains how we will develop and apply the 'neighbourhood model' to mental health in City and Hackney, supporting people in their homes and communities wherever possible and mobilising community assets, whether that's carers and friendship networks, the local GPs surgery or voluntary and community sector services.

What is not covered in this strategy?

1.7. We are committed to developing an all-age approach to mental health and wellbeing in City and Hackney, and are working through the Integrated Care Programme to improve

transitions from adolescent to adult services, particularly for our most vulnerable young adults.

- 1.8. Our plans are set out in detail in the City and Hackney local transformation plan (LTP) for Children and Adolescent Mental Health Services (CAMHS). The Children, Young People and Maternity Workstream within the City and Hackney integrated care programme is overseeing the development and implementation of the LTP, as well as looking at other key areas of mental health provision, including peri-natal care and support. A brief summary of our approach to children and young people is provided as appendix 2 of this document.

How was the strategy developed?

- 1.9. We have developed this strategy collaboratively, bringing together the City of London Corporation and LB Hackney, and NHS, local government, voluntary and community sector and other partners, working co-productively with mental health service users.
- 1.10. It has been overseen by a Mental Health Co-ordination Committee (MHCC) of senior officers, providers and service users, supported by a Joint Mental Health Action Team, as part of the City and Hackney Integrated Care Programme. The MHCC will be accountable for the delivery of the strategy, monitoring progress against an Action Plan. Further political oversight and accountability will be provided by the City of London and Hackney Health and Wellbeing Boards. The MHCC will co-ordinate an annual review of progress and developments, to ensure we are responding to new learning, challenges and opportunities.
- 1.11. It is our expectation that this strategy and the accompanying Action Plan will be naturalised within the planning and strategic processes of partner organisations as appropriate, to inform and drive delivery of objectives for which they have a lead responsibility.

2. Vision, approach and priorities

- 2.1. Our local vision is that *‘Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.’*
- 2.2. Our approach will be to work together *‘to develop a whole system approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners’.*
- 2.3. Our focus will be on five strategic priorities:
- ✓ Prevention: *We will prevent people from developing mental health problems in the first place and provide help at the earliest opportunity when they do.*
 - ✓ Access: *We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, the most vulnerable and those whose mental health needs are masked by other needs or complexity.*
 - ✓ Neighbourhood: *We will aim to support people in the community wherever we can, working at ‘neighbourhood’ level, with schools, GPs and voluntary and community services.*
 - ✓ Personalisation and co-production: *We will continue to shift power and control to service users, giving them control of their own care and recovery, and working with them to identify their goals.*
 - ✓ Recovery: *We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.*
- 2.4. We will also focus on four building blocks, which will underpin our strategic priorities:
- ✓ People: *We will develop our workforce capacity and skills, recognise and support the role of carers and work in partnership with peer mentors and volunteers.*
 - ✓ Engagement: *We will listen and learn by working with experts by experience, practitioners and partners*
 - ✓ Data and digital: *We will improve arrangements for sharing and learning from our data and be innovative in developing the use of digital and technological resources.*
 - ✓ Evidence-based policy: *We will be guided by research and best practice, and monitor the impact of what we do*
- 2.5. We do not underestimate the challenges that we will face in the next four years, and the need to be *both realistic and innovative*. They include rising demand for mental health care at a time of increasing pressures on NHS and local government budgets. By working together, intervening earlier, empowering ‘experts by experience’, removing barriers to support and moving to neighbourhood models of care, we believe that we have an opportunity to improve outcomes in a way that will also help us to manage the pressures on budgets, resources and services.

3. Where are we now? The strategic environment

National policy

3.1. Our approach in City and Hackney is shaped by NHS England's *Five Year Forward View for Mental Health* (2016), which champions the principle of 'parity of esteem' for mental and physical health and identifies three Priorities for Action:

- *A seven-day NHS – right care, right time, right quality* – e.g., community-based crisis care
- *An integrated mental and physical health approach* – e.g., better physical health for people with severe mental health problems and better mental health for people who are physically unwell
- *Promoting good mental health and preventing poor mental health* - e.g., mentally healthy communities and improving employment rates.

3.2. This strategy also addresses priorities set out in the *NHS Long Term Plan* (2019):

- *The neighbourhood model* with care delivered at neighbourhood level by multi-disciplinary teams of GPs, other primary care services, pharmacies and through the mobilisation of community services and assets
- *Personalised care*, including the use of online therapies and digital support and the roll out of Personal Health Budgets.
- *Severe Mental Illness (SMI)*, with a focus on integrating primary and community mental health services to improve access to psychological therapies, medicines management, physical health care, trauma informed care, employment support, access to drug and alcohol treatment and support for self-harm.
- *Reduced A&E use and admission by people with SMI* with alternative support for those in crisis including sanctuaries and safe havens, crisis cafes, crisis houses, acute day services, host families and Clinical Decision Units.
- *Children and Young People* with a focus on the Green Paper *Transforming Children and Young People's Mental Health* (2017), with an enhanced role for schools and a comprehensive offer for 0-25-year olds to support transition to adulthood.

3.3. The strategy will support the aims of the NHSE's London Mental Health Compact for access to inpatient services launched in April 2019. The Compact sets targets for timely access to mental health crisis services.

3.4 We will also build on local arrangements to support partnership responses to people in mental health crisis through the *Mental Health Crisis Care Concordat* (2014). We will adopt Public Health England's *Prevention Concordat for Better Mental Health* in City and Hackney to support our focus on prevention and early intervention. Our politicians will provide leadership with designated Mental Health Champions at the City Corporation and Hackney, engaging with the Local Authority Mental Health Challenge.

3. Where are we now? Understanding the needs of our communities

3.4. City and Hackney provides many excellent mental health, public health and social care services that are highly rated and, in some instances, have received national recognition.

3.5. Our services face challenges, including:

- A relatively high number of people with severe and enduring mental health problems many of whom are in primary care settings and require ongoing support.
- A relatively high number of people with complex problems who are not accessing the right services either because their mental health problems are undiagnosed or because the different kinds of care they need are not well integrated. Many are high frequency users of A&E and primary care. Mental health issues may be masked by physical complaints, addiction, homelessness and chaotic lifestyles.
- In our richly diverse area some communities are less able to access care and support than others.

Mental health in City and Hackney: Key Numbers

Fifth highest rate of psychotic and bipolar disorders in England, with c4,500 on the Serious Mental Illness (SMI) register.

Around 2,200 engaging with specialist mental health services in City and Hackney in the previous 12 months.

Three quarters of people with SMI managing their condition in the community supported by GP and primary care services, often with voluntary and community sector involvement.

Smoking rates among people with SMIs are 36% higher than the general population, and obesity rates 50% higher.

Life expectancy is between 8 and 18 years lower than for the general population.

An estimated 11,000 people in City and Hackney with a personality disorder

6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, with 1,089 admitted as in-patients.

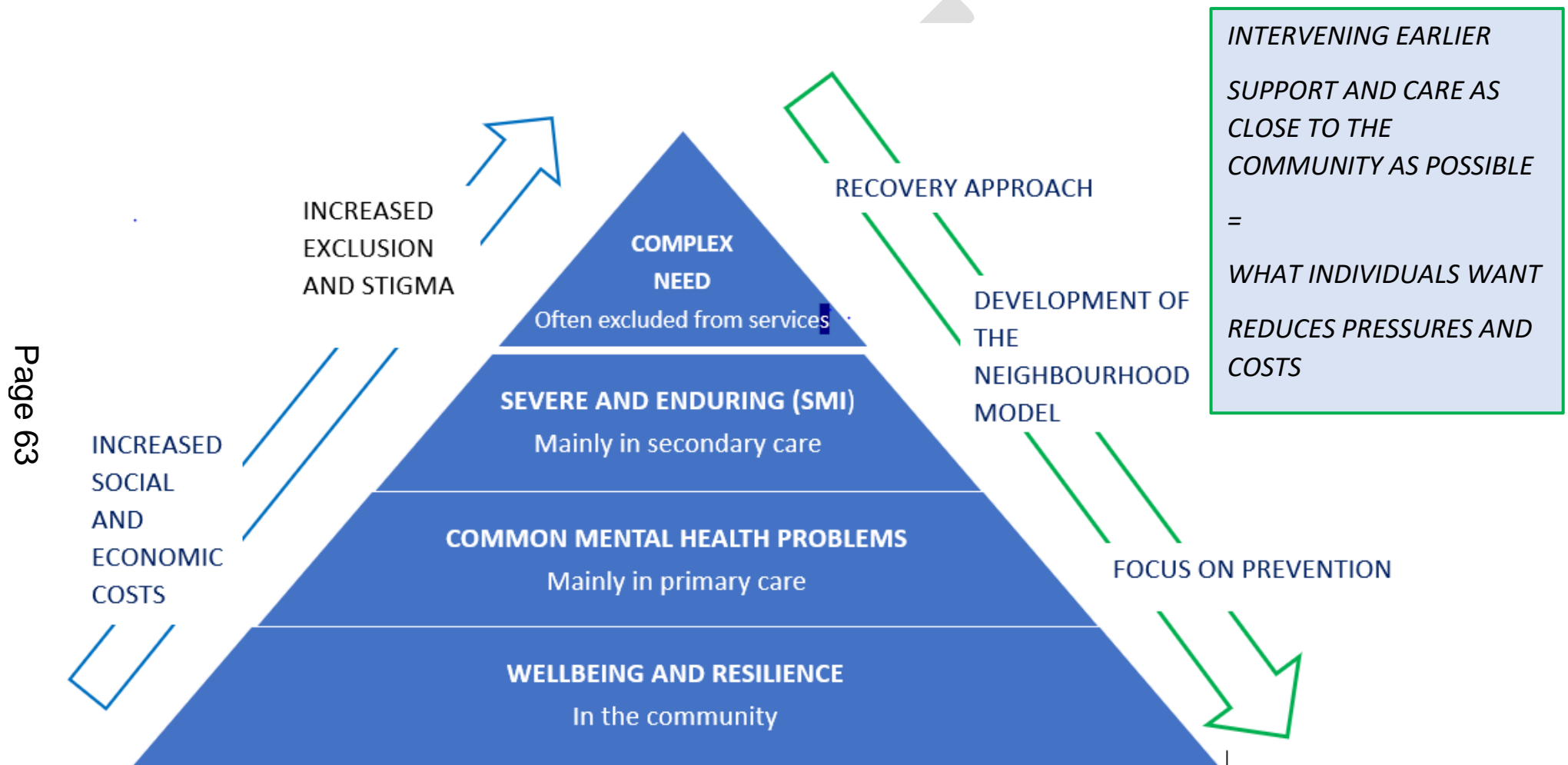
33,000 people in City and Hackney are experiencing depression and/or anxiety disorders at any one time

14,000 people are receiving repeat prescriptions of anti-depressants and around 1 in 5 accessing 'talking therapies' through the IAPT programme

The number of residents with dementia is expected to increase by one third by 2025, from 1,290 to 1,890

See appendix 2 for a more detailed needs analysis for City and Hackney

Implementing our approach to meet the needs of our population



Delivering our Priorities

4. Priority 1: Prevention

Why it matters

- 4.4. By preventing mental health problems from developing in the first place and from getting worse when

they do, we will improve outcomes for individuals while reducing the pressures on specialist mental health services, as well as the wider economic and social impact of mental illness (e.g. for costs of acute and crisis care).

We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do

- 4.5. We also have a responsibility for suicide prevention and recognise the importance of this priority given the devastating and wide-ranging impact on people and services.

What we will do

- 4.6. Mental resilience, well-being and the prevention of mental illness is not just – or even primarily – an issue for NHS services. Our prevention agenda recognises the vital contribution of public health, schools, neighbourhoods and communities, the voluntary sector, businesses and employers, criminal justice agencies, the built and natural environments and services like planning, transport, leisure and culture.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Mental health in all policies	<ul style="list-style-type: none">✓ Develop our built and green environment to promote mental health✓ Work across service departments to promote their role in mental health and to develop this (e.g., planning, transport, leisure and culture)✓ Adopt and apply the national Mental Health Prevention Concordat✓ Develop a dementia friendly community across City and Hackney
Early years, families and young people	<ul style="list-style-type: none">✓ Develop perinatal support✓ Build on the 'Think Family' approach for families known to social services✓ Develop designated senior mental health teams in schools and Mental Health Support Teams for early intervention and ongoing help at school✓ Develop our offer to children with Special Educational Needs and Disabilities✓ Implement the third phase of our Local Transformation Plan for Children and Young People's Mental Health Services (CAMHS)
Workplace	<ul style="list-style-type: none">✓ Work with businesses and employers on workplace mental health✓ Support NHS workforce to access mental health wellbeing support✓ Support national campaigns like Release the Pressure

Mental health crisis and suicide prevention	<ul style="list-style-type: none"> ✓ Develop and implement the City and Hackney suicide prevention strategies ✓ Samaritans-led Suicide Prevention Training, working with employers ✓ Strengthen our crisis pathway with more accessible services that reach beyond statutory mental health services
Awareness and Information	<ul style="list-style-type: none"> ✓ Improving online information and use of digital channels and social media ✓ Develop communications campaigns to support mental wellbeing
Get support to people quicker	<ul style="list-style-type: none"> ✓ Develop open access and low threshold services (see priority 2 – Access) ✓ Ensuring everyone in the City and Hackney with dementia can be diagnosed early with access to the right level of care at the right time

CASE STUDIES - SOME EXAMPLES of our work on PREVENTION

Preventing suicide ...

. The City of London Street Triage team works with police and aims to reduce suicide and unnecessary admissions. Other initiatives include the Crisis Café, rolling out Samaritan-led suicide prevention training and reducing the environmental risks (e.g. by signposting people to specialist help services on bridges and railway platforms). When suicides do occur, the circumstances and lessons are subject to review by Safeguarding Board, so lessons can be learned.

Coping with life events

LB Hackney is publishing a series of 'Life Events' support packs that provide ideas, advice, contact numbers and links to videos and online resources to help people to stay mentally resilient when they face big changes in their lives.

Supporting mental health in the workplace

The City Corporation's Business Health network is a community and online resource for business leaders committed to improving the health and safety of their workforce. A recent survey of City employers found that mental health was their number one priority, and this is being reflected in the planning and development of network resources, events and activities from 2019.

Five ways to thrive – simple mental wellbeing tips for everyone

Across City and Hackney we are embedding our local 'Five Ways to Thrive' initiative into our communications resources, for a variety of audiences, including our residents, businesses and workers. This is based on the Five Ways to Mental Wellbeing Model that was developed by the New Economics Foundation. The five ways to thrive are to 'connect', 'be active', 'take notice', 'keep learning' and 'give'.

Tackling social isolation and loneliness ...

The City and Hackney Safeguarding Adults Board is helping to lead and co-ordinate activity to address loneliness and social isolation among our residents. The Connect Hackney initiative has focused on social connectivity for older adults in the Borough. The City Corporations Social Wellbeing Strategy has driven a range of initiatives, including a Community Builders programme using resident volunteers on City Estates to connect people to each other and to services on the City.

5. Our priorities 2: Access

Why it matters

We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, and to the most vulnerable.

- 5.4. It matters because needs can remain undiagnosed and untreated where people are unable to access care and support, often with serious negative impact on people's lives (e.g., alcohol and drug problems, loss of employment, debt, housing problems and homelessness), families and communities (e.g. family breakdown, crime or anti-social behaviour) and other services (e.g. A&E departments).
- 5.5. In City and Hackney we have high numbers of A&E, ambulance and 111 frequent attenders, placing significant additional pressures on NHS services. Evidence suggests that undiagnosed mental health problems are often a factor in complaints about physical illnesses. Untreated mental health problems are also a barrier to recovery from addictions and to pathways out of homelessness. People with complex needs can find themselves excluded from and passed between services.
- 5.6. It also matters because some groups in our diverse communities are under-represented in our services, including young black boys and men, LGBTQ people and older adults. Furthermore, whilst some BME groups such as young black men are under-represented in terms of engagement in earlier stages of the pathway e.g. psychological therapies access, they are over-represented at the more acute end in terms of inpatient admissions and the use of the Mental Health Act.

Key figures

Nearly 275 people in City and Hackney have attended hospital and A&E services 10 times or more in a year without a clear physical cause, over 3,000 attendances.

In Hackney in 2017-18, 58 of 118 rough sleepers (49%) had mental health needs

In the City of London, 151 of 265 rough sleepers (57%) had mental health needs.

15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes

Only 15% of the street homeless population across City and Hackney have no identified alcohol, drug or mental health need. In City and Hackney, 386 people who started drug and/or alcohol treatment in 2017-18 had a mental health need (over 40%) – over a third of this group were receiving no treatment.

40% of ELFT inpatients detained under the Mental Health Act were from an african/afro-caribbean heritage background.

What we will do

5.7 We will develop 'open access' mental health support and focus on addressing the (often undiagnosed) mental health needs of four key groups who may be excluded from services: frequent A&E, ambulance and 111 services; the homeless and rough sleepers; people with and in recovery from addictions; and equalities groups.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Open access	<ul style="list-style-type: none"> ✓ Introduce whole school approaches to mental health and wellbeing ✓ Develop our no wrong door approach to CAMHS services ✓ Develop open access services like the Recovery College ✓ Provide timely access to high quality crisis services in line with Compact ✓ Expand immediately accessible crisis services in City and Hackney ✓ Improve access for people in crisis through mental health street triage
Physical health and mental health	<ul style="list-style-type: none"> ✓ Develop assessment, referral and integrated care pathways to diagnose and address the mental health needs of people presenting with physical illness ✓ Target action to reduce numbers of frequent users of A&E, ambulance and mental health services by addressing undiagnosed mental health need ✓ Build on our programme of physical health reviews for people with SMIs, by increasing their frequency and strengthening the support offer for those at risk of physical illness ✓ Pilot sport and healthy eating programmes for people with SMIs
Dual diagnosis and complex need	<ul style="list-style-type: none"> ✓ Invest in Multiple Needs Service for those with multiple and complex needs ✓ Equip and develop our workforces to work collaboratively and flexibly across service and professional boundaries ✓ Jointly develop a new substance misuse contract that better integrates substance misuse and mental health services including psychiatric liaison, access to therapy and specialist support. ✓ Continue to provide tailored support for people who are homeless or sleeping rough taking account of chaotic lifestyles and complex need integrated mental health, substance misuse and physical health services ✓ Develop the 'housing first' approach to rough sleeping ✓ Work with businesses to improve understanding and address the links between alcohol and drug misuse and mental health in the workplace
Addressing diversity	<ul style="list-style-type: none"> ✓ Develop effective pathways and provision for key equalities groups, with a focus on young black boys and men, the LGBTQ community and older adults through links with communities, community champions and community organisations ✓ Monitor equalities in assessing delivery of our strategic priorities and actions and performance of our services and those we commission ✓ Ensure under-represented groups are better represented in the workforce ✓ Ensure that services meet the needs of under-represented groups and do not prevent barriers to access.

CASE STUDIES – SOME EXAMPLES of our approach to ACCESS

Physical and mental health

City and Hackney is piloting a new service for people who make intensive use of A&E or London ambulance services, where physical illness may reflect underlying psychological issues. The service will be accessible to anyone who is a frequent user of these services, regardless of whether they have a formal mental health diagnosis and offer psychological, emotional and practical support.

Releasing the pressure ...

The Dragon Café welcomes anyone who is feeling the pressures of work or life in and around the City of London. It is hosted in Shoe Lane Library in the City, and offers a programme of activities designed to release pressure, reduce stress and build resilience. It is free, open to all and with no requirement to register or book in advance.

New Mental Health Centre

The City Corporation is commissioning a provider for a new Mental Health Centre, offering rent-free premises in the Square Mile for over three years, to provide low cost sessions for low income workers and residents, and long-term therapies that are not readily available through the NHS. It is intended that providers will charge those most able to pay and offer subsidised sessions to those on lower wages or not able to pay for other reasons.

Supporting the most vulnerable ...

A dual diagnosis treatment pilot has been commissioned by LB Hackney and the Greenhouse Clinic, targeting people with mental health and substance misuse problems – particularly, but not only, homeless – who are likely to be excluded from mental health services due to their drug or alcohol misuse. The pilot will inform a new model to inform the re-commissioning of integrated adult substance misuse services. This will include a focus on those who are finding it most difficult to access help, including those with a dual diagnosis and the homeless.

Helping people in crisis get timely help...

After a successful pilot the City Corporation, City of London Police and City and Hackney CCG are funding a Mental Health Triage System to operate in the City for seven days a week. Mental health professionals accompany police on patrol and can intervene where people are experiencing a crisis that might otherwise lead to them being 'sectioned' under the Mental Health Act. By getting the right support in the community, this improves outcomes for individuals and reduces the pressures on acute and crisis services.

3. Our priorities 3: Neighbourhoods

Why it matters

3.4. The City and Hackney

Integrated Care Programme is implementing a neighbourhood model of health and social care, and this is also at the heart of the *NHS Long Term Plan*. This model will align local services at a

neighbourhood level with responsibility for population-based health covering 30,000-50,000 people. NHS England is making £4.5 billion available nationally to support the development of this model locally over the next five years.

We will aim to support people in the community wherever we can, working at neighbourhood level with schools, GPs and voluntary and community services

3.5. Shifting the balance of care into neighbourhoods offers significant opportunities for improved integration between primary and secondary care, between social care and health services and between mental health and physical health services.

3.6. City and Hackney has comparatively advanced primary care mental health services. They include an Enhanced Primary Care (EPC) and a Primary Care Liaison (PCL) service, along with a Primary Care Psychotherapy Consultation Service. We also have a high performing IAPT service, delivering 'talking treatments' with a focus on common mental health problems, particularly anxiety and depression. However, there are still many gaps particularly for people with complex or severe and enduring mental health problems, who are outside a secondary care setting.

3.7. Working with the voluntary and community sector, and further integrating local authority and NHS services, we also have plans to improve the level of social support available in GPs surgeries and other primary care settings – this could include, for example, help with debt and financial management, housing and employment support.

3.8. There is a concern about the over-representation of black men within crisis and forensic services. Developing the neighbourhood model provides an opportunity to start to address this, by working closely with local communities and providing an integrated wrap around service that should be well adapted to address the social determinants that impact the emotional wellbeing of this group.

What we will do

3.9. Building on the emerging neighbourhood model we will shift the balance of care provision from secondary to primary care by strengthening community-based provision in primary care practices, schools and other community organisations, developing care navigation at local level and creating inter-organisational teams and approaches.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Neighbourhood teams	✓ Develop 'teams around the person' with virtual teams from different organisations formed around the patient - teams will have a designated lead professional but will put the patient at the centre of their care plan
Focal points for care	<ul style="list-style-type: none"> ✓ Develop the roles of navigators, care co-ordinators, social prescribers and coaches in an integrated way to create a 'seamless service' for the service user ✓ Reduce the unnecessary use of secondary care mental health services ✓ Ensure everyone diagnosed with dementia has a named navigator from diagnosis to end of life where VSO are a key part of the community wraparound support ✓ Develop transition services and pathways in the community, especially for young people falling out of conventional mental health services
Culture, skills and confidence	<ul style="list-style-type: none"> ✓ Implement recovery and co-production models for neighbourhood mental health provision ✓ Continue to improve the care provided in primary care and through community organisations and networks through mental health training and awareness initiatives
Dementia	<ul style="list-style-type: none"> ✓ Create a neighbourhood-based dementia service with continuity of care from diagnosis to death ✓ Support and work with community organisations to support people living with dementia, their carers and families

CASE STUDIES – SOME EXAMPLES of our approach to NEIGHBOURHOODS

Stepping down ...

The City and Hackney Enhanced Primary Care (EPC) Service supports people with severe and enduring mental health problems to 'step' down from specialist, secondary NHS services and be supported in the community, with regular GP reviews and input from a mental health liaison worker. Since widening access to more people with more complex problems - like personality disorders – it is now working with 500 to 600 people a year. Recovery Plans, produced with service users to reflect their goals, will be developed so they can be carried over as people step down into primary care services. We want to expand to cover discharge packages for a great number of people - c6,000 per annum.

... And Stepping Up

For Assessment and Brief Treatment we want to expand and provide more ongoing support for people with severe and enduring mental health problems including people with psychotic bipolar, personality disorders and trauma.

We want to explore and pilot models for a step-up service to provide timely interventions in the community for people with severe and enduring mental health issues, who may otherwise need secondary care services. VSO's in City and Hackney will be a key part of community wraparound support people will receive.

Community Dementia Service

A neighbourhood-based dementia service will offer continuity of care for patients diagnosed with dementia, from initial assessment and diagnosis through to end of life provision. People with Dementia will benefit from community-based services which offers timely diagnosis where residents and their carers receive the right level of care and support at the right time.

4. Our priorities 4: Personalisation and co-production

Why it matters

4.4. Involving service users in the development of local plans and services ensures that we are addressing need and using the experiences of service users to improve the quality of support provided. Listening to 'experts by experience' is also critical if we are to design and deliver services that work for people and as part of an integrated care programme.

4.5. Co-production is also critical to the development of the neighbourhood model in City and Hackney (see priority 3). This model depends on partners working collaboratively to organise care around the needs and assets of individuals in a way that is service user led.

4.6. A person centred approach will be taken to address people's mental wellbeing. Service users will be involved in decisions concerning their care and recovery and will have choice and control over the support they receive. Care and recovery planning will be personalised, considering people's assets with a focus on their goals and aspirations.

We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.

'Shaping the services you use is empowering. It's refreshing to know they want to hear from people using services.'

It is:

'A stronger voice in the community with the support of peers'

'A constructive way of getting things done and being listened to'

"Service user involvement can improve routines, confidence and raise self-esteem and self-awareness."

**Feedback from Mental Health Voice members
(MH service user involvement project in City &
Hackney)**

What we will do

4.7. We will continue to pilot and develop the use of personal health budgets in City and Hackney, working with service users to ensure they have greater choice and more control over their care. We will develop our culture, practices and networks to develop the principles and practice of co-production. We will create multi-disciplinary 'teams around the person' as we develop the neighbourhood model across City and Hackney.

Key activities

(See Action Plan, Section 11 for detailed targets)

Putting service users at the centre of their care	<ul style="list-style-type: none">✓ Embed service user led care planning and setting of recovery goals in our culture and practice✓ Expand the use of Personal Health Budgets in City and Hackney, and support service users to make their own decisions about their care✓ Continue to develop the use of Direct Payments for adult social care
Involvement of families and carers	<ul style="list-style-type: none">✓ Implement our Carers Strategies, recognising need and improving support✓ Involvement of carers of people with dementia as much as they would like to be✓ Continue to use the Open Dialogue approach, involving family, social networks and a whole systems approach
Personalised support	<ul style="list-style-type: none">✓✓ Develop online therapies and digital support✓ Build 'teams around the person' in neighbourhoods (see Priority 3) to help people to address their goals and aspirations✓ Offer a choice of services to support people's mental wellbeing and actively signpost service users to the services available
Co-productive practice	<ul style="list-style-type: none">✓ Implement the <i>City and Hackney Co-Production Charter</i> for mental health✓ Co-productive approaches to developing and monitoring services (e.g. design of Personal Health Budget agreements)✓ Commission service user involvement opportunities to make sure experts by experience are involved in the design, commissioning and monitoring of services

CASE STUDIES – SOME EXAMPLES of our approach to PERSONALISATION AND COPRODUCTION

Piloting the use of Personal Health Budgets ...

A personal health budget is an amount of money to support the healthcare and wellbeing needs of the individual and to give them more choice and control over how it is spent. The use of Personal Health Budgets for people with SMIs will be piloted by the East London NHS Foundation Trust (ELFT) in 2019-20, with a focus on people leaving specialist mental health services. In 2020-21 we hope to bring together Personal Health Budgets and social care direct payments to increase flexibility to build care and support packages around the needs and goals of individuals. We are also interested in expanding the use of personal budgets to people receiving 'step up' support in neighbourhoods. We are looking at how we best involve service users in developing this offer, and the role of the Mental Health Network.

A charter for co-production

Partners have committed to the first-ever *Co-Production Charter for Health and Social Care in Hackney and the City*. The principles include involving people from start to finish in service design and valuing them as equal partners. The charter requires people co-producing services to work together with mutual trust and response, and to share information with the wider community. The Integrated Care Programme is implementing co-production principles, with public representatives on the boards of all the four workstreams. Service users are represented on the Mental Health Co-ordinating Committee and have been partners in developing this strategy.

Reviewing care & recovery planning

City & Hackney CCG asked a team of service users to review the care & recovery planning process in City & Hackney and compare existing care and recovery plans from across services. The aim of the project was to determine whether this is a helpful process and what needs to be in place to make sure the process is effective for the individual and person centred. Some key observations from the group were that people need to be involved in the process, plans need to be aspiration and goal orientated, people need to have access to their plans and plans should be monitored and reviewed. The feedback will be used to embed service user led care planning and setting of recovery goals in our culture and practice.

5. Our priorities 5: Recovery

Why it matters

- 5.4. Above all, a recovery approach is about recognising the strengths and assets of people affected by mental health problems, their families, their support networks and the community – and tapping into these to support people to live meaningful and fulfilled lives, regardless of diagnosis or mental health status. It is about encouraging people with mental health problems to have positive aspirations and ambitions for themselves, and supporting them to achieve them.

We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks

- 5.5. It is also about addressing the barriers to social inclusion. Work or other meaningful activity, housing, relationships and social networks matter as much to people with mental health problems as they do for everyone else.

Recovery means enabling people to live the lives they want with or without the symptoms of mental health problems.

Centre for Mental Health

- 5.6. Employment rates are still lower for people with SMIs, than for those with any other health condition. Rethink estimates that 43% of all people with mental health problems are in employment, compared to 74% of the general population. Just under 4% of working age adults in City and Hackney on the Care Programme Approach (CPA) are in paid employment – and 6.5% of those with high needs mental health conditions.
- 5.7. One in five adults in England in a Shelter survey (2017) said that a housing issue had negatively impacted on their mental health in the last five years, with housing affordability the most frequently cited issue. Lack of appropriate housing is a cause of delays in discharging people from hospitals and other specialist care services, which can hold back recovery and is costly for our health and social care systems.

What we will do

- 5.8. We will work with service users to identify their goals and aspirations and help them to realise them, working with a wide range of partners – in the public, private and voluntary and community sectors - on issues like access to appropriate housing, employability and leisure services.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Access to housing	<ul style="list-style-type: none"> ✓ Review and, where appropriate, redesign housing related support and mental health accommodation pathways ✓ Develop pathways out of homelessness that can work with complex needs by using a person-centred, trauma informed and recovery focused approach ✓ Pilot the Housing First approach
Employability and meaningful activity	<ul style="list-style-type: none"> ✓ Secure funding from NHS England so people in specialist mental health services can access supported employment in City and Hackney businesses ✓ Work with the Working Capital and Central London Works employment programmes to support people with mental health problems into work ✓ Develop and strengthen the City and Hackney Mental Health Employment Support Network, establishing outcome measures and monitoring impact
Friendships and networks	<ul style="list-style-type: none"> ✓ Focus on social wellbeing with a focus on loneliness and social isolation ✓ Encourage, support and engage with service user networks ✓ Involve the voluntary and community sector as a key partner in providing integrated mental health care

CASE STUDIES – SOME EXAMPLES of our approach to RECOVERY

Pioneering employment support ...

The City Corporation and LB Hackney are partners in the Central London Works initiative. This is a £51 million initiative which replaces the national employment support programmes in London (i.e. the Work Programme), and will support up to 21,000 residents across 12 Central London boroughs to find work and manage their health condition. Central London Works has a strong focus on mental health issues.

City and Hackney is also developing its delivery of Individual Placement and Support (IPS) in preparation for a further investment of NHS funding to support this approach locally. IPS has a proven track record of supporting people with severe mental health difficulties into employment, with a combination of rapid job search, placement in paid employment and in-work support for both employee and employer.

Students in self-care and wellbeing ...

The Recovery College in the LB Hackney provides courses to empower people to become experts in their own self-care and wellbeing. Students are given tools to manage their mental health and to help families, friends, carers, professionals and the public to better understand their conditions and support their recovery journey. It is a self-referral service, based on an enrolment form. To make the college as accessible as possible a 'buddy system' is available to support students.

Accommodation pathways ...

The LB Hackney is recommissioning its Mental Health Accommodation Pathway. It will improve support for people with a high level of complex need (including piloting a Housing First approach). Residential services will be provided for people with severe mental illness and co-morbidity. Following a deep dive review of Health and Homelessness the City Corporation will develop the role of specialist mental health practitioners to provide therapeutic intervention, referral and guidance to outreach practitioners.

6. Four building blocks

10.1 The delivery of our five strategic priorities will be supported by four key building blocks.

WORKFORCE: <i>We will develop our workforces, and support for carers, peer mentors and volunteers</i>	DATA AND DIGITAL: <i>Share data, building a shared evidence-base and develop digital options</i>
<p>We will expand mental health skills amongst the wider (more generic) workforce as a means of improving access and delivering a more integrated approach to mental health.</p> <p>This will involve training staff in primary care settings, schools and community organisations to understand mental health problems; treat people with dignity and respect and signpost to specialist services when appropriate.</p> <p>We will improve support for our carers and continue work with the voluntary and community sector to facilitate the work of peer networks, community champions, befriending, mentoring and volunteering.</p> <p>For example, we will:</p> <ul style="list-style-type: none"> ✓ Train GPs and other primary care staff as we roll out of the neighbourhood model ✓ Develop mental health first aid (e.g. for schools and businesses) ✓ Implement ambitious Carers strategies and involve carers networks and forums. 	<p>We will respond to the national call for a data and transparency revolution that brings together clinical and social data, with better linkage across the NHS, local authorities, education and other sectors. We will develop the pivotal role of new technologies in driving changes in mental health services.</p> <p>For example, we will:</p> <ul style="list-style-type: none"> ✓ Explore and develop data sharing protocols and practices and exchange information through our integrated care structures that support integrated pathways ✓ Develop on-line support to improve personalisation and autonomy in the delivery of care. We are piloting new uses for online therapies to support a wider access ✓ Continue to develop shared care plans that support virtual integrated teams around the patient

ENGAGEMENT: *Listen and learn by working with experts by experience, practitioners and partners*

We have developed this strategy with 'experts by experience' as part of an Integrated Care Programme, and look forward to working with people who use services and their carers at every stage of its implementation.

People with direct and indirect experience of mental health problems and those close to them have unique insights into their conditions, the experience of seeking and accessing help and the delivery of services. This is a vital resource for system and service improvement.

For example, we will:

- ✓ Continue to ensure service users have an effective voice on the Mental Health Co-ordination Committee
- ✓ Work with the voluntary and community sector to support service user networks
- ✓ Commit to the City and Hackney Co-Production Statement for mental health

EVIDENCE-BASED POLICY: *Be guided by research and best practice, and monitor the impact of what we do*

We note that the NHS Long-Term Plan highlights the importance of 'further progress on care quality and outcomes' and ensuring that taxpayer investment is used for 'maximum effect, both require an evidence-based approach'.

We will ensure we invest in services that deliver outcomes and offer value for money. This strategy will be supported by detailed action planning and the specification of performance indicators.

For example, we will

- ✓ Continue to develop best commissioning practice
- ✓ Undertake deep dives on key strategic issues to inform policy and practice
- ✓ Ensure our politicians and senior leaders are briefed on research and best practice findings.

11 Development, oversight and accountability

7. 1 This strategy is supported by an action plan with SMART performance indicators. The Action Plan will be overseen and managed by a Joint Mental Health Team, reporting to the Mental Health Co-ordination Committee (MHCC) of senior officers, partner representatives and service users. Each target will be assigned an MHCC lead. Service user engagement and oversight within the MHCC will be provided by the Advocacy Project. The Action Plan will also align each target to a Workstream and progress against the targets will be reported to the relevant Workstream, with which accountability for achieving the target will ultimately rest.
- 11.2 Progress will be reported to the City and Hackney Health and Wellbeing Boards, at least annually, and to other key committees, including the City and Hackney Adult Safeguarding Board. A short and accessible annual progress report will be produced and published on our websites, as well as disseminated through our service user networks, with opportunities to feed back.
- 11.3 Councillors serving as Mental Health Champions will provide a voice for the mental health strategy and ensure proper scrutiny within the City Corporation and LB Hackney. We expect that partners will incorporate relevant priorities and outcomes from this strategy in their own work and business planning.
- 11.4 The environment is changing all the time, with new opportunities and challenges emerging, and we are committed to an evidence-based approach that incorporates new data and research findings, learns from experience and through engagement, and adapts to new circumstances. The Mental Health Co-ordination Committee will therefore oversee an annual review and of the strategy, alongside progress reporting.

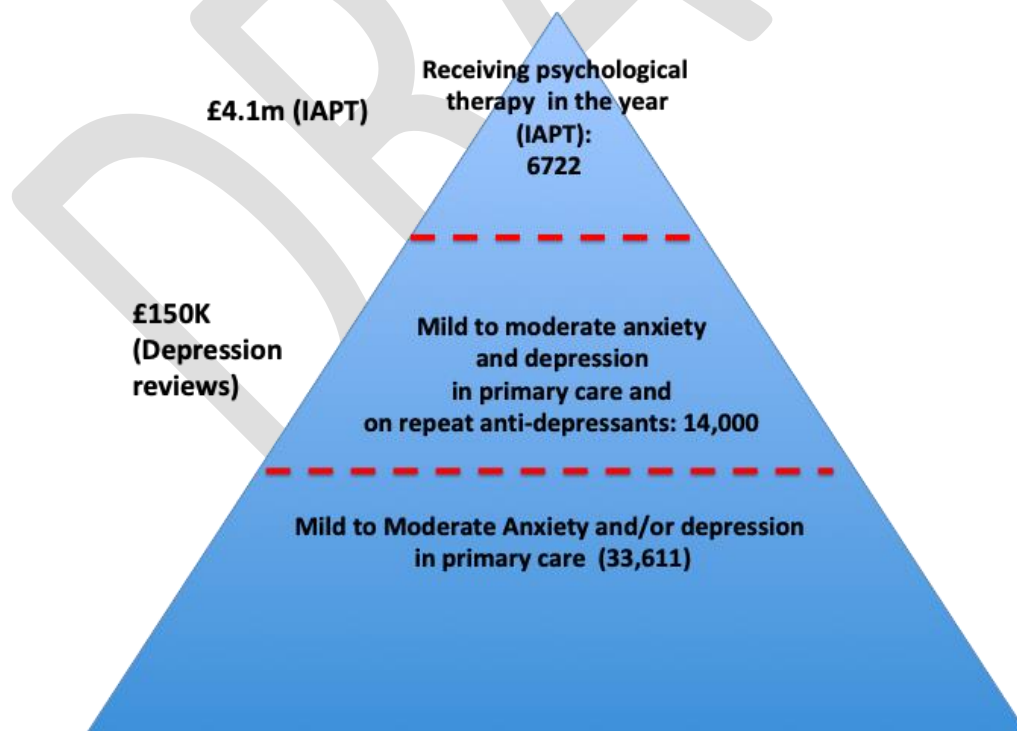
Appendix 1: City and Hackney Needs Analysis

Population: Overview

Overall, City and Hackney has a relatively young, growing and ethnically diverse population. There are significant differences in demographics and in levels of affluence and deprivation across the area, and contrasts between Hackney and the City of London. For example, the City of London has an aging residential population, and an exceptionally large working population that is not resident in the Square Mile. There are significantly higher levels of deprivation in Hackney, and there is greater ethnic diversity.

Across City and Hackney, there is a relatively large cohort of people with serious mental health problems compared to other local areas, and high numbers of A&E, ambulance and 111 frequent attenders.

Adults with common mental health disorders. It is estimated that over 33,000 people across City and Hackney are experiencing depression and anxiety disorders at any one time, and that 14,000 are on repeat prescriptions for antidepressants. About 1 in 5 of these residents will access 'talking therapies' through the NHS's Improving Access to Psychological Therapies (IAPT) programme in the 12 month period from April 2018 to April 2019. The diagram below shows the pyramid of service usage with some indicative CCG spend figures.

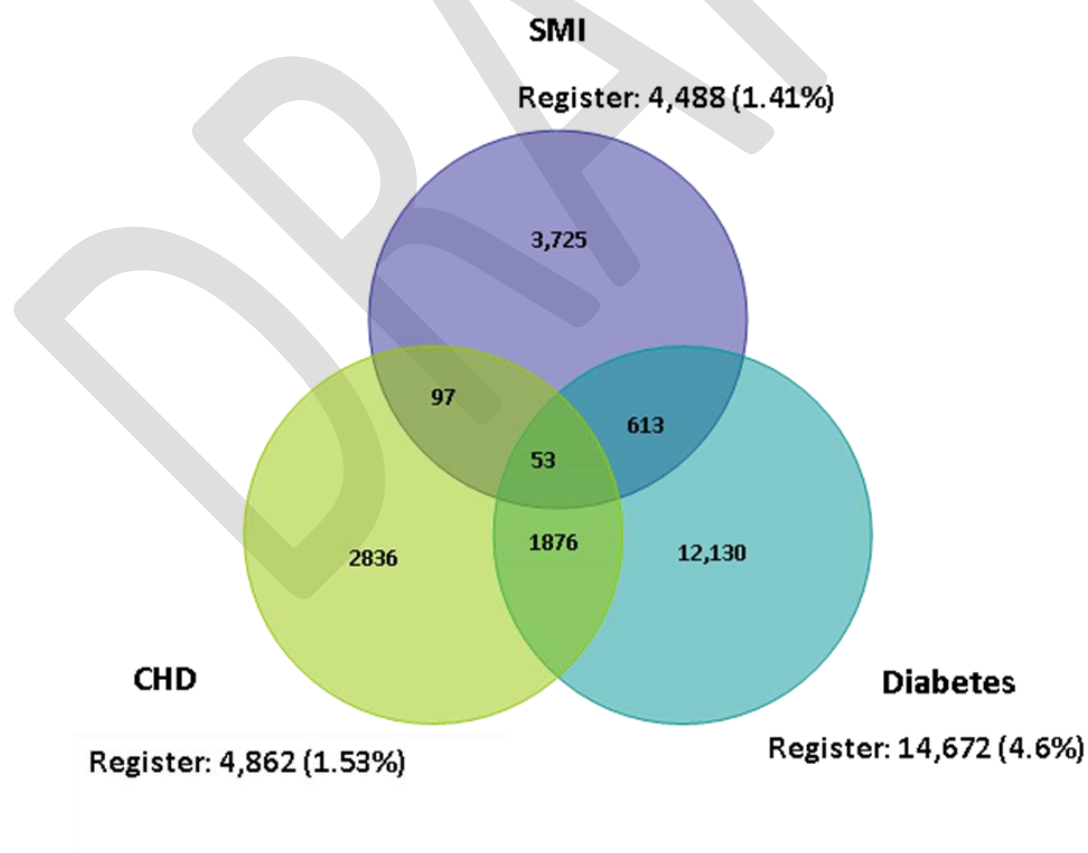


Adults with severe and enduring mental ill health

Severe and enduring mental illnesses (SMIs) include bipolar disorder, schizophrenia (and other psychosis) and personality disorders and severe trauma. SMIs also include more extreme manifestations of depression, anxiety and other common disorders.

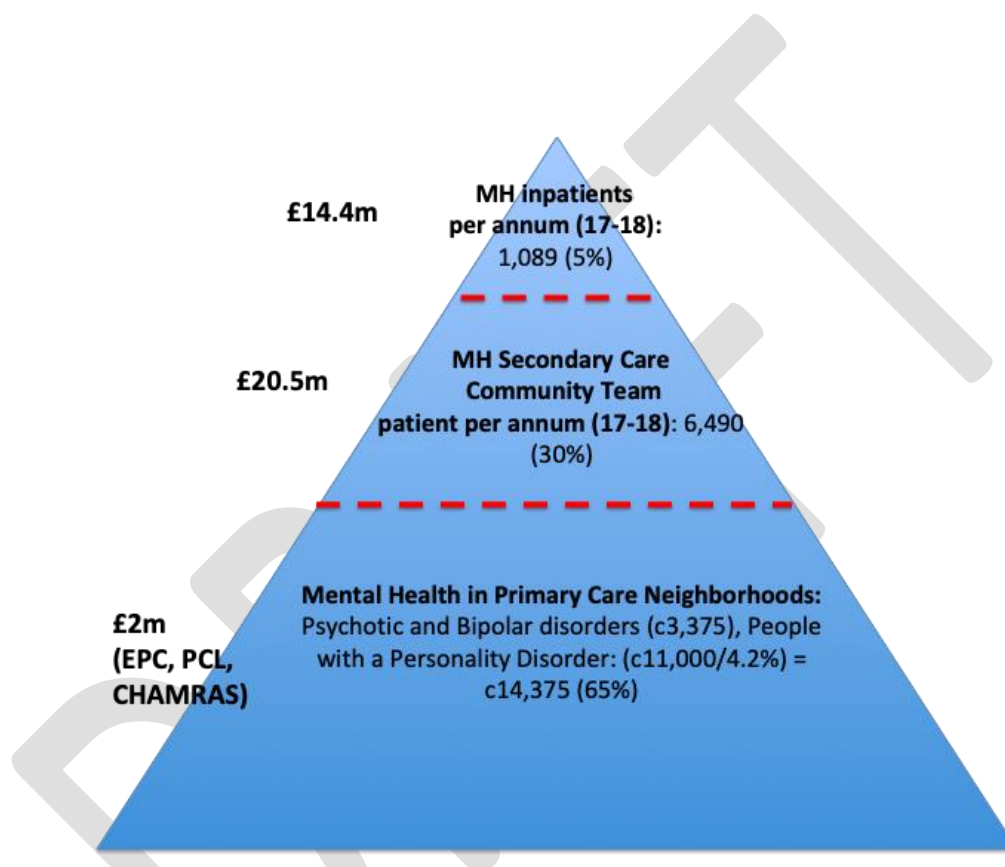
City and Hackney has a high prevalence of psychotic and bipolar disorders, with the fifth highest rate in England, and over 4,500 people on the Serious Mental Illness (SMI) Register. About three quarters of this group will be managing their condition with the support of GP and other primary care services, often with some voluntary and community sector involvement. However, nearly half of this group (2,200) engaged with secondary mental health services in City and Hackney at some point over a 12 month period.

This group has far poorer physical health than the general population. Smoking rates are 36% and obesity is 50% higher, and life expectancy is between 8 and 18 years lower. Co-morbidity with long term conditions is far higher than in the general population. The figure below shows that 17% of those on the SMI register (763) have either diabetes or CHD.



Based on estimates for the UK, we estimate that there are about 11,000 adults in City and Hackney with a personality disorder, such as borderline personality disorder and antisocial personality disorder (PD). People with PD may have other problems in their lives, such as alcohol and drug misuse, and will overlap with the 'complex need' group (see below).

Taking all these groups together, 6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, of which 1,089 were inpatients on the acute wards or Psychiatric Intensive Care Unit (PICU). Service use by people with severe and enduring mental health problems is captured in the diagram below.



It is assumed that most people with a personality disorder will be within the primary care setting. We have not included people with severe and enduring anxiety and depression in primary care within this data set, but this is also a significant number.

People with SMI often have other challenges in their lives, including lack of employment, financial problems, issues with benefits and housing problems.

Employment rates are lower for people with mental health problems, than for any health condition. Rethink estimates that only 43% of all people with mental health problems are in employment, compared to 74% of the general population. Only 8% of people with schizophrenia are in work. Most people with mental health problems say that they want employment. People with SMIs are also

over-represented in the homeless population (see below), while others may find themselves in insecure or inappropriate accommodation.

Complex needs and undiagnosed mental health problems

A national report estimates that there are around 58,000 people across England experiencing severe and multiple disadvantage involving substance misuse, homelessness and/or contact with the criminal justice system. Over half (55%) had a diagnosed mental health problem and nearly all (92%) had a self-reported mental health issue. This group can find it difficult to get the holistic help they need to address their needs, and may be 'bounced between' services - e.g. mental health and substance misuse services.

Drug and alcohol misuse. UK studies suggest that the prevalence of co-existing mental health and substance misuse problems in mental services is between 32% and 46%. In City and Hackney, 386 people who started drug and alcohol treatment in 2017-18 (over 40%) had a mental health treatment need. Over a third (37%) of them were receiving no treatment at all, with 20% engaging in specialist services, and 42% receiving treatment from their GP.

Homelessness. 80% of homeless people in England have a mental health problem, with 45% diagnosed, according to the Mental Health Foundation. In Hackney in 2017-18, 58 of 118 rough sleepers who were assessed (49%) had mental health needs; the equivalent figure for the City of London was 151 of 265 (57%). 58% in Hackney and 47% in the City of London had alcohol treatment needs. The respective figures for drug treatment need were 49% and 51%. Only 15% of the street homeless population across City and Hackney had no identified alcohol, drug or mental health needs.

Crime and offending. HM Chief Inspector of Prisons Annual Report 2017-18 concluded that 79% of women and 71% of men in prison said they had mental health problems. The majority of prisoners who are drug dependent have a least two mental health problems. A significant proportion of police time and resource is spent dealing with mental health related problems, including the detention of people in crisis for assessment under s. 136 of the Mental Health Act.

Mental health and physical health comorbidity. Mental health problems may be undiagnosed and untreated where people present to health professionals with unexplained physical symptoms. In City and Hackney there are currently 272 people who have attended hospital A&E services ten times a year or more without a clear physical causation, over 3,000 A&E attendances. The pressure on A&E services could be alleviated and outcomes improved if these frequent attenders were receiving appropriate psychological, emotional or practical support. Additionally there are 15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes as they are unable to manage their long term condition. This cohort may also benefit from appropriate psychological emotional or practical support.

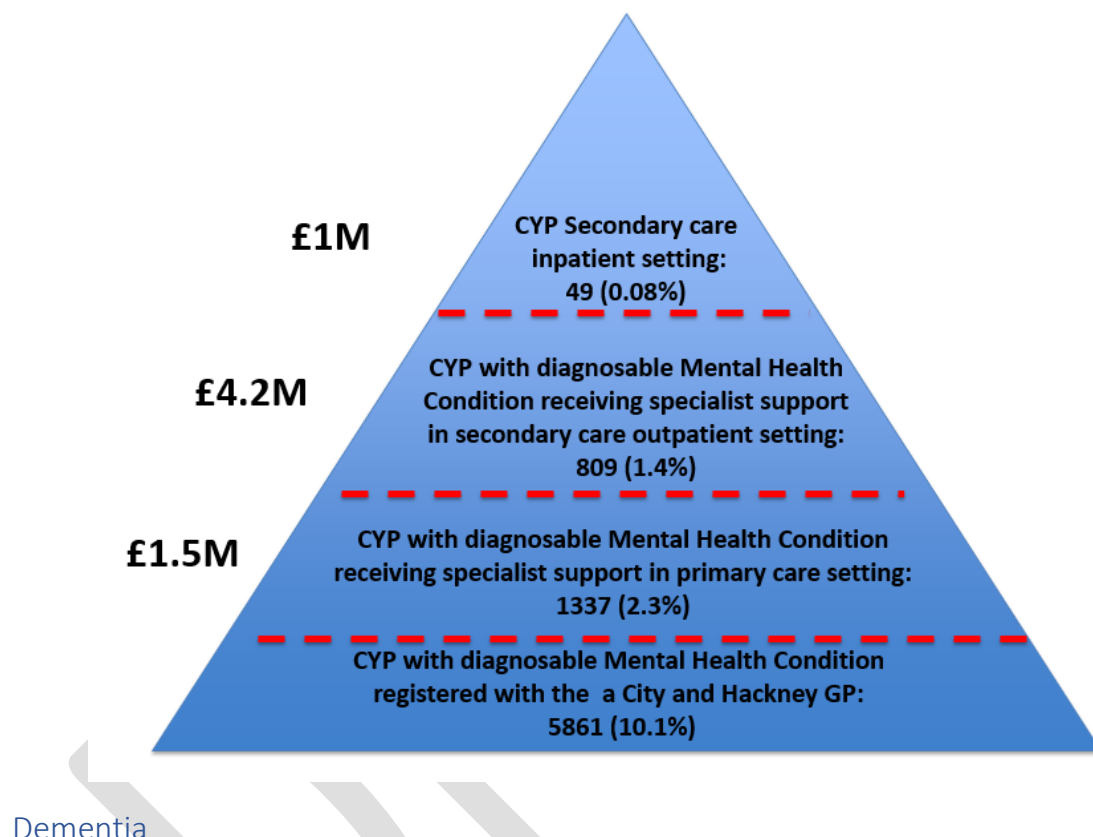
Children and young people's mental health

City and Hackney has a relatively young population that has grown significantly in recent years, and will continue to grow. This is an ethnically and culturally diverse population, with significant variations in levels of affluence and deprivation.

Compared to similar areas of London, Hackney has significantly higher numbers of children and young people with Special Education Needs - including more with Social, Emotional and Mental Health Needs - more looked after children, more in Pupil Referral Units and more 16-18 year olds

who are not in education, training and employment. While the number of vulnerable children and young people is relatively low in the City of London, this includes some with high risk of emotional and mental health problems - for example, looked after children in the City of London are generally unaccompanied asylum-seeking children.

Across City and Hackney in 2017-18 (check) 49 children and young people required inpatient care, over 2,000 received specialist support in the community, and nearly 6,000 were treated for a diagnosable mental health problem by their GP. NOTE: JG to add in non NHS spend/ GC to add in data on exclusion rates etc. 07 02 19



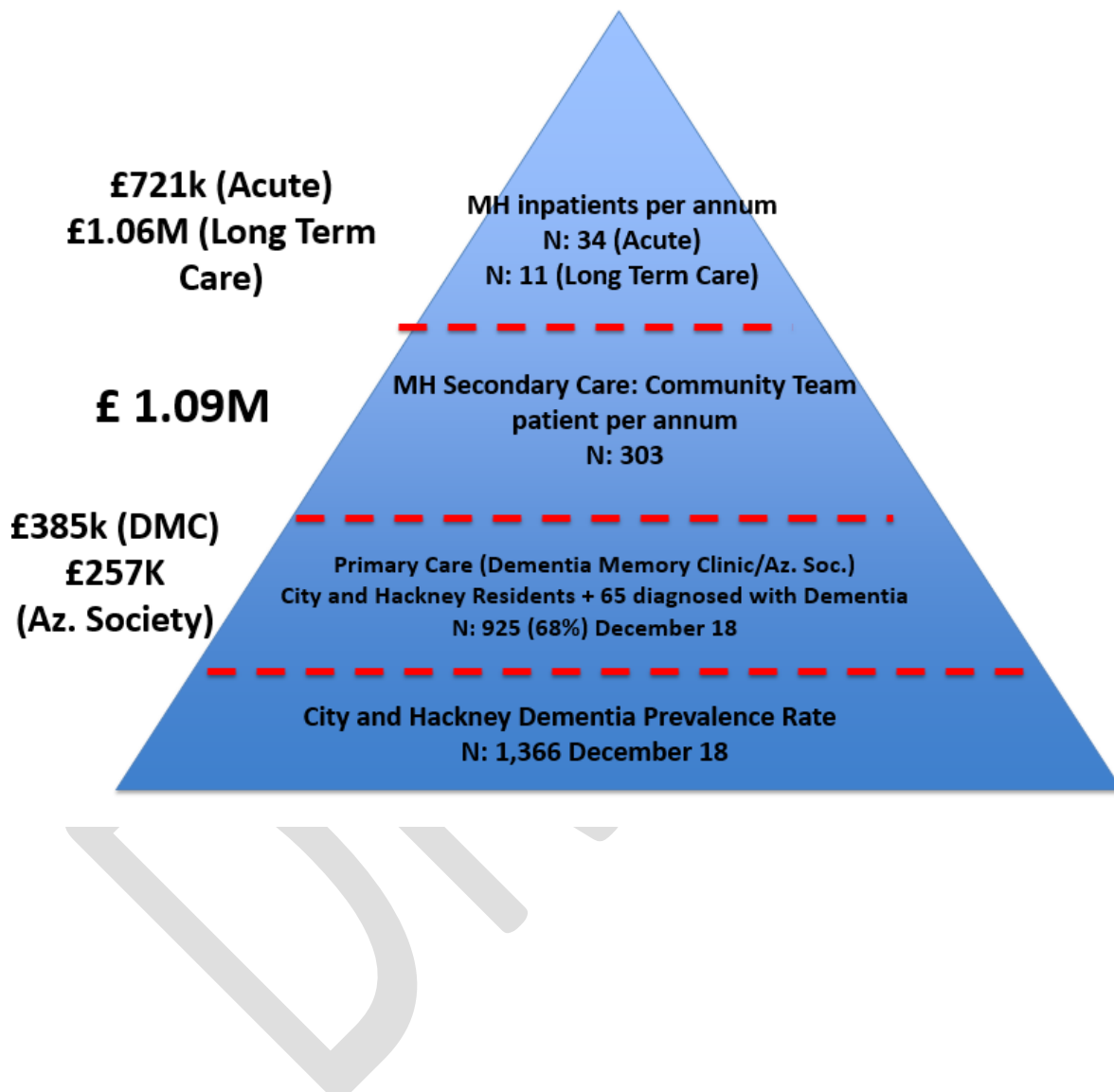
Dementia

Dementia is one of the main causes of disability in later life. It is characterised by progressive memory loss, behavioural and personality changes, impaired reasoning and ability to care for oneself. In the later stages, people become increasingly frail, may have difficulty eating and swallowing, experience incontinence and lose communication skills, including powers of speech, and become increasingly dependent on others. This also impacts the emotional wellbeing and mental health of carers.

It is estimated that approximately 1,300 Hackney and 90 City of London residents aged 65+ have dementia. Around half of those affected have their condition recorded by their GP. In addition, 40 Hackney and City residents *under* the age of 65 have dementia recorded by their GP. These residents are almost all aged 50-64.

Assuming the prevalence of dementia remains the same, the number of people living with dementia in Hackney is expected to increase by one third between 2015 and 2025, from 1,200 to 1,700. The number of people with dementia in the City of London is expected to more than double in this period, from 90 to 190.

Hackney has high rates of dementia detection, compared to both London and England. The diagnosis rate for January 2018 was 71.2% again a target of 66.7%.



Appendix 2: City and Hackney CAMHS Transformation Plan (Phase 3): Implementation (2019-20)

Our vision is that by 2020/21 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be a seamless and child / family centred service, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental problems developing or escalating. Every intervention given will be supported by the robust evidence as every service becomes part of the CYP IAPT Programme. In doing so, it will be highly cost effective, making best use of every penny spent.

City and Hackney has a relatively young population which has grown significantly in recent years and is projected to continue to grow. The City of London and London Borough of Hackney are both ethnically diverse and are projected to become increasingly diverse with extreme variances in levels of deprivation across the area. Although children in City and Hackney are reporting relatively good levels of happiness there are underlying issues that make it stand out from similar local authorities in London. Hackney has significantly higher numbers of children in SEMH and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN), 16-18-year olds who are not in education, employment or Training (NEET) and looked after children. These children are likely to have increased mental health need when compared to others.

City and Hackney has a relatively high quality and comprehensive provision of CAMHS available to all children and young people in the area. The CCG has historically invested significantly in CAMHS and this investment continues to grow through the CAMHS Alliance and CAMHS Transformation Programmes, both of which are transformational. The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M into children's mental health:

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPOS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start

10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

The table below provides a summary of CAMHS investments increases from 2014/15 baseline. CAMHS transformation represents an increase of £1.7m.

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
ELFT: Specialist CAMHS	£3,413,106	£3,467,000	£3,964,502	£3,968,602	£4,211,540	£4,215,752	£4,219,967
ELFT: Perinatal Services	£215,373	£287,793	£288,000	£288,288	£331,068	£331,399	£331,730
HUH: CAMHS Enhanced ASD	£41,000	£42,000	£45,000	£46,817	£47,566	£47,614	£47,661
HUH: First Steps	£1,080,670	£1,070,000	£1,082,000	£1,085,970	£1,103,346	£1,104,449	£1,105,554
HUH/ELFT: CAMHS Disability	£455,508	£451,000	£458,000	£459,854	£460,314	£460,774	£461,235
Well Family Plus	£0	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000
Sub Total (CCG funded)	£5,205,657	£5,602,793	£6,122,502	£6,134,531	£6,438,834	£6,444,988	£6,451,148
Reach and Resilience	£0	£82,766	£66,355	£66,355	£66,421	£66,488	£66,554
Developing CYP Outcomes	£0	£52,260	£0	£0	£0	£0	£0
Perinatal	£0	£36,472	£67,568	£67,568	£67,636	£67,703	£67,771
NICU Trauma	£0	£39,105	£36,978	£36,978	£37,015	£37,052	£37,089
ASD Ed Psych	£0	£77,090	£59,141	£59,141	£59,200	£59,259	£59,319
Psych and Paed Liaison	£0	£30,091	£80,548	£80,548	£80,629	£80,709	£80,790
Off-Centre YIAC	£0	£10,205	£39,316	£39,316	£39,355	£39,395	£39,434
Youth Offending	£0	£6,623	£26,491	£26,491	£26,517	£26,544	£26,571
Information Systems	£0	£41,785	£0	£0	£0	£0	£0
Eating Disorder Service	£0	£190,000	£175,000	£150,000	£213,476	£213,848	£213,848
Parenting	£0	£0	£38,000	£168,000	£0	£0	£0
Child to Adult Transition	£0	£0	£38,000	£70,500	£0	£0	£0
Phase 2 Crisis Pathway	£0	£0	£38,000	-	£267,000	£184,000	£117,000
Interfaces with Schools	£0	£0	£88,000	£324,469	£0	£249,000	£500,000
Project & Evaluation Costs	£0	£0	£48,000	£88,361	£0	£255,902	£248,702
Off-Centre Clinical Pilot	£0	£0	£18,350	£0	£0	£0	£0
Waiting List Initiative	£0	£0	£134,000	£0	£0	£164,000	£0
Youth Justice	£0	£0	£48,733	£0	£0	£0	£0
Conduct Disorder Pathway	£0	£0	£27,000	£0	£0	£0	£0
CAMHS Alliance	£0	£352,000	£0	£0	£0	£0	£0
Outcomes Phase 2	£0	£0	£0	£0	£0	£28,000	£0
Digital Interventions	£0	£0	£0	£0	£0	£49,000	£0
Training and Development	£0	£0	£0	£0	£0	£42,000	£42,000
Family Action (Schools)	£0	£458,351	56,250	£0	£0	£0	£0
First Step Access	£0	75,000	£0	£0	£0	£0	£0
Building Reach and Resilience	£0	186,868	£0	£0	£0	£33,000	£0
ASD Pathway Improvement	£0	£0	£0	£0	£67,000	£67,000	£67,000
Primary Care Step Down	£0	£0	£0	£0	£67,000	£90,000	£90,000
Child Bereavement	£0	£0	£0	£0	£0	£0	£0
Children's ASD	£0	£0	£0	£0	£0	£0	£0
CAMHS Transformation	£0	£1,638,616	£1,085,730	£1,177,727	£991,249	£1,752,900	£1,656,077
Sub Total CCG	£5,205,657	£7,241,409	£7,208,232	£7,312,258	£7,430,083	£8,197,888	£8,107,225
Sub Total LBH: CFS Clinical Services and other CFS	£1,409,138	£1,587,020	£1,628,641	£1,716,973	TBC	TBC	TBC

This local increase in investment equates to significant increase in front line clinical staff providing direct interventions.

Service	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase one		17/18 Post transformation plan phase two	
	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5
HUH CAMHS Disability	8.3	1.0	9.9	1.0	11.2	1.2
HUH Children's ASD	0	0	0	0	1.2	0
ELFT Specialist CAMHS	34.7	10.1	36.0	10.1	38.8	10.9
Off-Centre	0	0	0.2	0	0.2	0
Family Action	0	0	0	0	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0
Total	70.86	12.6	80.9	12.6	95.2	14.4

Increased capacity has allowed us to increase the number of new CYP seen per year and meet increasing demand.

	14/15	15/16	16/17	17/18
Referrals	1749	1874	2170	2422 (38% increase)
Referrals Accepted	1644	1553	1733	1842
New Patients Seen	1452	1494	1657	1782 (22% increase)
Contacts	12798	15019	16856	18605

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Committee(s)	Dated:
Health and Wellbeing Board – For decision Community and Children’s Services – For decision	14 June 2019 12 July 2019
Subject: Recommissioning of the Integrated Drug and Alcohol Service	Public
Report of: Director of Public Health Director of Community and Children’s Services	For Decision
Report authors: Amy Harmsworth, City and Hackney Public Health Team Greg Knight, Department of Community and Children’s Services	

Summary

The current drug and alcohol services in the London Borough of Hackney (LBH) and the City of London (CoL) were separately commissioned in 2015; however, both tenders were won by the same provider (Westminster Drugs Partnership), and City residents benefit from having access to the wider service offering in Hackney. These contracts are due to end in October 2020.

Following consultation and review events, commissioners in both local authorities feel it would be better to re-commission these services together into one integrated service managed as a unified system. It will also realise cost-savings for the City of London.

Recommendation(s)

Members are asked to:

- Approve the decision to allow the London Borough of Hackney to commission an integrated adult drug and alcohol treatment system across the London Borough of Hackney and the City of London, replacing the current separate commissioning arrangements.

Main Report

Background

1. Drug and alcohol use and its associated issues have a disproportionate impact on individuals, families and communities. This imposes significant economic and social costs on society reflected in the cost of crime, healthcare and provision of public services.

2. Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 public health grant included a new condition (that has remained in the most recent grant condition) that requires: A local authority must, in using the grant, *“...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...”*¹
3. The current drug and alcohol services in the London Borough of Hackney (LBH) and the City of London (CoL) were separately commissioned; however, both tenders were won by the same provider (Westminster Drugs Partnership), which has been operating across both areas since October 2015. These contracts are due to end in October 2020.

Current Position

4. Under current arrangements, City residents receiving treatment from Westminster Drugs Project receive treatment support from within the Square Mile; however, they also benefit from groupwork recovery sessions that are held in Hackney and are also required to travel to Hackney for opiate substitute prescribing services. Nevertheless, both the London Borough of Hackney and the City of London Corporation pay for these services as separate contracts, with associated management fees and overheads.
5. Individuals who engage or require engagement with specialist drug and alcohol services have changed over recent years. This includes, but not limited to, the following:
 - An ageing treatment population whose complex and/or multiple health and social needs requires additional and wrap-around support
 - individuals with co-occurring substance misuse and mental health needs
 - An increase in alcohol only service users engaging with the treatment service in the City of London
6. The needs of the LBH and CoL in regards to specialist drug and alcohol treatment has been reviewed extensively including the publication of a Joint Strategic Needs Assessment (JSNA) Substance Misuse Chapter², and a significant consultation exercise which sought the views of service users (including current and potential), professional drug and alcohol practitioners, direct partners (such as local GPs, police etc.) and a number of other stakeholders has been conducted. This will directly inform the design of the new service specification.

Options

7. Following several consultation and review events, commissioners in both local authorities feel it would be better to commission these services together. This

¹ Public Health ring-fenced grant 2019/20 circular allocations and conditions, Grant Conditions, point 7

² Health and wellbeing profile – Hackney and City of London. Available on www.hackneyjsna.org.uk

would replace the current separate arrangements within the local authorities (Hackney Recovery Service and the Square Mile Health Service) into one integrated service managed as a unified system. It will also realise cost-savings for the City of London, as we will not be paying management fees for the whole service, but instead will take on a proportional share of these with the London Borough of Hackney.

8. As the City of London already enjoys a good level of service with regards to drug and alcohol treatment, with very low waiting times for referrals into the service, we would intend to retain this under the new arrangements, by requiring that a number of staff be specifically allocated to the City of London, and that premises remain accessible to City populations in need of treatment.
9. As well as achieving economics of scale from commissioning together, having an integrated service will provide advantages for service users, as the treatment population will be larger, meaning that more specialist services can be provided to residents who are, for example, parents, or who need treatment for alcohol-only problems.
10. The procurement of a new contract will also provide opportunities for innovation in the service delivery and design through a flexible drug and alcohol service framework designed to enable greater responsiveness to the changing needs of the treatment population.
11. The service to be procured will provide specialist and community-based drug and/or alcohol treatment for adults (over 18 years) that reside or stay (with a local connection) in the LBH or the CoL. The service will be provided by one provider or by a small number of providers that work together/in consortia with a lead organisation accountable to Hackney Council for the delivery of the overall contract.
12. The service model will be:
 - Recovery focussed
 - Outcome based
 - Inclusive
 - Shaped by the needs, views and voices of service users, carers, families and communities in the boroughs
 - Accessible and offer focussed support that will be available at any point during a service user's recovery journey
 - Evidence based
13. The following key outcomes will be monitored for those actively engaged in the service as a minimum to assure an effective treatment service:
 - Freedom from dependence on drugs and/or alcohol
 - A reduction in crime and offending
 - Prevention of drug related deaths and blood borne viruses
 - Sustained employment, training and/or education
 - Ability to access suitable accommodation
 - Improvement in mental and physical health and wellbeing

- Improved relationships with family members, partners and friends
 - The capacity to be an effective and caring parent and the safeguarding and support of vulnerable children
14. The City's current contract with Westminster Drugs Partnership contains additional elements related to smoking cessation, and health promotion (including support to City businesses). The recommissioning of these elements is set out separately in another paper to the Health and Wellbeing Board – Public Health Contracts (to be considered on the same date).
15. The City of London Police currently has access to WDP's substance misuse services, as part of an arrest referral suite and wider criminal justice service, which is funded through a financial contribution from the City of London Police. The decision on whether to continue this element of the service rests with the City of London Police and has not yet been confirmed.

Proposals

16. It is proposed that Hackney Council leads on the procurement of an integrated drug and alcohol treatment system which supports adults living or with a local connection in either the City of London or London Borough of Hackney. Hackney Council will issue a jointly designed service specification and procurement tender that will assure a high-quality service that meets the needs of the local populations and offers value for money for the local authorities. The ratio of the tender grading for quality to price will be set at 70:30.
17. The intention would be to publish a competitive tender under LBH Council's terms and conditions. The contract would be held by LBH, with the City of London able to access services through the existing Public Health SLA with LBH. The procurement process would be completed by March 2020, with the new service starting treatment delivery in October 2020.

Corporate & Strategic Implications

18. The new drug and alcohol service will directly support the achievement of the following outcomes set out in the City Corporation's Corporate Plan 2018-23:
1. People are safe and feel safe
 2. People enjoy good health and wellbeing.
19. This service also links to the following City Corporation strategies and policies that support the Corporate Plan:
- Joint Health and Wellbeing Strategy, 2017-20
 - Safer City Partnership Plan, 2019-21.
 - Anti-Social Behaviour, 2019-23

Implications

20. It is intended that this recommissioning will help to make savings to management costs, whilst retaining a high standard of service within the City of London. The service will provide value for money as specialist drug and alcohol treatment is evidenced to have a good return on investment by reducing A&E attendances and/or criminal behaviour, for example.

21. An Equality Impact Assessment has been conducted for this piece of work and found to have only positive or neutral impacts.

Health Implications

22. The proposed recommissioning is intended to positively impact upon the health of City populations.

Conclusion

23. The procurement of an integrated adult drug and alcohol treatment system across the London Borough of Hackney and the City of London will support the two authorities to deliver on their shared visions of improving positive outcomes for some of our most vulnerable residents, as well as improving the life chances of many of the individuals who choose to live, work and visit here.

Appendices

- None

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Committee:	Date:
Health and Wellbeing Board	14.06.2019
Subject: Draft Healthwatch City of London Annual Report – 2018/19	Public
Report of: Healthwatch Hackney	For Information
Report Author: Jon Williams, Executive Director	

Summary

The attached draft Healthwatch City of London Annual Report 2018/19 provides an overview of the activities of Healthwatch City of London during its fifth year.

Recommendation(s)

Members are asked to:

- Note the Healthwatch City of London Annual Report 2018/19

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. The attached Healthwatch City of London Annual Report 2018/19 provides an overview of the activities of Healthwatch City of London during its fifth year. The 'Message from the Chair' section will be completed once the Chair of Healthwatch City of London has reviewed the draft Annual Report.

Members will be aware that by mutual agreement City of London Corporation Commissioners and Healthwatch Hackney ended the contract to deliver Healthwatch City of London. The contract will be delivered by a City of London based organisation.

The report outlines, in its report on the October 2018 Healthwatch City of London Annual General Meeting, what City people wanted to see as the Healthwatch City of London priorities. People also told us about their preference for Healthwatch being City based and particularly highlighted their concerns about rough sleepers and how they could be better supported.

Engagement with City residents took place through a number of visits to events and venues in the City of London. We heard about challenges carers faced and positive and negative experiences regarding NHS services. People found NHS staff caring and helpful, but NHS systems could be challenging and create potential barriers to good care. We heard from people they preferred being referred to the University College London Hospital or the Royal London rather than Homerton Hospital.

We used our power to carry out a Enter and View Visit to review patient experience at the Neaman Practice, led by City residents. We are pleased the way the Practice has responded to the visit and the incoming Healthwatch City of London provider will build an enduring relationship with the Practice.

We noted increasing activity around local Integrated Commissioning engagement. City residents, alongside Hackney residents, helped shape the public outcomes for Integrated Commissioning. There was also an opportunity to tell the local commissioners, in November, what were City residents' expectations of health and social care services. As more opportunities to help develop Integrated Commissioning arise it is important City people are involved to ensure they see health and care services develop appropriate to their needs.

Conclusion

3. Members are asked to note the report.

Appendices

- Appendix 1 – Draft Healthwatch City of London Annual Report 2018/19

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Healthwatch City of London

Annual Report 2018-19



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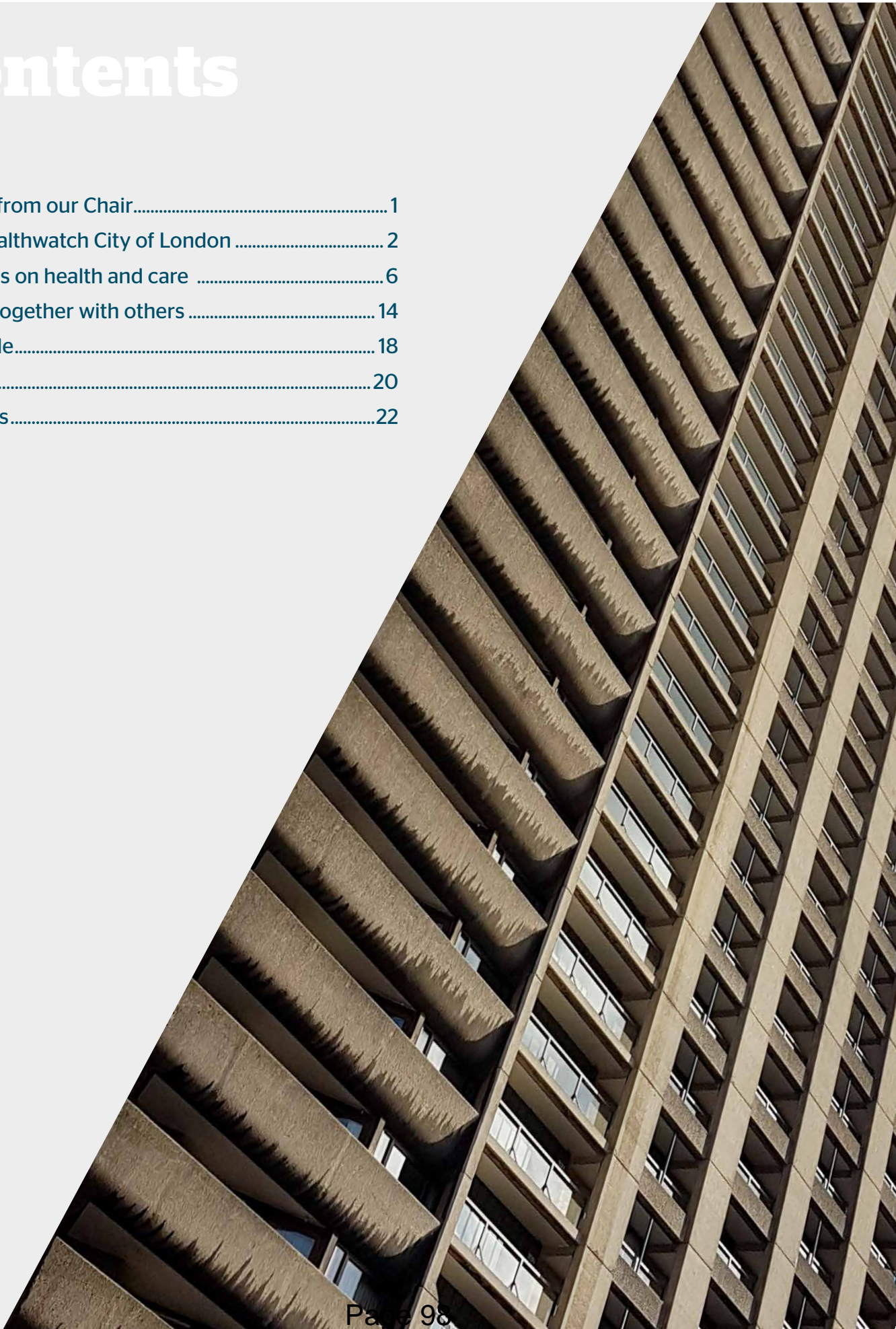
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Message from our Chair

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Gail Beer
Chair, Healthwatch City of London

About Healthwatch City of London

Healthwatch City of London is the health and care champion for people who live, work and study in the City of London. There is a Healthwatch in every local authority area in England.

Our statutory duties require us to:

- + Promote and support involvement of local people in the commissioning, provision and scrutiny of local care services
- + Enable local people to monitor the standard of local care services & whether and how they could or ought to be improved
- + Obtain local people's views on their need for, and experiences of, local care services and importantly make these views known
- + Report on and recommend how local care services could or ought to be improved
- + Direct reports to commissioners, providers and people responsible for managing or scrutinising local care services & share these with Healthwatch England
- + Provide information to the public about local health and social care services
- + Formulate views on the standard of provision and whether and how local care services could and ought to be improved & share views with Healthwatch England





Our AGM

Forty-two people attended our annual general meeting at the Livery Hall, Guildhall on 4 October 2018. We asked people what they wanted from their Healthwatch. They told us they would prefer Healthwatch to have a presence in the City so people didn't need to travel to meet staff, a better

range of communications and greater Healthwatch visibility. People also provided feedback on a range of local issues including services for rough sleepers and support to improve the health and wellbeing of low paid City workers.

Healthwatch City of London priorities 2018-19

We consulted local people on our priorities at our AGM. These priorities informed our work over the past year.

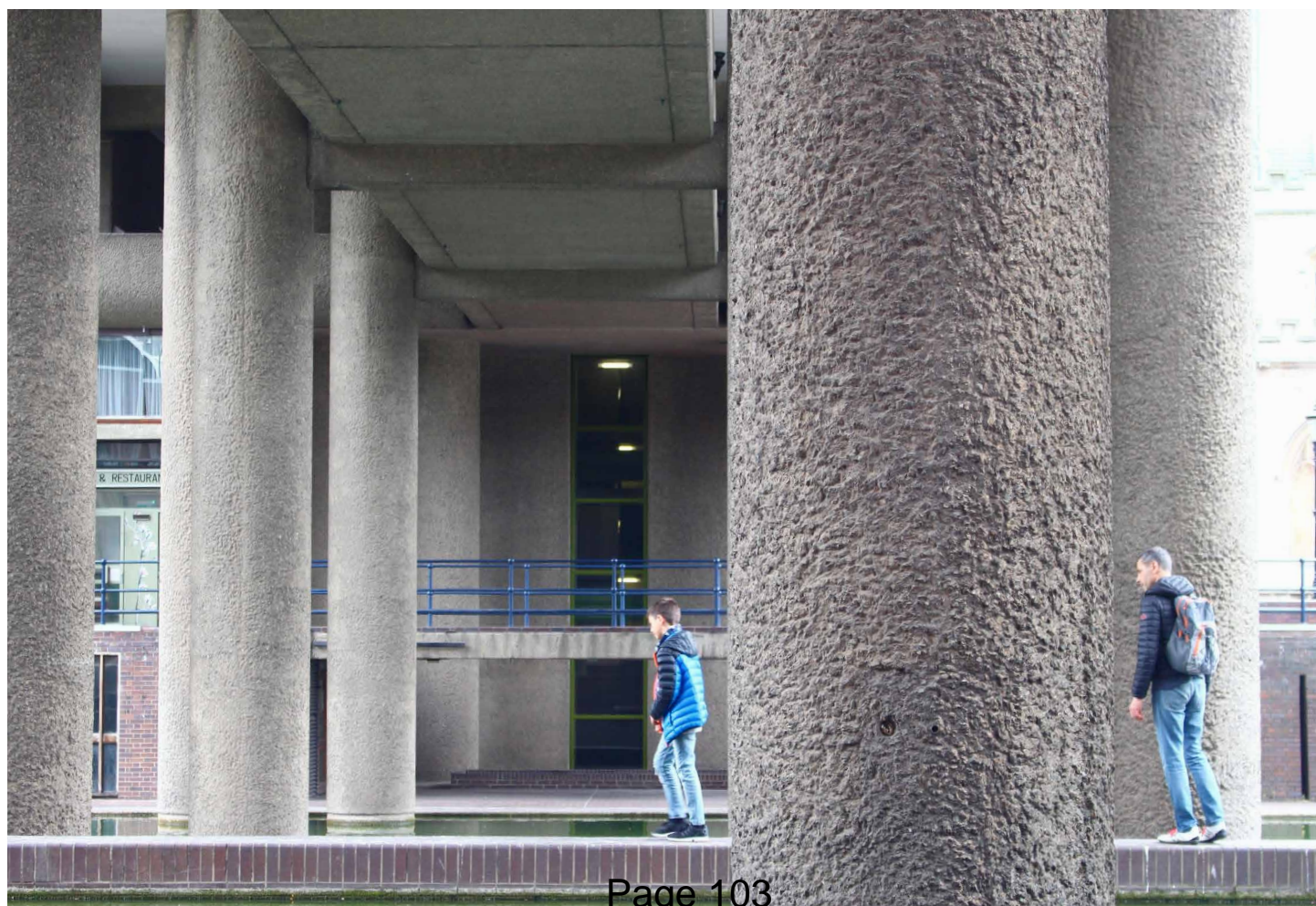
- + **Ensure** City of London residents' views feed into strategic decision-making
- + **Make sure** people using services have their say
- + **Involve** people in partner-led events and consultations
- + **Shape** co-production, particularly in adult social care
- + **Promote** the benefits of public involvement
- + **Support** a wider range of people to get involved including families who have children with special educational needs and disabilities (SEND)
- + **Advise** partners on effective consultation & coproduction
- + **Support** public feedback on health and care integration
- + **Work** with the new East London Health and Care Partnership
- + **Work** collaboratively with Local Healthwatch on the City of London borders
- + **Increase** membership and volunteering
- + **Improve** care for those who work in the City

Next steps for Healthwatch City of London

The contract for Healthwatch City of London was awarded to Healthwatch Hackney in April 2018.

After a year of working together, both Healthwatch City of London and Healthwatch Hackney boards concluded residents, workers and patients in the City and in Hackney would be better served through Healthwatch delivery that can focus on the key priorities within each local area. A joint decision was made by both parties to amicably terminate the contract at the end of May 2019.

From 31 May, it is expected that a new organisation called Healthwatch City of London, based in the Square Mile and managed by people who live and work in the City, will take on the contract.





Your views on

health and care

We collected views from people who use City of London health and care services in a range of ways and shared this feedback with service providers and commissioners



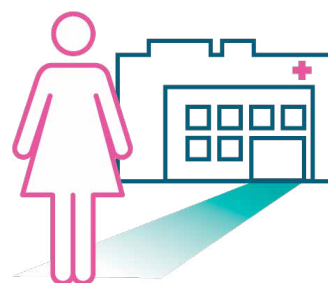
256 people shared views on City health & care services
93 people shared views face to face during outreach



11 City of London volunteers helped to deliver our work including full and associate board members and on our patient panel



83 residents provided feedback on the NHS Plan between 25 March and 10 May



We held 11 outreach sessions in the City and conducted one Enter and View visit

Insight & Trends

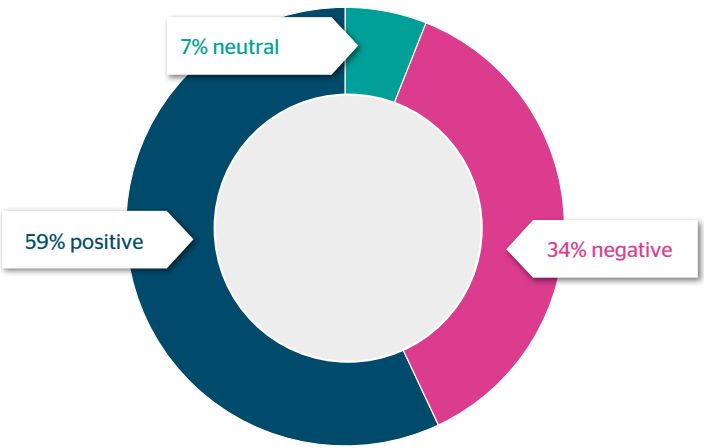
Healthwatch City of London identified and analysed 1,201 issues about local health and care services from 256 people gathered between 1 April 2018 and 31 March 2019.

We reviewed, coded and analysed your feedback using a standardised coding matrix used by other London Healthwatch. 30% of feedback was collected in person.

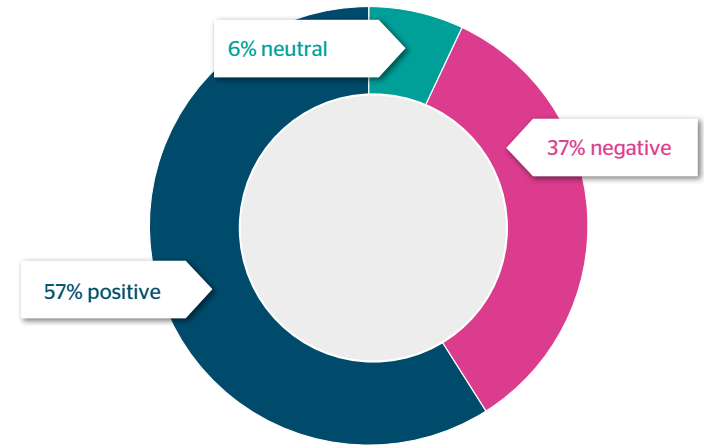
City residents participated in twice month quality assurance patient feedback panels, reviewing and coding your feedback.

Overall people were satisfied with services, especially the quality of care and empathy. People were less happy about access to services and were more positive about hospital than GP services. Our reports were shared with local health and care commissioners and Barts Hospital to enable them to identify areas for improvement.

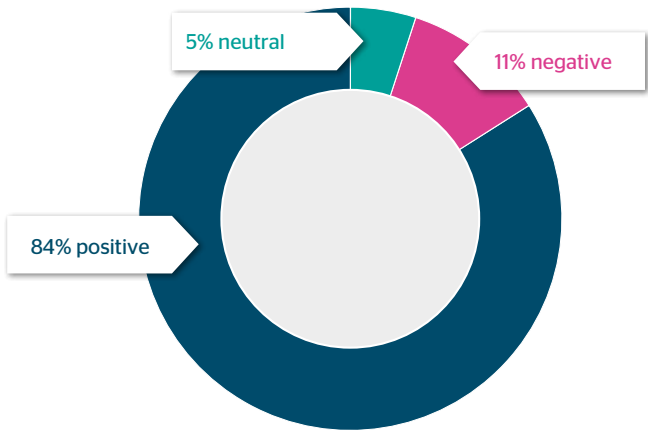
How people felt as a whole? (all services)



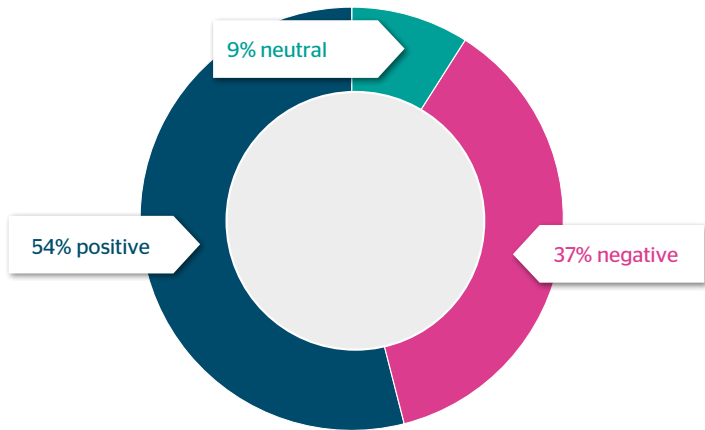
How well informed, involved and supported did people feel?



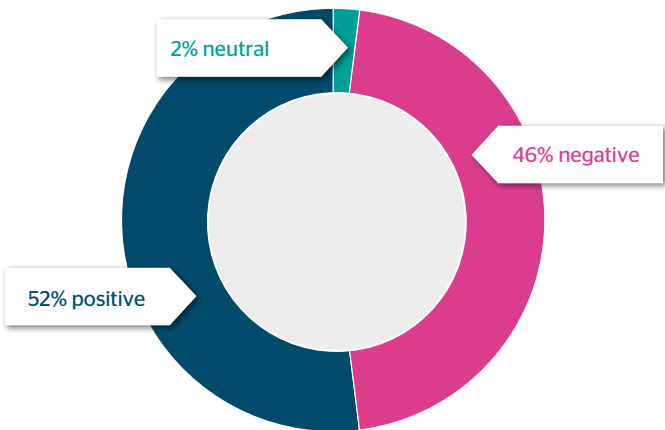
How did people feel about the general quality and empathy?



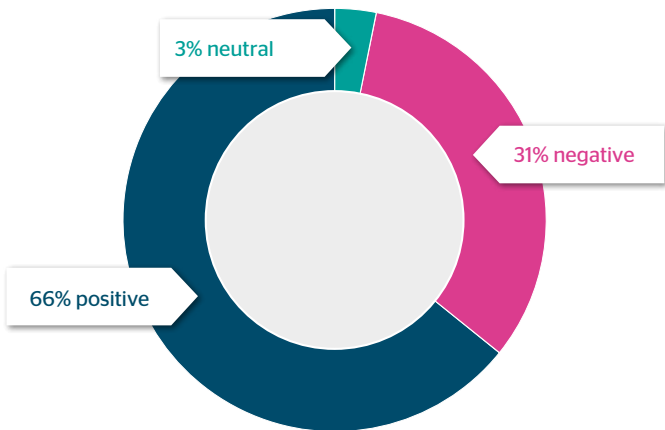
How did people feel about GP services?



How did people feel about access to services?



How did people feel about St Barts?



Outreach

During 2018-19, we attended events and visited various venues in the City of London to gather intelligence and patient views on health and care services. We spoke to families, workers and older residents to get feedback from a wide range of City people.

Where we went

- + Artizan Street Library, Stay and Play session
- + Barts outpatients
- + Barts Patient Transport Waiting Lounge
- + Shoe Lane Library messy play
- + Moorfields Eye Hospital
- + Barbican Childrens' Library
- + City of London Lunchtime Streets event (speaking to City workers)
- + Dragon Cafe
- + Golden Lane Health & Wellbeing Event
- + Life Works Class
- + Carers Network Forum

Talking to carers

Carers told us they spent too long chasing and juggling appointments. Direct payments were too little to cover the cost of respite and overnight care. Travelling to Hackney for specialist dental care for disabled loved ones was challenging.

Neaman Practice

Patients sometimes struggle to get through on the phone to book same day appointments and some have long waits. Doctors are thorough with children's check-ups. Staff attitudes are good and GPs really listened to patients to get to the root of the problem.

Barts Minor Injuries Unit

Patients found the unit easy to use, much more user-friendly than A&E. Signs at the centre could be improved.

Barts Transport services

Barts has introduced a new assessment to prioritise patient transport for the most vulnerable. People felt the booking system was easy to use and waiting times were reasonable. Some patients feared they would lose help with transport under the new process. People complained about traffic and journey length when more than one patient drop-off was involved.

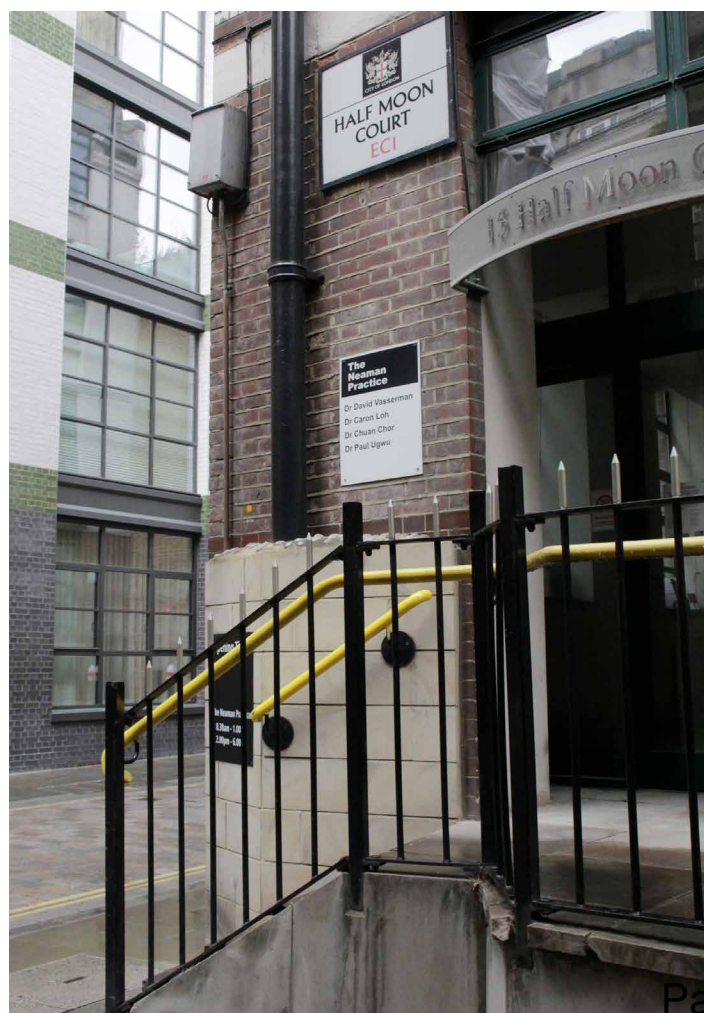
University College London Hospital (UCLH)

Paediatrics

Speedy assessments for children but parents felt the hospital could benefit from increased resources

Maternity services

Helpful midwives and effective interpreting services but some mums-to-be experienced waits for beds during busy periods.



Moorfields Eye Hospital (specialist eye hospital used by City of London residents)

Some people found waiting times too long and wanted clearer information on likely length of waits. Patients found staff professional and caring. Minor operations can sometimes be carried out on the same day as the initial consultation.

Homerton Hospital

Some City residents disliked being referred to Homerton Hospital outpatients due to the distance. They preferred to be referred to UCLH or the Royal London.

City workers' views

Workers mainly used pharmacies and opticians and were pleased with these services. They wanted more out of hours opening times to fit in with the working day and avoid busy lunchtime queues.

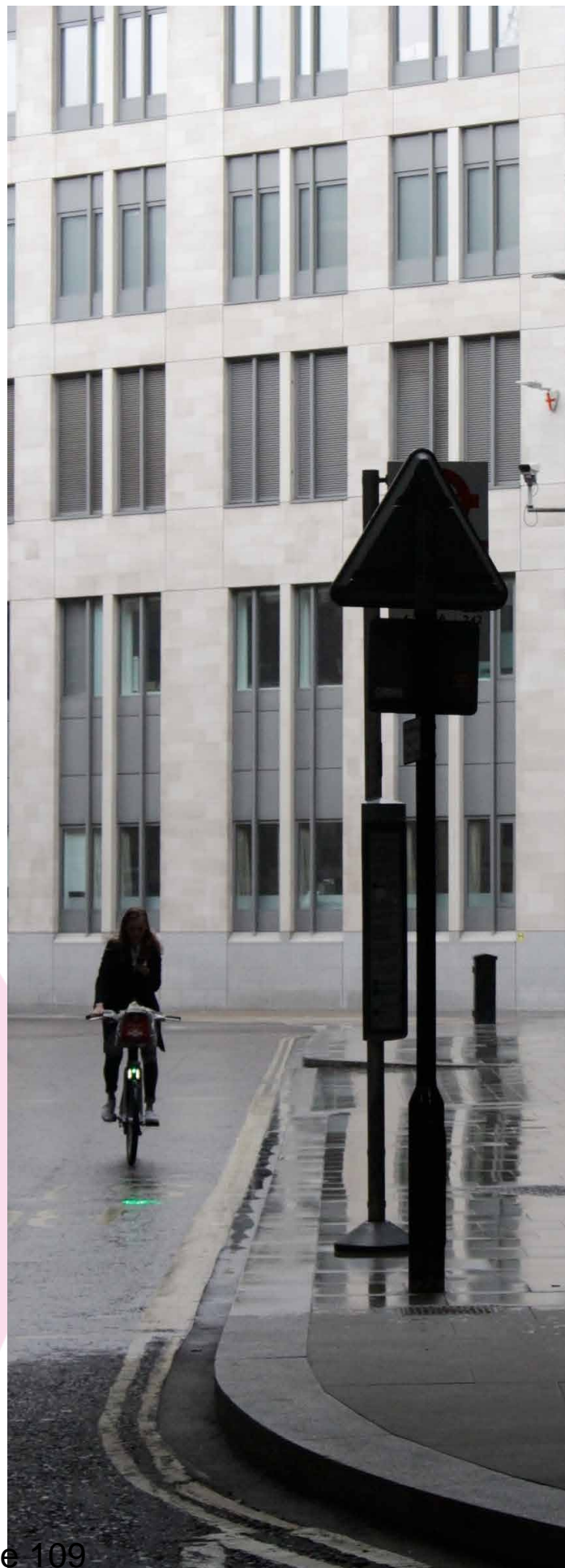
Your views on the NHS Plan

We gathered residents' views on the NHS Long Term Plan at an NHS Community Voice meeting at Golden Lane Community Centre. We will produce a report on your feedback shortly.



what
would you do?

It's your NHS. Have your say.



Enter and View

Local Healthwatch have powers of 'enter and view' which means our authorised representatives can enter premises to observe services being provided and ask people about their experiences.

Visting the Neaman Practice

GPs at the Neaman Practice pledged to make improvements following our Enter and View visit in February 2019. Our visit was led by City of London residents Janet Porter and Stuart MacKenzie who spent time interviewing patients, testing the website and making observations. Read their full report on our website www.healthwatchcityoflondon.org.uk

Recommendation	Neaman Practice response
The practice website needs to be completely overhauled	Website upgrade started in April 2019
Improvements are needed to the 2nd floor waiting room	Soft cushions have been added to seats
Reorganise the ground floor to create more space around the reception desk and improve privacy by separating reception and phone duties	We are consulting staff on the best way reorganise the ground floor
Make the practice complaints leaflet readily available	Our complaints leaflet will be uploaded on the website and made available on all floors and on request
Display names and photographs of all doctors, nurses, and staff	We are discussing with staff on the best way to display our names and job titles
Increased use of texts to communicate important service announcements	We will continue to send text messages to patients and promote our services on a regular basis
Give patients clarity about where they can be and are referred to	Clarity will be provided on organisations available to patients
Enable regular Healthwatch comment collecting at the practice to continue working together to improve services for better patient outcomes	We will continue working together with Healthwatch to improve services for better patient outcomes

The communications gap

Good internal and external communications are essential in any successful company or organisation. We all complain when trains are delayed without explanation from staff or a simple apology. Or when we are left waiting on the end of phone, not knowing where we are in the queue.

The NHS is often equally guilty of failing to communicate well, either within hospital departments, between GPs and consultants, or with patients. However good the quality of medical care, the communications gap is likely to leave service users feeling anxious, irritated, or frustrated.

Yet these days, there are so many easy ways to communicate information that would benefit NHS staff, GPs, and patients, if used more effectively.

We decided to get involved with Healthwatch City of London as authorised representatives after experiencing several examples of poor communications ourselves. We discovered by chance that our local GP surgery was open on a Saturday, but only through a notice pinned up in the corner of the reception area.

We also found the GP practice website hard to navigate and contained both contradictory and inaccurate information, while the online appointment booking system did not function well. In some cases, it was a matter of information overload, with so many notices displayed around

the surgery that it was hard to spot the ones that really mattered.

And wouldn't it help if all doctors and staff wore visible name badges?

Many of the shortcomings are relatively easy to remedy, but it may take an outsider to highlight them and suggest improvements.

That is where Healthwatch can help.

On our first Enter and View visit to the Neaman Practice, we made a number of observations and recommendations, with the need to redesign the website top of the list. The practice managers had already identified this as a priority, and are now phasing in a much better website.

We wish to keep working with the Neaman Practice and other healthcare providers in the area to ensure that good communications, among other things, lead to a more efficient and seamless NHS at local level. At a time when all budgets are stretched, this is one way of reducing costs by saving time.

Relatively small changes could make a big difference, and we hope Healthwatch City of London can contribute to the process of improving services for the benefit of the whole community.

Janet Porter & Stuart MacKenzie
Associate board members &
Authorised Enter and View representatives



Janet Porter



Stuart MacKenzie



Working together with others

Healthwatch City of London collaborated with statutory and voluntary sector partners over the last year to promote public involvement and information about service changes.

Integrated Commissioning in City & Hackney

Integrated commissioning is a major initiative started three years ago to bring together health and care services across City and Hackney.

City of London Corporation, City and Hackney clinical commissioning group and Hackney Council are working on integrated commissioning (IC) to pool resources for health and care.

These three organisations meet together as the City and Hackney Integrated Commissioning Board to make decisions.

Healthwatch City of London attends IC board meetings by invitation to promote the 'user voice' and ensure the public are involved as equal partners.

We supported and widely promoted the IC board's 'Let's Talk' event series, to increase opportunities for City people to learn about and influence integrated commissioning.

Events

June 2018 - Public Outcomes for Integrated Commissioning: focus group

City and Hackney residents worked together to set public expectations for integrated commissioning and shape a new outcomes framework.

November 2018 - City and Hackney Commissioning Intentions event

City people told us they wanted:

- + More health and care services in the City
- + No reduction in current services
- + Improvements at the Neaman Practice
- + More City based GP surgeries.
- + Better liaison between City social care and local hospitals to improve discharge and support
- + Strengthened access to mental services for children and adults.
- + Improved City air quality
- + More social prescribing available at City locations

Commissioners are using your feedback to help shape future plans for health and care services. We are grateful to those City residents who have been able to get involved with this work.

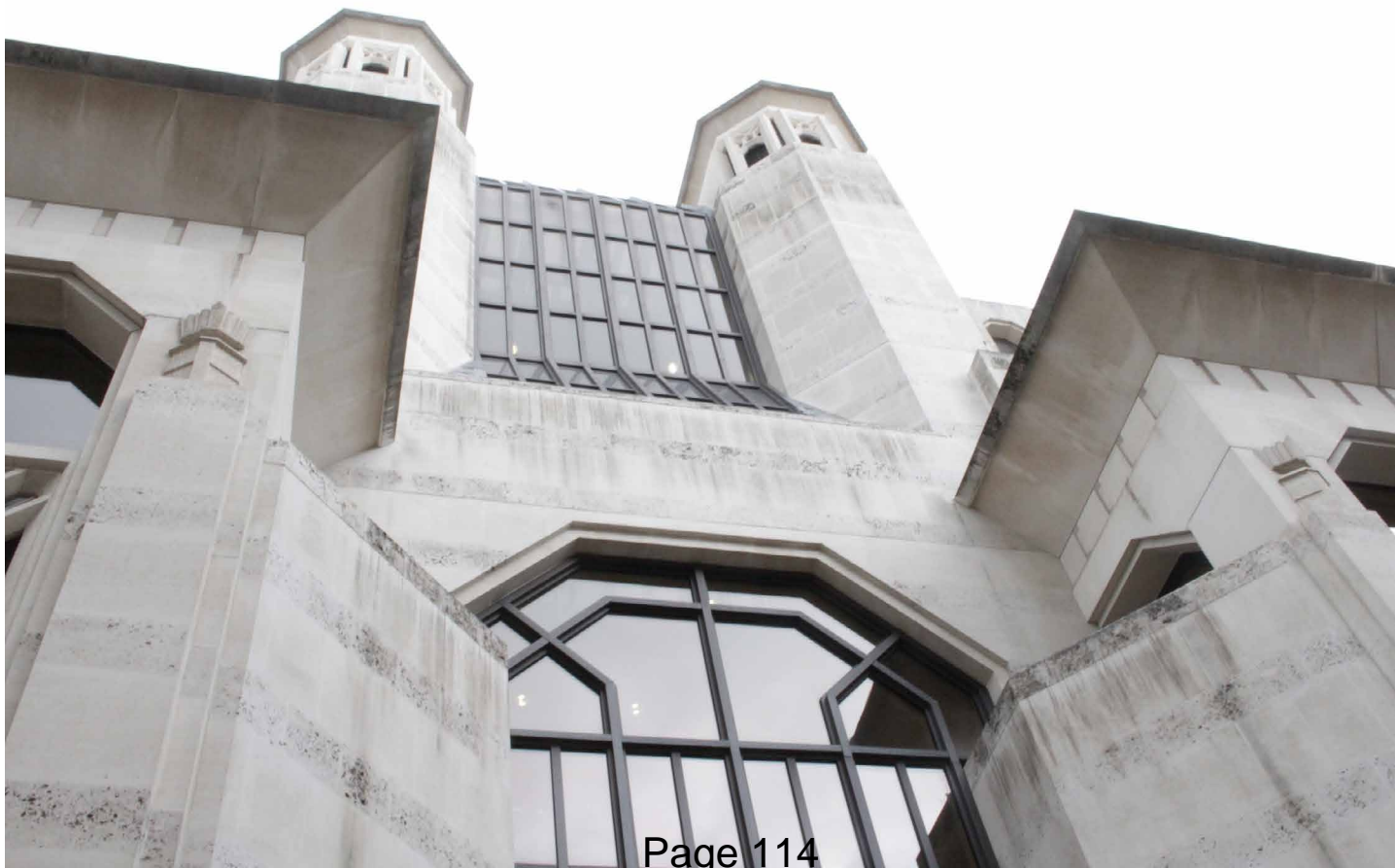
Working with the City of London Corporation

We publicised the following City consultations to encourage local feedback:

- + Draft carers' strategy
- + Draft alcohol strategy
- + Gender policy
- + City Transport plan
- + City of London plan

We represented City of London public and patients at:

- + City of London Health Scrutiny committee
- + City of London Health and Wellbeing board
- + City and Hackney CCG governing body
- + City and Hackney Integrated commissioning board
- + City and Hackney Adult Safeguarding committee



Other collaborations

We collaborated with a number of City organisations and services during 2018-19 to gather views from local people and disseminate information including:

- + Carers Network
- + City Parent Carer Forum
- + Toynbee Hall/City Advice
- + Barbican Library
- + Artizan Library
- + Shoe Lane Library
- + Barbican Tuesday Club
- + The Dragon Café in the City
- + Bags of Taste
- + Golden Lane Community Centre

We are grateful to all these organisations for helping us to reach local people and share information on City health and care services.





Our people

Our board meetings are open to the public and we actively encourage City residents and workers to attend and get involved.

Our board members are all volunteers who live in the City of London. Associate board members (ABMs) lead on specific areas of work.

Healthwatch City of London Board

Gail Beer, Chair

Gail is a long-term City of London resident with more than 40 years' experience of working in healthcare.



Reno Marcello

Reno lives in Farringdon Without ward and is a technologist with an interest in how technology can improve patient experience.



Renu Gupta - joined Sept 2018

Renu has lived and worked in the City of London since 1997. She is keen to ensure local residents and workers can shape high quality services.



Steve Stevenson

Steve sits on the City health and social care scrutiny committee. He was sole carer for his wife who had Alzheimers from 2000 to 2014.



Veran Patel

Veran Patel is a City resident, a qualified accountant and a former head of audit working primarily in NHS organisations. He is a governor at a specialist autism school attended by his son.



Geoffrey Rivett

Geoffrey, a GP and respected medical historian stepped down from the board in July 2018.



Associate board members

Janet Porter

Janet is a business journalist who has lived in the Barbican for 14 years. She leads on primary care.



Stuart Mackenzie

Stuart MacKenzie is retired and a Barbican resident. He held principal consultant and senior European marketing roles in leading UK and US management. He leads on primary care.



Cynthia White

Cynthia is a Barbican resident who chairs the City & Hackney Older People Reference Group. She leads on older people.



Our board is made up of volunteers, all City of London residents who bring a wide range of experience and expertise to guide the organisation.



Accounts

Income	
Healthwatch City of London	62,553.00
Healthwatch Hackney	5,718.74
Total income	68,271.74
Expenditure	
Staffing	
Management costs	5,500.00
Direct delivery salaries & costs	44,451.93
Total staffing	49,951.93
Operational costs	10,710.45
Total operational costs	10,710.45
Central administration	
Salaries/IT, support, marketing/governance	7,609.36
Total central costs	7,609.36
Total expenditure	68,271.74



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This report is available on the Healthwatch City of London website and shared with Healthwatch England, the Care Quality Commission, City and Hackney clinical commissioning group and City of London health and social care scrutiny committee

@HealthwatchHackney 2019 CIC No 0845746

Committee:	Dated:
Health and Wellbeing Board	14/06/2019
Subject: Public Health Contracts	Public with non-public appendices
Report of: Andrew Carter, Director of Community and Children's Services	For decision
Report Author: Greg Knight, Commissioning Manager, Commissioning and Partnerships	

Summary

The report presents the commissioning intentions for the City of London Corporation's public health contracts from 2019/20. The proposals seek to approve:

1. The budget for the public health service level agreement (SLA) with the London Borough of Hackney;
2. The recommended procurement routes for the following services:
 - Drug and alcohol services;
 - Level two and three smoking cessation services;
 - NHS health checks;
 - Exercise on referral services; and
 - Weight management services.
3. The decommissioning of outreach community health checks and the standalone healthy weight management service.

Recommendations

The Health and Wellbeing board is asked to:

1. Approve the budget of £488,409.39 for the 2019/20 public health SLA with the London Borough of Hackney;
2. Approve the variation of the public health SLA to include the procurement of a new drug and alcohol service for the City of London Corporation from October 2020 to 2025, and beyond if the optional 2 plus 2-year extensions are awarded;
3. Approve the proposal to scope an alternative delivery model for the business engagement function for the City of London drug and alcohol service;

4. Approve the proposed direct award of the level two smoking cessation service to Boots UK from October 2020 to September 2023, and beyond if the optional 2 plus 2-year extensions are awarded;
5. If deemed feasible, approve the variation of the public health SLA with the London Borough of Hackney to include City of London residents for level three smoking cessation service and smoking cessation training (levels one and two), from October 2020 to 2022, and beyond if the optional 2-year extensions are awarded;
6. Approve the variation of the public health SLA with the London Borough of Hackney to include NHS health checks, delivered from the Neaman Practice, to be managed by the Hackney and City GP confederation from October 2019 until 2020;
7. Approve the proposal to decommission outreach community health checks on the basis of limited evidence of effectiveness;
8. Approve the proposed variation of the existing Golden Lane sport and fitness centre leisure management contract, with Fusion Lifestyle, to include the delivery of the exercise on referral programme from September 2019 until December 2022. This will include the provision of healthy eating and weight management advice; and
9. Approve the proposal to decommission standalone healthy weight management on the basis of limited evidence of effectiveness.

Main Report

Background

10. As part of the City of London Corporation's duty to take appropriate steps to improve the health of the population and reduce health inequalities, it accesses a range of services through an SLA with the London Borough of Hackney.
11. In addition to this, the City of London Corporation currently commissions the following services independent of the SLA:
 - **Square Mile Health:** Drug, alcohol and smoking prevention and treatment services
 - **City Living Wise:** NHS health checks, outreach community health checks, weight management, and exercise on referral services
12. The services within the SLA and budget requires finalising for 2019/20. The commissioning intentions for Square Mile Health and City Living Wise, which are set to expire in October 2019 and September 2020 respectively, need confirming. This report seeks to confirm the arrangements for both elements.

Current Position

Square Mile Health

13. Delivered by WDP, the service provides a range of drug, alcohol and tobacco prevention and treatment services summarised below:
 - Prevention, harm reduction, awareness; business engagement;
 - Custody suite and drug assessment (this element is funded by the City Police);
 - Drug and alcohol treatment (for City residents only);
 - Level two (help with quitting) and level three (specialist help) smoking cessation; and
 - Level one and two smoking cessation training (for pharmacists, front line staff, health care assistants, etc.).
14. Overall, the performance of the service has improved and is of a good quality. However, one aspect of the service which has failed to achieve the specified KPI's is the awareness and business engagement function
15. This was designed with the aim of raising awareness of risk-taking behaviours amongst both City workers and employers. The performance against the KPI's is set out in Appendix one.

City Living Wise

16. Delivered by Reed Momenta, the service provides the following health interventions:
 - NHS health checks (including outreach community health checks which are delivered opportunistically at community events);
 - Exercise on referral; and
 - Weight management.
17. Reed Momenta are contracted as the lead provider: a role which requires the coordination and performance management of all elements of the service. Additionally, Reed Momenta are tasked with triage and establishing a single point of referral to ensure that clients are referred to the most appropriate service.
18. Overall, the performance of the service is failing to meet the established KPI's. This is despite the additional resources allocated towards promoting the services and outreach within the community. A summary of the City Living Wise performance is set out in appendix two.

Proposals

19. Statutory and corporate commitments ensure that some of the services specified within the report must be sustained beyond the existing contract expiry date. Several options were considered through the completion of procurement options appraisals, before arriving at the recommendations.

London Borough of Hackney SLA

20. The report seeks to approve the total value of the SLA, including salaries and a management fee, of £488,409.39. The services included within the SLA and the calculations for the City's contribution are set out in the appendix three.

Drug and Alcohol services

21. The proposal to jointly commission a new treatment service is discussed in a separate report - *Recommissioning of the Integrated Drug and Alcohol Service*.
22. To overcome the poor performance identified within the business engagement element of the service it is recommended that this element be delivered separately, potentially through an in-house arrangement, by the City of London Corporation. It is anticipated that this work stream could more effectively align with the existing Business Healthy programme and deliver improved outcomes for the service.

Smoking Cessation

23. The recommendation to remove smoking cessation from the scope of the drug and alcohol contract was reached in order to align with the London Borough of Hackney.
24. It is recommended that the contract to deliver the pharmacy-based Level two smoking cessation service is awarded to Boots the Chemist UK. This was reached due to the requirements of the service needing to provide specialist stop-smoking advisors based that are based in pharmacies. Boots UK are the only supplier with enough pharmacies within the Square Mile to meet these requirements.
25. If deemed feasible, it is recommended that Hackney's existing contract with the Whittington hospital be extended to deliver a level three service (for smokers who have several failed quit attempts and who require more specialist help) to City of London residents and workers. This would be paid for through a variation of the existing SLA with the London Borough of Hackney. This recommendation has been reached in order to align the services between the two authorities, and because the current standalone service in the City represents poor value for money.

NHS health checks

26. NHS health checks are currently subcontracted to the Neaman Practice as part of the City Living Wise contract. This contract expires in October 2019.
27. All other GPs across City and Hackney CCG are contracted by the London Borough of Hackney, through the City and Hackney GP Confederation, to deliver NHS health checks.

28. The recommendation to vary the existing SLA, and include the Neaman Practice within the City and Hackney GP Confederation's contract to deliver NHS health checks, was reached following consultation with the Neaman practice GP's.
29. Awarding a 2-year contract will allow for further alignment between the two authorities. Additionally, it will provide the flexibility to further vary the contract, if the contract for NHS health checks is subsequently commissioned as part of the integrated commissioning system's Long Term Conditions contract.

Community health checks

30. The recommendation to decommission the outreach community health checks, and focus on improving the attendance of NHS health checks at the Neaman Practice, has been reached for the following reasons:
- The number of community health checks being completed is reducing, with only 114 workers attending in 2018/19. Conversely the number of people completing NHS health checks at the Neaman Practice is increasing;
 - Community health checks are attracting lower risk service users, with 89% of attendees being from low Q risk in 2018/19, compared with 50% of Neaman Practice attendees being from high Q risk;
 - Anecdotal evidence suggests that service users are increasingly likely to complete an NHS health check from a doctor as opposed to a practitioner in a community setting;
 - The service is experiencing challenges with finding potential service users from businesses in the City, due to staff often having already completed an NHS health check, businesses not having enough staff to meet eligibility criteria, and businesses having small cohorts of eligible staff to justify the outreach; and
 - Community health checks are frequently being cancelled due to lack of interest and uptake.

Exercise on referral

31. It is recommended that the existing Golden Lane sport and fitness centre leisure management contract, with Fusion Lifestyle, is varied to include the delivery of the exercise on referral programme from September 2019 until December 2022.
32. The recommendation has been reached in order to gain efficiencies through the alignment of the exercise on referral programme and the wider leisure service. It is anticipated that this will increase the number of participants sustaining positive exercise habits following the completion of the exercise on referral programme.

Weight management

33. The recommendation to decommission the standalone healthy weight management programme (run by Weightwatchers), has been reached due to

only having 105 people complete the programme between 2017 and 2019, representing a 44% drop-out rate. Furthermore, 42% of participants completing the course failed to reduce their body mass index, and 40% did not reduce their body weight. Service data can be found in appendix four.

34. It is likely that Weightwatchers will continue to run private weight management groups within and around the Square Mile after this contract ceases.
35. There is the opportunity to mitigate the impact of this proposal by including the provision of healthy eating and weight management advice within the exercise on referral service; as well as to allow spot-purchases of Weightwatchers or similar courses for individuals who would benefit from them (for example, who have been referred by GPs or social prescribing coordinators).

Financial implications

1. The estimated spend annual spend for the commissioned public health services is £741,000 per annum. A breakdown is set out in appendix five.
2. The public health grant is reducing year on year, so it is appropriate that services be recommissioned to find savings where they are not delivering value for money.

Corporate and strategic implications

3. The recommendations within the report have been developed in line with the following City of London Corporation Corporate and Department of Communities and Children's objectives:
 - **Corporate Plan:** Contributing to a flourishing society, through supporting the outcome: People enjoy good health and wellbeing; and
 - **Department of Communities and Children's Services:** People of all ages enjoy good health and wellbeing, through supporting the outcome: residents and workers live healthier lives.
4. The proposal for the City of London Corporation to deliver the business engagement function within drug and alcohol service in house will have human resource implications. The salary costs for this function have not been accounted for within this report. It is anticipated that TUPE will be a consideration with the proposed recommissioning of Square Mile Health.
5. It has yet to be confirmed whether the City Police will continue to fund the custody suite drug and alcohol assessments, following the expiry of the current Square Mile Health contract.

Conclusion

6. In conclusion, the report seeks approvals to secure the future service delivery of a range of public health contracts, which the corporation has the statutory

duty and corporate ambition to deliver. It is believed that the recommendations will ensure that the service outcomes are maximised and value for money achieved.

Appendices

Appendix one: Square Mile Health business engagement KPI's

Appendix two: City Living Wise KPI's

Appendix three: London Borough of Hackney SLA budget

Appendix four: Weight management data

Appendix five: Public health commissioned services budget

Greg Knight

Commissioning Manager

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Committee	Dated:
Health and Wellbeing Board	14/06/2019
Subject: Suicide prevention in the City of London	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Claire Giraud, Strategy Officer, Department of Community and Children's Services	

Summary

In 2017, the City of London Corporation established a multi-agency suicide prevention group, in accordance with best practice recommendations, and published a Suicide Prevention Action Plan containing numerous initiatives aimed at reducing the number of suicides in the Square Mile. This report provides an update on the suicide prevention action plan as well as on the number of attempted suicides and suicides occurring in the City of London.

Suicide figures for the City should be interpreted with caution, as they are extremely low – this means that any variations may not be statistically significant (i.e. the figures may be due to chance fluctuation); and additionally, recording practices have changed during the reporting period, which may impact upon the figures.

Recommendations

Members of the Committee are asked to:

- Note the progress made on the Suicide Prevention Action Plan
- Note the suicide figures in the City of London.

Main Report

Background

1. Suicide is the act of intentionally ending one's own life. It is often the end result following a complex range of risk factors, mental illness and significant negative life events; however suicide is preventable, rather than an inevitable event. In the UK, suicide is one of the most common causes of death in people under the age of 50, with 5,821 reported people dying in this way in 2017. It is estimated that each suicide further impacts between 6 and 60 people. Within the UK, suicide shows significant gender and social inequalities, and is associated with stigma for families affected by it.

2. Over the last 5 years, a number of key policies and reports have been published to improve suicide prevention nationally and locally. In the City, a local audit, suicide prevention plan and multi-agency suicide prevention group was established in accordance with best practice recommendations.
3. Public Health England (PHE) recommends several priority action areas to include in local suicide prevention plans:
 - reducing risk of suicide in men
 - preventing and responding to self-harm
 - mental health of children and young people
 - treatment of depression in primary care
 - acute mental health care
 - reduce suicides at known 'high risk' locations
 - reducing isolation
 - bereavement support for those affected by suicide

Overview of the Square Mile as a whole:

4. Between January 2017 to the end of October 2018, there had been a total of 18 suicides, with a total of 270 attempted suicides.

Between January 2017 to the end of October 2018, there had been a total of 128 incidents whereby the subject had contemplated suicide or had suicidal thoughts*

5. A Mental Health Triage Nurse attended 183 incidents during the last 12 months. As a result, an estimated 63% of S136 detentions were avoided.
6. There have been some issues with receiving feedback from hospitals regarding the outcome of the mental health assessments after S136. It is intended that City Police officers will be more proactive about liaising with hospitals for outcome information before incidents are closed off in future.

Emerging Trends at the end of 2018:

Temporal and Locations:

7. Individuals have come to notice on Saturday through to Tuesday, highlighting weekends and the beginning of the week to have the highest peaks. There is little pattern in relation to the time of day. There is a slight increase (56%) during Night Time Economy hours (6pm – 6am).
8. Suicide figures remain steady in line with seasonality, until the new year where they decrease. Suicides peak during October and July, followed by February, November and August. Attempted suicides peak during January, May and July.

9. A large proportion continue to occur on bridges, with a small minority of incidents occurring on the street and at hospital. It has been noted that better visibility on bridges may have an impact; as a result, Bridge House Estates will be putting up lights soon, hoping to assist in deterring individuals from attempting suicide.

Demographics at the end of 2018:

10. Age range was predominantly mid 20's
11. Gender: 67% of victims were male.
12. Home Address: The majority travelled into the City to try and take their lives
13. Q2 and 3 data as well as January and February 2019 police recorded data are presented below (please note that timely data from the coroner was not available for this report):

Month	Quarter	Suicide	Attempt Suicide	Contemplating Suicide
Jul-18	2	Under 5	8	9
Aug-18	2	0	11	8
Sep-18	2	Under 5	6	Under 5
Oct-18	3	0	11	7
Nov-18	3	Under 5	11	6
Dec-18	3	0	9	5
Jan-19	4	0	9	6
Feb-19	4	Under 5	6	Under 5

14. From looking at this data, it appears that progress has been limited; however, this trend must be taken with caution.
15. Some of the patterns observed in the above data can be attributed to improved reporting practices - for example, no attempted suicides were recorded from Jan - Sep 2017, whereas more accurate reporting from Autumn 17 to present shows a downward trend.
16. Additionally, the presence of the Street Triage Team has allowed engagement with individuals who might not otherwise have been picked up, and recorded as contemplating suicide.
17. In terms of the actual numbers of suicides, there has been a slight downward trend, although this is not statistically significant. As suicides generally rise in periods of economic and political uncertainty, it is good to see that the City of London has not seen a corresponding rise, and this may be attributable to the actions of the Suicide Prevention Partnership.

Recommendations:

18. Continue to use the Mental Health Triage Nurse to assist in reducing the number of Section 136 detainments. It has proved successful so far with 63% of incidents avoiding S136 (figures calculated for last 12 months).
19. Continue regular patrols on bridges (with higher attendance on London Bridge) during Night Time Economy hours, but mainly between 10pm and 1am.
20. Continue regular patrols during the summer period and ensure the City of London Police officers are aware of increased suicide/attempt suicide during the summer months.
21. City of London Police to continue their involvement with mental health campaigns and charities to help reduce the risk of suicide.
22. FIB to continue recording figures for 'contemplating suicide' to provide the bigger picture for mental health and suicide.

Action Plan Summary

23. Overall, 41 actions have commenced since the launch of the action plan, of which 6 are completed, 32 are in progress.

RAG Status Key and Summary

Status of Actions	
Major Problems	1
Minor Problems	2
In Progress/ongoing	33
Completed	6

24. Significant milestones include:

- The street triage pilot where NHS nurses accompany the City of London police on call out at peak time has secured funding for a second year. The service now runs seven nights a week and has been found to reduce incarceration by 40%, saving police time and resources.
- The success of the Dragon Café in the City which runs on every other Wednesday at Shoe Lane library – the café offers various wellbeing activities such as journal writing, massages, etc, for City residents and workers, Shoe Lane library staff have reported increased footfall on the days during which the café operates. Three-quarters of visitors (76%) agreed or strongly agreed that attending helped to improve their mental wellbeing.
- A tailored three hour suicide prevention training course for City workers and businesses provided by the Samaritans through the Business Healthy network. Feedback has been extremely positive; the training sessions take place three times a year and are always at capacity.

25. The one action not progressed as originally envisaged is:

- *To put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times* - One Safe City is transitioning to a new programme called secure city. This work has been delayed as the transition occurs due to lack of resources in the police. There is no current timeline for when this work will be complete but a separate report on the matter is being brought to this meeting of the Health and Wellbeing Board.

26. A brief summary of key developments under each of the six themes identified in the Suicide Prevention Action Plan is provided below. These themes are: Reduce the risk of suicide in key high risk groups; Tailor approaches to improve Mental Health in specific groups; Reduce Access to the means of suicide; Provide Better information and support to those bereaved or affected by suicide; Support the media in delivering sensitive approaches to suicide and suicidal behaviour; support research, data collection and monitoring.

Theme One: Reduce Risk of Suicide in key high-risk groups.

27. This theme aims to reduce the risk of suicide for young and middle-aged men and women drawing on and enhancing the assets, strengths and skills already present within the City of London community.

28. A key initiative is to support City of London businesses to achieve the London Healthy Workplace Charter award and to comply with HSE Stress Management Standards and NICE Guidance: this work is spearheaded by the environmental health team in Port Health and Public Protection who have a wealth of expertise in this subject.

29. The City promotes a 24/7 crisis hotline with a marketing campaign targeting primarily male residents and City workers (the Release the Pressure campaign).

Theme Two: Tailor Approaches to improve Mental Health in specific groups.

30. The actions in this theme aim to tailor approaches to improving the mental health of children and young people in the City of London

31. The City also commissioned suicide prevention training specific to raising awareness of the risks to children and young people. City schools' staff were trained in Mental Health First Aid in May 2019 and will be trained in suicide prevention in September 2019.

32. The City's social care team has devised a training module to help parents feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education and good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS)).

Theme Three: Reduce access to the means of suicide.

33. This theme looks at how to reduce the opportunities people have to commit suicide in the City of London.

34. One focus area has been to replace the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'.
35. The City has been working with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges.
36. The City's Suicide Prevention Working Group officers have engaged with Transport for London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations.

Theme Four: Provide better information and support to those bereaved or affected by suicide.

37. The actions in this theme aim to ensure that those who are bereaved or affected by suicide to feel informed and supported throughout their experience— for example, The City has been promoting Public Health England 'Help Is At Hand' document to key partners and made it available in City libraries.

Theme Five: Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

38. The actions in this theme aim to ensure that the media report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.
39. The City has been sharing the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and various media outlets to ensure that they are aware of the sensitive nature of suicides.
40. The City has promoted Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network.

Theme Six: Support research, data collection and monitoring.

41. The City has worked with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies.
42. The City of London has developed an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of London Police and the City Corporation.

Conclusion

43. The plan has moved forward since its creation and many of the actions are either complete or in progress.

Appendices

- Appendix 1 – Suicide Prevention Action Plan for 2017–20

Claire Giraud

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Name:	Suicide Prevention Action Plan		
Duration:	2017-20		
Relevant strategies:	Joint Health and Wellbeing Strategy, Mental Health Strategy		
Board responsible for monitoring action plan:	Health and Wellbeing Board		
Owner:	Nicole Klynman/ Tizzy Keller		
Review date:	Jun-18	Frequency of monitoring/reporting:	annual

Priority:		Reduce the Risk of Suicide in Key high risk groups					
Objective (if applicable):		To reduce the risk of suicide for young and middle-aged men and women					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
1.1	Promote the training of frontline staff in organisations including the City of London Police, the Metropolitan Police and staff who work near at risk locations in mental health first aid to help them engage men and women in conversations about - Wellbeing and mental health - Accessing appropriate information/self-help support	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of frontline staff trained Training material Promotion of training Examples where training has been used to good effect 	Public health	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness event as part of Thrive in the City for the Emergency Services (Apr-18), which is a day-long London-wide programme of events (CoLP, Met Police, LFB and LAS in attendance). Tizzy Keller and Sgt Mark Montgomery led the session. A 2 day session is planned in January 2019, 8 spaces are available for frontline staff and commissioned providers (possibly police, schools, RNLI?).	Green
1.2	Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	Jun-17	Ongoing (annual Updates)	<ul style="list-style-type: none"> Information relevant to suicide on the Business Healthy resource pages Number of Business Healthy members 	Public health Business Healthy	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness training in October 2018 in Canary Wharf where they shared best practices and learning, there was a session in February 2019 which was very successful.	Green
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter award and also to comply with HSE Stress Management Standards and NICE Guidance	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of businesses which have achieved the London Healthy Workplace Charter 	CoL Port health and public protection Business Healthy	Dragon Café in the City has been running since Feb-18, was being evaluated against CoLC and other objectives. BH continues to promote the LHWC and HSE mental health-related information and resources. The dragon café pilot finished and the feedback was that visitors were city workers, middle age men and that once they had been to the café they were more inclined to engage with mental health services, also 2/3 of participants said they noted an improvement in their wellbeing after attending the session. Funding for a second year was secured at the beginning of 2019.	Green
1.4	Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent's Release the Pressure campaign).	Jun-17	Initial 4 week push then ongoing (update to HWBB September 2017)	<ul style="list-style-type: none"> Tube/rail and digital adverts (June – 17th July) Number of clicks onto website Follow up survey (September 2017) 	Public Health	Campaign seen a total of 30 million times across the four-week initial campaign (Tube, rail and digital ads alone, not including press coverage, etc. 10x increase of visits to the MH webpage of the CoLC website during the campaign. NK to ask Fawzia 12/18 RtP is an ongoing campaign and has also been continued through Dragon Café in the City's promotion and branding. January 2019 : New Website Offering Support to People at Risk of Suicide www.StayingSafe.net added to www.cityoflondon.gov.uk/releasethepressure	Green

1.5	Train barbers in the City of London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	Jun-17	Ongoing (6 month updates)	<ul style="list-style-type: none"> Number of barbers who undertake training Feedback from barbers on how this is perceived and used Exposure of campaign 	Public Health CCG	Market research has been done with 10 barbers in the City and only one was interested. These barbers will be invited to take part in the street pastor suicide prevention training. We are trying to get a City of London accreditation for documents at the barbers but this is currently on pause as it was hard to engage with the barbers for lack of time on their part. A new project could be leaving them documentation or a sticker on their mirror with the crisis hotline number. 13/5/2018 CoL has engaged with Tom Chapman from the Lion's Barbers Collective, Tom has successfully trained many barbers across the UK in Barber Talk (an adaptation of Safe Talk training for barbers), Tom chapman has agreed to help CoL engage with barbers and train them, the hope is that there will be three training sessions by Tom's team before september 2019 to train all 90 city barbers, the City is expected to finance the training and the lion barber's collective will provide the venue and do the engagement with the barbers. Additionally a PR event at the livery hall of barbers and surgeons will be organised in cooperation with the barbers lion collective on october 7th 2019.	amber
1.6	Provide suicide prevention training to primary care professionals	Jun-17	Dec-17	<ul style="list-style-type: none"> Number of practice nurses who have had mental health training 	CCG	The CCG have an annual update for primary care on Dec 1 st 2017 which is looking at the local suicide data and discussing crisis plans. The CCG have arranged suicide preention training for NHS professionals. NK to ask farrah for update 12/18 ELFT putting together a support package on mental health training for Primary Care nurses. The CCG also arranged training duiring MH awareness week for GPs on prevention.	Green
1.7	Implement the 'Street Triage Pilot'. Advanced Mental Health Practitioner to accompany the City of London Police on callouts at peak times.	May-17	Dec-17	<ul style="list-style-type: none"> Evaluation of the 'Street Triage Pilot' 	ELFT City of London Police	Street Triage will go to 7 nights per week from June 2018 and the most recent evalutaion has taken place december 2017. The evaluation is done, very good data was gathered, meeting with partners (CoL, Police, ELFT, CCG) to secure funding for 2020 Street Triage continues to reduced the number of potential s136s by 48%	Green
1.8	Street Pastors to be positioned at high risk locations in the City at high risk times.	Jun-17	To begin by June 2018 and ongoing	<ul style="list-style-type: none"> Street Pastors regularly patrolling the City. 	City of London Police	The police and street pastors working every weekend with 2 teams of 3 street pastors they are now including high risk locations in their patrols. Suicide prevention training for street pastors planned for 2018. It is hard to find a convenient time to train all the pastors at the same time. 13/12/18 The City Pastors have had at least one team patrolling every weekend since the launch in July 2017.This is generally on Friday night but on occasions Thursday and/or Saturday. At the commencement of each patrol the team contracts the control inspector and patrol sergeant seeking directions of where to patrol. Whilst the general request is to focus on the Bishopsgate corridor to patrol London Bridge, or other bridges is also often requested. Most patrols will visit one of the bridges at least once during a night's patrol. During this period the volunteers have not had any significant interventions. On one occasion there was a specific request to attend London bridge as police had received advanced information that someone was attending who was threatening suicide. The team attended and remained on the bridge for an hour but the person did not arrive. The force training section is preparing a training course for the volunteers on aspects off vulnerability including potential suicides. It is anticipated that this training will be delivered in February 2019.	Green
1.9	City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	Jun-17	To be on website by September 2017 and ongoing	<ul style="list-style-type: none"> Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses. 	WDP Square Mile Health	They have updated their training to increase focuse on MH and suicide prevention in the drug and alcohol trainig. Update at the next contract meeting from monica patel. WDP incorporated MH in totheir talks and interventions This was actioned by Danielle Mervyn.	Green

Priority:		Tailor approaches to improve mental health in specific groups					
Objective (if applicable):		Tailor approaches to improving the mental health of children and young people in the City of London					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating

2.1	Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular <ul style="list-style-type: none"> school nurses teachers clinicians Social Workers police probation staff school staff community workers. 	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of practitioners to have been offered mental health first aid training Number of practitioner to have taken up mental health first aid training 	Public health	<p>Public Health and Education unit will commission youth MH first aid training for teachers from City schools in the second half of the summer term. This is ongoing, interesting work with CAMHS : anna Froid training in Sir John Cass school, public health to evaluate in January 2019</p> <p>Young Hackney offer a range of talks about emotional and mental health for students, teachers and parents at City schools.</p> <p>As part of the CAHMS transformation programme, SJC have mental health worker and staff have been trained in the Anna Freud methodology.</p> <p>The City of London Police are delivering a 2hr suicide awareness session focusing on young people that helps participants understand the issue of suicide and how they can prevent it in their communities. Aimed at young people and those working with young people from across the City of London.</p>	Green
2.2	Improve mental health among specific groups through the implementation of the Mental Health Strategy	Apr-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Annual progress of the mental health action plan. 	Public Health	<p>Completed an update in May- over 90% of actions are green. The Mental Health Strategy and action plan will be updated in the second half of 2018. CG to ask update from Rachel Green or Jo Henderson</p>	Green
2.3	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Every Looked After Child who needs it has a suicide prevention plan. 	City of London Children's Social Care	<p>It is standard procedure for every child who needs a suicide prevention plan to be given one. CG to invite someone from children social care to be on the suicide prevention working group to update us on this and 2.2</p>	Green
2.4	Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> E-training module for parents to be disseminated to schools. 	CHCSB	<p>The training module has been developed and disseminated to schools. 12/18 The E training module runs by the CHSCB and we continue to provide the enhanced mental health service for LAC and care leavers</p>	Green
2.5	Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Enhanced mental health service commissioned for Looked After Children and Care Leavers 	City of London Children's Social Care	<p>The enhanced mental health service is in place, 12/18 we continue to provide the enhanced mental health service for LAC and care leavers. 4/02/19 We have reviewed and recommissioned the Enhanced Service for LAC and care leavers. The enhanced service is available for the principles 2018-2020.</p>	Green
2.6	Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Promotion of CCG lead five to thrive campaign 	CCG	<p>Further embedded in psychological services and GP depression reviews. All pharmacies can access FTT leaflets to distribute to patients. NK to ask Dan and Fawzia for updates.</p>	Green
2.7	Adapt the Public Health England document 'Identifying and responding to Suicide Clusters and Contagion' so shapes a local response.	Jun-17	May-19	<ul style="list-style-type: none"> Document produced 	CHCSB	<p>The document is complete and will be circulated by CG</p>	Green
2.8	Commission suicide prevention training specific to raising awareness of the risks to children and young people	Jun-17	Jun-18	<ul style="list-style-type: none"> Deliver 2 courses in the City of London 	Public Health	<p>The City of London Police with suicideTALK are delivering a 2hr suicide awareness session in May 18 focusing on young people that helps participants understand the issue of suicide and how they can prevent it in their communities. Aimed at young people and those working with young people.</p>	Green

Priority:		Reduce access to the mean of suicide						
Objective (if applicable):		Reduce the opportunities people have to commit suicide in the City of London						
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating	
3.1	Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	Jun-17	Jan-19	<ul style="list-style-type: none">· Suicide considerations in standard risk assessment/health and safety tick box template.· Suicide considered in Health Impact Assessments	CoL Planning and Port Health and public protection	Col health and safety team see all planning apps and give comments where appropriate. Comments are picked up by the planning committee who are aware of suicide prevetion work. Ongoing	Green	
3.2	Evaluate ‘The London Bridge Pilot’ to reduce suicide and attempted suicide at this location	Apr-17	Sep-17	<ul style="list-style-type: none">· Evaluation to Health and Wellbeing Board	Public Health	The evalutaion draft document is being to members of the working group for their feedback. 13/5/19 the document is now finalised and Nicole Klynman has asked Rory Mccallum to share learnings and findings with the members of the suicide prevention group.	Green	
3.3	Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	Apr-17	Ongoing (annual updates)	<ul style="list-style-type: none">· Number of people trained· Examples where training has been used to good effect	Public Health CoLP	Business Health and the Samaritans team have developed a sustainable model of delivery. See action 1.2 for more detail. Ongoing	Green	
3.4	Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	Jun-17	Ongoing	<ul style="list-style-type: none">· Relationship to be built between City of London public health and TFL/BTP/network rail	Public Health	TK attended workshop run by network rail about sucide prevetion and met BTP, network rail and greater anglia colleagues. BTP are now sharing data with PH team. ongoing TK met with the new London Underground suicide prevention lead to discuss what they are doing, areas of potential overlap and data sharing	Green	
3.5	Replace the signage on the lifebuoys on the City of London Bridges to contain the message ‘dial 999 and ask for the Coastguard’	Jun-17	Dec-17	<ul style="list-style-type: none">· New signs on bridges	RNLI City of London Built environment	There is an issue with the signage on the tower of london wharf, english her	Complete	
3.7	Put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	Jun-17	Dec-17	<ul style="list-style-type: none">· Cameras on bridges	One Safe City/ Secure City	Update from Novemebr 2017: One safe city is transitioning to a new programme called secure city. This work has been delayed as the transition occurs due to lack of resources in the police. There is no current timeline	Red	

3.9

Make suicide prevention risk a compulsory consideration in planning application

May-19

Dec-19

suicide prevention in planning application

Catherine Linford from Plann A steering group to work on making suicide prevention a compulsory

Green

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Priority:		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience					
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
4.1	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none">Number of primary care staff who have received training	CCG City of London Coroner	CCG trained their primary care staff in suicide prevention work on 1 December 2017. 40 Gps attended this trainnig. awaiting on update from CCG. 4 hours Mandatory MH training now includes Suicide Prevention. 32 people attended stand alone suicide prevention training at Homerton hospital on the 1st December 2017. Advertisement of local offer on MHFA/Suicide training circulated through CHCCG networks. The Coroners office is routinely supporting families and providing information on thier needs. Two new coroner officers have been appointed and are undergoing appropriate training. Senior coroner is introducing new processes to ensure this continues as routine procedure.	Green
4.2	Offer those bereaved as a result of suicide with a Family Liaison Officer (FLO) until the end of inquest	Jun-17	Ongoing (annual update)	<ul style="list-style-type: none">Number of people offered FLONumber of people who take up offer of FLO	CoLP	Police offer FLOs to all families of suicides of resdients. They do not have the resources to offer one to all suicides that happen in the City but all families bereaved by suicide in the Square Mile are given support and resrouces by the Coroner's office. Col Police says it's hard to appoint a person for everyone as this is resource led, priority is given to city residents and for non resident links to their own services are provided. 13/5/19 it is uncertain whether or not this action should be on here according to CoLP because FLO are for criminal activities (except in the case of high profile suicide locations such as Saint Paul's) thus this is not an achievable action.	Amber

4.4	Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce.	Jun-17	Ongoing	<ul style="list-style-type: none">Follow up with businesses who have undergone trainingPromote the suicide prevention agenda within City business groupings such as the	CoL Health and Safety Business Healthy	Follow-up of Feb-17 session completed Aug-17. 3/22 participants of TTT element have delivered specific suicide prevention training within own organisations, with more incorporating suicide prevention awareness within more general training on mental health. Continued promotion of suicide prevention agenda to City employers and stakeholders through the	Green
4.5	Risks to be assessed by the City Corporations Health and Safety Team following on from any suicides in the workplace and any preventative /remedial measures are identified for action	Jun-17	Ongoing (annual update)	<ul style="list-style-type: none">Number of risk assessments undertaken by the CoL Health and Safety team following suicides in City of London businesses	CoL Health and Safety	The CoL health and safety team follow-up with workplaces where suicide occurs and work with colleagues to support them it where appropriate. There have been no suicides in the City where there has been and breach of health & safety legislation or good practice. business as usual 12/18	Green

4.7	Provide accessible, concise information on the processes and standards in a Coroner's inquiry to family members	Jun-17	Ongoing (annual updates)	· Number of families given information	The Coroner	This is standard procedure by coroners office. This is ongoing on a separate action log. A new standard of proof for suicide is under appeal at the moment, it will lead to less open verdicts because it is more clear cut, it will give families more clarity and make dealing with families more straightforward and be good for the next suicide audit.	Green
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Priority:		Support the media in delivering sensitive approaches to suicide and suicidal behaviour					
Objective (if applicable):		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG

5.3	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	Jun-17	Jun-20	· Evidence of challenge of harmful or inappropriate material	City of London Corporation	On-going	Green
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Priority:		Support research, data collection and monitoring					
Objective (if applicable):		A comprehensive database of suicide in the City of London to be built					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG
6.1	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	Jun-17	Ongoing (annual updates)	· Shared with relevant partners	Public Health	on-going, shared through suicide audit	Green

6.3	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	Jun-17	Ongoing	· Joined up working and information sharing between the coroner and public health	Public Health Port Health and Public Protection	Received the data for 2015 and 2016. Data for 2017 is now being collated. Need to be shared with group to get feedback (03/19)	Green
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6.5	Develop an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of London Police and the City Corporation.	Jun-17	Dec-17	· Data sharing agreement in place and signed by all partners	One Safe City	The legal agreement had been drafted however progress on this has stalled since the one safe city project ended as there is ano permanent resource withing the Corporation to oversee cross agency information ncharing. One safe city no longer exists, Jon Avern, Davic McIntosh, Claire Giraud and Nicole Klynman still responsible for creating the agreement with	Green
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3.6	Put RNLI signs on embankments to contain the message 'dial 999 and ask for	Jun-17	Jun-18	· Signs on embankment	RNLI Public health	Complete	Complete
3.8	Work with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on	Apr-17	Apr-18	· Signs on Tower and Southwark bridges.	Public health	Signs are up on Tower Bridge and Southwark bridge.	Complete
4.6	Promote Public Health England 'Help Is At Hand' document to key partners and make available in City Libraries	Jun-17	Jul-17	· Help is at hand document readily available in libraries	Public Health	Done	Complete
5.2	Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the	Jun-17	Jun-20	· Number of organisations aware of the Samaritans media guidelines	The Samaritans	The guidelines have been shared	Complete
5.4	Promote Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network	Jun-17	Jun-20	· Posts on the Business Healthy website/newsletter/ social media (World Suicide Prevention day - 10 September 2017) · Include as a resource in training	Business Healthy Public Health	Done	Green

6.2	Develop the mechanisms for evaluating local suicide prevention work	Jun-17	Oct-17	· Evaluation of 'the Bridge Pilot'	Public Health	See action 3.2	green
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4.3	Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages	Jun-17	Ongoing (annual update)	· Proportion of families who are referred to bereavement services	CoLP	The FLO's should advise them to what is available to them, the FLO's would do their own research and find specific contacts for them to use.	Green
5.1	Ensure that local/regional newspapers and other media outlets: · provide information about sources of support and helplines when reporting suicide · avoid insensitive and inappropriate graphic illustrations with media reports of suicide · avoid use of photographs taken from social networking sites	Jun-17	Jun-20	· All suicides reported on in a sensitive and appropriate way	City of London Corporation and CoLP media Teams	The media guidelines have been shared. Media outlets don't always follow them but the CoLP and COLC media teams follow up with them when they don't.	Green
6.4	Routinely collect data on attempted suicide in the City from Section 136 booklets	Jun-17	Ongoing	· S136 data to be collected by the City of London Police and shared with public	City of London Police	s136 data is routinely collected and sent to PH team	Green

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Committee(s): Health and Wellbeing Board – for information	Date(s): 14/06/2019
Subject: Progress update on London’s sexual health e-service	Public
Report of: Sue Milner, Director of Public Health	For Information
Report author: Adrian Kelly, Lead Commissioner, Sexual Health London	

Summary

The Health and Wellbeing Board of the City of London Corporation is asked to consider the progress that has been made in the provision of a “self-sampling” sexual health service for Londoners. This report provides information on:

- Mobilisation
- Activity trends
- Service user characteristics
- Clinical outcomes, including safeguarding.
- Service user feedback
- Service development and continuous improvement

Recommendations

Members are asked to:

- Note the report.

Main Report

Background

1. The London Sexual Health Programme (LSHP) is a partnership of 31 London authorities working with the NHS to make sure that access to sexual health services is improved at a time when public health funding has been reduced.
2. Residents of 28 London authorities, who do not have symptoms of an STI, can order easy-to-use self-sampling kits through the [Sexual Health London](#) e-service. These are posted to their home or they can be collected from a participating clinic. Once they have taken their samples, they pop it back in the post to a laboratory in Sheffield operated by Preventx.
3. People with uncomplicated chlamydia infection are offered an online assessment for treatment by post which can also be collected from a Lloyds pharmacy. People who require confirmatory testing and treatment are supported to do so by

a team of health advisers based at Chelsea and Westminster NHS Foundation Trust.

4. The e-service has provided additional capacity to the London's sexual health system, making it more convenient than ever for people in the capital to get tested regularly and monitor their sexual health and wellbeing.

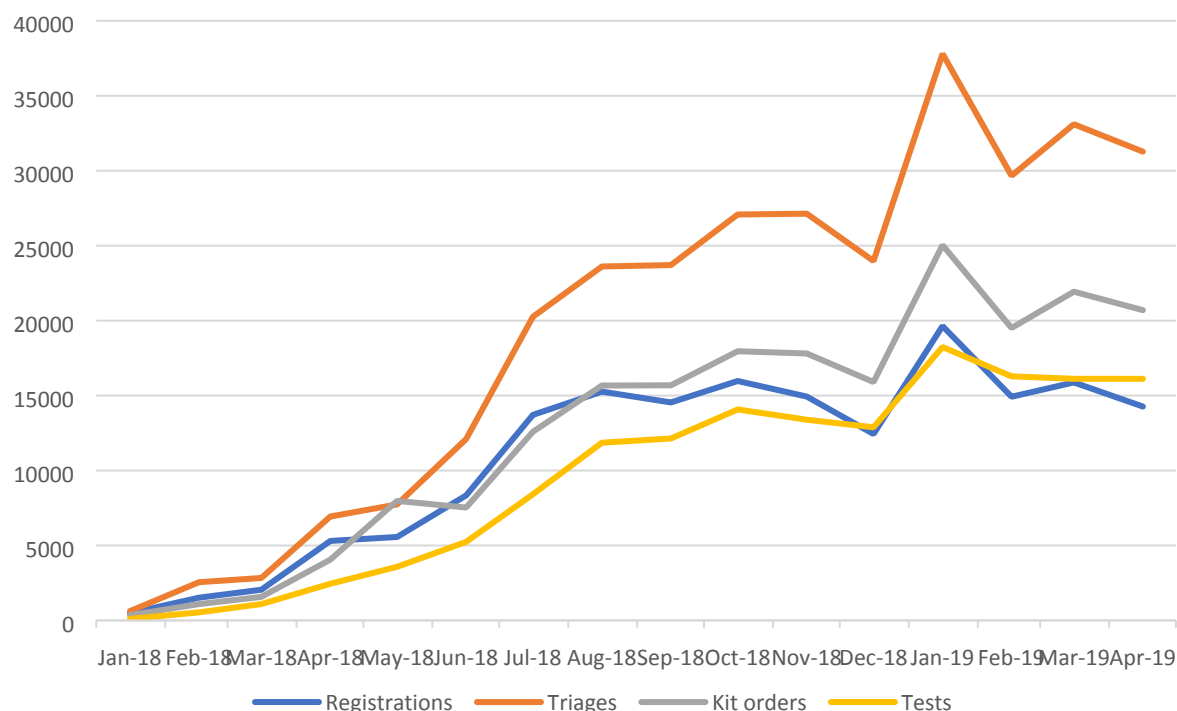
Mobilisation

5. The e-service was launched on January 8th, 2018 at the Homerton Hospital in Hackney. It was then extended to the remaining 12 NHS Trusts that provide open-access sexual health services commissioned by the authorities which the wider sexual health programme supports.
6. Mobilisation concluded in June when direct access to the www.shl.uk portal was switched on and "smart" kits, which could be collected from participating clinics, became available.
7. In December 2018, Barking and Dagenham became the 28th authority to commission the service for its residents.

Activity

8. To date, 186k Londoners have registered with the e-service and they have completed 335k triages. This resulted in 222k test kits being issued, of which 167k have been returned, for testing, to the laboratory in Sheffield.
9. Mobilisation saw sustained growth in these measures (Fig. 1) as access increased through the activation of all NHS trusts and then the opening of direct access to the public facing web portal. A period of more incremental growth followed through the autumn and ended with an anticipated fall in demand at the end of the calendar year. Reduced activity in December was more than compensated for in January when 38k unique triages were completed and 25k test kits were issued.

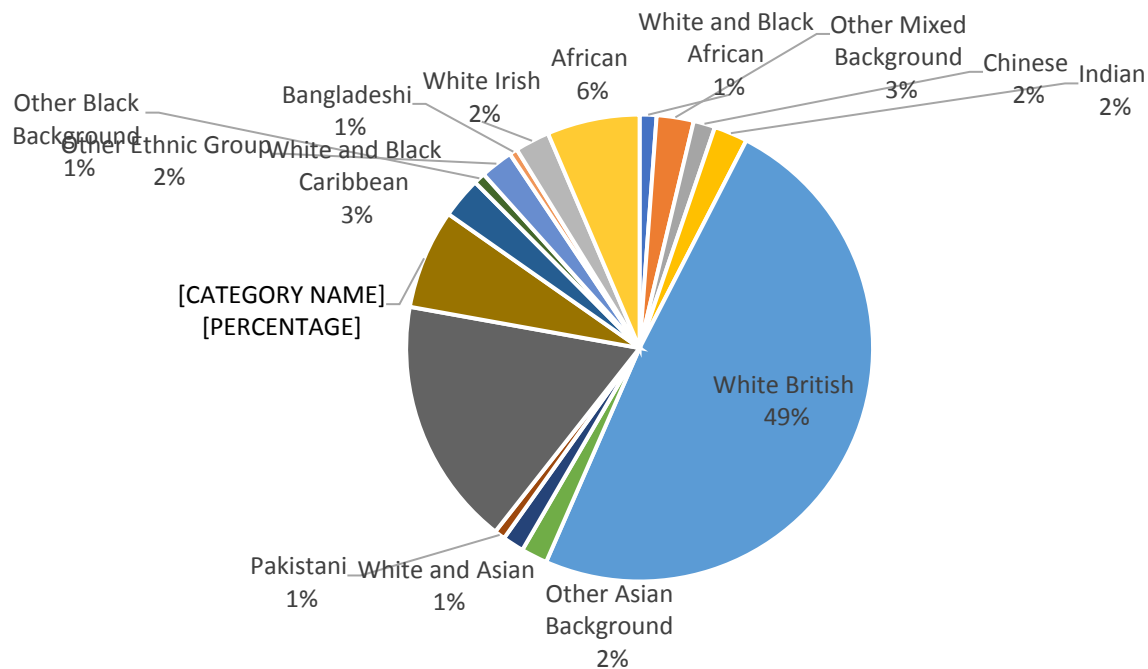
Fig. 1 Monthly volumes of user registrations, triage completions, kit orders and returned samples (January 18 to April 19)



Service user profile

10. Slightly more women (59%) have registered with the service than men (41%).
- 11 While the percentage of users identifying as Trans* or non-binary is very small (0.2%), they account for over 300 registered users. This is a marked improvement, which has been observed since changes to our gender identity categories was developed in discussion with Trans* community activists.
- 12 Most users identify as straight (83.5%) compared with 10% who identify as gay and 6.5% who identify as bisexual.
- 13 Over a quarter (28.5%) of users were young people aged 16-25 years.
- 14 The ethnic diversity of users is broadly reflective of clinic users.

Fig 2. Ethnic profile of registered service users



Clinical outcomes and safeguarding

15. 222k completed tests have resulted in 7k cases of chlamydia being diagnosed, 2.5k of which were treated remotely e.g. posted to home.
16. The positivity rate for chlamydia tests, provided to young people aged 16-24 years, was appreciably higher at 6.2% than it was for the over 25s at 3.5%.
17. The clinical team have managed 6k reactive test results for conditions that required confirmatory testing and/or treatment in a physical clinic e.g. Gonorrhoea, Syphilis and HIV.
18. The clinical team has also supported 2k people who triggered a safeguarding flag: half were aged under 18 and half were aged over 18.

Service user feedback

19. Over 98% of service users say they are happy, or very happy, with the e-service, and the same proportion would recommend it to friends or family (a response rate of 85% to 150k survey questions).
20. Service users' comments on social media are routinely monitored, this provides qualitative feedback and evidence on peer to peer recommendation.

Comments on social media:

"There's literally no reason to not be having check-ups if you're sexually active. You can get kits delivered to your door (shl.uk for London folk), test from home and drop it in a postbox as you go about your day. Doesn't require any effort at all."

"shl.uk – a useful website for you busybodies"

*"In #London UK just log onto shl.uk fill in a basic qnair and BOOM!
FREE FAST SEX KIT straight to your door.*

Takes 10 mins, post it back freepost & results within dayz"

*"The Sexual Health London home testing kits are so good,
though I feel guilty cos I know it's just another slice of infrastructure
that the rest of the country is deprived of. I hope I'm wrong"*

Service development and continuous improvement

21. The service user portal was overhauled in April 2019, leveraging improvements to the service user experience which included:

- Smoother transitions across the triage questions,
- A "[clinic finder](#)" function,
- Additional questions to help identify child sexual exploitation,
- Enhanced security options such as 2 factor authentication,
- The ability to share test results with others e.g. General Practice.

22. Service improvement developments that are currently in train, include:

- Providing participants on the PrEP (HIV) impact trial with the option to use shl.uk for their routine STI tests,
- Widening access to the chlamydia treatment pathway,
- Enabling alternative providers to issue test kits e.g. Brook Young People's services, substance misuse services and community pharmacies
- Working with the authorities to complete a Health Equity Audit,
- Micro-targeting underrepresented groups e.g. ethnic minority gay and bisexual men, by working with community-based organisations.

23. The related authorities are also exploring the potential for:

- Tracking users who needed treatment or further tests back into the clinics,
- Activating the remaining named authorities (Croydon and Sutton),
- Providing online access to basic contraception.

Financial implications

24. The sexual health e-service for London is jointly funded by partner authorities at no risk to the City of London.

Corporate and strategic implications

25. The sexual health e-service for London supports the following City of London Corporation Corporate and Department of Communities and Children's objectives:

- **Corporate Plan:** Contributing to a flourishing society, through supporting the outcome: People enjoy good health and wellbeing; and
- **Department of Communities and Children's Services:** People of all ages enjoy good health and wellbeing, through supporting the outcome: residents and workers live healthier lives.

Conclusion

26. In conclusion, the London Sexual Health e-service has successfully mobilised and is both testing and treating populations who might not otherwise have access to sexual health services. Service users are overwhelmingly positive in their feedback to the service, and the service continues to make improvements as it matures. By agreeing to facilitate the hosting of this contract, the City of London Corporation has added significant value to the sexual health landscape in London.

Appendices

None

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Committee:	Dated:
Health and Wellbeing Board	14/06/2019
Subject: Bi-Annual Performance Report	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report Author: Tinu Williamson-Taylor, Senior Performance Analyst, Department of Community and Children's Services	

Summary

This report presents the performance data for 2018/19 across a range of agreed key performance indicators. Appendix 1 contains the Health Outcome indicators, and during Q4 2018/19, three-quarters of the targets (75%) were met or exceeded.

Recommendations

Members are asked to:

- Note the report.

Main Report

Background

1. This is the performance report for 2018/19 for the key indicators being used to assess progress in delivering the Joint Health and Wellbeing Strategy (see appendix 1).

Priority 1: Good Mental Health

2. The number of those in agreement that library services have a positive impact on their family's health and wellbeing has been consistently high in 2018-19 (between 94% and 99%), exceeding our target for this indicator (86%).
3. During 2018-19, 22 safeguarding conversations were held, of which 15 discussed the outcomes that service users would like to achieve in line with the Making Safeguarding Personal approach to safeguarding. All reported that these expressed outcomes had been either fully or partially met.
4. The reported quality of life scores for adult social care users in 2018-19 averaged 19.3 out of 24, which is above the London average and an improvement of the score of 18.1 out of 24 in 2016-17 (the last available date

for which figures are available). For carers the score was 7.5, which is a little lower than in 2016-17 (when it was 7.7) but is above the London average.

Priority 2: Healthy Urban Environment

5. The targets for number of construction starts (amber) and completions (red) of social homes have not been met in 2018-19, although there have been 66 starts. Significant progress has been made with the delivery of ten flats in Middlesex Streets and extensive consultation is taking place in Sydenham Hill for the delivery of 130+ new flats.
6. All City housing meets the 'decent home' standard and has had a fire risk assessment.
7. There has been a significant increase in the number of people deemed to be 'living on the streets' in the second half of 2018-19, rising from 34 in Q1 to 74 in Q4, which is significantly above the target of 'less than 46'. This increase has corresponded to a decrease in the numbers of rough sleepers in neighbouring boroughs, suggesting that often entrenched rough sleepers may be coming into the City from other parts of London.
8. Several factors affect the City's rough sleeping population:
 - Drug dependency is a barrier to some rough sleepers accessing No Second Night Out (NSNO) support.
 - The City has a comparatively high number of intermittent rough sleepers who are not eligible for NSNO.
 - There are capacity issues, as the hubs are often closed.

The Homelessness and Rough Sleeping Sub-Group of the CCS Grand Committee is closely monitoring developments and overseeing a programme of work to improve outcomes for rough sleepers.

Priority 3: Effective Health and Social care integration

9. There were 305 delayed transfers of care (DTOCs) attributable to the NHS in 2018-19, significantly exceeding the annual target of 182. The bulk of the delays were for those awaiting assessment for continuing healthcare and/or awaiting a residential home placement. Where these are recorded as NHS delays, they are often affecting people who self-fund care. The City of London can assist in advising self-funders on how to look for care providers and can offer some interim support to reduce any delays in their transfer; but, if this is refused, then it is the responsibility of the NHS provider to ensure that the patient is moved into the community.

10. DTOCs attributed to the City of London's adult social care provision totalled 17 in 2018-19 against an annual target of 73.
11. Seventy per cent of new rough sleepers slept out just once, below the annual target of 76%. However, fewer new rough sleepers went on to join the 'living on the streets' cohort in Q4 compared to Q3.

Priority 4: Children have the best start in life

12. Performance for all Early Years Foundation Profile (EYFSP) pupils including those in private, voluntary and independent settings is 81.3% (n = 48). Performance for children at Sir John Cass is 77.4%, however, performance of City resident children attending Sir John Cass and Islington primary schools (19 pupils) are in line with target at 78.9%.
13. There has been a notable improvement of the take up of youth services for children and young people with SEND in 2018-19, from 3 in Q1 to 6 in Q4.

Priority 5: Promoting healthy behaviours

14. The percentage of people engaging in the City cessation programme who have successfully quit smoking is 59% (210/361). This exceeds the annual target of 50%; but the number of people starting smoking cessation – at 361 – is significantly below the annual target of 500.
15. The overall number of residents taking up an NHS health check in 2018-19 was 466, somewhat below the annual target of 529. The services has faced challenges with community engagement, and with a lack of available venues within the City. Corporation officers have met with the provider to review the action plan to identify how performance can be improved so future targets can be met.
16. The total number of participants in the exercise on referral programme who were still active 6 months after their initial assessment in 2018-19 was 12. The provider was issued with a poor performance notice in 2017/18 and this appears to have resulted in some improvements in recruitment to the programme.
17. Young people made a total of 6,526 visits to the Golden Lane Sport and Fitness Centre in 2018-19, which was 90% of the target figure of 7,282. It should be noted that this measure will include residents of other London Boroughs, and we are looking at how we can capture use by City residents in future.

Conclusion

18. Members are asked to note the performance reported in Appendix 1.

Appendices

- Appendix 1 – Health & Wellbeing Outcome Indicators

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Appendix 1: Health & Wellbeing Outcome Indicators 2018/19

Priority 1: Good Mental Health								
		Target	Q1	Q2	Q3	Q4	RAG	Comments
1.1	Percentage of library users who report a positive impact on health and wellbeing due to library's services and activities.	86%	94%	96%	99%	95%	G	This target has been consistently exceeded throughout the year.
1.2	Percentage of adults referred for safeguarding (such as abuse or neglect) whose expressed outcomes are fully or partly met	Above the 2017/18 Inner London Average: 91%	100%	71%	100%	100%	G	During the year, 22 safeguarding conversations were held, of which 15 were asked for their Making Safeguarding Personal (MSP) expected outcomes. All reported that these were fully or partially met.
Page 3 157	Adult social care service users who reported a good quality of life	Above London Average	n/a	n/a	n/a	19.3 (Users)	G	Reported quality of life is out of 24 points. There has been a significant improvement made with users in the last 2 years. In 2018-19 user score was 19.3 compared with 18.1 in 2016-17. This is above London average.
	Adult social care service carers who reported a good quality of life	Above London Average	n/a	n/a	n/a	7.5 (Carers)	G	More work is required to improve carer support as this measure dropped from 7.7 in the previous survey to 7.5. This is still above the London average.

Priority 2: Healthy Urban environment

			Target	Q1	Q2	Q3	Q4	RAG	Comments
2.1	New social homes	Number of planning consents	3	0	3	3	3	G	The quarterly figures are cumulative for the year. Housing colleagues have noted 'Good progress has been made with the delivery of 10 flats at Middlesex Street, and extensive consultation is taking place at Sydenham Hill where it is intended to deliver 130+ flats.'
		Number of construction starts	92	0	10	56	66	A	
		Number of completions	13	0	0	0	0	R	
2.2	Reduced number of people deemed 'living on the streets'		Less than 46	34	30	66	74	R	There has been a significant increase in the LOS population in 2018-19. There is movement of rough sleepers across Borough boundaries, including entrenched rough sleepers.
2.4	Proportion of City housing stock meeting 'decent home' standard		89% (2016/17 London average)	n/a	n/a	n/a	100%	G	This exceeds the London average.
	Annual fire risk assessments		100%	n/a	n/a	n/a	100%	G	Annual target has been met.

Priority 3: Effective Health and Social care integration

		Target	Q1	Q2	Q3	Q4	RAG	Comments
3.1	Reduction in delayed transfers of care (discharge) from hospital – NHS	182 (annual)	89	103	16	58	R	DTOCs attributed to the NHS at 305 over 2018-19 have exceeded the annual target of 182 by a significant amount.
3.2	Reduction in delayed transfer of care (discharge) from hospital – ASC	73 (annual)	10	0	7	0	G	DTOCs attributed to the City of London at 17 were significantly below the annual target of 73.
3.3	Proportion of people who require less support following a period of reablement	78% (2016/17 National Average)	100%	100%	83%	100%	G	In 2018-19, 28 people required less support following reablement, with 15 (54%) requiring no support.
3.4	Reduction of average cost of residential social care	£906.18 during 2017/18	£673.39	£741.24	£688.94	£688.15	G	There has been a significant reduction compared to 2017-18.
	Increased proportion of new rough sleepers who sleep out just once	76%	76%	59%	76%	70%	A	Although the number of new rough sleepers in the period was lower than Q3, the number in Q4 is still substantially greater than earlier quarters in the year and during the same period last year. A reduced proportion of rough sleepers who are seen only once in the period is slightly below target and Q3 figure. However, fewer went on to join the living on the streets cohort in Q4.

Priority 4: Children have the best start in life

		Target	Q1	Q2	Q3	Q4	RAG	Comments
4.1	Percentage of children achieving good level of development in foundation stage profile (FSP)	% above London rate: Pan London average 2018 73.8%	n/a	78.9%	n/a	n/a	G	<p>2018/19 figures are yet to be collated for reporting.</p> <p>Performance for all Early Years Foundation Stage Profile (EYFSP) pupils, including those in private, voluntary and independent settings is 81.3% (n = 48).</p> <p>Performance for children at Sir John Cass's Foundation Primary School is 77.4%. However, that of City residents attending Sir John Cass's and Islington primary schools (19 pupils) is in line with target at 78.9%.</p>
4.2	Percentage inequality gap in achievement across all the Early Learning Goals	% below London rate: Pan London average 2018 31.4%	n/a	29.4%	n/a	n/a	G	Performance for all children, including those in independent, private and voluntary settings is 29.4% on the most recent measure (n = 48). Result for the City's maintained school – John Cass – is 33.3% (n=31).
4.3	Percentage of assessments for children's social care carried out within 45 days of referral	Above the Inner London average 2018: 77.9%	54.5%	100%	100%	80% (YTD)	G	A total of 42 Child and Family Assessments were completed during the year, taking an average of 35.7 days. The YTD figure exceeds the target.
4.4	Take up of Youth Services for children and young people with SEND	Increase in participation of target groups	3	4	1	6	G	The Q4 performance is the highest this year, and double that in Q1.

Priority 5: Promoting healthy behaviours

		Target	Q1	Q2	Q3	Q4	RAG	Comments
5.1	Percentage of people engaging in the City smoking cessation programmes who quit smoking	42% (n=500)	51% (n=102)	52% (n=91)	74% (n=77)	60% (n=91)	G	YTD performance is 59% (n = 210/361), which is above target. The number of new starters is below target – 361 against a target of 500.
5.2	Residents taking up an NHS check	529 (annual)	71	183	106	106	A	The overall figure for 2018-19 is 466 (88%). Challenges for the service include limitation of available venues and issues with community engagement. These are being addressed.
5.3	Number of participants in the exercise on referral programme who are still active 6 months after their initial assessment	50	0	0	5	7	R	The overall figure is 12 for 2018-19, representing only 24% of the annual target. This programme is under review for decommissioning.
	Use of the Golden Lane Sport and Fitness Centre by young people	7282 Visits	1773 Visits	1606 Visits	1635 Visits	1,512 Visits	G	A total of 6,526 visits were made in 2018-19, 90% of the target. It should be noted that these figures include residents of other local areas. We are looking at how we develop this measure to capture use by City residents.
5.5	Participation in Business Healthy programme	Newsletter Subscribers: 1400; Individual Orgs: 1200 by December 2018	Newsletter Subscribers: 1064; Individual Orgs: 766	Newsletter Subscribers: 1053; Individual Orgs: 797	Newsletter Subscribers: 1070; Individual Orgs: 798	n/a	Not RAG-rated	The reporting cycle for this indicator ended in December 2018, with performance 26% below the target. This reflects the impact of GDPR. Compared to December 2017, the number of individual member organisations increased by 22% and the number of individual subscribers rose by 3%.
5.6	Take up of e-services for sexual health testing - % of people who return a kit and receive their results within 21 days of ordering	70%	77%	n/a	78%	71.6%	G	51,788 kits requested in Q4, with 37,080 kits returned.

Committee:	Date:
Health and Wellbeing Board	14.06.2019
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information
Report Author: Jordann Birch, Partnership and Engagement Assistant	

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. Safer City Partnership and Community Safety Team Update**
- 2. Joint Strategic Needs Assessment (JSNA) Update**

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Safer City Partnership and Community Safety Team Update

Serious Violence: New Legal Duty to Support Multi-Agency Action Government Consultation

The Home Office is proposing a new legal duty to support a multi-agency or public health approach to tackling serious violence. This would involve a range of partners and agencies such as education, health, social services, housing, youth and victim services, and offender management, as well as the voluntary and charitable sector.

The Government has published a consultation document outlining three options.

Option one: New duty on specific organisations to have due regard to the prevention and tackling of serious violence

Option two: New duty through legislating to revise Community Safety Partnerships

Option three: A voluntary non-legislative approach

This proposal comes in the wake of major new measures to tackle violent crime outlined by the Home Secretary which builds on the Government's Serious Violence Strategy published in April 2018. This includes the Early Intervention Youth Fund which encourages partnership working between the police and community safety teams by providing funding to support early intervention and prevention with young people. The Home Secretary has also asked Dame Carol Black to lead an independent review of drug misuse and its links to serious violence.

As part of this consultation process, the Government is interested in views about how this new duty could be imbedded into existing partnerships, leading on safeguarding or Community Safety Partnerships (so the Safer City Partnership – SCP – for the City). These partnerships already have an important role to play in preventing and tackling serious violence. They operate under a statutory duty (established under the Crime and Disorder Act 1998) to work together and include the Police, the Clinical Commissioning Group, Probation, London Fire Brigade and others.

The Home Office has stated that Option one is the preferred option of central government. It requires legislation to place a new duty on specific organisations or specific functions and to have due regard to the prevention and tackling of serious and organised crime. Specific organisations would include local authorities, criminal justice institutions, education, childcare institutions, health and social care bodies and the police.

However, the SCP has backed Option two - a new duty through legislation to amend CSPs to ensure they have a strategy for preventing and tackling serious violence. This is in line with the views of many Community Safety Partnerships, as well as other relevant bodies. The main concerns around Option One being the desirability of establishing new and potentially overlapping partnership arrangements.

The SCP response will highlight the need for any new duties to be flexible to allow adaption to local issues and circumstances. We shall also highlight the importance of resources in delivering evidence- based approaches.

The SCP considered and noted the draft Alcohol strategy, members acknowledged its success in capturing the range of existing activity.

Domestic Abuse

Since February two cases were referred to the City of London MARAC based on professional judgement. Three additional cases were referred out to other local authorities including one that was high risk.

Anti-social behaviour

Work is ongoing to improve the City's response to the spectrum of Anti-Social Behaviour that occurs in the Square Mile. The Community Safety Team will be developing a framework of options and helping agree a Corporate approach. Particular work is required around recording incidents and logging incidents (both victims and perpetrators). Embedding the use of the E-CINS case management system will be central to this process.

Proceed of Crime Act Funds

The Safer City Partnership has been allocated £45,000 by the City of London from the Proceed of Crime Funds they have been allocated. A framework to allow SCP partners to bid into this pot is being developed. It is likely that the criteria will include meeting one of the agreed SCP priorities and being sponsored by two or more partners (to encourage joint working approaches).

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

2. Joint Strategic Needs Assessment (JSNA) Update

The 'Health and Wellbeing Profile' - also known as a Joint Strategic Needs Assessment (JSNA) - presents evidence on the key needs of the local population. Health and Wellbeing Boards have a statutory duty to publish a local JSNA.

The information contained within the JSNA is used for different purposes including informing funding bids for voluntary sector organisations, commissioning services to meet the needs of local people, and monitoring the performance of services in meeting those needs. It also informs the strategic direction of the Health and Wellbeing Boards.

Feedback gathered during 2016 from key stakeholders (including senior leaders that there was an opportunity to provide easier access to information in a clear and consistent format. It was also felt that the full JSNA refresh previously produced every 3 years was less useful than regular rolling updates – and that these could be scheduled to provide more timely access to accurate and reliable information in support of commissioning decisions.

A new website (<https://hackneyjsna.org.uk/>) was therefore launched in 2018 to improve online access to information published by the local Public Health

Intelligence Team. The site enables users to search and filter content they are interested in and receive information relevant to them. Some sections are available in an interactive format where users can search and filter content, whilst some content is available to download for people interested in specific topics.

Topic headings are consistent across the website – they include causes and risk factors, local numbers affected, inequalities, comparisons with other areas and over time, evidence and good practice, local services, gaps and opportunities.

It is hoped that the website is already facilitating more effective working together across organisations to improve the health and wellbeing of residents and visitors, and to reduce health inequalities.

Sections updated during the past year include:

- Infectious disease
- Vulnerable adults
 - Carers
 - Learning disability
 - Physical disability
 - Older people
 - Multimorbidity
- Adult health and illness
 - Cardiovascular disease
 - Respiratory disease
 - Diabetes
 - Obesity
 - Cancer
 - Musculoskeletal disease
 - Oral health
 - Sickle Cell disease
 - Sensory Impairment
 - Mortality
 - Use of services

And the following sections are intended to be published during the coming year:

- Demographics
 - The environment (including air pollution, noise, and climate change)

- Sexual health
- Substance misuse
- Mental health
 - Children and young people's mental health
 - Common mental health disorders
 - Severe and enduring mental ill health
 - Suicide
 - Dementia
 - Links between physical and mental health

We expect to send out invitations soon for the next full stakeholder workshop, reflecting on the future format of the JSNA, to be held during Autumn 2019.

The team also produce a weekly public health evidence newsletter, summarising key local and national information of relevance to health and wellbeing. You may view recent copies and subscribe at this link: <http://tinyurl.com/zgtvnvh>

For more information, please contact Sandy Miller, Public Health Intelligence Team Leader, alexander.miller@hackney.gov.uk

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