



Health and Social Care Scrutiny Committee

Date: TUESDAY, 16 JULY 2019

Time: 9.30 am

Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Chris Boden
Michael Hudson
Wendy Mead
Vivienne Littlechild
Deputy Edward Lord

Co-Optees: Steve Stevenson

Healthwatch City of London
representative

Enquiries: Julie Mayer
julie.mayer@cityoflondon.gov.uk

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**

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

3. **ORDER OF THE COURT**

Members are asked to note the Order of the Court dated 25 April, appointing the Committee and confirming its Terms of Reference.

For Information
(Pages 1 - 2)

4. **ELECTION OF CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 29**

For Decision

5. **ELECTION OF DEPUTY CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 30**

For Decision

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

For Decision

7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

For Decision

8. **MINUTES**

To agree the public minutes and non-public summary of the meeting held on 27 February 2019.

For Decision
(Pages 3 - 12)

9. **AIR QUALITY STRATEGY 2019 - 2024**

Report of the Director of Markets and Consumer Protection.

For Information
(Pages 13 - 18)

10. **AIR POLLUTION AT ST BARTHOLOMEW'S HOSPITAL - UPDATE**

Director of Markets and Consumer Protection.

For Information
(Pages 19 - 22)

11. **CITY WORKER HEALTH RESEARCH - PRESENTATION**

For Information

12. **ADULT SOCIAL CARE SURVEY 2018/19 FINDINGS AND CARERS SURVEY INDICATIVE FINDINGS 2018/19**
Report of the Director of Community and Children's Services.
For Information
(Pages 23 - 28)
13. **MENTAL HEALTH STRATEGY 2015-18 - IMPACT ASSESSMENT**
Report of the Director of Community and Children's Services.
For Information
(Pages 29 - 48)
14. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2018/19**
Report of Healthwatch Hackney.
For Information
(Pages 49 - 74)
15. **BABYLON GP AT HAND**
Report of City and Hackney Public Health Intelligence.
For Information
(Pages 75 - 82)
16. **POTENTIAL SCRUTINY TOPICS 2019/20**
Report of the Director of Community and Children's Services.
For Discussion
(Pages 83 - 84)
17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
19. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

20. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
21. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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ESTLIN, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 25th April 2019, doth hereby appoint the following Committee until the first meeting of the Court in April, 2020.
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HEALTH & SOCIAL CARE SCRUTINY COMMITTEE

1. **Constitution**

A non-Ward Committee consisting of,

- Any 6 Members appointed by the Court of Common Council
- 1 Co-opted Healthwatch representative.

The above shall not be Members of the Community & Children's Services Committee or the Health & Wellbeing Board.

2. **Quorum**

The quorum consists of any three Members. [N.B. - the co-opted Member does not count towards the quorum]

3. **Membership 2019/20**

- 4 (4) Christopher Paul Boden
- 4 (4) Michael Hudson
- 4 (4) Vivienne Littlechild, M.B.E., J.P.
- 4 (4) Wendy Mead, O.B.E.
- 1 (1) Charles Edward Lord, O.B.E., J.P., Deputy, *for one year*
Vacancy

together with the co-opted Member referred to in paragraph 1 above.

4. **Terms of Reference**

To be responsible for:-

- (a) fulfilling the City's health and social care scrutiny role in keeping with the aims expounded in the Health and Social Care Act 2001 and Part 14 of the Local Government and Public Health Act 2007 (Patient and Public Involvement in Care and Social Care);
- (b) agreeing and implementing an annual work programme; and
- (c) receiving and taking account of the views of relevant stakeholders and service providers by inviting representations to be made at appropriate meetings.

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE Wednesday, 27 February 2019

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Room - 2nd Floor West Wing, Guildhall on Wednesday, 27 February
2019 at 11.30 am

Present

Members:

Michael Hudson (Deputy Chairman)
Wendy Mead
Alderman Emma Edhem
Vivienne Littlechild MBE
Steve Stevenson

Officers:

Gemma Stokley	- Town Clerk's Department
Simon Cribbens	- Community & Children's Services Department
Xenia Koumi	- Community & Children's Services Department
Ellie Ward	- Community and Children's Services Department
Ruth Calderwood	- Air Quality Manager

Also in attendance:

Robert Brown	- Newham CCG
David Maher	- City and Hackney CCG

1. APOLOGIES

Apologies for absence were received from Chris Boden (Chairman) and Alderman Alison Gowman.

The Deputy Chairman therefore took the Chair.

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

Steve Stevenson declared a standing interest by virtue of being resident in the City of London.

Vivienne Littlechild declared a standing interest by virtue of being resident in the City of London.

3. MINUTES

The Town Clerk explained that, as the last meeting of this Committee had been inquorate, Members would need to consider the minutes of their previous two meetings.

a) 1 May 2018

The public minutes of the meeting held on 1 May 2018 were tabled. The minutes were considered and approved as a correct record.

b) 6 November 2018

The public minutes of the inquorate meeting held on 6 November 2018 were considered.

Mrs Mead highlighted that she had also sent apologies to the meeting and asked that these be recorded. It was also noted that it was David Maher as opposed to Dan Maher who had been one of the City and Hackney CCG representatives at the meeting. The Town Clerk undertook to make these amendments to the published minutes.

Subject to the amendments above, the minutes were approved as a correct record.

4. COMMITTEE WORK PLAN 2019/20

The Committee considered suggested items for inclusion in the 2019/20 workplan.

A Member requested that an item looking at how personal budgets/carers allowances were working following recent cuts be added to the workplan.

The Deputy Chairman suggested that the workplan be reconsidered towards the end of the agenda as some of the items for consideration today may lead to the addition of further points.

5. INNER NORTH EAST LONDON (INEL) JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (HOSC)

The Committee received a report of the Director of Community and Children's Services presenting the recently revised Terms of Reference of the Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (HOSC).

The Deputy Chairman also welcomed Robert Brown, Senior Scrutiny Policy Officer at the London Borough of Newham, to talk to the report. Mr Brown highlighted that the INEL HOSC incorporated the London Borough of Newham, Tower Hamlets, the London Borough of Hackney and the City of London Corporation. The Committee had not now met since November 2017, but the plan was now to resurrect more regular meetings over the next few years.

Members were informed that a revised Terms of Reference document was attached to the report for comment and that a new protocol was also in place to help Members to have a better understanding of what types of issues could come to HOSC meetings.

Mr Brown confirmed that the City of London Corporation had one representative on the Committee and that, at present, this was the Chairman of this Committee, with the Deputy Chairman as a substitute. It was highlighted

that this, however, may change given that HOSC meetings were evening meetings and that this often proved problematic for the Chairman. The Deputy Chairman state that it may be that he therefore become the City's representative on the HOSC with a new substitute appointed. He clarified that it was not necessary for the City's representative to be either the Chairman or Deputy Chairman of this Committee and that this would therefore be a matter for Members to decide in due course. It was noted that it would be preferable for the City to have a consistent attendee at these meetings going forward.

In response to questions, Mr Brown clarified that meetings of the HOSC took place in Stratford at the Old Town Hall. He added that key issues that the meetings would be considering in the coming months included the Estate Strategy in April 2019 and the NHS Long Term Plan in September 2019 which would be a joint Inner North East London (INEL) and Outer North East London (ONEL) meeting. It was also noted that David Maher and Selena Douglas would be invited to attend all future meetings.

With reference to the proposed revised terms of reference, Members requested that the contributors be referred to as authorities as opposed to boroughs.

Members suggested that it would be helpful to be provided with a meeting schedule for the year ahead in advance. The Deputy Chairman added that he would like all Members of this Committee to be sent the papers for future meetings for information and that he would welcome any input they may have to feed in to this meeting.

The Committee noted the proposal around the London Borough of Waltham Forest joining the INEL HOSC to reflect structural changes to the Clinical Commissioning Groups. Members were generally supportive of this noting that it was correct that the Committee should have scrutiny powers over Whipps Cross.

Mr Brown thanked the Committee for their input and highlighted that there had also been proposed amendments to the terms of reference from other contributors and that these would therefore be reflected in a final version of the document which would be referred to the next HOSC meeting for final approval.

RESOLVED – That Members note the report.

6. HEALTH AND SOCIAL CARE INTEGRATION UPDATE

The Integration Programme Manager gave a presentation updating the Committee on Health and Social Care Integration.

The Programme Manager reminded the Committee that the City of London Corporation had entered into integrated commissioning arrangements with City and Hackney CCG in April 2017 to commission together across health, public health and social care. A governance structure was set up at the time and has proceeded. Four workstreams (delivery arms of the programme) were included – prevention, unplanned care, planned care and children, young people and maternity services.

The presentation covered the following points:

Key areas of work:

- A neighbourhood model – integrated care at a local level built around GP practice populations of 30-50,000. It was highlighted that the Neaman Practice is part of the Shoreditch Park and City neighbourhood. The Neaman Practice are part of the wider neighbourhood management group but there would be a bespoke operational model for the City. There would be links across with the integrated care model in Tower Hamlets as many residents on the east side of the City are registered with Tower Hamlets CCGs. The City were now meeting regularly with Tower Hamlets CCG.
- Neighbourhood health and care services – The Committee were informed that a project was underway to look at how community health services could be realigned to deliver the neighbourhood model and how social care services would also link in with this. Extensive engagement had been undertaken with stakeholders and engagement with residents would follow as thinking around this continued to develop. A Member referred to recent, personal experience with the health service and highlighted that patients in the City wishing to access GP chiropody services were being instructed that they must first visit St Leonard's. She expressed her concern and confusion around this approach. Mr Maher reported that it was expected that direct access opportunities would open up as part of the new model.
- Pooling of CHC and ASC budgets – Members were informed that the Integrated Commissioning Board (ICB) agreed to pool budgets for health and social care in February 2018. The Programme Manager reported that, to date, the process of pooling the budgets had been slower than anticipated. Associated infrastructure was also to be developed – for example joint brokerage and decision-making panels. There would also be an opportunity to open up the market and ensure equity around costs between organisations. Risk sharing arrangements were also being developed focusing on financial aspects such as overspend/underspend.

Other work:

- Development of urgent care service – looking at what the provision will be for City and Hackney. A Member commented that she was aware that the Managing Director of the Barts Hospital site wanted the City Corporation to install signage informing the public that there was no Accident and Emergency Department situated at the hospital. The Deputy Chairman stated that he was of the view that this was something for the hospital to progress if they felt it necessary. The Member went on to state that she had stressed the need for a critical care centre at the site given that the demand for this clearly existed, particularly when taking into account the half a million workers in the City each weekday and those visiting the City for its night time economy. Another Member highlighted that there was a minor injuries unit at Barts and that it was important that any signage around the lack of an Accident and Emergency Department did not steer people away from this. He was of

the view that the minor injuries unit should be better signposted and promoted.

- Making Every Contact Count (MECC)
- CAMHS pathways transformation
- Outpatients transformation

Issues and Risks:

- Governance Review – integrated care vision updated and now more succinct
- Sustainable Transformation Partnership (STP) and local integrated care systems – looking at how these are structured
- Risk sharing – following pooled budgets there could be other areas of pooling going forward
- Future funding landscape – fairer funding, Comprehensive Spending Review (CSR), additional health funding etc
- City flexibility within larger health and care systems – in terms of the services the City wanted to provide and how it provided them.

A Member took this opportunity to highlight a recent experience whereby an elderly neighbour of hers who was resident in the City had had to spend a period of almost six weeks in hospital at UCH because of difficulties around securing an occupational therapist. The patient had to await a therapist from Camden before it was deemed she was able to return home. This experience clearly demonstrated the need to tighten up in terms of co-ordination of care. The Committee were of the view that experiences such as these were wholly unsatisfactory and asked that a strong message along these lines be sent back to relevant Officers. The Programme Manager confirmed that the City had its own Occupational Therapist as did the hospital.

In response to further questions, the Programme Manager reported that there was an even split between those requiring acute admissions in the City being sent to UCH or the Royal London Hospital.

Another Member referred to the fact that the Neaman Practice was now open for on the day appointments on a Saturday, covering the whole of the City and Hackney area. He questioned whether funding for this had yet been allocated and suggested that the practice themselves had expressed some concern around this. There was also some concern at the fact that there hadn't been great take up in terms of the Saturday offering due to a lack of awareness about this. It was reported that, whilst the offering had been available for approximately 9 months now, even the local pharmacy had been unaware of this until very recently. It was suggested that this could be promoted in future editions of City Matters.

The Programme Manager confirmed that this had been set up in response to NHSE requirements for extended GP surgery hours. In the City and Hackney area, this had been delivered through 'hubs' and divided between practices. 111 calls could also direct patients to this service. She went on to confirm that City Resident was planning a health focus for its April edition and that articles for inclusion within this were currently being drafted by Officers.

Mr Maher confirmed that the service had also been advertised as part of the City and Hackney's winter planning/flu literature with leaflet drops to local residents.

RESOLVED – That, Members note the contents of the presentation.

7. CITY OF LONDON HEALTH PROFILE 2018

The Committee received a report of the Director of Community and Children's Services setting out the City of London Health Profile 2018 containing summary information on the health of the people in each local authority area and factors that may influence their health.

A Member underlined that City residences were often second homes for some. He stated that, if this were the case and these individuals were accessing health care in the City, he hoped that City and Hackney were received the funds for this.

With regard to the paragraph concerning violent crime, a Member referred to a recent Evening Standard article that had produced statistics on the safest postcodes in London. He noted that EC1Y, the Golden Lane Estate, had been listed as London's second safest postcode.

A Member referred to the paragraph on new STI diagnoses. She recalled that this Committee had previously been informed that people would no longer be permitted to use their office postcode to access sexual health services so that funds could be adequately reclaimed. Officers undertook to look into this matter further and report back to Members. It was, however, highlighted that the recently published statistics were taken up to July 2018 and it could, therefore, be that there was a lag in the data around this as a new clinic had now been established.

RESOLVED – That Members note the City of London Health Profile 2018 and consider how they might use it to shape their forward-planning process.

8. 2017/18 CLINICAL COMMISSIONING GROUPS (CCG) ASSESSMENTS FOR MENTAL HEALTH, DEMENTIA, LEARNING DIFFICULTIES AND DIABETES

The Committee received a report of the Director of Community and Children's Services presenting the 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes.

Members were pleased to note that City and Hackney CCG had received an 'Outstanding' assessment rating in terms of Dementia. A Member went on to refer to the fact that there were very few care/nursing homes in the City and Hackney area with none at all in the City itself and just 3-4 based in Hackney. Another Member recalled that there had previously been a respite care centre based in the City of London Maternity Hospital but that this no longer existed.

The Deputy Chairman referred to the City and Hackney's 'Requires Improvement' assessment score in terms of Learning Disabilities. He said that he failed to understand how this score had been arrived at from reviewing the information provided within the report. He asked for greater clarity around this going forward. Mr Maher highlighted that there was currently a difference between how data on learning disabilities was considered nationally and how it was uploaded and recorded locally. The Deputy Chairman reiterated that he would still like to see more clarity in future around what exactly required improvement in this area, where and why. Mr Maher stated that Officers had sent back similar feedback on this data.

The Assistant Director of Commissioning and Partnerships confirmed that the City currently had 14 clients registered as having learning disabilities and confirmed that the City was meeting their needs satisfactorily. Members suggested that a note to this effect would be helpful in future reports.

RESOLVED – That, Members note the report.

9. NHS 10 YEAR PLAN

The Committee received a report of the Director of Community and Children's Services alerting Members to the publication of a new NHS Long term plan and setting out key messages from the Local Government Association and a response from the Accountable Officer of NHS North East London Commissioning Alliance.

A Member commented that the cuts to funding were extremely concerning.

The Integration Programme Manager reported that the City of London Corporation, like others, did receive winter pressures funding and that and that some of these funds had been used to trial the engagement of an additional member of Occupational Health staff to see what value this might add to the services provided in supporting hospital discharge.

Mr Maher reminded Members that 2019 was the final year of the current 5-year NHS plan and that it was proposed that a 10-year plan (called the Long-Term Plan) be introduced thereafter. He acknowledged Member concerns around funding cuts and stated that this was particularly concerning around social care. He added, however, that he felt that mental health had made significant gains particularly around the introduction of more specific, measurable goals.

It was highlighted that there was a greater focus on digital care within the Long-Term plan with the intention being that all service users would have the right to request an online consultation with their GP by 2022. There was a strong indication that this would be preferable for City workers and also younger people. A Member stressed the fact that City and Hackney CCG were not responsible for the health care of City workers if they were not also resident in the area. The Assistant Director of Commissioning and Partnerships clarified that online consultations would be linked to the users own GP practice and would be dependent on the user being registered with a particular GP. He added that registering for online health services using a work address would be

unlikely to be possible. He agreed that, were this not the case, there could be issues around how services were funded and costs falling to City and Hackney CCG. A Member stressed that this had been the case regarding the sexual health services to date. Mr Maher stated that it was his understanding that it was the responsibility of the online service providers to manage the reclaiming of any costs.

A Member referred to the fact that there were reciprocal arrangements in place for UK citizens accessing medical treatment in Europe but that this, nevertheless, required users to pay for these services up front before reclaiming these costs at a later date. She questioned why this was something that the NHS had failed to implement. Mr Maher confirmed that, at present, trust do have the option of reclaiming costs for out of area medical activity, but successful reimbursement is inconsistent. The Member added that even private health care providers required money for treatment up front.

Mr Brown confirmed that the 10-year plan would be considered further at the September 2019 annual JOSCH meeting.

RESOLVED – That, Members note the report.

10. DRAFT AIR QUALITY STRATEGY

The Committee received a report of the Interim Director of Consumer Protection and Markets Operations relative to the City Corporation's Draft Air Quality Strategy.

The Air Quality Manager presented the report and supplemented this with a presentation to Members, slides for which were tabled at the meeting.

The Air Quality Manager highlighted that Air Pollution was very much a public health issue. The Presentation touched on the background and context of the strategy with the Air Quality Manager underlining that this was a statutory function for the organisation. She was pleased to report that there had been improvements in the City's air quality which was now regularly monitored in many locations throughout the Square Mile. Members were informed that the City had been an Air Quality Management Area since 2001 and that an action plan around this had been in place since 2002, against which Officers regularly reported on progress.

The Air Quality Manager went on to report that Nitrogen dioxide and small particles were the pollutants of concern, the former being heavily associated with respiratory issues. The City, situated at the heart of London was affected in terms of air quality, by what happened in the surrounding boroughs. The City's narrow streets and tall buildings also enabled pollutants to be 'trapped'. Buses were a particular problem, as depicted by the Fleet Street area. However, Members were informed that positive steps were being taken here with the introduction of hybrid vehicles and electric single decker buses on City routes.

A Member questioned the increase in pollutants around the Barts Hospital site. The Air Quality Manager confirmed that this was a result of the movement of the sites power/energy plant which was very large in size. She confirmed that

Officers were keen to explore this matter further with the hospital site's management. The Deputy Chairman questioned whether certain filters could be installed within the plant to mitigate this or if something as straightforward as planting additional trees nearby to help absorb the additional pollutants might go so far to addressing the problem. The Air Quality Manager underlined that it was difficult for Officers to stipulate here. Members suggested that Officers should look to work with colleagues in planning to ensure that certain conditions were put on any new plants in terms of installing adequate filters going forward. The Air Quality Manager highlighted that, in previous years, there had been a promotion of the use of combined heat and power plants which tended to be the worst offenders. There was now, therefore, a conscious move away from this now. The Committee were of the view that their Chairman should be instructed to write to the Chief Executive of Barts regarding the City's concerns around the relocation of their plant and question what they planned to do about its negative effects on air quality. The Town Clerk undertook to produce a draft of this and circulate to all Members for comment/input ahead of sending.

With regard to issues around Thames Street, the Deputy Chairman underlined that the City had previously pushed for this area to become a 20mph as opposed to a 30mph zone which would go some way to lowering the brake and tyre particulates emitted here. This had, however, been resisted by TfL. It was noted that small particles were particularly difficult to deal with. They were often affected by weather conditions and impacted in areas outside of where they were originally emitted.

The Air Quality Manager underlined that WHO guidelines around air pollution were much tighter than existing European Standards. She added that, at present, the City were working alongside London Councils on proposals for a private members bill to tackle air quality at a higher, more strategic, level. In the meantime, the organisation was doing a huge amount themselves to lower the City's own impact in this area.

With regard to the draft strategy itself, Members were informed that this focused on 6 policy areas. The City were also keen to demonstrate leadership in this matter, co-ordinating London-wide action as well as cross Departmental action. Members were informed that there were specific plans in place for City based schools.

The Deputy Chairman questioned monitoring around the Sir John Cass school site and the fact that monitors were situated at the back of the school building. He suggested that a more suitable spot would be within the under 5 playground area at the front of the site which was located closer to the road. The Air Quality Manager confirmed that the school was a super site in terms of air quality monitoring and that, as such, there were monitors in various locations here. She also confirmed that the equipment used was very sophisticated and sensitive. Members were informed that Offices had successfully experimented with air filters within the school nursery and had actually found that there were lower levels of air pollution within the nursery playground than elsewhere/higher up in the building as it had been found that particulates were warm as they

were emitted from vehicle exhausts and therefore tended to rise beyond the sunken, under 5's playground area.

A Member questioned the number of vehicles at Smithfield Market that appeared to be exempt from regulations in this area. He referred specifically to refrigerated vehicles that tended to park up at the market site on Friday evenings and remain there for the duration of the weekend. He questioned whether parking here could be restricted to address this. The Deputy Chairman undertook to take up this matter with the Chairman of the Markets Committee. It was noted that a longer-term solution to this problem would need to be considered as part of the markets relocation project.

Members went on to question proposals around the installation of Electric Vehicle charging points in the City. It was noted that initial proposals centered on a rapid charging hub for taxis for Baynard House car park and a taxi only charge point at Noble Street taxi rest rank. The Member questioned whether Officers felt that these would be sufficient. The Deputy Chairman suggested that the right approach would be to await demand and review the situation at a later date.

RESOLVED – That, Members note the content of the Air Quality Strategy and continue to provide support for reducing the impact of poor air quality on public health.

11. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

There were no questions.

12. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT
Committee Work Plan 2019/20

The Assistant Director of Commissioning and Partnerships undertook to review the Committee Work Plan in light of comments made at today's meeting and to put forward a revised version of this for consideration and prioritisation at the next meeting of this Committee.

The meeting ended at 1.28 pm

Chairman

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Committee	Dated:
Port Health and Environmental Services Committee Planning and Transportation Committee Health and Social Care Scrutiny Sub Committee Health and Wellbeing Board	23 rd July 2019 9 th July 2019 16 th July 2019 3 rd October 2019
Subject: Air Quality Strategy 2019 - 2024	Public
Report of: Director of Markets and Consumer Protection	PHES: For Decision P&T: For information HWB: For information HSCS: For information
Report author: Ruth Calderwood, Air Quality Manager	

Summary

The City of London Corporation's (City Corporation's) Air Quality Strategy 2015 – 2020 was approved by the Port Health and Environmental Services Committee in July 2015. A decision was taken to publish a new strategy for consultation ahead of time following the relatively recent publication of the Government's Clean Air Strategy, the Mayor of London's Environment Strategy, the draft London Plan, City of London Corporation Transport Strategy, draft City Local Plan and City Corporation Responsible Business Strategy.

A draft Air Quality Strategy 2019 – 2024 was approved for consultation by the Port Health and Environmental Services (PHES) Committee in March 2019. The draft strategy was published for consultation for a period of 8 weeks. 73 responses to the consultation were submitted online and a further 12 by letter or email. A table detailing comments received and the response to each comment is available in the Member's Reading Room. As a result of comments received, minor changes have been made to the strategy, with a small amount of additional information added for clarification. Hard copies of the report are available in the Member's Reading Room. Individual printed copies will also be made available on request.

The draft strategy was well received. The Greater London Authority, who oversees the Corporation's statutory air quality function, said it is an '*excellent plan, with a very thorough and engaging narrative and a comprehensive range of detailed, specific and ambitious actions..... Congratulations on an excellent plan which once again demonstrates your leadership in this field*'. Clean Air London (CAL) said '*CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality*'

The Air Quality Strategy fulfils the City Corporation's statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM₁₀). It also assists with the City Corporation's obligations under the Health and Social Care Act 2012 to improve the public health of its population. It

demonstrates the very wide range of work undertaken by the City Corporation and that it continues to be a leader in this field.

Recommendation

Members of Port Health and Environmental Services Committee are asked to:

- Approve the content of the Air Quality Strategy 2019 – 2024 for publication, subject to the comments received at the Committee meeting.

Members of the Planning and Transportation Committee, Health and Social Care Scrutiny Sub Committee and Health and Wellbeing Board are asked to:

- Note the content of the Air Quality Strategy 2019 -2024 and continue to provide support for improving air quality and reducing the impact of poor air quality on public health.

Main Report

Background

1. The City Corporation has a statutory duty to assist the Mayor of London and the UK Government with action to reduce levels of air pollution so that concentrations of pollutants do not exceed set limits. The City Corporation also has a responsibility to improve public health.
2. The City Corporation's existing Air Quality Strategy 2015 – 2020 details action to fulfil its statutory responsibility for London Local Air Quality Management, and for reducing the health impact of air pollution on residents and workers.
3. A decision was taken to publish a new strategy ahead of time following the relatively recent publication of the Mayor of London's Environment Strategy, the Government's Clean Air Strategy, draft London Plan, City of London Transport Strategy, draft City Local Plan and City Corporation's Responsible Business Strategy.
4. Improving air quality is now firmly embedded into key policy areas across the organisation. This cross departmental support, together with reduction in levels of pollution measured, has enabled the Corporate risk rating to be reduced from red to amber.

Air Quality Strategy

5. The aims of the Air Quality Strategy are to:
 - a. fulfil statutory obligations for London Local Air Quality Management and improving public health

- b. ensure that air quality in over 90% of the Square Mile meets the health-based Limit Values and World Health Organisation Guidelines for nitrogen dioxide by the beginning of 2025
- c. support the Mayor of London to meet World Health Organisation Guidelines for particulate matter (PM₁₀ and PM_{2.5}) by 2030

6. The above aims will deliver three main outcomes:

- a. the Square Mile has clean air
- b. people enjoy good health, through reduced exposure to poor air quality
- c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London

7. The outcomes will be achieved by action across 6 policy areas:

- air quality monitoring
- leading by example
- collaborating with others
- reducing emissions from transport
- reducing emissions from non-transport sources
- public health and raising awareness.

There are 65 actions associated with these policies, with detail on how they will be taken forward, timelines, departmental responsibility and relative costs.

8. The strategy demonstrates the strong cross departmental support for improving air quality and reducing the impact on public health. This is evidenced most strongly in the City Corporation Corporate Plan 2018 - 2023, Transport Strategy, Responsible Business Strategy, Responsible Procurement Strategy and draft City Plan.

Consultation Comments

9. The draft strategy was published for consultation for a period of 8 weeks. It was placed on the City Corporation web site and sent directly to a wide range of stakeholders, including statutory consultees. 73 people or organisations completed an online survey with a further 12 people or organisations submitting comments by letter or email.

10. A table detailing comments received and the response to each comment is available in the Member's Reading Room. As a result of comments received, minor changes have been made to the strategy with a small amount of additional information added for clarification. A small amount of text has also been added to reflect changes that have taken place since the publication of the draft strategy e.g. the implementation of the Ultra-Low Emission Zone and the notification of additional Mayor's Air Quality Fund for air quality improvement projects.

11. The draft strategy received some very positive comments:

- Greater London Authority (who oversees the City Corporation's statutory obligations for air quality) said it is an *excellent plan, with a very thorough and engaging narrative and a comprehensive range of detailed, specific and ambitious actions..... Congratulations on an excellent plan which once again demonstrates your leadership in this field'*
- Clean Air London (a campaign organisation) said: *CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality'*
- A City resident said: 'I would like to congratulate the team, the report is concise, well written and ambitious'
- Cross River Partnership (a non-profit partnership organisation) said *CRP congratulates the City of London Corporation on the development of a comprehensive draft Air Quality Strategy that will empower the Council and stakeholders to improve health and quality of life outcomes for those who live, work and visit the City of London.*

12. Specific questions in the online survey revealed strong support by the respondents for action across all areas of the strategy. 42 out of 70 people (60%) feel that air pollution has a significant impact on their health. A summary of the data is available in the Member's Reading room.

13. Hard copies of the final strategy are available in the Member's Reading Room. Individual printed copies will also be made available on request.

Corporate & Strategic Implications

14. The Air Quality Strategy supports the following outcomes from the Corporate Plan 2018 to 2023.

- Outcome 2 'People enjoy good health and wellbeing'
- Outcome 11 'We have clean air, land and water and a thriving and sustainable natural environment'

15. The Department of Markets and Consumer Protection compiled the strategy, with the following departments providing support:

- a. Built Environment
- b. Community and Children's Services
- c. Chamberlains
- d. Town Clerks
- e. City Surveyors

Financial and Resourcing Implications

16. The table of actions in Appendix 1 of the strategy includes the relative cost of each item. Many actions will be delivered using existing resources, or through the implementation of other strategies and plans such as the City Corporation Transport Strategy.
17. The Air Quality team base budget was increased this financial year by £99,000 to cover the costs of additional air quality monitoring and increasing public demand for information about air pollution in the City. The £99,000 includes funding for a post to assist with monitoring, data analysis, projects and communications.
18. An application for Priorities Investment Pot funding for £110,000 over two years has been approved for 2019/20 and 2020/21. This will be used to fund some aspects of collaboration and leadership and for air quality modelling to assess compliance with the aims of the strategy. A London Borough best practice event has already been scheduled for September 2019 using this funding.
19. In June 2019, the City Corporation received notification that it has been awarded funding from the Mayor's Air Quality Fund for projects spanning 3 years, 2019 - 2022. This includes: £500,000 for continuation of the pan London idling action project, which will now be jointly managed with the London Borough of Camden; £150,000 for the City Cluster Zero Emission Zone and £500,000 for a Clean Air Thames project, which will be managed by Cross River Partnership.
20. As part of the Markets and Consumer Protection submission to the City Corporation's Fundamental Review, an indication will be provided of how air quality in the Square Mile could be tackled more ambitiously if extra resources were provided.

Public Sector Equality Duty

21. An equality analysis has been undertaken and has not indicated any potential discrimination or adverse impact on protected groups.

Security Implications

22. There are no security implications.

Conclusion

23. An updated Air Quality Strategy has been produced for publication. It contains a wide range of actions that will be taken to deliver the following outcomes:
 - a. the Square Mile has clean air
 - b. people enjoy good health through reduced exposure to poor air quality
 - c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London

24. The Air Quality Strategy fulfils the City Corporation's statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM₁₀). It also assists with the City Corporation's obligations under the Health and Social Care Act 2012 to improve the public health of its population. It demonstrates the very wide range of work undertaken by the City Corporation and that the Corporation continues to be a leader in this field.

Documents in the Member's Reading Room:

Air Quality Strategy 2019 – 2024

Consultation comments

Data from online questions

Background Papers:

Equalities Analysis for the Air Quality Strategy

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Committee	Dated:
Port Health and Environmental Services Committee Health and Social Care Scrutiny Sub Committee	23 rd July 2019 16 th July 2019
Subject: Air Pollution at St Bartholomew's Hospital - Update	Public
Report of: Director of Markets and Consumer Protection	For information
Report author: Ruth Calderwood, Air Quality Manager	

Summary

The City of London Corporation has been measuring nitrogen dioxide at St Bartholomew's Hospital for over 20 years. Nitrogen dioxide is a colourless gas that is the product of fuel combustion. It has an impact on health at high concentrations.

A significant increase in nitrogen dioxide was measured on site following the installation of a new energy centre at St Bartholomew's hospital in 2016. The energy centre consists of 3 large boilers, 2 large generators and a combined heat, cooling and power plant (CCHP).

Barts Health NHS Trust was contacted on a regular basis about this increase in pollution, however officers were unable to get an adequate response. In March 2019, the Chairman of the Health and Social Care Scrutiny Sub Committee wrote to Barts Health NHS Trust Chief Executive Officer enquiring about the hospital's plans to mitigate the high levels of air pollution. The letter led to a site meeting with one of Barts Health NHS Trust energy contractors. Subsequent investigations revealed that the CCHP plant had not been operating as expected, this was rectified in May of this year.

At the time of writing this report, monitoring data is not available to establish whether the modifications undertaken have been effective at reducing levels of air pollution. Officers will be working closely with Barts Health NHS Trust staff to measure the impact over the next few months.

Recommendation

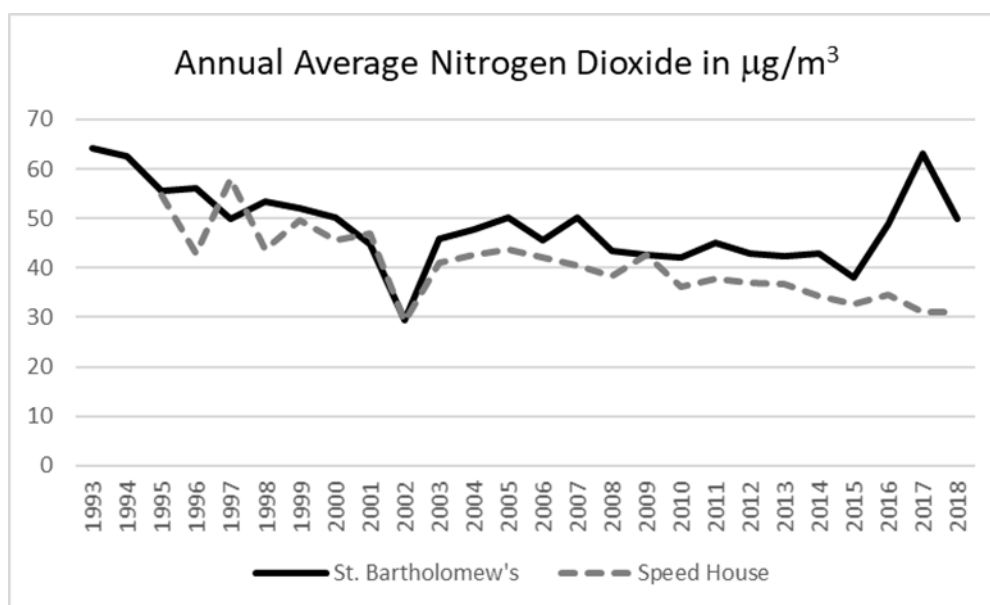
Members of the Port Health and Environmental Services Committee and Health and Social Care Scrutiny Committee are asked to:

- Note the content of this report

Main Report

Background

1. The City of London Corporation has been measuring nitrogen dioxide in the central courtyard at St Bartholomew's Hospital for over 20 years. Nitrogen dioxide is a colourless gas that is the product of fuel combustion. It has an impact on health at high concentrations.
2. The graph below shows annual average levels measured at the hospital since 1993. It is compared to data collected at Speed House in the Barbican. This is a similar 'background' site in the Square Mile i.e. a location that is away from the direct influence of road traffic.



The overall trend at both sites is very similar until 2016 where there is a significant increase in nitrogen dioxide at the hospital. The annual average concentration, below which it is considered there is no impact on health, is 40 µg/m³. Levels at St Bartholomew's hospital were below this in 2015 but increased to 49 µg/m³ in 2016 and to over 60 µg/m³ by 2017. The increase in nitrogen dioxide at the hospital coincided with the operation of a new energy centre located south west of this monitoring site.

Action taken by the City Corporation

3. Barts Health NHS Trust was contacted on a regular basis about this increase in pollution, however officers were unable to get an adequate response. In March 2019, the Chairman of the Health and Social Care Scrutiny Sub Committee wrote to the Barts Health NHS Trust Chief Executive Officer enquiring about the hospital's plans to mitigate the high levels of air pollution. The letter led to a site meeting with one of Barts Health NHS Trust energy contractors.
4. During the site meeting, City Corporation officers advised that they didn't think the energy plant was working correctly due to the behaviour of the exhaust gas coming

from the chimney. In early May 2019, action was taken by Barts Health NHS Trust contractors to investigate and subsequently rectify the problem.

5. The energy centre consists of 3 large boilers, 2 large generators and a combined heat, cooling and power plant (CCHP). Investigations revealed that the CCHP plant had been operating under capacity. This may have led to the elevated levels of nitrogen dioxide.
6. At the time of writing this report, monitoring data is not available to establish whether the remedial action undertaken has been effective at reducing levels of air pollution. Officers will be working closely with Barts Health NHS Trust staff to measure the impact over the next few months.
7. Officers have also submitted a formal request for information from Barts Health NHS Trust under the Environmental Permitting (England and Wales) Regulations 2016 to establish whether the energy centre requires a permit to operate due to the cumulative size of the plant.

Corporate & Strategic Implications

8. The work undertaken to mitigate the impact of the energy centre on local levels of air pollution at St Bartholomew's hospital supports the following outcomes from the Corporate Plan 2018 to 2023.
 - Outcome 2 'People enjoy good health and wellbeing'
 - Outcome 11 'We have clean air, land and water and a thriving and sustainable natural environment'

Conclusion

9. High levels of nitrogen dioxide have been measured at St Bartholomew's hospital site following the installation of a new energy centre. Nitrogen dioxide is a colourless gas that is the product of fuel combustion. It has an impact on health at high concentrations.
10. An investigation into the operation of the combined cooling heat and power plant in the energy centre revealed that the plant had been operating under capacity. This may have led to the elevated levels of nitrogen dioxide.
11. At the time of writing this report, monitoring data is not available to establish whether remedial action undertaken has been effective at reducing levels of air pollution. Officers will be working closely with Barts Health NHS Trust staff to measure the impact over the next few months

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Committees: Health and Social Care Scrutiny Committee – For information Health and Wellbeing Board – For information	Dates: 16/07/2019 03/10/2019
Subject: Adult Social Care Survey Findings 2018/19 and Carers Survey 2018/19 Indicative Findings	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Glory Nyero, Performance Analyst	

Summary

This report informs Members of the indicative performance outcomes from the Adult Social Care Survey and Carers Survey for 2018-19.

Overall, there has been an improvement in the health and wellbeing of adult social care users with a higher proportion also saying that they feel safe and in control. Nine in 10 carers say they feel involved and consulted. Three quarters say they have not experienced any financial problems as a result of caring responsibilities (but a significant minority have).

Significantly more carers in the City of London say they have insufficient time for caring responsibilities compared to the average for local authorities, and one in five say they have no support or encouragement in their caring role. These figures are higher than last time. A minority continue to feel socially isolated.

Two thirds of service users and a quarter of carers said they were ‘extremely’ or ‘very’ satisfied with the services they had received in the last 12 months. Ninety-three per cent of respondents say that the services they have used have improved their quality of life.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. The Adult Social Care and Carers Surveys are statutory bi-annual surveys carried out by local authorities. Findings from these surveys are essential for monitoring changes over time and identifying key areas for improvement. Topics cover a range of issues, including satisfaction with services, service users’ health and their quality of life.
2. The rankings/benchmarking of City’s performance levels against other local authorities will only be available following ASCOF’s publication of 2018/19 findings (scheduled to be released in October 2019), and could not therefore be included in this report.

Indicative Findings of the Adult Social Care Survey 2018/19 (ASCS)

3. We received 48 responses to the ASCS out of a total of 105 people who accessed adult social care services in the City of London in 2018-19 and had the capacity to participate. This is a 46% response rate, higher than for the last survey (38%), and in line with NHS Digital's projected response rate of 40%.

Health and Mental Health

4. Overall adult social care respondents are reporting an improvement in health and wellbeing. The percentage saying that their health was "good" or "very good" increased from 36.8% in 2016/17 to 48.3% in 2018/19 (of which there was an increase from 7.9% to 11.7% in those saying it was 'very good'). The percentage of service users reporting their health was 'bad' decreased from 13.2% to 7.1%. There has been a sustained rate of 45% in both reporting periods of those saying that their health is "fair". The percentage of people in 'extreme pain and discomfort' has decreased from 21% in 2016/17 to 8.5% in 2018/19, which is encouraging, given the figure was 24% in 2014-15.
5. No respondents said they were 'extremely anxious or depressed' compared to one service user in 2016/17 and two service users in 2014/15.

Safety and control

6. The proportion of service users reporting 'I have as much control as I want' has risen from 61% in 2016/17 to 79.8% during 2018/19. This is an encouraging 'direction of travel', particularly as there was a dip prior to this reporting period from the 65% who said that they had enough control in 2014/15.
7. During 2018/19, 68.3% of service users reported that they felt safe compared to 64.8% in 2016-17. At the same time, 87.9% (34 people) reported that care and support services helped them to feel safe, up from 71.8% (28 people) last time.

Table 1: City of London's ASCOF measures across three reporting periods based on the ASC Client Survey Return.

ASCOF Measure Description (Service Users)	2018	2016	2014	Change from 2016
Social care-related quality of life	19.3	18.0	18.4	+1.3
The proportion of people who use services who have control over their daily life	79.8%	61.2%	70.8%	+30.3%
The proportion of people who use services who reported that they had as much social contact as they would like	61.1%	37.9%	42.7%	+61.2%
Overall satisfaction of people who use service with their care and support	63.6%	55.4%	62.8%	+14.8%
The proportion of people who use services who find it easy to find information about services	90.7%	77.7%	84.2%	+16.7%
The proportion of people who use services who feel safe	68.3%	64.8%	66.3%	+5.4%
The proportion of people who use services who say that those services have made them feel safe and secure	87.9%	74.9%	84.3%	+17.3%

* Figures for 2018-19 are indicative

Indicative Findings of the Carers Survey 2018/19 (SACE)

8. During 2018/19, of the 53 carers surveyed we received 27 responses (51% response rate). This is higher than in 2016/17 when 22 responses were received from 57 carers (39% response rate), and exceeds NHS Digital's projected response rate of 40%.

Consultation and Involvement

9. During this reporting period, 88% of carers reported that they were always or usually involved or consulted in discussions about care, which is an improvement on 65% in 2016/17.
10. Only one respondent said that they had not been involved or consulted as much as they wanted to be about the support or services provided to the person they cared for, compared to two in 2016/17.

Financial Impact

11. When asked whether being a carer had caused any financial difficulties 72% stated "no, no at all" which is an increase from 52% in the prior reporting period. There has been a reduction in those that felt "yes, to some extent" from 43% in 2016/17 to 24% in 2018/19. Those responding "yes, a lot" was broadly unchanged at 4.8%, compared to 4% last time.

Support and encouragement

12. With regards to having enough time to care for the person, 48.1% felt they "never have enough time to care for them" similar to 2016/17 (47.6%) but in stark contrast to the mean for all English local authorities, which was 10.6%. There was a corresponding decrease in the percentage of respondents who indicated that they "always have enough time to care for them" from 19% to 14.8%.
13. One in five carers (19.2%) felt they had no encouragement and support for their caring role, more than double the 9.1% during 2016/17; those who felt that they did have encouragement and support fell from 50% to 38.5%.
14. It is a concern that carers in the City of London appear to be much more likely to report that they have insufficient time for their caring responsibilities than in other local areas, and that there are an increasing number who feel that they are not being supported in their caring role. This needs further investigation.
15. The table below provides City of London's ASCOF measures across three reporting periods based on the SACE (Carers Survey) Return with indicative figures relating to 2018/19.

Table 2: Indicative Findings of both the 2018/19 ASCS and 2018/19 SACE

ASCOF Measure Description (Carers)	2018	2016	2014	Change from 2016
Carer reported quality of life	7.5	7.7	8.8	-0.2
Proportion of carers who reported that they had as much social contact as they would like	30.8%	31.8%	46.4%	-3.1%
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	87.5%	64.7%	78.3%	+35.2%
Overall satisfaction of carers with social services	50.0%	50.0%	54.2%	0%
The proportion of carers who find it easy to find information about services	87.5%	71.4%	82.4%	+22.5%

* Figures for 2018-19 are indicative

Satisfaction with services

16. During 2018/19, 25% of carers said they were extremely or very satisfied with the support or services that they and the person they care for had received in the previous 12 months. This is an improvement from the 18.2% during 2016/17.
17. By contrast, 64% of adult social care users were “extremely” or “very satisfied” with the support or services they had received in the previous 12 months. This is an improvement from the 55% in the previous reporting period.

Quality of life

18. Carers are given a quality of life score based on six outcomes; occupation, control, personal care, safety, social participation and encouragement and support. The City scored high in personal care and safety, but low in occupation (how carers spend their free time), personal care and social participation.
19. The City maintained a high rate for quality of life for carers with 7.5 (out of 12) in 2018/19. This was marginally lower than the previous scored of 7.7, which was the highest score across Inner London.
20. The 2018/19 score for adult social care users, which is based on the same six outcomes, was 19.3 out of 24, which is an improvement from 18.0 in 2016/17.
21. Adult social care users were also asked “thinking about the good and bad things that make up your quality of life, how you would rate the quality of your life as a whole?”. 69% reported that their quality of life was either “very good” or “good”, which is an improvement from 54% in the prior reporting period.
22. There has also been an increase in the percentage of people reporting that the services they use have helped to improve their quality of life from 81.6% in 2016-17 to 93.1% in 2018-19. Only 6.9% felt the services did not help improve their quality of life.

Social isolation

23. In 2018/19 31% of carers (8 people) reported that they had as much social contact as they wanted, which is similar to 2016/17 when the proportion was 32% (7 carers). Twelve carers (46.2%) said they had some social contact with people but not enough. Six carers (23.1%) reported that they had little social contact with people and felt socially isolated.
24. In comparison, 61% of adult social care users felt they had as much social contact as they would like, compared to 37% in 2016/17. Only one person reported feeling socially isolated this time, compared to four people in 2016/17.

Access to information

25. Both adult social care users (90.7%) and carers (87.5%) reported that they were able to find information on support easily. This is a further increase from 2016/17 when the City was ranked the highest authority in Inner London for access to information for both adult social care users (77.7%) and carers (71.4%) – this comparable data will be available when ASCOF publishes their figures later in the year.

Options

26. There are no direct options associated with this report.

Proposals

27. There are no direct proposals associated with this report.

Corporate & Strategic Implications

28. The review of satisfaction rates and feedback from people using Adult Social Care Services and Carers of people within the City are a priority in the Department of Community and Children's Services Business Plan 2017–22.

Implications

29. There are no direct financial or legal implications associated with this report.

Health Implications

30. There are no direct health implications associated with this report. However, this is something that will be evident once statistical information and evidence is made available by health partners such as NHS Digital.

Conclusion

31. The 2018/19 ASCS and SACE statutory returns recently concluded. City of London engages in these surveys on a biannual basis due to low numbers.

These provide an insight into the impact of services and support for adult social care users and carers in the City of London.

32. The rankings / benchmarking of City's performance levels against other Local Authorities will be available following ASCOF's publication of 2018/19 measures, which are scheduled to be released in October 2019.

Appendices

- None

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Committees: Health and Social Care Scrutiny Committee	Dates: 16/07/2019
Subject: Mental Health Strategy 2015-18 Impact Assessment	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author Marcus Roberts, Head of Strategy and Performance, DCCS	

Summary

This paper considers the impact of the *City of London Mental Health Strategy 2015-18* over its three-year lifespan. An impact assessment is provided as an appendix.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

1. The *City of London Mental Health Strategy 2015-18* was a joint strategy of the City Corporation and City and Hackney Clinical Commissioning Group (CCG). Implementation was overseen by the Health and Wellbeing Board and Community and Children's Services Grand Committee, with officers reporting against an Action Plan.
2. The strategy addressed four priority areas:
 - *Prevention*: fewer people developing mental health problems and people who recover from them staying well;
 - *Personalisation*: giving people choice and control;
 - *Recovery*: supporting people to get and stay better and to lead fulfilled lives; and
 - *Delivery*: effective mental health services, tools and resources.

It identified three target populations: residents, workers and rough sleepers.
3. An independent Mental Health Provision Audit reported in March 2019, concluding that an adequate control frame had been in place for the strategy.

Summary of Impact Assessment

4. In 2017-18, City and Hackney CCG invested £44.5 million in mental health services. Investment in Child and Adolescent Mental Health Services rose from £5.2 million in 2014-15 to £8.2 million this year. A third of the City Corporation's adult social care budget was accounted for as mental health spend.
5. Overall, the 2015-18 strategy has been implemented successfully, with 47 out of 52 actions completed or progressed, and five actions outstanding.

6. Key achievements include:

- The Mental Health Street Triage project has reduced the number of people sectioned under s. 136 of the Mental Health Act by 63%;
- More residents can access 'talking treatment' via the Improving Access to Psychological Therapies (IAPT) programme, and more children and young people can access Child and Adolescent Mental Health Services;
- Innovative community projects have been developed through the City's Social Wellbeing Strategy, including the Dragon Café at Shoe Lane Library, which has provided a bi-weekly space to 'release the pressure'.

7. Areas for further work include improving access to services for the most vulnerable people and those with 'complex needs'; addressing the links between physical and mental health problems and providing services that can reach all sections of our diverse communities. There is also a need to transfer more people with serious and enduring mental health problems from secondary to be supported by primary mental health services in their local community.

8. This work will be developed as part of the *City and Hackney Mental Health Strategy 2019-23*, which is being developed as part of the wider programme of work being overseen by the Integrated Care Board (ICB).

Corporate & Strategic Implications

9. A mental health strategy makes a key contribution to delivering a range of outcomes in the City of London Corporate Plan 2018-19:
- 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.

Implications

10. There are no direct financial or legal implications associated with this report.

Conclusion

11. Significant progress has been made through the implementation of the 2015-18 mental health strategy, which will be built on by a new strategy that is being developed with partners through the integrated care programme, and is expected to be finalised in September 2019.

Appendices

- *Mental Health Strategy 2015-18 – Impact Assessment*

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MENTAL HEALTH STRATEGY 2015-2018 – IMPACT ASSESSMENT

ACTION PLAN REPORT

INTRODUCTION AND COMMENTARY

1. Background

- 1.1 The [City of London Mental Health Strategy 2015-2018](#) was a joint strategy of the City Corporation City and Hackney Clinical Commissioning Group (the CCG). It was developed with partners, residents and service users.
- 1.2 The strategy was aligned to other strategies, including the Joint Health and Wellbeing Strategy, Social Wellbeing Strategy, Homelessness Strategy, Carers Strategy and Children and Young People Plan.
- 1.3 It was overseen by the Health and Wellbeing Board and Community and Children's Services Grand Committee, who monitored progress against an Action Plan.
- 1.4 The overarching aims of the strategy were:
- To improve the mental health of people in the City and keep people well; and
 - To provide effective support for people with mental health problems.
- 1.5 It identified the four priority areas of *prevention*; *personalisation*; *recovery* and *delivery*, and three target populations: *residents*, *workers* and *rough sleepers*.

2. Independent Audit

- 2.1 The strategy was subject to an independent Mental Health Provision Audit, which reported in March 2019.
- 2.2 The Audit concluded that an adequate control framework had been in place for the strategy and welcomed the Action Plan.
- 2.3 The Audit highlighted areas where compliance could be tightened up to ensure system objectives are delivered:
- The Action Plan should be updated every quarter
 - A more robust approach to managing supporting evidence should be developed to demonstrate delivery of actions.
- 2.4 These recommendations have informed the development of the accountability frameworks for a new mental health strategy, as part of a programme of work being led by the Integrated Commissioning Board. This will include closer oversight by a designated Mental Health Coordinating Committee, supported by a Joint Mental Health Team, with a focus on practice and implementation.

3. Inputs and Investment

3.1 The City and Hackney CCG is the main investor in mental health services, including GP practices, and invested a total of £44.5 million in mental health services in 2017-18.

3.2 The City Corporation's investment is also substantial with mental health accounting for around £1.4 million in 2017-18, a third of the adult social care budget. (This figure includes £282,000 for support for people with memory and cognition problems.)

3.3 In addition, a significant proportion of City Corporation spend in other areas supports mental health and wellbeing, notably children's social care, homelessness and rough sleeping, libraries, public health and SEND. There has been philanthropic support via the Stronger Communities Grant for key projects developed for the Social Wellbeing Strategy.

3.4 City Corporation funding has been critical for landmark projects in the delivery of the strategy. For example, a £150,000 investment for a Mental Health Triage Project with the CCG and City Police to run seven days a week. By supporting mental health nurses to go on patrol with police officers this has resulted in a 63% reduction in 'sections' under s. 136 of the Mental Health Act.

3.5 A key development in the lifetime of the strategy has been an increase in Government funding for the transformation of Child and Adolescent Mental Health Services (CAMHS). Investment in City and Hackney increased from £5.2 million in 2014-15 to £8.2 million this year. This enabled City and Hackney to see and help more young people than any other London Borough in 2017-18.

4. Key outcomes

4.1 A full breakdown of progress against the Mental Health Strategy 2015-18 is provided in the dashboard and table that follow this commentary. This section highlights some of the key achievements in progressing the four priorities.

4.2 On **prevention**:

- ✓ Business Healthy Network ran the 'Release the Pressure' mental health awareness campaign, targeting City Workers, the materials were seen 30 million times in the first four weeks.
- ✓ The Dragon Café in Shoe Lane Library has provided a bi-weekly space to 'release the pressure', with two thirds of Café users saying they were more likely to use public mental health services and that there had been a positive impact on their wellbeing.
- ✓ The number of referrals to the social prescribing services from the Neaman Practice (the City's only GP surgery) has risen with an increase in referrals to City-based activities.
- ✓ A new CCG-funded GP Dementia Lead for City and Hackney was appointed to improve rates of diagnosis.
- ✓ Development of Mental Health Street Triage (see 3.4 above).

4.3 On **personalisation**:

- ✓ Increased numbers of people with more serious mental health problems supported to live in the community through transfers from specialist care to GP and other primary care services.

Personalisation (continued)

- ✓ The First Steps programme at Sir John Cass Children's Centre has provided drop in sessions and parenting workshops on mental health and wellbeing with a third of families saying they've found the programme very useful.
- ✓ The Improving Access to Psychological Therapies (IAPT) programme saw an increase of investment from £3.2 million in 2015-16 to 3.4 million in 2017-18, with a reduction in waiting times in line with NHS standards, and over 3,000 people completing treatment in 2018-19.

4.4 On **recovery**:

- ✓ To support people on discharge from hospital, a full-time floating support officer was created as part of the rehabilitation contract with the East London Foundation Trust (ELFT), to work with service users to develop a personalised support plan for recovery in the community.
- ✓ The recovery rate in City and Hackney IAPT services is above the national target of 50%.
- ✓ There has been an improvement in employment advice and support for people with mental health problems, through the City and Hackney Psychological Therapies Alliance and the Working Capital and Central London Works programmes of employment support.

4.5 On **delivery**:

- ✓ A £300,000 investment in IAPT to improve access, including for BAME communities, delivering a 2% rise in access rates.
- ✓ Development and implementation of a Suicide Prevention Strategy.
- ✓ Improving access to settled accommodation for people with serious and enduring mental health problems, by commissioning. Re-enablement Step Down service.

- ✓ Getting people experiencing their first episode of psychosis into treatment within two weeks of referral, with City and Hackney achieving the national target in 2017-18.
- ✓ Ensuring children with diagnosable mental health conditions have access to evidence-based treatment by delivering the CAMHS transformation programme for City and Hackney.

5. Conclusion

5.1 Overall, the 2015-18 strategy has been implemented successfully with significant progress in mental health and wellbeing support for City residents and workers.

5.2 There are several areas where we do need to make further progress, and which will be central to a successor strategy.

5.3 Looking at the amber areas we need to:

- Transfer more people with serious and enduring mental health problems from secondary to primary care services;
- Further develop the pathways between CAMHS and adult mental health services
- Develop 24/7 community-based crisis support for children and young people
- Get more people into settled accommodation; and
- Ensuring we fully meet standards for our peri-natal services.

Other areas where there is more work to do include improving access for the most vulnerable people, people with physical health problems and all sections of our diverse communities.

5.4 We anticipate that the City and Hackney Mental Health Strategy 2019-23 will be finalised in September 2019, with an accompanying Action Plan. It will be delivered as part of the programme of work overseen by the Integrated Care Board.

2015-18 STRATEGY: DASHBOARD AND TABLE

Priority 1: PREVENTION

20 Actions completed or ongoing	NO Actions outstanding
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Priority 2: PERSONALISATION

9 Actions completed or ongoing	1 Action Outstanding
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AMBER: Transfers from secondary care to primary care increased to meet the target of 50 per month.

Priority 3: RECOVERY

5 Actions completed or ongoing	No Actions Outstanding
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Priority 4: DELIVERY

13 Actions completed or ongoing	4 Actions Outstanding
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AMBER: Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services.

Provide a 24/7 community-based mental health crisis response for children and young people.

Increase the number of people with a mental health illness in settled accommodation.

Ensure we are meeting all care standards for Perinatal mental Health needs

PRIORITY 1 Prevention

Objective: Promote good mental health and mental health self-help, and support prevention and early identification of mental health problems through mental health services, healthcare pathways and our work with the community.

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
1.1 Deliver services that support primary prevention of mental health issues and support emotional wellbeing	Deliver 'Books on Prescription' throughout City libraries.	COL	Books on Prescription has been delivered Shoe Lane Library has "Sanctuary Spaces" and hosts talks to support mental health and wellbeing. Since February 2018 Shoe Lane has hosted the Dragon Café.	Green
	Promote the libraries role in mental health and wellbeing.			
	Extend the Learning Well Programme for people with low level mental health problems.	COL	Programme was extended for two years to 2016-17.	Completed
	Increase social prescribing by the Neaman Practice and to City-based activities.	COL CCG Family Action	The number of referrals increased in 2017/18.	Green
	A City lead allocated for the City and Hackney 5 to thrive programme and City based 5 to thrive events delivered.	COL CCG	This forms part of the Square Mile service and the City will monitor this at monitoring meetings.	
	Prevention-focused education through City and Hackney Young People's Services Plus	COL	Services launched in 2016. Ongoing work with the providers to increase engagement of City children and young people.	
	The Living Wise service enables informed choices for mental health and wellbeing.	COL	Service operating since October 2018	

1.2 Provide Mental Health education and promote positive Mental Health messages through our commissioned services	The Square Mile Health service provides information on the links between substance misuse, smoking and mental health.	COL	This forms part of the offer from the Square Mile Health Tobacco, Alcohol and Drug Support service	Green
	The Toynbee Hall City Advice Service training programme to cover advising where people have mental health problems.	COL	Service manager attended workshops on Mental Health provision, and shared learning with the team. Referral and joint working arrangements have been set up with Mind and a local suicide prevention charity.	
1.3 Commission clinical services that enable early identification of mental health issues and provide treatment for mild to moderate issues	Swift referral into brief psychological support for children and young people through a new young person health and wellbeing service.	COL	City and Hackney Young People's Services Plus operating, with work ongoing to increase engagement of City young people.	Green
	Reduced waiting times for Improving Access to Psychological Therapies (IAPT).	CCG	City & Hackney Mental Health Programme Board has invested additional funding to reduce waiting times.	
1.4 Commission Mental Health first aid training for frontline corporation staff	Number of frontline-staff trained in mental health first aid.	COL	Mental Health First Aid Courses have been taking place twice a year through the Business Healthy network.	Green
1.5 Provide training to increase support for children and young people's emotional health to practitioners	Mental health first aid training for front line staff and partners who work with children.	COL	Delivered to the 8 City family of schools in May 2019.	Green
1.6 Provide extra support to children and unborn children in families where adults have mental health and/or substance abuse issues.	Audit and evaluate the use of the 'Think Family' approach.	COL	A multi-agency audit by the Safeguarding Children Board in 2019 found that the Think Family approach was having a positive impact in addressing need.	Green

1.7 Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	Conduct mental health needs assessments	COL	Included in: 0-5 Needs Assessment; Substance Misuse Needs Assessment 5-19 Needs Assessment Assessments are being reviewed and updated.	Green
	Commission an enhanced CAMHS service for looked after children.	COL	Contract for an enhanced CAMHS service is in place.	Green
1.8 Deliver additional mental health support to vulnerable new and expectant mothers	Commission an enhanced health visiting service	COL	New health visitor service provided by the Homerton Hospital.	Green
1.9 Implement the Carers' Strategy to reduce the risk that a caring role may lead to mental ill health	Implementation of a COL Carers' Strategy	COL	The Carers Strategy has been renewed.	Green
	City Carers Service as part of the Reach Out Network to provide help, advice and support for Adult Carers.	COL	The Reach Out Network will now become part of the new Early Intervention and Ongoing Support Service.	Green
1.10 Identify and support young carers, including their mental health and wellbeing	Refresh the Young Carers Strategy	COL	A new Carers Strategy covering young carers has been produced and signed off	Completed
1.11 Integrate care pathways to meet the mental health needs of people with long-term physical health issues	Depression screening is included in the diabetes template in primary care.	CCG	Depression screening has been included.	Completed
	Five to Thrive reminder in Recovery Care Plans	CCG	Now routinely included.	Completed
	Mental Health check included in young people's health checks in primary care,	CCG	Mental health questions in template for clinicians	Completed

1.12 Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Social Wellbeing Strategy developed and implemented.	COL	Launched in 2017, progress against an action plan is reported to CCS Committee.	Green
	Extend the City's befriending scheme to include people with low level mental health needs.	COL	The number of people accessing the befriending scheme has been increasing since its launch in 2016.	Green
	Include a Wellbeing and Independence Service in the new Reach Out network.	COL	The Reach Out Network service will be part of the new Early Intervention and Ongoing Support Service	Completed
	Provide a 'Little Explorers' program for mothers with young children at risk of social isolation.	COL	Little Explorers programme took place in 2016/17.	Completed
1.13 Improve diagnosis rates for dementia	Early identification and improved coding practices for dementia in primary care	CCG	A GP Dementia Lead and mental health facilitator are working with practices to improve diagnosis rates.	Green
1.14 Ensure that advice and support is available to those diagnosed with dementia and carers.	The Reach Out network to include a City Memory group to provide group and peer support	COL CCG	The Reach Out Network will now become part of the new Early Intervention and Ongoing Support Service.	Completed
	Establish a new integrated Dementia Care Pathway	COL CCG	The dementia care pathway is currently being updated.	Completed
	Provide those diagnosed with dementia with advanced care plans and crisis plans	COL CCG	The Dementia Alliance has capacity to ensure those diagnosed with dementia have a Coordinate My Care plan and an allocated dementia navigator.	Green
	All carers offered an assessment of their needs and receive carers support package	COL CCG		Green

1.15 Protect, and where possible enhance, the acoustic environment to mitigate against the Mental Health effects of noise	Identification of spaces in the City that would benefit from further protection or enhancement of the acoustic environment.	COL	City of London Noise Strategy 2016-26. Implementation of the Noise Strategy Action Plan.	Green
	Protection of areas of tranquillity			
	Encourage developers, architects and planners to consider acoustic environments.			
1.16 Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments	Evaluation of the EASL service to determine what further action is required to help rough sleepers with mild mental health needs into accommodation.	COL	The evaluation was completed in 2016 and has informed the development of homeless services.	Completed
	Assess the mental health needs of rough sleepers in the City.	COL CCG	Assessment completed and health care service for rough sleepers commissioned by CCG.	
1.17 Support the business community by providing tools and training to mitigate the impact of stress and anxiety on City Workers	Information on the Business Healthy resource pages.	COL	Business Healthy has added evidence onto the website,	Green
	City of London Corporation to run the 'This is Me' campaign.	COL	The campaign was run in 2018.	Completed
	A suicide prevention event for the business community.	COL	Business Healthy hold suicide prevention awareness training sessions 4 times a year with the Samaritans.	Green
	Identify and appraise options for providing non-NHS mental health services for City workers and those on lower incomes.	COL	A Mental Health Centre in Middlesex Street is in development, with the expectation it will open in 2020.	
	Release the pressure campaign.	COL	Release the Pressure launched in summer 2017.	Completed

1.18 Increase access to Individual Placement Support (IPS) to provide routed into employment for people with severe and enduring issues	Increased access to IPS for SMI in secondary care services by 25%	CCG	An IPS service is being developed in community mental health teams (CMHTs). The mental health employment network has also been strengthened.	Green
1.19 Reduce rates of detention under the Mental Health Act	Rates of detention are reduced for those with SMI, psychotic disorders and those in crisis, particularly BAME people	COL CCG COLP	Mental Health Street Triage has reduced the rates of incarceration under s.136 of the Mental Health Act by 63%. COL is providing funding to enable the services to run seven days a week.	Green
1.20 Physical health screening and interventions for those with SMI	60% of those on GP SMI register have screening and NHS Health Checks	CCG	In 2018-19 the 60% target was supported by GP performance incentives and the employment of two HCAs.	Green

PRIORITY 2: Personalisation

Objective: Design and deliver services that are tailored to meet individual needs and offer people the greatest possible choice and control over their lives

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
2.1 Design and deliver services that improve the experience of those with specific cultural needs and ensure equal access to services	Enable service users to feedback on Mental Health services.	CCG	The Mental Health Programme Board (MHPB) is consulting groups on how to improve services. The CCG is commissioning a co-design group of people with lived experience to support the MHPB.	Green
	Provide community psychology providing outreach to BME communities.	CCG	Tree of Life piloted with the BME population, as well as group therapy with Turkish and Kurdish communities.	Completed

2.2 Invest in mental health care in the community	Statutory sectors deliver care in accessible, less stigmatised community-based locations	CCG	A Crisis Café opened in 2016. More secondary care patients are being seen in primary care locations.	Green
	Community groups represented in commissioning and service design	CCG	The CCG Innovation fund is supporting a community psychology model for emotional health and well-being.	Green
	Community based specialist in team for children and young people.	CCG	The community team is in place.	Completed
	Community based staff recognise signs of psychosis to enable swifter referrals	CCG GP	The CCG Innovation fund supports a community psychology model for emotional health and well-being.	Green
	Provide First Steps sessions, which offer support for young people and their families experiencing emotional difficulties, in the community	COL	The first steps programme is run at SJC children's centre. This is now part of the wider children's centre review currently taking place.	Completed
2.3 Offer mental health support on GP practice premises where possible and transfer more case management to primary care	Increase cohort for Enhanced Primary Care mental health and increase staff capacity and skills.	CCG	This has been progressed by the CCG.	Completed
	Transfers increased to 50 per month.	CCG	Currently achieving approximately 50 a month	Amber
2.4 Increase the capacity of psychological therapy services	Reduce the waiting times for IAPT services.	CCG	NHSE waiting times standards have been met.	Green

2.5 Offer an extended range of Mental Health services	Increase range of interventions for Children and Young People, Dementia, Perinatal disorders, BME, Veterans, Homeless and those in crises.	CCG	Various work streams are extending services funded from recurrent, non- recurrent and innovation funding. For children and young people this includes implementation of the City and Hackney CAMHS transformation plan.	Green
2.6 Improve the physical health of those with enduring mental health issues.	Include a community health and mental health engagement service as part of the weight management and exercise on referral service	COL	This is provided as part of the Living Wise service.	Completed
	Refer people with low level mental health needs to physical activity services through social prescribing.	COL	Referrals increased between 2016 and 2018, with work ongoing to increase referrals of City residents.	Green
2.7 Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Care planning in primary care for complex patients to improve service integration.	CCG	Shared care plans in place for frail/complex patients with dementia (on review, these were not felt to be a good option for less frail patients).	Green
	Establish a new integrated Dementia Care Pathway.	CCG COL	The pathway is in place and is being updated.	Green
	Develop a Care Act compliant Care Programme Approach for mental health with ELFT	COL	The new CPA process is in place. COL is represented on the Development Board	Green
	Establish a multi-agency hoarding and self-neglect panel	COL	The panel was set up in 2016 and has continued to meet. Six cases of hoarding/self-neglect have been progressed with a multi-disciplinary protection plan.	Completed

2.8 Research and assess the need for mental health services and support for victims and perpetrators of domestic violence and abuse, and their children	Include questions on mental health in assessments of victims and perpetrators and children, and refer appropriately.	COL	This action is complete. We either refer to CAMHS or to the Positive Change Programme.	Completed
	Explore options for a non-clinical alternative CAMHS for children and young people affected by domestic abuse	COL	Domestic Violence specialist social worker is in post.	Completed
2.9 Create a “dementia-friendly” City of London, so that people with dementia are well supported by the wider community.	Achieve Dementia friendly City status	COL	Dementia Friendly Status achieved	Completed
	Raise awareness amongst City residents and workers	COL	Adult Social Care workers have Dementia training and awareness raising as an appraisal objective. Commissioned providers in domiciliary care and community services have dementia targets.	Green
2.10 City residents registered with GPs in neighbouring areas will receive joined up mental health care	Explore options for referral routes and care pathways for City residents registered with out-of-area GPs.	COL Tower Hamlets CCG	COL meets regularly with the Tower Hamlets CCG to link across to their local integrated care networks and review referral routes and care pathways.	Green

PRIORITY 4: Recovery

Objective: Provide support that is focused on recovery and self-management

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
3.1 A Mental Health Rehabilitation Programme for those stepping down from supported living	Mental Health rehabilitation project in place.	COL	Rehabilitation contract with ELFT.	Completed
3.2 Employ a floating support worker to facilitate integration and support independence	Floating support worker recruited.	COL	Full time Floating support for individual service users was included with the ELFT rehabilitation contract and personalised support plans were put in place.	Completed
3.3 Provide employment support and advice for individuals with mental health issues	Individuals with mental health issues receive employment support as part of their care package to gain employment or stay in employment.	CCG COL	Implemented as part of the delivery of the CCG's Psychological Therapies Alliance. Provided through COL participation in the Working Capital and Central London Works programmes.	Green
3.4 Provide recovery methods to support those who find it difficult to commit to regular treatment	Establishment of Service User Network, for individuals who frequently present to health services in crisis to provide recovery/self-help strategies.	ELFT/ City and Hackney Mind	The Service User Network is operating successfully.	Green
3.5 Increase IAPT recovery rate (50% national target)	IAPT recovery rate is above target.	CCG	The recovery rate is above target and is projected to stay that way.	Green

Objective: Commit to delivering effective Mental Health Services and respond effectively to people in crisis

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
4.1 Minimise the number of suicides in the City by co-ordinating a multi-agency approach to suicide prevention	A Suicide Prevention Action Plan developed and implemented.	COL	The Suicide Action Plan was renewed in June 2017 and is a joint document with the City of London Police, with progress regularly reported to the Health and Wellbeing Board (last report was on 14 June 2019).	Green
	The implementation of the Bridge Pilot to reduce the number of people committing suicide from City Bridges.	COL	The bridge pilot ran from April 2016-April 2017. A formal evaluation was completed in 2018. Samaritans signs are up on all but one City bridge and 10,000 leaflets have been distributed.	Green
	Front-line staff and members of the general public trained in suicide prevention.	COL	Suicide prevention awareness training is being delivered with Samaritans.	Green
4.2 Provide an out-of-hours "safety net" for those with recurring mental health problems or at crisis point	Set up a crisis network which includes a 24 hours helpline and an open door, drop in service for vulnerable individuals.	ELFT/ C&H Mind	Both the Service User Network and Crisis Café are open and successfully operational. Both have been agreed for extended funding. Mental Health Street Triage is supporting people in crisis.	Completed
4.3 Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services	Continue to discuss cases transitioning to adult services through the Transitions Forum.	COL/ CCG	A new Carers Strategy has been developed and signed off, which includes young carers.	Amber
4.4 Work to create better physical health for people with mental health issues	Include a community health engagement service as part of the weight management and exercise on referral service.	COL	The City Living Wise service commenced delivery in October 2017.	Completed

Work to create better physical health for people with mental health issues (Continued)	Development of a shared-care protocol to improve the physical healthcare of patients prescribed psychotropic medication.	CCG	A protocol has been developed and is being agreed with providers.	Green
	Improved identification and referral to MH treatment for people with long-term conditions and medically unexplained symptoms.	CCG	The current target for health checks for people with serious and enduring mental health problems is 50%. A frequent attenders review has been included in the GP contract, along with mandatory training on medically unexplained symptoms.	
4.5 Develop a robust pathway together with substance misuse services to ensure that those with a dual diagnosis receive better care.	WDP and Adult Social Care have redeveloped the pathway for those with dual diagnoses.	COL	The revised pathway document was signed off. Work is currently in progress to recommission this service.	Green
4.6 Increase ease of accessing treatment for City residents.	There is provision and access to mental health services for hard to reach community groups	CCG	Development of self-referral and referral by schools for CAMHS services.	Green
4.7 Reduce suicide rates by 10%.	Reduction of suicide rates in Hackney by 10%	COL CCG	There is a joint multi-agency plan to reduce suicide rates by 10%. Key areas of progress included Mental Health Street Triage and creation of a 24/7 crisis line, supported by a crisis café and crisis therapy project.	Green
4.8 Increase access to IAPT by 15.8%.	An increase in access rates for IAPT, including access and recovery rates for BAME and older people	CCG	Investment of £300,000 will increase access rates by 2%. This includes work with three voluntary sector organisations with reach into BAME communities. GPs are being encouraged to increase referrals of older adults, with the CCG monitoring progress.	Green

4.9 Reduced waiting times for IAPT services	75% of people to have been seen by IAPT within 6 weeks, and 95% within 18 weeks.	CCG	These targets are being achieved consistently.	Completed
4.10 Ensure children with diagnosable MH condition have access to evidence-based treatment.	28% of children with diagnosable MH condition have access to evidence-based treatment.	CCG	Delivery against these targets is on track as part of the CAMHS Transformation Plan.	Completed
4.11 24/7 community-based mental health crisis response for CYP	A 24/7 community based mental health crisis response for CYP is available	CCG	In 2018-19 the response in A&E was expanded through investment in Psychiatric Liaison for children and young people. A crisis café for this group will also be piloted.	Amber
4.12 95% of CYP receive treatment for eating disorder within 4 weeks (routine) or 1 week (urgent) – community eating disorder teams	95% of CYP with eating disorder receive treatment within 4 weeks (routine) or 1 week (urgent)	CCG	This is part of the CAMHS Transformation Programme. Current standards requirements are being met. We are on target to meet future trajectories as more requirements / targets come into place	Green
4.13 Ensure people with first experience of psychosis start treatment within 2 weeks of referral	People with first experience of psychosis start treatment within 2 weeks of referral	CCG	National waiting time target achieved in 2017-18.	Green
4.14 Eliminate out of area placements for non-specialist acute care by 2020/2021	No out of area placements for non-specialist acute care for City & Hackney	CCG	There are no out of area placements for non-specialist acute case for City and Hackney.	Green
4.15 Ensure 24/7 access to community crisis resolution teams, home treatment teams and MH liaison in acute trusts	Reduced mental health admissions including self-harm and detention under the Mental Health Act	CCG	Funding has been allocated to provide a 24/7 home visiting emergency assessment service, with NHS England funding for a psychologist to run a self-harm clinic for adults	Green

4.16 Increase the number of people with a mental health illness in settled accommodation	Reduced level of unsettled accommodation for people with mental health problems.	CCG COL	City of London commissions ELFT to deliver a Reablement Step-Down service for people with mental health issues in supported housing to be ready to move-on and offers ongoing support in their new home. Funding has been secured for a one-year Housing First pilot.	Amber
4.17 Ensure we are meeting all care standards for Perinatal mental Health needs	100% of perinatal mental health needs are met and care is NICE compliant		City and Hackney has a reasonably comprehensive service which is mostly NICE compliant. A bid has been submitted to the STP for additional investment in perinatal care.	Amber

Committee:	Date:
Health and Social Care Scrutiny Committee	16 July 2019
Subject:	Public
Healthwatch City of London Annual Report – 2018/19	
Report of:	For Information
Healthwatch Hackney	
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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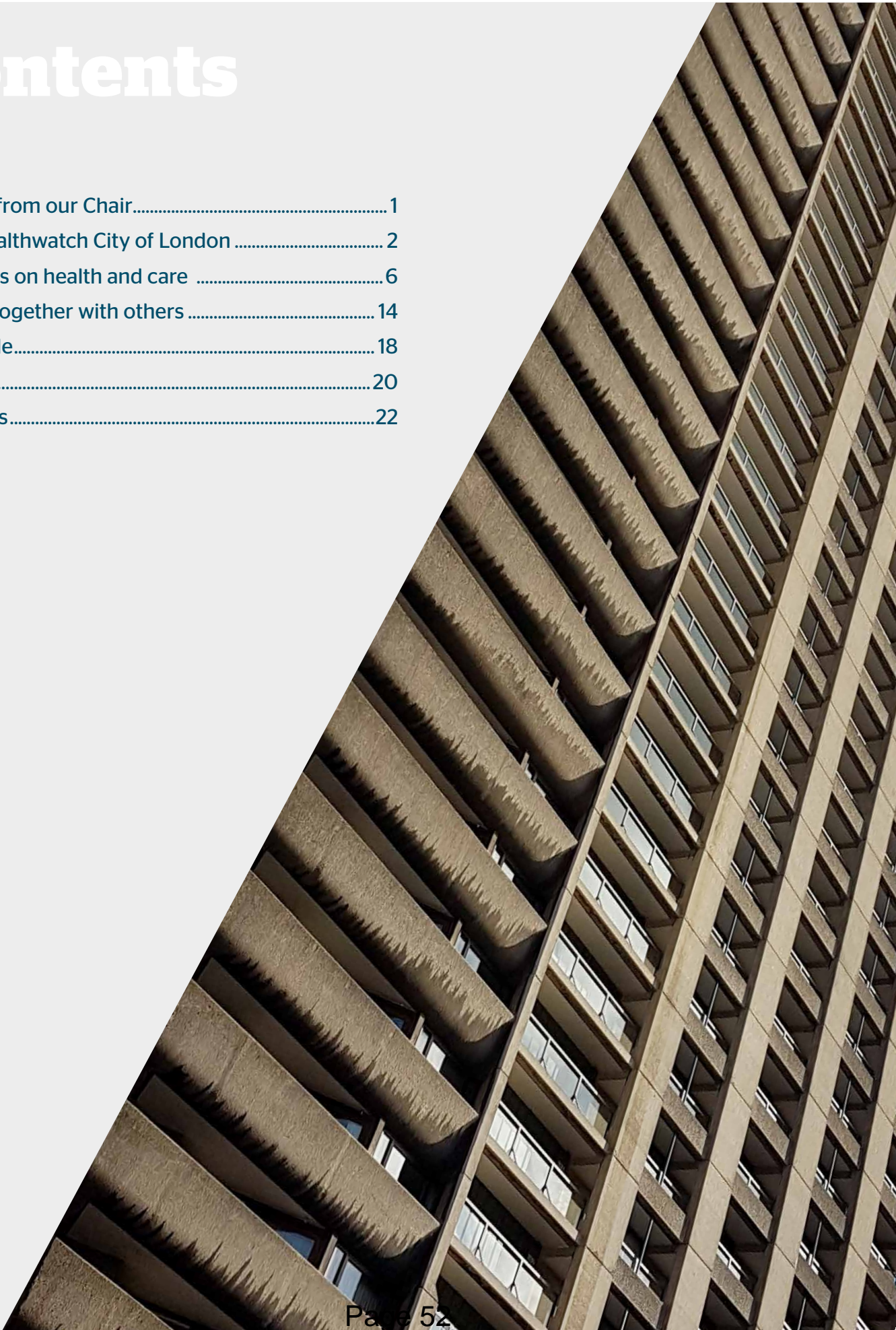
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Message from our Chair

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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.

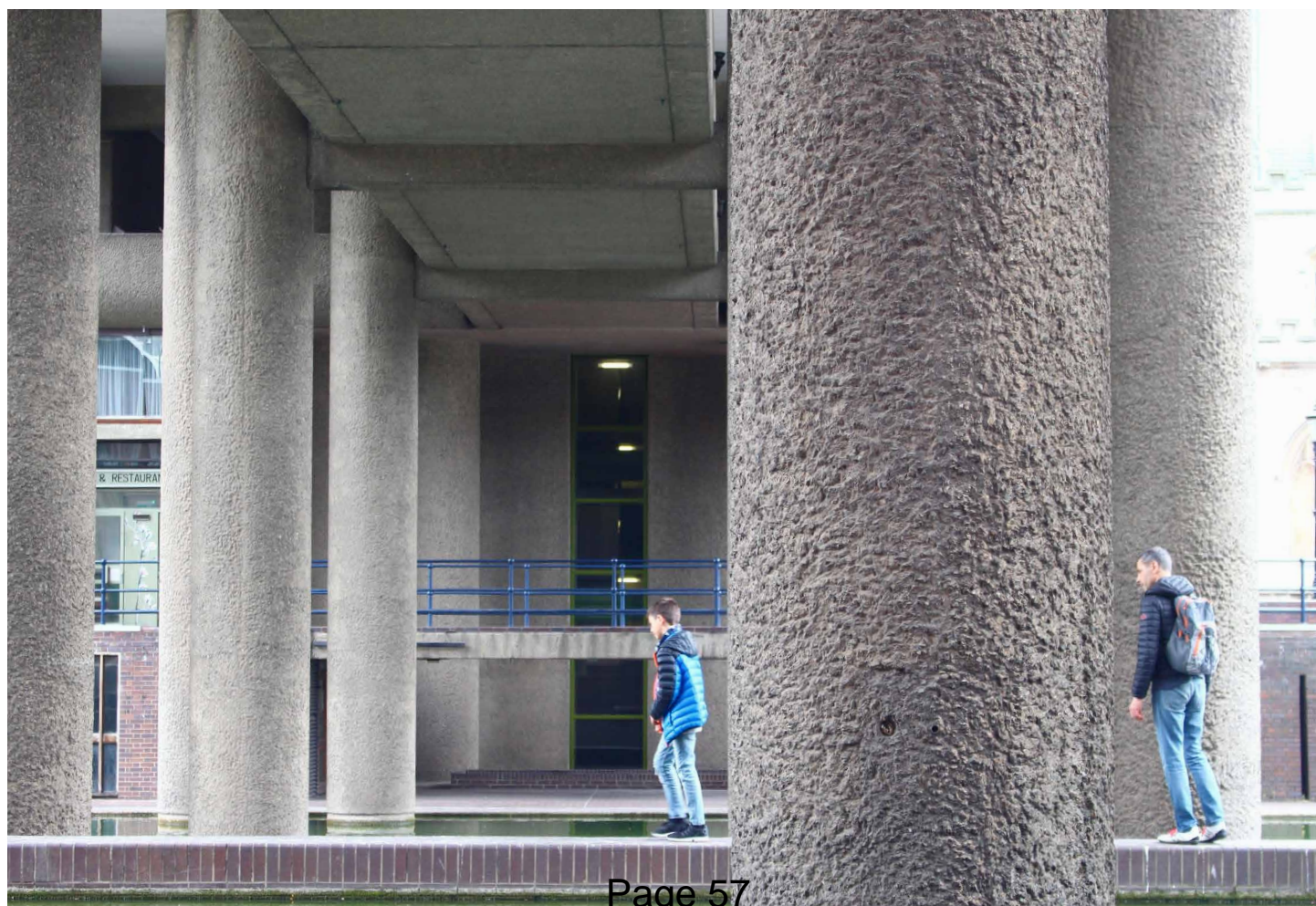
- + **Ensure** City of London residents' views feed into strategic decision-making
- + **Make sure** people using services have their say
- + **Involve** people in partner-led events and consultations
- + **Shape** co-production, particularly in adult social care
- + **Promote** the benefits of public 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



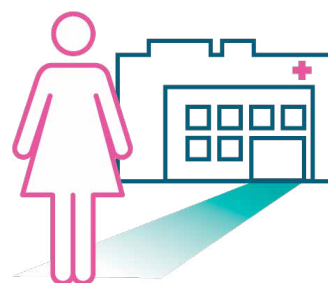
256 people shared views on City health & care services
93 people shared views face to face during outreach



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

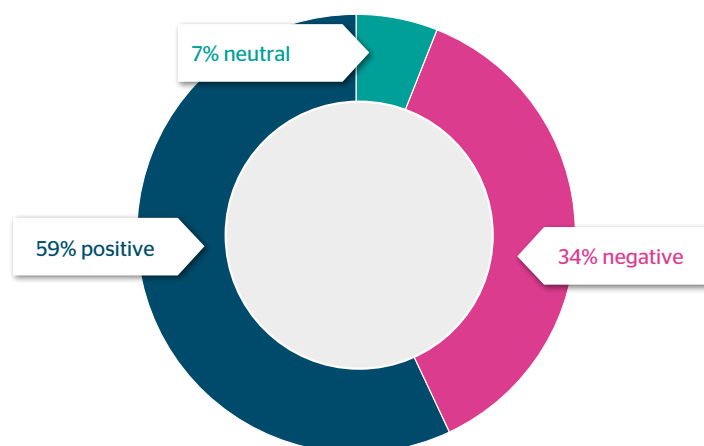
Healthwatch City of London identified and analysed 1,201 issues about local health and care services from 256 people gathered between 1 April 2018 and 31 March 2019.

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

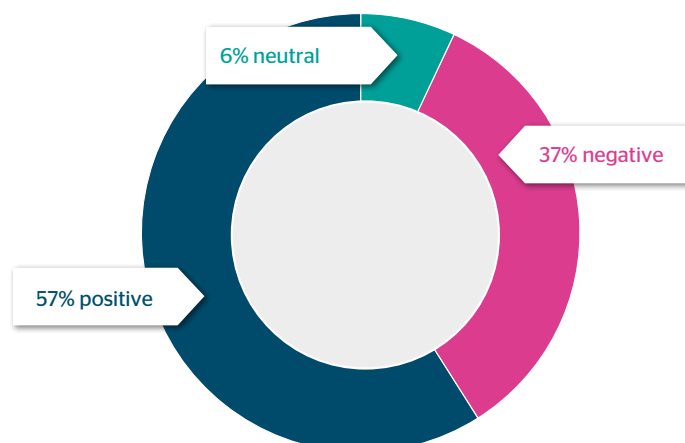
City residents participated in twice month quality assurance patient feedback panels, reviewing and coding your feedback.

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.

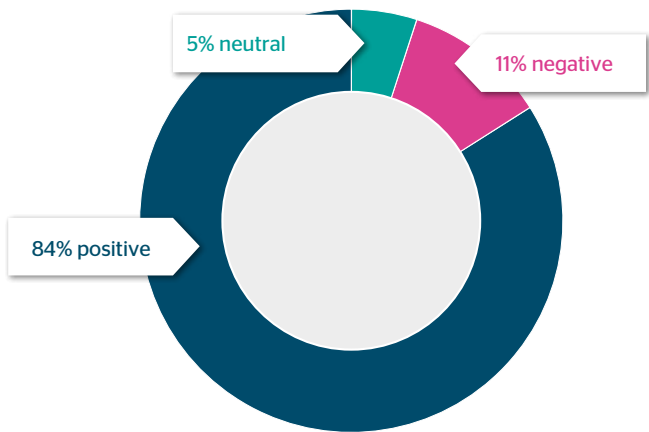
How people felt as a whole? (all services)



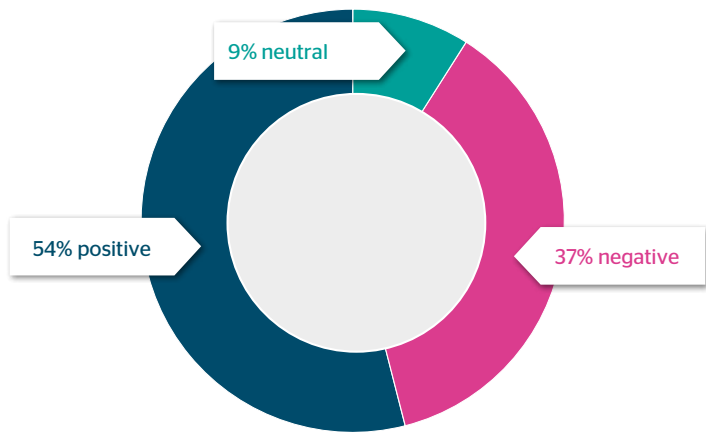
How well informed, involved and supported did people feel?



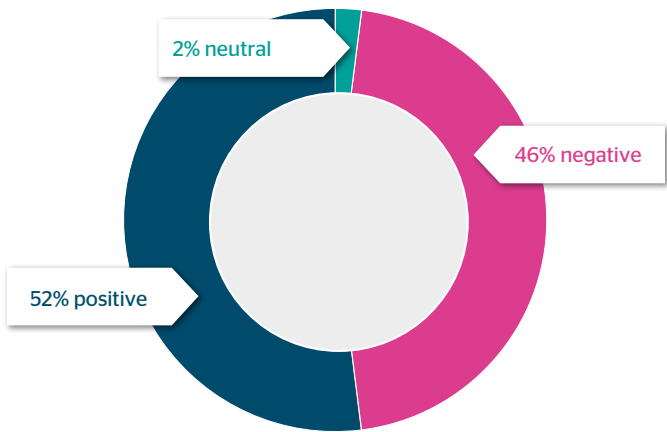
How did people feel about the general quality and empathy?



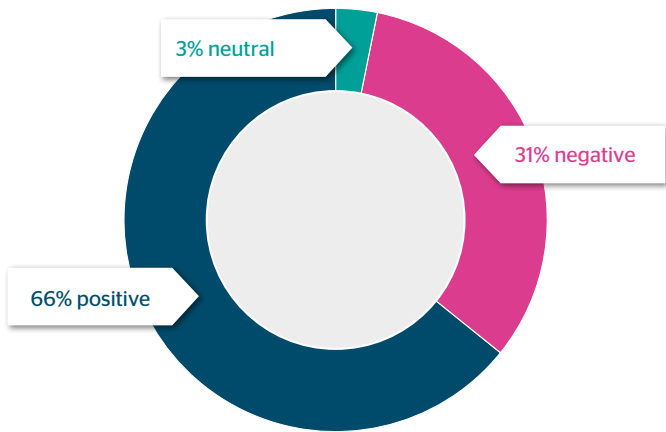
How did people feel about GP services?



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.

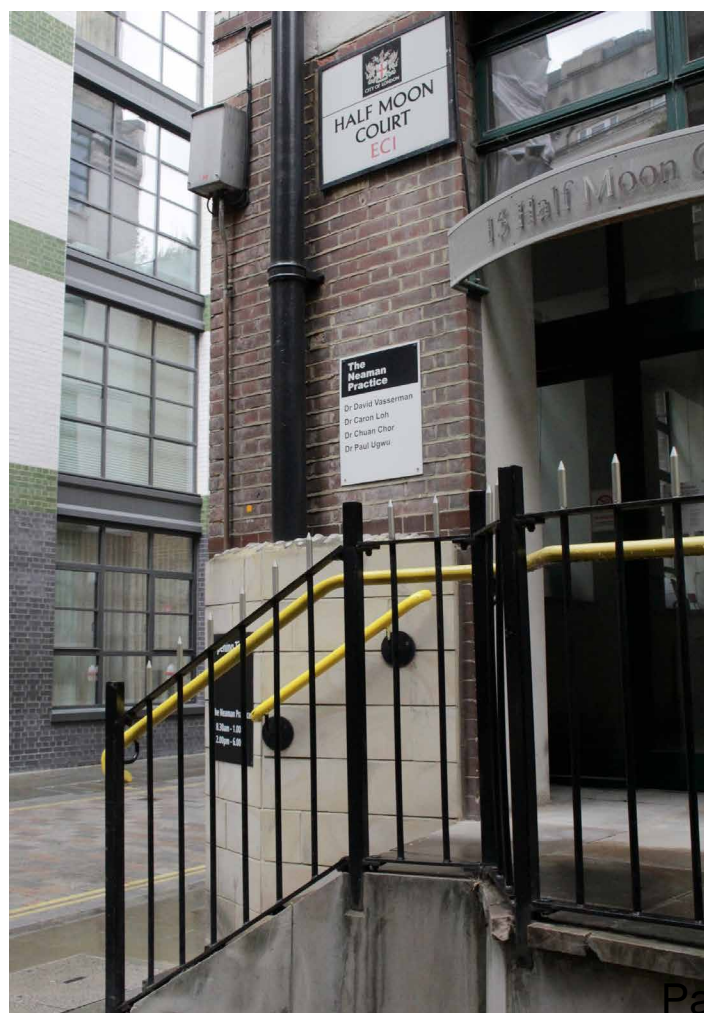
University College London Hospital (UCLH)

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

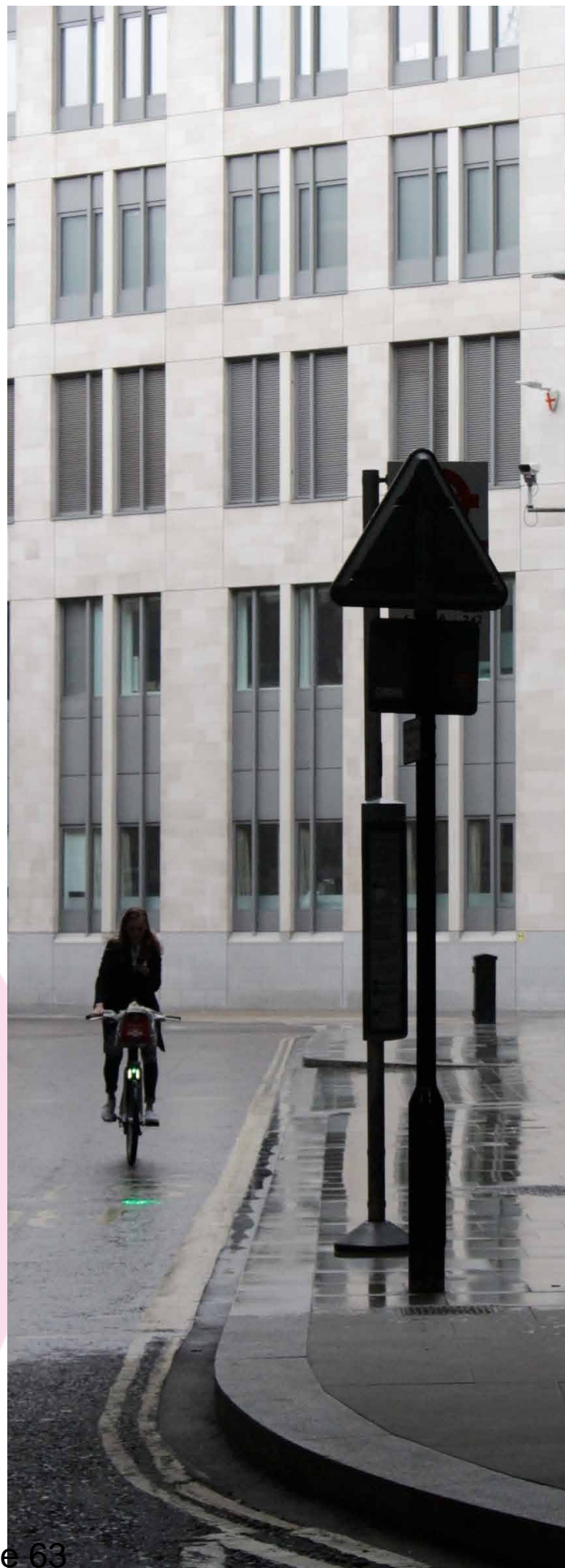
Workers mainly used pharmacies and opticians and were pleased with these services. They wanted more out of hours opening times to fit in with the working day and avoid busy lunchtime queues.

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 to 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.

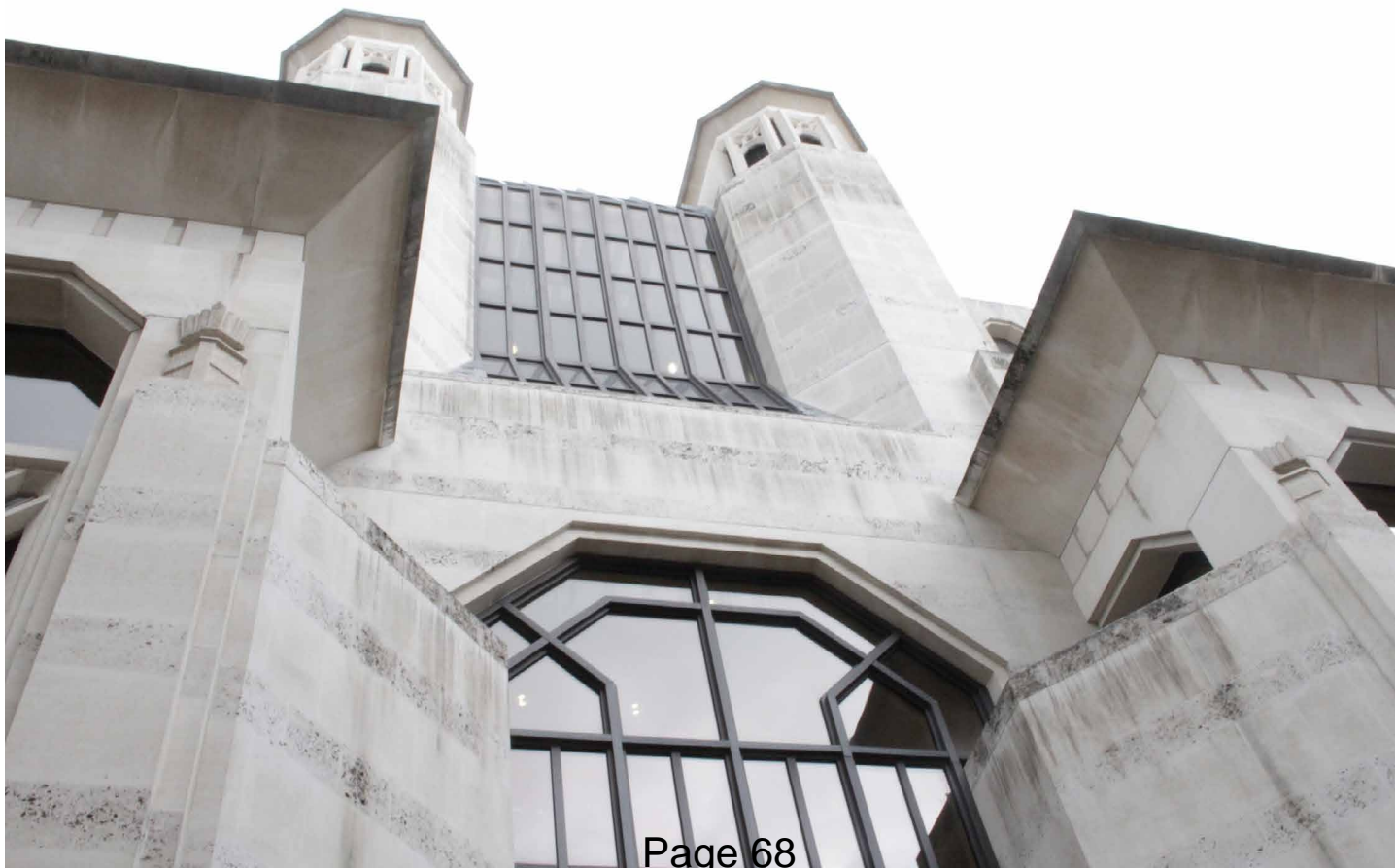
Working with the City of London Corporation

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



Contact us



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London, N1 5LZ



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 Social Care Scrutiny Committee	16 July 2019
Subject: Babylon GP at Hand	Public
Report of: Farrah Hart, Public Health Consultant	For Information
Report author: City & Hackney Public Health Intelligence	

Summary

This report provide intelligence on the uptake of the Babylon GP at Hand – a web-based GP service.

Recommendation

Members are asked to:

- Note the report.

Main Report

GP at Hand / Lillie Road practice

April 2019 data update. City & Hackney Public Health Intelligence

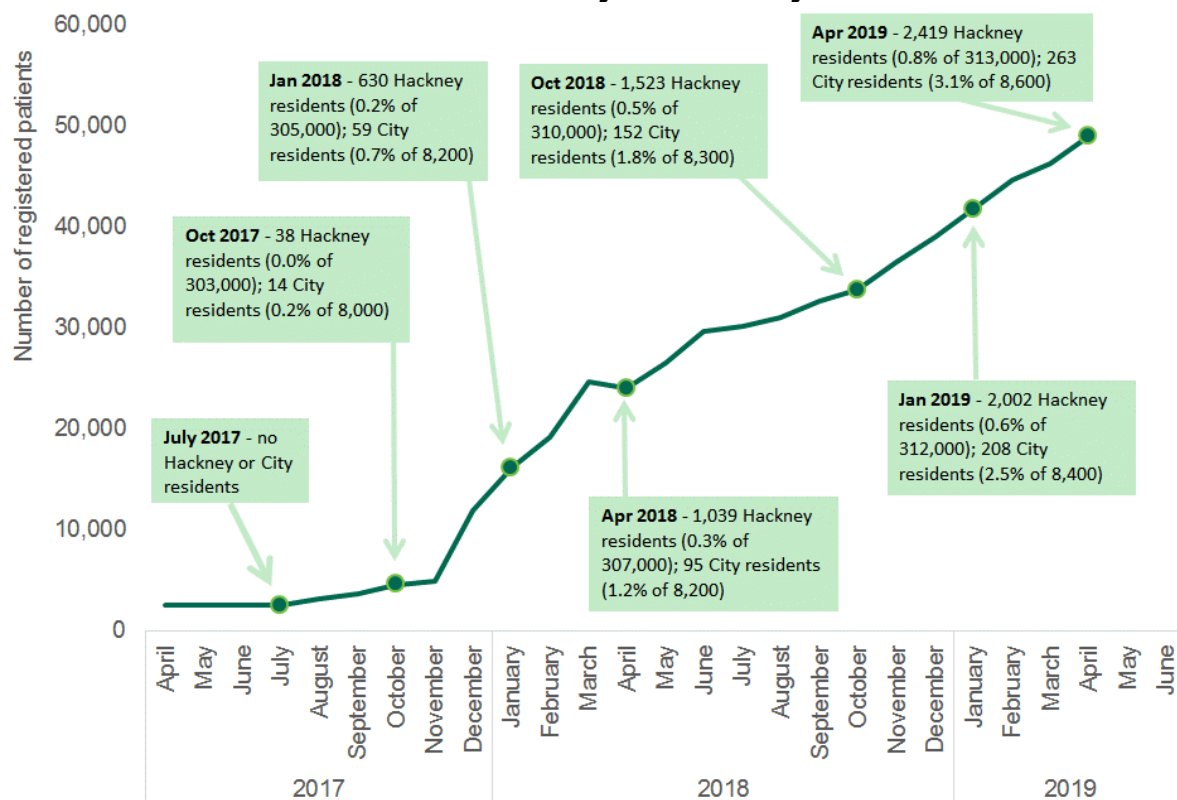
- NHS Digital currently release overall numbers of registered patients by GP practice every month, with a full geographical breakdown every quarter in January, April, July, October. This report includes figures published on 16 April 2019.
- These figures show a continued rise in the number registered at Lillie Road Health Centre, now renamed “GP at Hand”, (practice ref E85124) from 2,500 in July 2017 to **48,935** in April 2019 - see Figure 2
- In April 2019, 0.8% of registered Hackney residents were registered at Lillie Road, and 3.1% of City of London residents – see Figure 2
- Data from January 2019 show that nationally, 28% of patients are of younger working age (20-39). In City & Hackney 42% of registered patients are in this age group, reflecting the local demographics. Patients registered with Lillie Road have an even higher proportion in this age group – 84% – see Table 1 and Figure 3.
- In January 2019, 50% of patients registered with City & Hackney GPs were male. 50% of patients in London and England were also male. At Lillie Road, patients were 56% male – see Table 1 and Figure 3
- More female patients were registered with the Lillie Road practice in the 20-29 age band. More male patients were registered with Little Road practice in the 30-39 age band.
- In April 2019, 9% of patients registered at Lillie Road were resident in Hammersmith and Fulham, 86% elsewhere in London, and 5% outside London. Hackney residents made up 5% of the practice list, and City of London residents 0.5% – see Figure 4
- The highest proportion of a GP registered population registered with Lillie Road are now in the City of London – 3.1% compared with 2% of the Hammersmith and Fulham population – see Figure 4b.

Figure 1a: GP at Hand website (accessed April 2018)



Source: Google Street View (accessed April 2018)

Figure 3: Number of patients registered at Lillie Road Health Centre over time, with the number of residents of Hackney and the City of London.

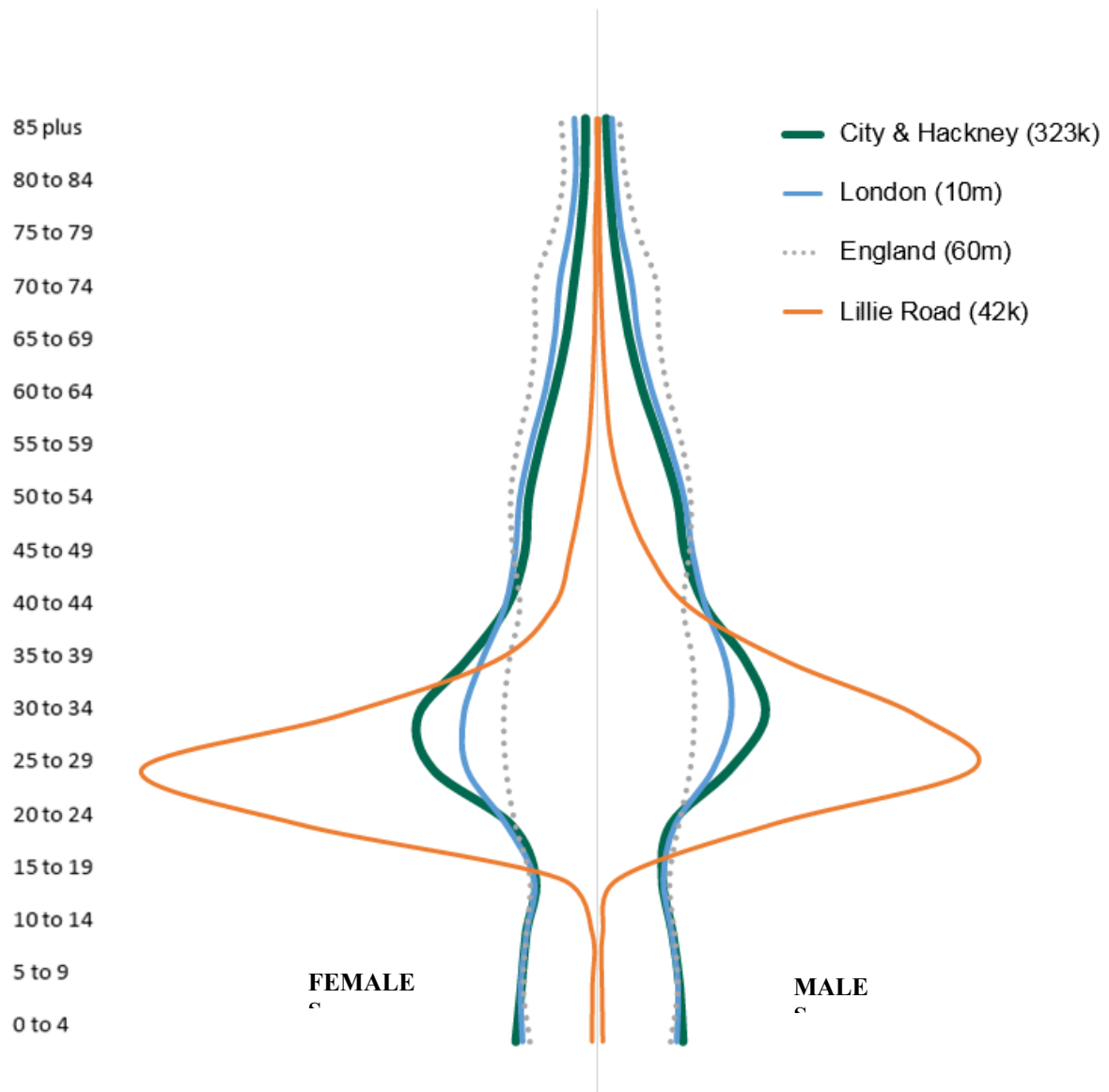


Data source: NHS Digital <https://digital.nhs.uk/article/4197/Primary-care-services>

Table 1: Number of patients in City & Hackney and Lillie Road by gender and age profile (January 2019)

	England	London	City & Hackney	Lillie Road
% Male	50%	50%	50%	56%
% Aged 20 to 39	28%	36%	42%	84%

Figure 4: Age and gender of patients registered at Lillie Road Health Centre compared with City & Hackney CCG registered patients (January 2019)



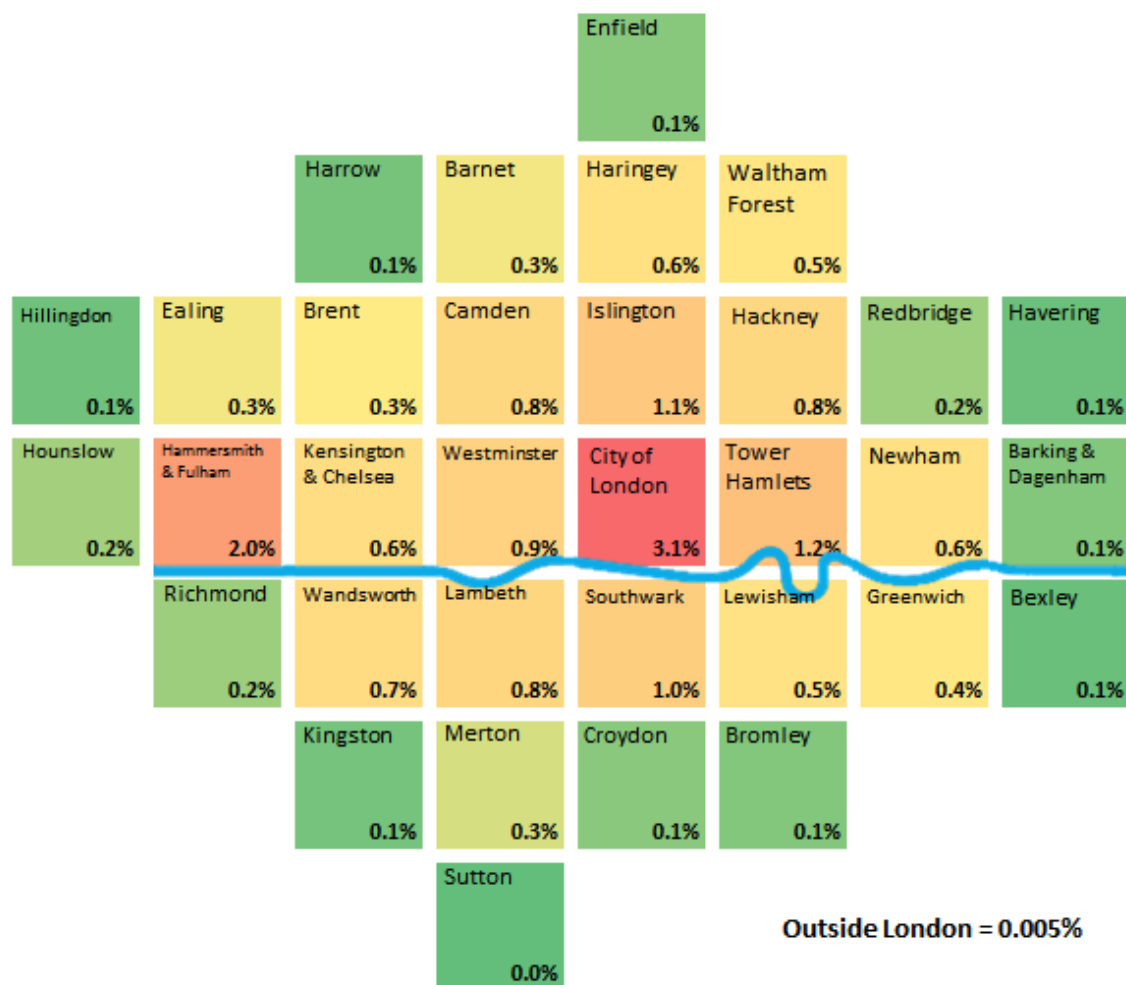
Data source: NHS Digital <https://digital.nhs.uk/article/4197/Primary-care-services>

Figure 5a: Number of patients registered at Lillie Road Health Centre by local authority of residence (April 2019)



Data source: NHS Digital <https://digital.nhs.uk/article/4197/Primary-care-services>

Figure 6b: Percentage of patients registered at Lillie Road Health Centre by local authority of residence (April 2019)



Data source: NHS Digital <https://digital.nhs.uk/article/4197/Primary-care-services>

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Committee	Dated:
Health and Social Care Scrutiny Committee	16 July 2019
Subject: Potential Scrutiny Topics 2019/2020	Public
Report of:	For Discussion
Report author: Simon Cribbens, Assistant Director – commissioning and partnerships	

Summary

Potential Scrutiny Topics 2019/2020

	Topic	Suggested meeting
1.	Annual report of City and Hackney Adults Safeguarding Board	October 2019
2.	Government Green Paper on Social Care Forthcoming Green Paper on Social Care for Adults; potential implications and review provisions for services as a result.	
3.	St Bartholomew's Hospital (Bart's) Minor Injuries Unit	
4.	Neighbourhood model for health and social care	
5.	Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot	
6.	Making Every Contact Count initiative - impact	
7.	Public Involvement and Transparency in Local Integrated Commissioning and ELHCP	
8.	NEL long term plan submission – impact for City of London	
9.	Mental Health services and support for children and young people	
10.	Early intervention and Prevention programme City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation	

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