



Health and Wellbeing Board

Date: MONDAY, 4 APRIL 2016
Time: 11.30 am
Venue: COMMITTEE ROOMS, 2ND FLOOR, WEST WING, GUILDHALL.

Members: Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averbs
Dr Penny Bevan
Paul Clements
Karina Dostalova
Glyn Kyle
Dr Gary Marlowe
Simon Murrells
Gareth Moore
Dhruv Patel
Jeremy Simons

Co-opted Members: Paul Haigh

Enquiries: Natasha Dogra tel.no.: 020 7332 1434
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**Lunch will be served in the Guildhall Club at 1pm.
N.B. Part of this meeting may be subject to audio visual recording.**

**John Barradell
Town Clerk and Chief Executive**

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the meeting held on 29 January 2016.
For Decision
(Pages 1 - 6)
4. **PRESENTATION: SUSTAINABLE TRANSFORMATION PLAN, DEVOLUTION AND INTEGRATION.**
Presentation from City & Hackney CCG.
For Information
5. **CITY OF LONDON CORPORATION'S ADULT SOCIAL CARE ANNUAL REPORT**
Report of the Health & Wellbeing Officer.
For Decision
(Pages 7 - 30)
6. **BETTER CARE FUND 2016-17**
Report of the Programme Manager.
For Decision
(Pages 31 - 38)
7. **CITY OF LONDON POLICE UPDATE**
Report of the Superintendent of the City of London Police.
For Information
(Pages 39 - 42)
8. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Health & Wellbeing Policy Officer.
For Information
(Pages 43 - 48)
9. **BETTER HEALTH FOR LONDON FOLLOW UP- ACTIVE TRAVEL**
Report of the Health & Wellbeing Policy Officer.
For Decision
(Pages 49 - 54)
10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

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

For Decision

Part 2 - Non Public Reports

13. **BI-ANNUAL PERFORMANCE REPORT OF THE HEALTH AND WELLBEING BOARD**
Report of the Health & Wellbeing Policy Officer.
For Information
(Pages 55 - 74)
14. **PUBLIC HEALTH AND SOCIAL CARE COMMISSIONING INTENTIONS**
Report of the Commissioning and Performance Manager.
For Decision
(Pages 75 - 88)
15. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND WELLBEING BOARD

Friday, 29 January 2016

**Minutes of the meeting of the Health and Wellbeing Board held at
Committee Room - 2nd Floor West Wing, Guildhall on Friday, 29 January
2016 at 11.30 am**

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averbs
Gareth Moore
Simon Murrells

In Attendance

Billy Dove, Chief Commoner
Paul Haigh, Hackney CCG

Officers:

Natasha Dogra	Town Clerk's Department
Nigel Lefton	Remembrancer's Department
Neal Hounsell	Department of Community and Children's Services
Farrah Hart	Department of Community and Children's Services
Nicole Klynman	Department of Community and Children's Services
Poppy Middlemiss	Department of Community and Children's Services
Ellie Ward	Department of Community and Children's Services
Tirza Keller	Department of Community and Children's Services
Luke Harley	City of London Police
Oliver Sanandres	Department of Human Resources
Rebecca Abrahams	Department of Human Resources
Shivangi Medhi	London Borough of Hackney Public Health team

- 1. APOLOGIES OF ABSENCE**
Apologies had been received from Jeremy Simons, Dhruv Patel, Dr Penny Bevan and Superintendent Helen Isaac.
- 2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were no declarations.
- 3. MINUTES**
Resolved – that the minutes of the previous meeting be agreed as an accurate record.

Matters Arising:

The Health and Wellbeing Board's input to other Committees

The Board discussed how best to implement the consideration of health and wellbeing aspects into reports from departments across the organisation. Officers informed the Board that Senior Officers had discussed this matter at the Summit Group meeting on 20th January 2016.

Resolved – that the Town Clerk be invited to ensure that Senior Officers are encouraged to bring the consideration of health and wellbeing to the forefront of their respective department's priorities.

4. PROVISION OF NON-ALCOHOLIC DRINKS AT CITY-HOSTED EVENTS

The Board received a report from the Remembrancer outlining the current arrangements for the provision of non-alcoholic beverages at City Corporation events. Members were informed that this provision was being considered by Members as part of the current effectiveness of hospitality review.

The Board noted that at City hosted receptions, caterers were requested to provide both water and an alternative soft drink. At Committee dinners until recently, the choice was sometimes restricted to water and orange juice. Caterers are now required to provide a greater choice.

Members noted that there was an increasing range of non-alcoholic options. For example, at the recent reception for the Chinese State Banquet, the non-alcoholic alternatives were water, "apple and ginger fizz", and lychee and coconut water. Members agreed that the sugar content in non-alcoholic drinks was often very high and therefore not a healthier option.

It was noted that the informal meeting of the Court of Common Council would discuss the provision of wine at business-related events during the day. The Hospitality Working Party at its meeting on 11 December 2015 recommended that wine should be served at lunches by exception, and not at business-related lunch events. Members of the Board were grateful for the report but agreed that more work needed to be done to ensure there was a provision for non-alcoholic drinks to be served during receptions and dinner events.

Resolved – that the update be received.

5. FEMALE GENITAL MUTILATION STRATEGY

The Board received a report which introduced the "Tackling and Preventing FGM – City and Hackney Strategy 2016-2019" which is a joint Strategy with the London Borough of Hackney. The Strategy aims to promote the welfare of girls and women by reducing FGM, identifying those at risk and supporting those that have been affected by this illegal and harmful practice.

In response to a query, Members noted that this was a multi-agency strategy highlighting the need for different agencies to work together to help prevent and tackle FGM in the City of London and Hackney.

The Strategy focuses on the following three priorities:

- 1) Prevention and early intervention
- 2) Strong and effective leadership
- 3) Effective protection and provision

Members noted that the Strategy, which includes an action plan, underwent a consultation process in August 2015. Specific City of London actions include ensuring all City frontline people staff undergone FGM awareness training and working with Sir John Cass Primary School to raise FGM awareness.

Members asked about the engagement with schools associated with City of London residents. Hackney Council previously funded the Christopher Winter Project to run a pilot whole school approach to raise awareness over FGM. In addition, mandatory reporting was introduced in October 2015 for all teachers (as well as health and social care professionals) to report 'known' cases of FGM in under 18 year olds to the Police. Members suggested for the strategy to go to the School Safeguarding Forum.

Members also asked about engagement with men and this strategy includes actions on engaging men and young boys. Currently, Hackney's Public Health team are funding the Hawa Trust to run a series of awareness raising events aimed at men from FGM practising communities.

Resolved – that Members approved the Tackling and Preventing FGM – City and Hackney Strategy 2016-2019.

6. **SUICIDE PREVENTION ACTION PLAN REPORT**

The Board Members were informed that as a result a City of London Suicide Prevention Action Plan was developed. One key action resulting from the plan is 'The Bridge Pilot'; a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce the number of suicides that occur from bridges within the City of London by training of frontline staff and placing signs with the Samaritans phone number on the bridge to encourage help seeking behaviour.

In January 2014 the HM Government Preventing Suicide in England 'One Year On' report was published which called on local authorities to:

- Develop a suicide prevention action plan
- Monitor data, trends and hot spots
- Engage with local media
- Work with transport to map hot spots
- Work on local priorities to improve mental health

The Board Members were informed that as a result a City of London Suicide Prevention Action Plan was developed. One key action resulting from the plan is 'The Bridge Pilot'; a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce the number of suicides that occur from bridges within the City of London by training.

Members thanked the Officers for their work and noted that whilst this report concentrated on bridges, there was still work to be done to tackle other suicide hot spots in the Square Mile.

Members asked officers to take the report to Licencing and Planning and Transportation committees.

Resolved – that the Board:

- Approved the Suicide Prevention Action Plan
- Reviewed the progress of the actions within the Suicide Prevention Action Plan annually.

7. PRESENTATION- UPDATE FROM TOWER HAMLETS CCG

The Board received an update from Jane Milligan, Tower Hamlets CCG and noted that the Commissioning Intentions were 2016/17 were:

- Mobilisation of Outcomes Based Community Health Services Contract;
- Activating the Vanguard Programme;
- Continued development of Integrated Care Programme focusing on mental health support for people with long term conditions, falls prevention and personalisation;
- Development of Urgent Care Services inc Ambulatory Care pilot, Physician Response Unit and NHS 111;
- Implementation of community pathways for dermatology and MSK;
- Refresh of commissioning strategy for 2016-2021. Priority areas including Early Years and Children, Mental Health and Community Care Development; and
- Working with partners to develop a Sustainability and Transformation Plan.

Resolved – that Members noted the update and thanked Ms Milligan for attending the meeting.

8. BETTER CARE FUND 2016/17

Members noted that the Better Care Fund (BCF) was first introduced to the Health and Wellbeing Board in January 2014. The City of London has had its own BCF plan for 2015/16 which was approved by the Board in September 2014. It is a requirement that BCF plans are signed off by local Health and Wellbeing Boards.

The Comprehensive Spending Review in November 2015 announced funding for the 2016/17 BCF and an outline timetable for submission of the plans has been set out. In response to a query, Members were informed that given the cycle of Health and Wellbeing Board meetings and the proposed BCF timetable, it would be necessary to delegate authority to approve the plan in order to meet the deadlines for submission.

Resolved – that Members delegated authority to the Director of Community and Children's Services in consultation with the Chairman to approve priorities and content of the Better Care Fund Plan where the timescales do not fit with the cycle of full Health and Wellbeing Board meetings.

9. **UPDATE REPORT**

The Board received an update report which highlighted the following areas:

- Healthwatch Update
- Safer City partnership update
- 20 mph scheme update
- Contaminated Land Strategy
- City of London Standards for Houses in Multiple Occupation
- London Health and Care Collaboration Agreement
- Agenda planning meetings
- Square Mile Health service launched in the City
- JSNA calendar update

Resolved – that the update be received.

10. **HEALTHY SCHOOLS PILOT REPORT**

The Board received a summary of the programme of work developed to contribute to Sir John Cass's Foundation primary schools application to the Healthy Schools programme and given its success proposes the work continue and extend to other sites in the City including looking at Prior Western school in Islington which a high proportion of City of London students attend.

Resolved – that Members approved the continuation of the Healthy Schools Project and the extension of the food stall to other sites in the City.

11. **CITY OF LONDON CORPORATION'S HEALTH AND WELLBEING PROGRAMME: CITYWELL**

The Members of the Board received a report of the Director of Human Resources and were informed that good physical health and mental wellbeing are vital to a productive and motivated workforce. By adopting a progressive and proactive approach to the wellbeing of our staff, the City can reduce further sickness absence and presenteeism levels. By implementing a wellbeing strategy and investing in the health of our employees, the Corporation would see in return higher levels of engagement and productivity from our staff, and continue to attract and retain the highest calibre of talent.

Members noted that staff located in offices outside of the City would be taken into consideration and a proactive approach would be taken to ensure they too were included in the programme. Members were made aware of the gym facilities currently available to staff located at Guildhall and Walbrook Wharf; it was agreed that these services needed to be better advertised to staff.

In response to a query, Officers informed Members that a documented strategy would provide the Corporation with the opportunity to build on the achievement of receiving a silver award in the Healthy Workplace Charter in October 2014, and it will enable the City Corporation to demonstrate excellence in our next application.

Resolved – that the Board supported the strategy.

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no urgent business.

The meeting ended at 12:57pm.

Chairman

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Health and Wellbeing Board	04/04/2016
City of London Corporation’s Adult Social Care Annual Report	Public
Report of: Director of Children and Community Services	For Decision
Report Author: Poppy Middlemiss	

Summary

The Government introduced local accounts otherwise known as annual reports in 2011 to help residents see how well local adult social care services were being delivered and what needed to improve in their area.

This report presents the City of London Corporation’s Adult Social Care Annual Report 2014/15 to be published by the Department of Children’s and Community Services.

Recommendation

The Health and Wellbeing Board is asked to:

- 1) Approve the City of London’s Adult Social Care Annual Report

Main Report

Background

1. The Government introduced local accounts otherwise known as annual reports in 2011 to help residents see how well local adult social care services were being delivered and what needed to improve in their area. The aim of the annual report is to give an account of our work in the last financial year and priorities for the future, and in doing so to be accountable and transparent. The production of these reports is voluntary and not a statutory requirement.

2014/15 Adult Social Care Local account

2. This is the second time the city of London has produced this document. The final draft can be found in appendix A.
3. The format and content of this report have been decided in consultation with the Adult Social Care Service Manager and City of London Healthwatch
4. The City’s annual report sets out the services provided by Adult Social Care, who we work with and who gets help, plus the changes made to the services as a result of discussions with people who use them.

5. The report outlines how the City Corporation took on one of the biggest challenges faced by Adult Social Care in 2014/15 of preparing for the implementation of the Care Act of which part one took effect on 1 April 2015.
6. The report also outlines our achievements in becoming a dementia friendly City and the steps we have made to delivering integrated care in the City of London
7. The final document is being presented to the Health and Wellbeing board on 4th April. It will be then sent to a designer to be made into an easy reading public facing document ready for publication.
8. Once published service users and carers will be encourage to play a part in the evaluation of the document in order to shape the way in which the document is written in 2015/16.
9. The publication cycle of key data sets delayed the initial production of the 2014/15 Adult Social Care Annual Report. It is anticipated the 2015/16 report will be complete in the Autumn.

Conclusion

10. This report presents the City Corporations Adult Social Care Annual Report. The Adult Wellbeing Partnership members are asked to endorse the final draft of the Adult Social Annual Report

Appendices

Appendix A:

City of London Adult Social Care: Annual Report 2014/15

Poppy Middlemiss

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City of London Adult Social Care Annual Report 2014/15

**A Commentary on Services Delivered By Adult
Social Care Services**

Foreword

Director of Community and Children's Services



I am pleased to present the City of London Corporation's Adult Social Care Annual Report 2014/15 published by the Department of Community and Children's Services. The Annual Report describes the progress we have made from April 2014 and highlights services we are targeting for improvement over the coming year. It is an opportunity to make more information available to our residents.

2014/15 has been a challenging year because we have been preparing for the implementation of the Care Act 2014 from April 2015. This new law will continue to influence the changes we make to improve our services and make a difference to the lives of those who live in the city of London.

We also now have legal responsibilities under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005. These aim to protect people from being unlawfully deprived of their liberty. A Supreme Court Judgement ruling in March 2014 means this now applies to many more people.

The introduction of the Better Care Fund has brought us the opportunity to deliver more joined-up care by working more closely with our health colleagues. We are proud of the progress we are making in integrated care.

It continues to be a difficult time for adult social care nationally, with demand for services increasing while funding from central government reduces. At the same time the city of London's population is ageing. Ensuring excellent service delivery during times of financial uncertainty is key and we are committed to providing high quality services which meet people's individual needs.

We hope that you find our Adult Social Care Annual Report for 2014/15 an interesting and informative read.

Ade Adetosoye

Director of Community and Children's Services

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1. Key Facts and Figures – 2014/15

(This will be amended by designer for published report)

City of London population: 8,072

18-64 population: 5,882

65+ population: 1,276

Number of people who received costed support from Adult Social Care 222

Number of people who received long term support 155

£4.335 million spent

14 staff in Adult Social Care team

43 percent of service users reported that they receive as much social contact as they would like

63 percent of service users stated that they are satisfied with the care they receive

84 percent of service users and carers find it easy to find information about services

Less than 5 complaints about Adult Social Care

16 Deprivation of Liberty Safeguards assessments carried out

29 safeguarding alerts

2. What is the City of London Corporation Health and Social Care report?

The aim of this report is to give an account of our work in Adult Social Care in the last financial year and priorities for the future, and in doing so to be accountable and transparent.

The Government introduced local accounts (otherwise known as annual reports) in 2011 to help residents see how well local adult social care services were being delivered and what needed to improve in their area. The production of these reports is voluntary and not a statutory requirement.

The City Corporation's annual report sets out the services provided by Adult Social Care, who we work with and who gets help, plus the changes made to the services as a result of discussions with people who use them.

One of the biggest challenges faced by Adult Social Care in 2014/15 was preparing for the implementation of the Care Act of which part one takes effect on 1 April 2015. This means local authorities will have the duty to consider the physical, mental and emotional wellbeing of the individual needing care.

3. What is Adult Social Care?

The Adult Social Care Service in the city of London supports adults of working age and older people who have disabilities, mental health problems, learning difficulties, sensory loss or long term conditions.

We do this by providing information and offering early preventative help and support to enable people to live as full and independent lives as possible.

Personalisation underpins the way the City Corporation delivers its social care services to local people. This means giving people the opportunity to choose the support they feel best suit their needs.

The [City of London Corporation Adult Social Care Directory](#) is available in hard copy and online.

4. Who are our local people?

If the City Corporation is to provide services effectively, it must have an in depth knowledge of who lives in the city of London, their age and their needs. The city of London has:

- 8,072 residents, making it the second smallest local authority in Britain (mid-year population estimates, 2014)
- A high life expectancy, 84.3 years for men and 88.6 years for women.

The city of London has a larger than average proportion of adults aged 25-50 than the general population and a rapidly increasing population of adults over 65. The population structure of the city of London is shown in the chart below.

Figure 1: City of London population age structure compared to London



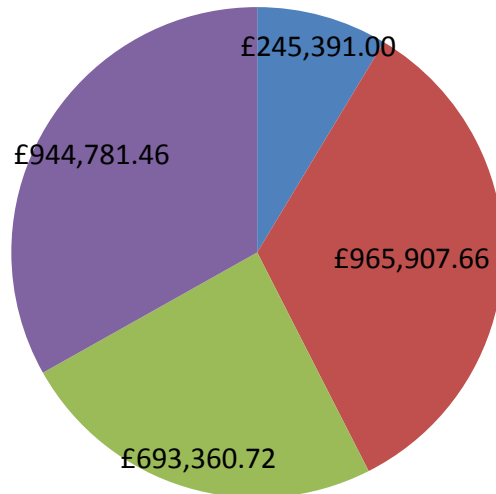
Source: ONS 2014 mid-year population estimates

5. Performance and Spending

Our expenditure in 2014/15 for Adult Social Care Services (including older people) was £4.335 million. 34.6 percent of this expenditure was on older people (over 64 years old). This includes expenditure on carers, even if they are younger than 65. The breakdown of expenditure for adults and older people in 2014/15 by client type is shown in the charts below.

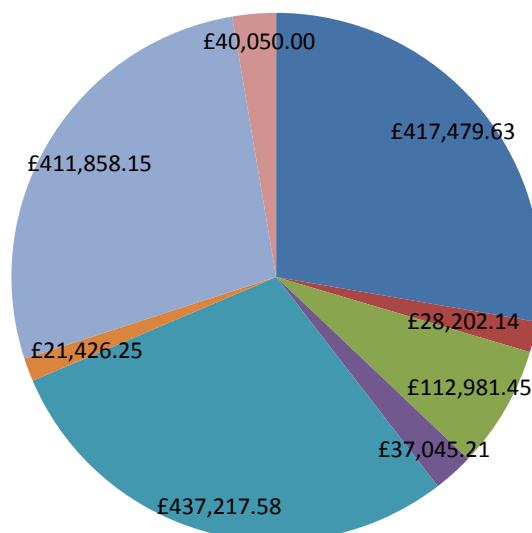
Adults (18-64)

Physical Mental health Learning disabilities General



Older People

Physical Sensory
 Memory and cognition Learning disability
 Mental health Assistive equipment & technology
 Social Care Activities Carers



In 2014/15, it provided costed adult social care services (see glossary) to a total of 222 clients (this includes individual budgets to carers)¹.

155 clients received long term support (those in nursing care, residential care and those receiving individual budgets). Of the 155 clients, 67 were aged between 18-64 and 88 were aged over 65.

Nursing and Residential Homes

The city of London has no care homes within the Square Mile and therefore residential care for the city of London residents is spot purchased within other local authorities according to need. The City Corporation therefore has limited influence on the residential care market it accesses, but enjoys good relationships with other local authorities and is active on a number of pan-London groups which support, shape and anticipate the London care market.

- 11 people aged 18-64 live in in nursing or residential accommodation.
- 13 people over 65 living in nursing accommodation and 21 in residential accommodation.

6. Our Priorities

- Personalisation and individual budgets for adults with additional needs and their carers
- Working with our partners in health to better integrate health and social care and support
- Helping people to stay at home wherever possible and avoid acute admissions to hospital
- Supporting people when they do come home after being discharged from hospital
- Helping to make people feel safe in their own home and making safeguarding personal
- Raising awareness of Safeguarding Adults
- Introducing opportunities for adults with mental health conditions to gain more independence including making the city of London a more Dementia Friendly community.

¹ EPCS data

7. What has changed in 2014/15

Preparing for the Care Act

One of the biggest challenges we have faced in the last year has been preparing to ensure we fully meet the new legal duties placed on us by the Care Act to:

- Promote physical and mental wellbeing
- Prevent or delay people needing social care services
- Put people at the heart of the system
- Focus more on the outcomes people want to achieve in their lives rather than simply meeting practical needs

Some duties came into effect at the end of the financial year in April 2015. In order to be in a strong position to implement the Care Act we:

- Established a Care Act Implementation Group consisting of officers from across the organisation which meet monthly and is responsible for overseeing all aspects of implementation of the Care Act
- Began developing a Market Position Statement
- Engaged and communicated with our residents about the changes the Care Act would bring through Carers lunches, ageing well in the City events and other awareness events
- Began the refresh of our **Carers Strategy** to ensure it reflects the changes the Care Act will bring
- Reviewed our individual budgets offer to fit with the new requirements of the Care Act
- Developed a more formalised approach to transitions, including young carers
- Became part of the Pan-London Care Act Leads Network which has provided opportunities to share resources and good practice.

Mental Capacity Act – Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.

The Deprivation of Liberty Safeguards (DoLS) in the MCA 2005 gave us legal responsibilities which aims to protect people in care home and hospitals from being unlawfully deprived of their liberty. The care home or hospital must apply to their local authority to authorise any deprivation of liberty, in order to ensure it is in the person's best interests. A Supreme Court judgement ruling in March 2014 means that DoLS now applies to many more people.

This change to the Mental Capacity Act has led to a big increase in DoLs assessments being carried out in the city of London. In the five years prior to 2014/15 only two DoLs assessment were carried out whereas in 2014/15 alone 16 DoLs assessments were carried out in the City of London.

Adult Wellbeing Partnership (AWP)

The AWP was established in October 2014 to provide strategic leadership, direction and oversight to deliver the vision for improving adult wellbeing in the Square Mile and is accountable to the Health and Wellbeing Board.

AWP is Chaired by the Director of Community and Children's Services and consists of senior officers from a range of relevant organisations including the City of London Corporation, City and Hackney CCG, Tower Hamlets CCG, City of London Healthwatch, London Fire brigade, City of London Police, the Neaman Practice, East London Foundation Trust and Public Health. The Partnership specifically provides strategic leadership and oversight, scrutiny and challenge on initiatives and programmes that deliver adult wellbeing in the Square Mile. This includes the Care Act Implementation Project and the Better Care Fund plan.

Senior Practitioner

A business case was made to recruit a post of Senior Practitioner in order to meet the greater demands on the city of London Adult Social Care service. The senior practitioner supervises the Social Work team which comprises of five qualified social workers as well as managing the Adult Social Care Duty system.

Mental Health Crisis Care Concordat

In 2014 the city of London signed the Mental Health Crisis Care Concordat. This is a joint statement written and agreed by its signatories, that describes what people experiencing a mental health crisis should be able to expect from public services that respond to their needs. It is about how these different services can best work together, and establishes key principles of good practise that local services and partnership should use to raise standards and strengthen working arrangements.

In the city of London we have taken our commitment to the Mental Health Crisis Care Concordant seriously. We have taken steps to work together with relevant agencies in order to benefit people who are in crisis and in need of urgent help. We meet monthly with the City of London Police and St Mungo's Broadway to discuss all possible referrals regarding homeless people and rough sleepers. We also meet regularly with the City of London Police regarding use of section 136 of the Mental Health Act (see glossary).

8. Carers

Carers in the City

A carer is someone who gives regular care and support to someone else and is not paid for doing so. The census identified 567 informal carers in the City of London who provide support to people with a range of needs. This is approx. ten times as many as those known to services provided by the City Corporation. This total accounts for 7.8 percent of the city of London population, compared to 8.4 percent of the London population and 10.2 percent across England.

21 percent of carers provide care for 20 hours or more per week. This is lower than London (36.9 percent) and England (36.4 percent). 12.2 percent of carers provide care for 50 or more hours per week. This is also lower than London and England.

Carers often experience poor health and a lower quality of life as their caring responsibilities can limit their education opportunities and social life. 2 in 10 carers in the city of London report being in not good health compared to 1 in 10 non-carers

The City Corporation has a strong track record of supporting and valuing carers. Since 2011, it has offered assessments of all carers regardless of how much care they provide and also offered non-means tested individual budgets to carers.

The introduction of the Care Act in April 2015 has seen carers' assessment processes strengthened, formal support planning introduced and a review of individual budgets and information and advice provided to carers.

In 2014/15, 58 carers assessments were carried out (these include new carers and existing carers who had a review – recorded as an assessment) Overall, Adult Social Care provided support to 79 carers. 49 carers received individual budgets;

Spend on Carers

	2013/14	2014/15	2015/16
Total spend on carers	£41,000	£40,000	(£40,000)
Total spend on ASC and older people	£3,320k	£3,428k	(£3,519k)
Carers spend as percent of total ASC spend	1.23%	1.17%	(1.14%)

Identifying carers

Within the Adult Social Care Team, all staff have a responsibility for identifying carers through their work. Whether it be in carrying out a needs assessment or delivering a reablement service in someone's home or helping facilitate safe discharge home from hospital, staff will be looking to see if any informal carers are involved.

Commissioned community support services all have the identification of carers as a key outcome in their contracts and the GP practice in the city of London keeps a carers register and plays a role in identifying carers. Carers can also refer themselves to Adult Social Care and the City Carers Group.

Safeguarding carers

In March 2015, the City Corporation commissioned a further independent audit of its safeguarding cases. While the knowledge and skill of working with carers was clearly illustrated outside the safeguarding process, the audit identified the need to improve recording of safeguarding with carers.

A new improvement plan has been developed from this audit, with a key recommendation being for continued work to be done around support to carers. The City Corporation has developed a safeguarding toolkit which includes prompt sheets for managers and practitioners (including prompts around the input of carers) and a mandatory 10 point checklist.

Carer Satisfaction

The City Corporation undertakes a carer's survey every two years and the latest was carried out in November 2014. 65 surveys were sent out to adult carers known to the City and 43 percent were completed.

- 52 percent of carers are extremely or very satisfied with the support or services they and the person they care for have received from City Corporation Adult Social Care Team in the previous 12 months.
- 78 percent of carers felt that they had been involved or consulted as much as they wanted to be in discussions about the support or services provided to the person they cared for. This compares to 84 percent in 2012/13.

9. Support for people with:

Dementia

The City Corporation's Dementia strategy 2012-2015 outlines our commitments to creating a 'Dementia Friendly City' where residents and local retail outlets and services have a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. We are proud to say the Alzheimer's Society awarded the city of London Dementia Friendly City status in August 2015.

The implementation of this strategy has been overseen by the Adult Social Care Service Manager, chairing the implementation group. This is made up of a number of partners from health, voluntary sector and service users. The implementation of the strategy has been driven through a partnership with Skills for Care, who identified this as the only pilot site in London becoming a dementia friendly community.

A significant amount of training and awareness has been undertaken to support the City of London's commitment to being a dementia friendly area:

- The nomination of a Dementia Champion in the Adult Social Care Team who has been trained as a dementia friend alongside Skills for Care and The Alzheimer's Society
- Roll out of Dementia Friends and awareness raising campaign. Over 300 Dementia Friends have been created as a result of receiving awareness raising sessions. These include City of London staff, reception staff at the Neaman Practice, customer facing staff at Waitrose, Fusion leisure centre and the City of London Police amongst others
- Skills for Care grant approved following successful bid for city of London to be a pilot site for the Dementia Friendly Communities initiative
- All community groups have been engaged, Carers Group, 50 + group, our befriender and shopping service, so much so that they received additional funding for specialist training for Dementia befrienders.
- Dementia Awareness Week. Activities and Stall at Artizan Street Library in partnership with Healthwatch, held on 2015/14, attracted 40 people and 15 people attended information session at Barbican Library.

The City Corporation commission a Dementia Support Group service which Age UK Camden have delivered since November 2013. The service runs a weekly City Memory Group for anyone who feels they are experiencing difficulties with their memory, including those living with dementia in the City.

Mental health conditions

At the end of March 2014 the city of London Adult Social Care team was supporting 75 people with mental health issues.

The city of London has its own Approved Mental Health Professional who conducts Mental Health Act assessments for people who are resident within the city of London as well as those who request a Mental Health Act assessment by virtue of the fact they have been detained by City of London Police or British Transport Police within the city of London.

Historically, the City of London has experienced significant numbers of rough sleepers due to its central location. The City of London commissions St Mungo's Broadway to deliver an intensive Outreach Service within the Square Mile. The Outreach Service sees approximately three people sleeping rough each day and assesses the support needs, entitlement to services and local connection of each rough sleeper. St Mungo's Broadway works closely with specialist services such the Substance Misuse Team, Enabling Assessment Service London, and StreetMed. Approximately one in five of the rough sleepers in the City of London have mental health needs. The City of London has responsibility for the assessment of rough sleepers under the Mental Health Act. East London Foundation Trust provides a Community Mental Health Nurse to facilitate on street assessment of the mental health needs of rough sleepers.

10. Some Key Achievements

Work with the London Fire Brigade

The City of London Corporation has been working in partnership with the London Fire Brigade (LFB) to improve fire safety in the City of London to reduce accidental dwelling fires and 2014/15 saw the completion of this work.

As part of this work, 88 adults in receipt of social care support and who were identified as vulnerable were written to saying the LFB Dowgate crew would be calling on them to carry out a Home Fire Safety Visit. During this visit fire safety advice is given and further, smoke detectors and heat detectors connected to a telecare alarm system were provided by Adult Social Care if needed to mitigate risk.

The top 10 most vulnerable adults were given targeted support to see if the installation of additional fire prevention measures such as a domestic sprinkler system may be necessary.

All 88 people identified have been contacted and help given to those who needed it. City of London Adult Social Care continues to work closely with the fire brigade and have set up referral pathways to identify others who may be in need of help. .

Framework-I

2014/15 was our first year using framework-I as our electronic case management system in the City of London. This includes the development of a new system to make joint working with the Substance Misuse Partnership easier.

Winter pressure money

The City of London received money for 2014/15 to seek to improve the negative impact of adverse winter weather conditions. This money was used to:

- Obtain heaters and blankets and bedding for those found to be in need of emergency response
- Have a supply of food vouchers for vulnerable, elderly, housebound or newly out of hospital to provide food staples if without money/benefits
- Funding for on-going provision of reablement (see glossary) at weekends and out of hours with a private provider
- Provide duty backfill and training
- To develop the City of London's Good Neighbour Scheme in conjunction with City of London Corporation Housing and Spice project and CSV
- To offer enhanced reablement 'Staying Put' service following a fall at home, to seek to
- reduce the numbers of admissions post fall.

11. Listening to you

Adult Advisory Group

The City Corporation has an Adult Advisory Group (AAG) which was established in 2011 as part of a transformation programme for Adult Social Care and consists of a range of service users, including a number of carers. The Group meets every quarter and provide service user and carer feedback on a range of health and social care issues to inform the Corporation's strategic planning. Recent examples include commenting on the Carer's UK evidence base and outcomes for the refreshed Carer's Strategy, receiving the Adult Wellbeing Plan for feedback and helping shape communications around the Care Act.

Carers' lunches

The City of London Corporation has held two lunches, supported by Members and senior staff, which have facilitated engagement with carers.

In 2014 the carers lunch was held as a joint initiative with the library service at the Artizan Street Library and Community Centre. Attended by the Chairman of the Grand Committee and the AAG, the event included the launch of library resources to support carers. A number of organisations including commissioned services, Healthwatch and NHS healthchecks were also available.

The 2015 lunch was hosted by the Chairman and held at the Guildhall, providing an opportunity to engage with a wide range of carers.

Ageing Well in the City

In July 2014, the City Corporation held a number of Ageing Well in the City events, hosted by Healthwatch. The events brought together residents, including service users and carers, to help shape the future development of services in light of the Care Act and a Sheltered Housing Review. These brought up a number of themes in particular doing more to address social isolation. As a result the City of London has commissioned a piece of work in conjunction with Goldsmiths University to see what we can do to address this problem. We look forward to updating you on the outcome of this work in the coming year.

Carers Week

As part of Carers Week, the City of London Corporation, in partnership with the City Carers' Service, holds a range of events for carers in the City of London.

Complaints

There were less than five complaints to the Adult Social Care team in 2014/15 and all complaints were dealt with within the three days target time period.

12. Integrated Care

Integrated care refers to health and /or social care working in a co-ordinated way, especially for those with long term or complex conditions who are more likely to need on-going health and social care support. It is about providing the right services at the right time in a way which is seamless to the patient.

NHS England states 'For health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more

holistic approach to health, care and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered’.

As part of the development work required to support improved integration between Adult Social Care, local health commissioners and providers, City Of London Community and Children Service’s commissioned an external consultant to carry out a review of current arrangements and invite them to make recommendations regarding the implementation of a proposed model. This included a stocktake of current activity, data, pathways and provision of care along with the development of a ‘One City Model’ involving the engagement of key partners and agencies in the development of this model. This work has helped to inform the development of integrated care, which is facilitated in a number of ways in the City of London.

Care Navigators

In October 2014, the City of London Corporation commissioned Care Navigators as a pilot to support residents who live in the Square Mile with safe hospital discharge and maintaining independence. The Care Navigators are in place to help City residents navigate the complex care pathways to ensure they get the services they need when leaving hospital. This promotes independence, good health and wellbeing and prevents hospital readmission. Two part-time Care Navigators are employed through East London Age UK.

The Care Navigators work with acute hospitals especially University College Hospital and the Royal London where many City residents are admitted as acute cases. Care Navigators also work closely with GPs and with Adult Social Care to ensure that health, reablement or other social care services are joined up. As part of their role, the Care Navigators have identified carers who may benefit from support.

Better Care Fund

In 2013 the Better Care Fund (BCF) was announced to help facilitate more integration between health and social care services at a local level and a programme of integrated care pioneers was also announced.

The City Corporation has its own BCF which sets out plans to facilitate health and social care to work together at a local level. It is based on a pooled budget of NHS and local authority funding which for 2015/16 is £777,000. The plan, which includes contributions to the One Hackney and City model, telecare, reablement and care navigators, was agreed by the Health and Wellbeing Board in September 2014. The plan is now being rolled out and quarterly performance reports are signed off by the Health and Wellbeing Board. It has been announced that there will be another round of the BCF for 2016/17. The exact amount of funding will be agreed as part of the

Comprehensive Spending Review but early discussions on what could be included in the bid are underway.

One Hackney and City Pilot

The City Corporation is part of the One Hackney and City pilot – an integrated care model for adults with complex or long term conditions. The model includes hospitals, GPs, our Care Navigators and the Adult Social Care Team working together to ensure people’s needs are met in a holistic and co-ordinated way. It also provides a range of voluntary sector services which City of London residents can access.

Pan London groups

The City of London’s Adult Social Care team are part of Pan London groups including the London Safeguarding Adults Network, Carer Leads network, the Mental Capacity Act/DoLs network and End of Life network. A Pan London approach makes sure that we are consistent with a London wide approach, we are kept up to date with current changes in legislation and procedures and the needs and interests of adults at risk are always respected and upheld.

13. Safeguarding Adults

We are legally responsible for protecting vulnerable adults who may be at risk from abuse or neglect.

Abuse may be the result of deliberate actions or a lack of care/neglect that lead to a person coming to harm. Abuse can be physical, sexual, psychological, financial or neglect or a combination of these.

The City and Hackney Safeguarding Adults Board (CHSAB) is the key body for agreeing how the relevant organisations in the City of London will co-operate and promote the welfare of adults in the locality, and for ensuring the effectiveness of what they do. The introduction of the Care Act in April 2015 will mean the Adult Safeguarding Board will become a statutory body.

The CHSAB priorities for 2014/15 were:

- To develop the Board governance arrangements and support structure
- To continue building outcomes focused safeguarding practice and recording
- To build on our work to understand better the view and wishes of our service users and carers to improve practice and inform service development.
- To further develop strategic arrangements with other boards and partners.

Our **Notice the Signs Safeguarding Awareness Campaign** was a key feature of work in the City in 2014. This campaign to residents has been a great success

seeing an increase in the number of community referrals, including those from residents. The written feedback from five consultations with the public in the City has shown that adult safeguarding has been placed on the public agenda and this, together with the 2015 safeguarding training under the Care Act, has really raised the profile of safeguarding being 'Everyone's Business'.

Following the distressing events at Winterbourne View hospital a review was published to look at the lessons we must learn and the actions we must take to prevent abuse from happening again. As a result we overhauled our own processes to ensure an event like this never happens in the city of London. Although we have no Adults with learning difficulties who fall in the category of challenging behaviour we use the Winterbourne View Review Concordat: Programme of Action to inform best Practice.

The number of safeguarding alerts received from April 2014-March 2015 was 29. 21 of these were within the City Corporation and 8 outside of the City Corporation area.

14. Looking ahead

Carers' Strategy

The City of London Carers' Strategy will be refreshed in summer 2015 to replace the existing strategy which has now reached its expiry date. To develop a new strategy to support carers and reflect changes from the Care Act, the City of London Corporation have commissioned Carers UK to carry out a range of work included consulting with carers and key stakeholders. .

Carers peer review

The London Association of Directors of Adult Social Services runs a programme of Peer Challenge in which all London boroughs take part. The aim of the Peer Challenge Reviews is to support self-evaluation and service development. The City of London Peer Review will focus on the implementation of the Care Act in relation to carers and in the context of personalisation.

Reablement Plus

The City of London Corporation plans to commission a Reablement Plus Service in 2015 which will provides a seamless service between health and social care to help patients avoid an emergency admission to hospital or to be safely discharged from hospital at weekends and Bank Holidays.

The service will include a full 24-hour support plan for up to 72 hours at home, for those most at risk of acute admission to hospital. This will be known as the Admission Avoidance service, and GP's, District Nurses, Modern Matrons and Adult Social Care will be able to make referrals. The service will also facilitate discharges from hospitals over the weekend, from Friday evenings (after 5pm) and including Bank holidays. Referrals will be made direct from ward and Accident and Emergency staff to the agency direct where the Reablement Plus Coordinator will facilitate a smooth and safe discharge back home for the patient with up to 24 hours home care and essential equipment. This service can be provided for up to 72 hours with prompt hand over to Adult Social Care by 9am on the next working day.

Framework-I

Work is continuing to develop framework-I as our electronic case management system in the including the redesigning of our reablement assessments.

15. Role of Healthwatch

The City of London has its own [Healthwatch](#), provided by AgeUK London. It has been instrumental in facilitating consultation and involvement with a wide range of community based groups.



Healthwatch City of London response to city of London Adult Social Care Annual Report 2015

Healthwatch City of London is here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch has been pleased to work with Adult Social Care Services in the City to engage with City people on services, particularly as the last year has led to a greater focus on the wellbeing of local people with the introduction of the Care Act.

Workshops facilitated by Healthwatch on awareness of the Care Act attracted attendees including City residents, users of social care and health services and staff from local care and advice services - with staff from the City. Attendees expressed a

need for a clear A-Z of what the Care Act is and a simple hand out so that people know where to go for what information. Attendees discussed the need for information and advice on: what help is available for informal carers; knowing which websites to access and who to contact at organisations; a flow chart showing service providers so people know where to go and who to talk to about concerns - there is a role for charities and the voluntary sector to play and be signposted to preventative healthcare and mental exercises; housing options; lasting power of attorney and benefit claimants; access to specialised care; information on out of hours services and knowing whether carers from organisations are accredited.

The 'Ageing Well in the City' workshops we hosted in July 2014 to hear about people's needs as they grow older raised a number of common themes including more needs to be done to help address social isolation in the City especially for certain groups such as older men. Local shops, pharmacies and post offices are important as is the development of other assets in the community such as religious centres, schools, and good community centres. Many people told us they liked living in the City and wanted to stay living where they were for as long as they could with good care and the right support. Consistency, reliability and the recognition of personal preferences were seen as crucial to delivering good care, together with the values of dignity, respect and trust. Help in keeping up with new technology is necessary; there was also strong interest in the internet and web-based provision to meet the need for better coordinated information about services and events, though many people also favoured face to face interaction to get information and this should be available locally.

The One Hackney and City pilot has been operating for a short period of time and has a great deal of potential in what it can offer to City residents in terms of access to voluntary sector services. Healthwatch would be keen to assist in raising the profile of this initiative to City residents in the forthcoming year.

16. Glossary

Personalisation Approach to adult social care that is tailored to people's needs and puts them in control
Carer Someone who provides unpaid support to family member or friend who cannot manage without this help

Reablement Timely and focused intensive therapy and care in a person's home to improve their choice and quality of life and maximize long term independence

Individual Budgets Money payment made to people who need care following an assessment to help them buy their own care or support and be in control of those services

Carer Someone who provides unpaid support to family member or friend who cannot manage without this help

Better Care Fund Creates a local single pooled budget to incentivise the NHS and local government to work **more** closely together around people, placing their well-being as the focus of health and **care** services.

Integrated care People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

Safeguarding To protect an adult's right to live safely free from abuse and neglect.

Section 136 of the Mental Health Act: The police can use section 136 of the Mental Health Act to take you to a place of safety when you are in a public place is they think you have a mental illness and are in need of care. A place of safety can be a hospital or a police station and the police can keep you under this section for up to 72 hours and arrange a Mental Health act assessment for you.

Costed Support: The care and support an eligible person will receive in the form of an Individual Budget following the outcome of their Assessment of Needs by a Social Worker in Adult Social Care.

Committee:	Dated:
Health and Wellbeing Board	4 April 2016
Subject: Better Care Fund 2016-17	Public
Report of: Director of Community and Children's Services	For Decision
Report Author: Ellie Ward	

Summary

The framework and timetable for the Better Care Fund 2016/17 was set out for the Health and Wellbeing Board in January 2016. The Board agreed that given the cycle of meetings, authority to approve the plan could be delegated, if necessary, to the Director of Community and Children's Services in conjunction with the Chairman of the Board.

This report provides the Board with an update on development of the Plan for 2016/17 and seeks approval of the final submission of the plan, due on 25 April 2016.

Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Approve the final submission of the City of London Better Care Fund Plan 2016/17 with any final amendments delegated to the Director of Community and Children's Services in conjunction with the Chairman of the Health and Wellbeing Board

Main Report

Background

1. The Better Care Fund (BCF) aims to facilitate the integration of health and social care services at a local level. It requires Clinical Commissioning Groups (CCGs) and local authorities in every area to pool budgets and agree an integrated spending plan for how they will use their BCF allocation. The spending plan can include a range of schemes that are commissioned by either the CCG or the local authority.
2. For 2016/17, the national BCF will be increased to a mandated minimum of £3.9bn (compared to £3.8bn in 2015/16), subject to national conditions (see paragraph 3 below). The local flexibility to pool more than the mandatory amount remains. The amount allocated to the City of London pooled budget is detailed at paragraph 8 below.

3. NHS England set a number of conditions that local areas will need to meet to access the funding. This is set out in Appendix 1 along with a summary of how the City of London Corporation has or will meet these conditions.
4. The BCF includes a number of performance metrics which local areas are required to set targets for – these are set out in Appendix 2. The targets set for these will be outlined at the meeting.
5. This year's process for submission of Better Care Fund Plans has been streamlined and builds on much of the information submitted in last year's more detailed plan.
6. The Health and Wellbeing Board are required to oversee the BCF and its performance.

Current Position

7. There have been a number of draft submissions that have been made but the final draft, which has to be approved by the Health and Wellbeing Board, is due for submission on 25 April.
8. For 2016/17, the City of London pooled budget will be £627,000 – a reduction on the pooled budget of £776,000 for 2015/16. This reduction is mainly due to a reduced allocation to the CCG from the national fund. The City of London Corporation has not contributed any additional funding to the pooled budget.
9. Plans for the City of London BCF 2016/17 will build on some of the successes of the 2015/16 plan and will also introduce some new areas in line with our strategic priorities and emerging areas of work. Proposed schemes to be commissioned through the BCF by the City of London Corporation include:
 - Continuation and expansion of the Care Navigator scheme which assists City residents to have a safe discharge from hospital
 - Disabled Facilities Grant to help with adaptations for disabled people to stay in their own homes
 - Continuation of a project to help people with long term mental health conditions to move to more independent living and a floating support worker to help facilitate integration across a number of services which support independence
 - Some City specific community health provision to work with the Adult Social Care Team for example community nurse and pharmacist
 - Support for carers in line with our carers' strategy
 - Social isolation (work is underway to develop this area)
 - Reablement plus scheme to support safe hospital discharge at weekends and bank holidays and to prevent admissions to hospital
10. Details of the final schemes and their spend profile will be presented at the meeting. This will also include the schemes that the CCG will be commissioning.

Corporate & Strategic Implications

10. The BCF fits with the Corporate Plan under the following priorities:

KPP2 Improving the value for money of our services within the constraints of reduced resources

KPP3 Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health

11. The Department of Community and Children's Services Business Plan includes the strategic priorities of health and wellbeing and efficiency and effectiveness.

12. The Government's agenda of promoting integrated care is designed to put the person at the heart of the services they receive, to maximise the opportunity for innovative services, to create a new culture within health and social care and to deliver cost efficiencies.

Implications

13. Given the City of London residential population is smaller when compared with other local authorities, having separate pooled budgets for each integration project would not be viable. As with the 2015/16 fund, the whole fund for 2016/17 will be combined into one City-specific pooled budget.

14. As specific projects are developed, specific financial and legal advice will be required. If any joint-funded posts were developed as a result of the fund then HR advice on management arrangements would also be required.

15. The legal team will be involved in reviewing the Section 75 agreement which is the legal basis on which funding can be pooled into one budget.

Conclusion

16. The BCF provides an opportunity to further integrate health and social care services at a local level. The Health and Wellbeing Board are required to agree the priorities for the City of London BCF plan for 2016/17.

Appendices

Appendix 1: National Conditions

Appendix 2: BCF Performance Metrics

Background Papers

- Health and Wellbeing Board Paper 27 November 2015
- Health and Wellbeing Board Paper 29 January 2016

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Appendix 1: National Conditions for the BCF

NHS England have set the following conditions which local areas will need to meet to access the funding:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed off by the relevant local authority and CCG
- A requirement that plans are approved by NHS England in consultation with the Department of Health and the Department of Communities and Local Government
- A requirement that a proportion of each area allocation will be subject to a new condition around NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

National Condition	How this is being met
Plans to be jointly agreed between local CCGs and local authorities	This is agreed throughout development of the BCF plan
Maintain provision of social services	<p>A corporate City of London services review protected resources for Adult Social Care up to and including 2016/17.</p> <p>Greater integration between health and social care services will assist the City of London Corporation to deliver a range of options to those requiring support, including more personalised budgets with a health focus.</p> <p>The City of London Corporation has appointed an Integration Programme Manager to oversee the development of integration strategies and schemes in order to free up staff on the frontline to continue to provide high quality services.</p> <p>Care navigators also play an important role in linking up services which frees up social workers' time.</p>
Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings and to facilitate transfer to alternative care settings where clinically appropriate	<p>The City of London has a reablement plus service, to be supported through the BCF, to facilitate safe hospital discharge for City residents at weekends and on Bank Holidays.</p> <p>There is also an out of hours social care service provided to City residents by the</p>

	London Borough of Hackney.
Better data sharing between health and social care, based on the NHS number	<p>The City of London is part of the IT Enabler Project which is funded by City and Hackney CCG and aims to link up IT systems across health and social care.</p> <p>Work is underway to ensure that all our social care cases have the NHS identifier number included</p>
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Work is underway to further develop activity in this area
Agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by the plans	Providers will agree this
Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care	This is reflected in the BCF scheme profile
Agreement on a local action plan to reduce delayed transfers of care.	This is in development

Appendix 2: BCF Performance Metrics

The BCF performance metrics are noted below. Targets for these are currently being finalised and will be outlined at the meeting.

Metric
Non-elective admissions (general and acute)
Admissions to residential care homes
Effectiveness of reablement
Delayed transfers of care
Patient / service user metric
A locally proposed metric

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Committee(s)	Dated:
Health and Wellbeing Board	04/04/2016
Subject: City of London Police update	Public
Report of: Superintendent Helen Isaac	For Information

Summary

This report was requested by the Health and Wellbeing Board at the meeting in December 2015, when the Chair asked for members to be updated on work the City of London Police is doing do promote health and wellbeing both inside and outside of the force. A request was also made for information on the referral process for vulnerable people.

This report provides detail on the force signing up to the Blue Light 'Time to Change' Pledge, which encourages openness about mental health issues, the Liaison and Diversion Service within custody and an update on the issue we have with no secure juvenile overnight accommodation being available. Also included is some information on the Multi-Agency Risk Assessment Conference and City Community Multi-Agency Risk Assessment Conference referral processes.

Recommendation

Members are asked to note this report and contents.

Main Report

Mental Health for Staff

- 1 The City of London Police have signed up to the Blue Light 'Time to Change' Pledge, an initiative run by mental health charity, Mind, which aims to encourage police officers and staff to feel able to talk openly in the workplace about mental health issues.
- 2 Assistant Commissioner Wayne Chance signed the Blue Light Pledge on 4th February, which coincided with Time to Talk Day, a nationwide event run by Mind to end the stigma and discrimination often attached to health problems. Mental health problems affect one in four people every year, and yet people are often reluctant to talk about their experiences as they worry it might affect their relationships or their job.
- 3 The aim of Time to Talk Day is to get as many people as possible breaking the silence around mental health and to show that talking about it doesn't need to be difficult. In February a number of sessions took place across the course of a week, provided by Mind and aimed at making managers more aware of mental

health and how they can support staff and better recognise symptoms, as part of the Blue Light Programme.

Liaison and Diversion Service

- 4 We have in place in our custody suite a Liaison and Diversion Service, which is a number of specially trained mental health nurses who can identify a person with one or more mental health, learning disability or substance misuse vulnerabilities when they come into contact with the justice system. They assess the identified individual and refer them to an appropriate treatment or support service and can also access summary care records whilst the individual is in custody to assist with their care and our risk assessment.
- 5 When someone is arrested and there are concerns about the person being vulnerable they are assessed by our Health Care Practitioner (HCP) and if the HCP feels they need further assessment, a Liaison and Diversion nurse is contacted to attend. Sometimes they are based within the police station but are only ever as far away as Shoreditch. They will assess the individual and depending on the outcome will request the attendance of a Section 12 doctor (one who assesses mental health) and an AMHP (Authorised Mental Health Practitioner) who will assess the DP and refer them on further, for example to hospital. They have the community contacts to refer the individual to the right avenue of support and treatment and are able to reduce the time that someone remains in custody once it's been identified that they need specialist help.
- 6 We are part of the North and East London Liaison and Diversion Hub. This is currently a trial/pilot service run by NHS England, but will be fully commissioned nationally by the NHS with a potential start date of April 2017, although this is dependent on the NHS commissioning the service within that timeframe. The service currently runs on weekdays between 0900-1700hrs but these hours are likely to increase going forward. There is no cost to us for this service and if the NHS continues with the commission this situation is not expected to change.
- 7 Our Custody Manager, Inspector May, attends the quarterly East London Criminal Justice Liaison and Diversion Steering Group meeting run by the East London NHS Trust to ensure we are up to date with developments in this area.

Secure Accommodation for Juveniles in Custody

- 8 There is a signed Youth Offending Service Contract as of 8th January 2016 between the City and Tower Hamlets; however this is still a work in progress because it does not include detail regarding the provision of secure accommodation for juveniles who need to spend the night in police custody. The City and Tower Hamlets are fully aware of this and are working towards addressing this and other important areas.
- 9 Tower Hamlets has a responsibility to provide us with secure juvenile accommodation, but they do not currently have any provision. The Home Office are encouraging all boroughs to address this issue, as it is their legal responsibility to provide such accommodation to us when required.

- 10 Inspector May attends the Youth Offending Team Management Board and the Risk Management meeting between boroughs, with a variety of attendees from all different sectors, to ensure we know what is happening with regard to juveniles around us and to keep the issue of custody accommodation for juveniles on the agenda. Inspector May also attends the Home Office Board looking at the issue of secure accommodation for juveniles.

Multi Agency Risk Assessment Conferences (MARAC)

- 11 Members were interested to understand the process by which a victim of domestic violence is referred into a process of multi-agency support. A MARAC can be convened through the coordinator at the Safer City Partnership, is chaired by the Detective Inspector from the Public Protection Unit and will be convened as soon as practicable after the referral.

- 12 The four referral routes into MARAC are:

- The case is a visible high risk.
- Professional judgement. If a professional has serious concerns about a victim's safety, they should refer the case to a MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim-survivor has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour' based violence.
- Potential Escalation of abuse, when three domestic related police reports are received within 12 months, for the same victim and perpetrator(s), a MARAC referral should be made on the basis of potential escalation. Used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC.
- Repeat Referrals within a 12 month period.

Any agency may identify this further incident (regardless of whether it has been reported to the police). A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse

If the victim resides outside of the City of London a MARAC to MARAC referral is completed.

City Community Multi-Agency Risk Assessment Conference (CCM)

- 13 A new City multi-agency meeting has been convened by the Community Safety Team to address a gap in referral procedures. It was identified that there are individuals who, due to the nature of their problems, did not meet the criteria for other referral processes, but still need to be monitored and managed by a multi-agency approach according to their needs. This meeting complements the existing referral procedures and victims that fall outside of them can be referred to the CCM process using the appropriate risk assessment and referral form.
- 14 The aims of the CCM are to:
- Determine the level of risk that the perpetrator poses to the victim-survivor, community or to the general public
 - Construct and implement a risk management plan that provides professional support to all those at risk and that aims to reduce the future risk of harm
 - Reduce on-going victimisation
 - Improve agency accountability
 - Contribute to the development of best practice
 - Share information to increase the safety, health and well-being of victim, survivors and the community
 - Identify policy issues arising from cases discussed at the risk assessment conference and raise these through the appropriate channels
 - Ensure continuous risk assessment of “high risk” cases, and keep the victim/survivor informed, where possible, of all decisions made in the conference via the appropriate agencies, at the earliest opportunity
 - Improve support for staff involved in dealing with cases where there is a risk of harm or serious disruption to people's lives
- 15 Someone will meet the referral criteria for this group:
- When an adult aged 18 or over and showing a high level of vulnerability presents as a risk to themselves or others,
 - When an adult is unable to protect themselves from harm or exploitation but does not meet the threshold for Safeguarding Adults,
 - When an adult is the victim of crime or ASB due to their vulnerability, or becomes vulnerable due to the frequency and impact of ASB or
 - When an adult is the victim of crime or ASB due to their faith, nationality, ethnicity, sexuality, gender or disability.

Conclusion

- 16 This report provides an insight and additional information on some important areas of focus for the City of London Police and Community Safety Team and is submitted for information.

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Committee:	Date:
Health and Wellbeing Board	04.04.2016
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information
Report Author: Tirza Keller	

Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments related to the work of the Board where a full report is not necessary. Details of where Members can find further information, or contact details for the relevant officer are set out within each section. Updates include:

- Healthwatch Update
- Safer City partnership update
- Square Mile Health update
- AWP update
- Child Poverty Update
- Samaritans bridge sign extension
- CityWell Launch

Recommendation

Members are asked to:

- Note the report.

Main Report

1. This report updates Members on key developments and policy issues that are related to the work of the Health and Wellbeing Board in the City of London. Details of where Members can find further information are also included.

2. Healthwatch Update

2.1 Barts NHS Trust- Healthwatch City of London staff, board members and volunteers recently undertook training on Patient-led assessments of the care environment (PLACE) with Barts NHS Trust. PLACE is an annual snapshot of hospitals, hospices and independent treatment centres that puts patient wishes at the centre of the assessment process and gives organisations a clear picture of how their environment is seen by those using it, and how they can improve it.

The Healthwatch team will be taking part in PLACE assessments at St Bartholomew's hospital on 16 and 17 March and will report back on the findings. Healthwatch attended a recent stakeholder engagement event with Barts Trust and will be involved in the revised Experience & Engagement Framework

- 2.2 CityHealth directory- In January 2016 Healthwatch City of London took over the CityHealth online directory of health services in the City of London Square Mile: www.city-health.org.uk. It features a search facility, local maps and web links to help find health providers. On 10 February they held a focus group to consult with residents and providers in the City on what they want on their online directory. Feedback included ideas on services to be added to the directory, improvements to the keyword search bar and ideas on new design features. Healthwatch are currently working with the web designer to decide which changes can be implemented. They are checking every page for accuracy and adding keywords to every page to make searching easier. A Twitter page has been created with links to health providers and discussions on health issues.
- 2.3 Children and Young People- Over the past two months, the youth sessional worker has engaged with three different groups. Comments made by young people/parents included difficulties in finding an NHS dentist in the city, more Out of Hours GP services needed in the City, more GPs needed, long waiting times in hospital or to see specialist doctors, difficulty in getting last minute appointments at the Neaman Practice, the Neaman Practice has "always been supportive of (our) children's health needs" and limited access to other services (e.g. physio, health visiting).
- 2.4 Ophthalmology engagement work- At the request of City and Hackney CCG, Healthwatch Hackney and Healthwatch City of London carried out surveys and focus groups between December 2015 and January 2016 with users who have experience of using services for visually impaired people. This informal consultation sought views on developing a community based Ophthalmology service. The full report including recommendations and conclusion will be available publically by the next Health and Wellbeing board meeting.

Contact Officer: Janine Aldridge, Healthwatch City of London Officer, 020 7820 6787

3. Safer City Partnership (SCP) update

- 3.1 2015 Festive Campaign - An independent evaluation of the Eat, Drink and Be Safe campaign run in December 2015 has been commissioned by the London Ambulance Service and is due to be completed by May. Initial indications show that alcohol related incidents were down for certain peak "party nights" over the period and there were a smaller than anticipated proportion of the overall calls to the LAS.
- 3.2 Plans for December 2016- There have been discussions between the Community Safety Team, City of London Police and the London Ambulance Service on the provision of an Alcohol Recovery Centre (ARC) for peak nights in the run up to Christmas 2016. Currently work is on-going on costings and

identifying a suitable location. As this work progresses the Community SCP will be liaising with Corporation colleagues and Square Mile Health to ensure we maximise the use of resources.

- 3.3 Violent Crime - The City of London is a safe place to socialise however there has been a significant increase in violence against the person over the last year. Much of this occurs within a night time setting. The SCP is making this a priority for the forthcoming year and City of London Police will be undertaking a review of the issue which will include external expertise. Part of this work will include looking at LAS, Accident and Emergency and GP data to ensure we are capturing a full picture of the scale and nature of the problem.
- 3.4 Prevent (Radicalisation) - To help ensure the Corporation is well placed to meet its Prevent statutory duties the Community Safety Team have been working to establish a network of Prevent Leads within each Department. We have also had an additional officer trained to deliver WRAP training (Workshop Raising Awareness of Prevent). On 24 March a Prevent Open Day took place in The Guildhall.
- 3.5 Safer City Partnership Strategy 2016-19- The finalisation of the document has been rescheduled to take account of additional strategic analysis from key partners. Input from colleagues within the Department of Children and Communities has been received. There will be opportunities for further input during April.
- 3.6 City of London Community Multi Agency Risk Assessment Conference (CCM) - A new multi-agency panel has been established to look at high risk victims, perpetrators and Anti-Social Behaviour problems. They are working with key partners to ensure that it doesn't duplicate existing work areas and is focused on problem-solving high risk cases. It will meet once a month and has already proved itself an important means of sharing information and supporting action.

Contact Officer: David Mackintosh, Community Safety Manager, 020 7332 3848.

4. Square Mile Health Update

- 4.1 Square Mile Health, the City's new tobacco, alcohol and drug service, have recruited the Clinical Nurse/ BBV & Sexual Health Lead and Corporate and Community Health and Wellbeing Trainer posts. They have subsequently seen an increase in referrals this quarter via GPs and other external organisations as well at awareness raising events.
- 4.2 Square Mile Health have held an alcohol awareness stall at Devonshire Square (this will be a quarterly event) as well as a tobacco awareness stall at Bart's Hospital to promote National No Smoking Day. Upcoming events for Q1 include awareness stalls at the Bank of England and Standard Bank, training with parents at the City of London Boys School and specialised training for the City of London Police on Novel Psychoactive Substances.
- 4.3 The QMUL smoking cessation service saw a drop in figures for Q3, however some significant changes have been made to improve access to their service.

This includes setting up 2 new city drop-ins in addition to Guildhall and holding 5 work place groups in the City over the course Q4. They have also secured a drop-in clinic in outpatients at Barts hospital ready to launch for Q1. Joint work will also be taking place with QMUL and the clinical nurse to improve pathways for pregnant women into smoking cessation services.

Contact Officer: Prachi Ranade, Commissioning and Performance Officer, 020 7332 3792.

5. Adult Wellbeing Partnership Update

5.1 Established in October 2014 and becoming a formal sub-group of the Health and Wellbeing Board in February 2015, the Adult Wellbeing Partnership Board provides strategic leadership and oversight, scrutiny and challenge on initiatives that deliver adult wellbeing in the Square Mile, in particular integration. It provides an update to the Health and Wellbeing Board every six months and this is the second of its updates.

5.2 With senior partners from a number of organisations around the table, the Adult Wellbeing Partnership has focused on a number of issues but mainly on driving forward integration. Outcomes have included:

- Identifying opportunities for organisations to work together to support integration – for example housing identifying options for further integration around carers and care navigators
- Endorsing the City Care Navigator approach and the impact it has had in terms of providing integrated and seamless services for City of London residents. Identification of potential sources for exploration to mainstream funding of care navigators
- Developing a collective understanding of issues around hospital admissions from the Neaman Practice
- Identifying issues to be raised at cross departmental meetings – for example a single reporting system for Anti-Social Behaviour which was raised at a meeting between DCCS and consumer and market protection

5.3 The Partnership also receives regular updates from the CCG on One Hackney and City (integrated care pilot) and from the Integrated Care Programme Board. Updating the partnership allows a space to identify and raise any City specific issues.

Contact Officer: Ellie Ward, Integration Programme Manager, 020 7332 1535.

6. Child Poverty Update

6.1 According to latest figures in 2013, 11% of all children (under 20) resident in the City were living in poverty. This figure is a relative poverty measure defined as the proportion of children living in families where their income is less than 60% of the median income. There are major differences in the proportion of children

living in poverty between geographical areas. Families in Poverty are both workless and working. Parental employment is key to lifting families out of poverty. However, there are some key challenges around employment; many families in poverty are lone parent households or households where one parent is already working. As parents are both income-poor and time-poor, affording and scheduling childcare is a challenge. There is also increasing concern for families who are in employment but on a low income supplemented by benefits.

- 6.2 Living in poverty is a threat to a child's wellbeing and can affect their level of development. This can also result in a lack of ambition for children from poorer families. The City is therefore planning to develop a Child Poverty Strategic Action Plan with input from stakeholders during 2016 to tackle child poverty, raise aspirations and improve outcomes for children and increase family incomes through employment opportunities for parents. A first draft of this plan will be ready by the end of April 2016 for consultation.

Contact Officer: Poppy Middlemiss, Strategy Officer- Health and Children, 020 7332 3002.

7. Bridge Sign Extension

- 7.1 The Suicide Prevention Action Plan was signed off at the Health and Wellbeing Board on 29th January 2016. One of the actions on this plan is the 'Bridge Pilot', where signs with the Samaritan phone number have been placed in 6 locations on London Bridge in order to encourage a vulnerable person to seek help.

- 7.2 City of London Police cover five bridges on the Thames: Blackfriars, Tower, London, Southwark and the Millennium Bridge. Of 214 calls to the police regarding threats of suicide from bridges in London in 2014, 105 of these occurred from these bridges and 21 of 43 suicide attempted occurred from these bridges. The first responders to a suicide attempt on the Thames are the Royal National Lifeboat Institute (RNLI) who are supported by the Marine Policing Unit. Once a person has jumped from a bridge it is essential to get them out of the water as quickly as possible.

- 7.3 It is proposed that signs with the Samaritans free phone number be placed on each of the bridges within the city (named above). In addition to this the RNLI propose signs with emergency information be placed on the bridges to trigger the correct action should a witness see a person jump/fall from a bridge. These signs will tell the public to ring 999 and ask for the Coastguard (not the Police), which will send the request straight to the lifeboat station saving time for the RNLI to get to the person. The RNLI signs will be paid for and erected by the RNLI.

Contact Officer: Poppy Middlemiss, Strategy Officer- Health and Children, 020 7332 3002.

8. CityWell Launch

- 8.1 At its January meeting, the Health and Wellbeing board received a report about the City of London Corporation's employee Health and Wellbeing programme, CityWell. Members of the Health and Wellbeing Board are invited to the launch of this programme which will take place on Monday 18 April 2016. The aim of the event is to introduce Corporation employees to the programme and highlight the key elements included within it.
- 8.2 The event will commence at 10am in the Old Library and Print Room, with a welcome from Chrissie Morgan, followed by a number of talks from national health and wellbeing leaders, including Mental Health Foundation Chair Poppy Jamen and Public Health England regional director Professor Yvonne Doyle.
- 8.3 The Town Clerk will also be signing the Time to Change pledge, which will commit the Corporation to reduce stigma and discrimination surrounding mental health in the workplace.

Contact Officer: Rebecca Abrahams, Corporate HR, 020 7332 3439.

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Committee	Dated:
Health and Wellbeing Board	04.04.2016
Subject: Better Health for London Follow Up- Active Travel	Public
Report of: Director of Community and Children’s Services	For Decision
Report Author: Tirza Keller	

Summary

The City of London Health and Wellbeing Board (HWB) selected a number of key recommendations from the London Health Commission’s *Better Health for London* report for further exploration, including increasing the physical activity of Londoners, specifically by encouraging workers and residents to walk or cycle more. It was agreed that a proposal be brought before the board outlining how the HWB can promote and support active travel.

This report outlines initiatives currently underway to increase active travel amongst residents and workers in the City, which include redeveloping the built environment and activities to encourage and promote active travel, and makes recommendations of what further initiatives the Board can support.

Recommendations

The Health and Wellbeing Board is asked to:

- Influence the debate about whether the City of London Corporation should be actively attempting to limit the number of motor vehicles entering the Square Mile, and how this could be enforced
- Work with TfL to influence:
 - the way it manages cyclist and pedestrian flows around the east-west cycle superhighway
 - the way in which it manages its cycle hire scheme, to make it more effective for the City of London.
- Encourage all City Departments to provide pool bikes for their employees

The Health and Wellbeing Board is asked to discuss and advise Officers on the best way to implement the following recommendations

- Influence the City Surveyors Department to ensure that Guildhall facilities for cyclists can keep up with rising demand

- Ensure Housing provides bike racks for residents and visitors on all new City estates and encourage retrofitting of bike racks in existing estates where they do not already exist.
- Encourage the efforts of the City of London Police to further prevent bike theft, particularly through advising cyclists on bike security.

Main Report

Background

1. At the November 2014 meeting of the Health and Wellbeing Board, Members received a presentation from Dr Yvonne Doyle, London Regional Director for Public Health England, regarding the Better Health for London report from the London Health Commission. Members discussed the implications for the City of London and how the report could shape the work of the Health and Wellbeing Board.
2. It was agreed that the Board would support active travel and that a proposal outlining specific initiatives would be brought to the HWB.

Current Position

3. This report outlines current initiatives to encourage active travel and makes recommendations on how the board can further support and promote active travel in the City.

Built Environment

4. The City of London's streets pose a set of challenges for cyclists, pedestrians and motorists. The medieval street layouts, combined with the high tidal volumes of traffic from motor vehicles, pedal cyclists and pedestrians, means that there is high potential for clashes between different user groups.
5. The current road user model, which focuses on sharing space between pedestrians and cyclists, has resulted in clashes between pedestrians and cyclists. Therefore the potential to move towards a motorist and cyclist space sharing model should be explored. A key element of this should include assessing options to reduce the volume of motor vehicles within in the Square Mile.
6. There are a number of redevelopment programmes underway in the city to improve the environment for walking and cycling. :
 - The Aldgate redevelopment currently underway which will enhance safety for road users, improve cycling routes, improve pedestrian routes and connections, and introduce more greenery.

- There are also plans underway to redevelop the Bank junction and following this, plans will commence to redevelop the area around the Museum of London.
7. Cycle lanes- TfL are currently implementing an East to West cycle super highway which will go across Lower Thames Street in the City. This will likely improve the environment for cyclists; however it may negatively impact pedestrians by making the road more difficult to cross by foot.
 8. Quietways- The GLA is currently exploring the option of implementing cycling quietways. Quietways are cycling routes in quieter, less busy back streets of the City for those who do not feel comfortable cycling on busy, traffic filled roads. However, locating a sufficient number of appropriate roads in the City is proving a challenge.
 9. It should also be noted that Living Streets, a pedestrian advocate charity, critically reviews all new strategies and policies proposed by the Department of the Built Environment to determine their impact on pedestrians and make recommendations on how to ensure they are pedestrian friendly.

Specific Initiatives to encourage safe active travel

10. Living Streets provides “Walk Doctor” surgeries free of charge to City companies, to help employees incorporate walking into their daily journeys.
11. The City of London Corporation currently offers cycle training for both residents and City workers to improve their cycling skills and increase their confidence to cycle on the roads.
12. The City of London Corporation provides cycling training for all schools in the Square Mile
13. The Corporation runs “Dr Bike” sessions twice a month on major City thoroughfares which deliver minor bike repairs and give tips on bike maintenance
14. The City of London Police play a significant role in increasing the safety of cyclists and pedestrians in the City. Their activities include:
 - Responding to cycle crime and cycle enabled crime (phone snatches committed by persons on a pedal cycle). Pedal cycle theft has reduced by 27% against 2014/15 and is the focus of a crime prevention problem solving group.
 - Issuing tickets to cyclists who commit offences such as running a red light, cycling on the footway and ignoring road signs. A voucher is issued at the same time as the ticket giving the cyclist the opportunity to have the ticket rescinded if they attend a road safety workshop.
 - Crime prevention and cycle safety engagement within businesses.
 - Cycle Crime Week: a week of action against cycle crime, took place from the 7th of September 2015. A number of activities took place including bike marking events at various times and locations to reach out to as many members of our cycling community as possible. Bike marking can reduce

the likelihood of a bike theft and increase the chances of stolen cycle recovery. In addition, free cycle locks were given to cyclists who met the criteria, and high visibility patrols were conducted by cycle officers to identify those who were most in need of upgrading their cycle security and reinforce the message around keeping their bike safe.

- Enforcement, education and initial problems with the new cycle highway route, which opened in September, were policed by community team cycle officers.

15. The Corporation hosted a 'Women's Safer Cycling Day' in September 2015 to engage with female cyclists and promote safer cycling, as the City has a disproportionate number of female cyclist casualties. This event also aimed to promote the health benefits of cycling.

16. TfL bikes- There are currently many TfL cycle stands in the Square Mile; however, there is potential for TfL to improve its cycle rental scheme, as the infrastructure currently does not cope well with the "tidal effect" of commuting.

Internal activities

17. The focus of year 2 of the Corporation employee wellbeing programme, CityWell, will be Active Travel. As part of the CityWell, an evidence-based initiative, 'StepJockey', will be used to incentivise those who predominately take the lift to choose to take the stairs as an alternative. In addition, the in-house gym, studio and other outdoor benefits, such as the open spaces in the City will be promoted through internal communication channels. The aim is to increase the amount and variety of fitness classes in the studio and signpost staff who do not work at Guildhall to the close proximity of the services available.

18. The Corporation has a number of pool bikes which can be borrowed by City employees to use for short periods. However these bikes are in high demand and more are needed before they can be promoted more widely in the Corporation.

19. The City offers the government's assisted bicycle purchase scheme which enables employees to obtain an interest free loan to purchase a bike.

20. There is a Corporation employee cycling club which promotes cycling to employees and organises group rides.

21. The Guildhall complex provides bike racks, lockers and showers for cyclists; however, it should be noted that the increasing number of employees being moved into the Guildhall places increasing pressure on these limited facilities, and consideration should be given as to how capacity in these facilities can keep up with demand.

Residents:

22. There is currently bike parking on some of the estates in the City; however it is not available on all estates. There is currently no bike parking available for visitors.

Corporate & Strategic Implications

23. The recommendation to promote active travel for Corporation employees and City residents reflect the priorities set out in Joint Health and Wellbeing Strategy to encourage more people in the City to be physically active and to make City air healthier to breathe.

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