



Health and Wellbeing Board

Date: FRIDAY, 17 JUNE 2016
Time: 11.30 am
Venue: COMMITTEE ROOMS, 2ND FLOOR, WEST WING. GUILDHALL.

Members: Ade Adetosoye
Jon Avern
Dr Penny Bevan
Superintendent Paul Clements
Nigel Challis
Karina Dostalova
Glyn Kyle
Dr Gary Marlowe
Simon Murrells
Gareth Moore
Deputy Joyce Nash
Dhruv Patel
Jeremy Simons

**Co-opted
Members:** Paul Haigh

Enquiries: Natasha Dogra tel.no.: 020 7332 1434
Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm
N.B. Part of this meeting may be the subject of 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. **ORDER OF THE COURT OF COMMON COUNCIL**
Board Members are invited to receive the Order of the Court of Common Council dated 21st April 2016.

For Information
(Pages 1 - 2)
4. **ELECTION OF CHAIRMAN**
The Committee are invited to elect a Chairman in accordance with Standing Order 29.

For Decision
5. **ELECTION OF DEPUTY CHAIRMAN**
The Committee are invited to elect a Deputy Chairman in accordance with Standing Order 30.

For Decision
6. **MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 3 - 8)
7. **PRESENTATION: LOCAL ACCOUNT**
Presentation from the Department of the Built Environment.

For Information
8. **LOCAL DIGITAL MAP**
Report of the Department of Community and Children's Services.

For Decision
(Pages 9 - 20)
9. **DELIVERING THE NHS FIVE YEAR FORWARD VIEW: DEVELOPMENT OF THE NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN**
Report of the CCG.

For Decision
(Pages 21 - 40)
10. **HEALTH IN ALL POLICIES**
Report of the Department of Community and Children's Services.

For Decision
(Pages 41 - 44)

11. **SAFER CITY PARTNERSHIP STRATEGIC PLAN 2016-17**

Report of the Town Clerk.

For Information

(Pages 45 - 66)

12. **UPDATE REPORT**

Report of the Department of Community and Children's Services.

For Information

(Pages 67 - 72)

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

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

15. **EXCLUSION OF PUBLIC**

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

Part 2 - Non Public Reports

16. **NON PUBLIC MINUTES**

To agree the minutes of the previous meeting.

For Decision

(Pages 73 - 74)

17. **SEXUAL HEALTH TRANSFORMATION UPDATE**

Report of the Department of Community and Children's Services.

For Information

(Pages 75 - 80)

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

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

This page is intentionally left blank

Agenda Item 3

MOUNTEVANS, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 21st April 2016, doth hereby appoint the following Committee until the first meeting of the Court in April, 2017.
-------------------	---

HEALTH & WELLBEING BOARD

1. **Constitution**

A Non-Ward Committee consisting of,

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

2. **Quorum**

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

3. **Membership 2016/17**

- 4 (4) Joyce Carruthers Nash, O.B.E., Deputy
- 4 (2) Gareth Wynford Moore
- 2 (1) Karina Dostalova

Together with the Members referred to in paragraph 1 above and one Member to be appointed this day.

Co-opted Members

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

4. **Terms of Reference**

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-
 - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
 - ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

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

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

5. **Substitutes for Statutory Members**

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

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Monday, 4 April 2016

Minutes of the meeting of the Health and Wellbeing Board held at on Monday, 4 April 2016 at 11.30 am

Present

Members:

Revd Dr Martin Dudley (Chairman)
 Deputy Joyce Nash (Deputy Chairman)
 Ade Adetosoye
 Jon Averbs
 Dr Penny Bevan
 Paul Haigh
 Karina Dostalova
 Glyn Kyle
 Dr Gary Marlowe
 Simon Murrells
 Dhruv Patel

Officers:

Natasha Dogra	
Neal Hounsell	Community and Children's Services Department
Sarah Greenwood	Community and Children's Services Department
Ellie Ward	Community and Children's Services Department
Poppy Middlemiss	Community and Children's Services Department
Craig Standsfield	Department of the Built Environment
Tirza Keller	Community and Children's Services Department
Farrah Hart	Community and Children's Services Department
Hector Mckoy	City of London Police

1. **APOLOGIES OF ABSENCE**
 Apologies had been received from Mr Jeremy Simons and Mr Gareth Moore.
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
 There were no declarations of interest.
3. **MINUTES**
 Resolved – that the minutes of the previous meeting be agreed as an accurate record.
4. **PRESENTATION: SUSTAINABLE TRANSFORMATION PLAN, DEVOLUTION AND INTEGRATION.**
 The Board received a presentation from City and Hackney CCG representatives regarding the sustainable transformation plan and the five-year Sustainability and Transformation Plan (STP) would be place based and driving

the Five Year Forward View. The plan would focus on achieving financial balance and improving health and wellbeing and care and quality. It would include a 1 year plan which will link to the five year plan. Members agreed that there must be a partnership approach across NHS and local authorities to agree the gaps and develop/implement plans. The plans would include:

- ✓ Aligning commissioning plans
- ✓ Sharing commissioning funding
- ✓ Contracting for integration

Members noted that the national submission timescale was 15th April for an initial Submission. The final submission would be 30th June. There would be further integration of commissioning budgets and functions in order to support delivery of an integrated hackney wide health and social care system. Officers would be looking for devolution of some specialised services, wider primary care and public health functions from NHS England and Public Health England.

In response to a query, Members noted that the following governance system would support the oversight for the City:

- Transformation Board
 - ✓ City has place on board that oversees City and Hackney STP
 - ✓ City also has watching brief on devolution work plan
 - ✓ Work ongoing as part of CCG planning to understand City dimension of all contracts
- Integrated Care Programme Board
 - ✓ City specific group assess integrated care plans to ensure they are focussed on needs of City patients
 - ✓ City BCF supports local adaptation of services
- Transformation Funding
 - ✓ £250,000 transformation funding allocated via CCG to ensure that new integrated care model is adapted for City patients in 16/17
 - ✓ City of London and CCG to share ideas of how to use transformation fund to support integrated model for City patients.

Resolved – that the update be received.

5. **CITY OF LONDON CORPORATION'S ADULT SOCIAL CARE ANNUAL REPORT**

Members of the Board were informed that 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. Officers presented 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.

Board Members noted the aim of the annual report is to give an account of the 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. In response to a query, the Director of Community and Children's Services said he would consider whether this report should go to Community and Children's Services Committee for their consideration.

Resolved – that the City of London’s Adult Social Care Annual Report be approved, subject to final amendments being approved by the Chairman and Deputy Chairman in consultation with the Director of Community and Children’s Services.

6. **BETTER CARE FUND 2016-17**

Members of the Board noted the update on development of the Plan for 2016/17 and were asked to approve the final submission of the plan, due on 25 April 2016.

Members were informed that the Better Care Fund (BCF) aimed to facilitate the integration of health and social care services at a local level. It required 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. Officers informed the Board Members that for 2016/17, the national BCF would be increased to a mandated minimum of £3.9bn (compared to £3.8bn in 2015/16), subject to national conditions.

In response to a query Members noted that the BCF included a number of performance metrics which local areas were required to set targets for. Members agreed to consider these targets during the non-public part of the meeting.

Plans for the City of London BCF 2016/17 would build on some of the successes of the 2015/16 plan and would also introduce some new areas in line with 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

Resolved – that the Board approved 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.

7. CITY OF LONDON POLICE UPDATE

Members of the Board had requested a report at their meeting in December 2015, regarding work the City of London Police is doing to 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.

Members noted the detail on the force signing up to the Blue Light "Time to Change" Pledge, which encouraged openness about mental health issues, the Liaison and Diversion Service within custody. 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.

Members noted that the City of London Police had in place in their custody suite a Liaison and Diversion Service, which was a number of specially trained mental health nurses who could identify a person with one or more mental health, learning disability or substance misuse vulnerabilities when they came 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.

In response to a query, Members noted that secure accommodation for juveniles in custody was being discussed at the Youth Offending Team Management Board meetings.

Resolved – that the report be received.

8. HEALTH AND WELLBEING BOARD UPDATE REPORT

Board Members received an overview of local developments on the following areas:

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

Members received the Suicide Prevention Leaflet which had been commissioned by the City of London Corporation. These leaflets would be handed out to people crossing London Bridge.

Resolved – that the update be received.

9. **BETTER HEALTH FOR LONDON FOLLOW UP- ACTIVE TRAVEL**

Members of the Board noted that 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.

Members noted the 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.

Living Streets, a pedestrian advocate charity, critically reviewed 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. Living Streets also provided "Walk Doctor" surgeries free of charge to City companies, to help employees incorporate walking into their daily journeys. Members agreed that this provision should be well advertised through the City Corporation website and the Business Healthy programme.

Discussions ensued regarding whether the Health and Wellbeing Board was able to actively and effectively influence the debate about whether the City of London Corporation should be attempting to limit the number of motor vehicles entering the Square Mile, and how this could be enforced. Members agreed that whilst they encouraged the work of the Department of the Built Environment, the Planning and Transportation Committee would be better placed to encourage Officers to work with TfL to influence the way it manages cyclist and pedestrian flows around the east-west cycle superhighway and the way in which it manages its cycle hire scheme, to make it more effective for the City of London.

Resolved – that the Board agreed to:

- Influence the City Surveyors Department to ensure that City of London Corporation 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.

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

There were no questions.

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

There was no urgent business.

12. **EXCLUSION OF PUBLIC**

It was agreed 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.

13. **BI-ANNUAL PERFORMANCE REPORT OF THE HEALTH AND WELLBEING BOARD**

The Health and Wellbeing Board received a non-public report of the Director of Community and Children's Services.

14. **PUBLIC HEALTH AND SOCIAL CARE COMMISSIONING INTENTIONS**

The Health and Wellbeing Board received a non-public report of the Director of Community and Children's Services.

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

There were no questions.

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

There was one item of urgent business.

The meeting ended at 1.00 pm

Chairman

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

Committee(s)	Dated:
Health and Wellbeing Board	17 June 2016
Subject: Local Digital Roadmap	Public
Report of: Director of Community and Children's Services	For Decision
Report author: Ellie Ward; Integration Programme Manager; DCCS	

Summary

The NHS Five Year Forward View makes a commitment that, by 2020, services will be paperless at the point of care and that patient and care records could be shared electronically between services. Social care organisations are encouraged but not required to do so.

In order to deliver this, local areas are required to develop Local Digital Roadmaps (LDRs) setting out how this will be achieved.

An LDR is being developed for City and Hackney. A key delivery mechanism for the local plan is the Health and Social Care IT Enabler Project, which both the London Borough of Hackney and the City of London are part of. Given this and the fact that accessing any funding related to this will be dependent on signing up to the LDR, it is recommended that the City of London Corporation becomes a signatory to the plan.

Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Sign up to the City and Hackney LDR and to delegate formal signature to the Director of Community and Children's Services in collaboration with the Chairman.

Main Report

Background

1. Integration of health and social care is a key political commitment and digital technology is seen as a key enabler in delivering this and the transformation of services more widely. Local health and care systems are currently developing Sustainability and Transformation Plans (STPs) and digital technology will play a key role in these plans.
2. The NHS Five Year Forward View makes a commitment that, by 2020, services will be paperless at the point of care and that patient and care records could be

shared electronically between services. This is designed to provide a seamless and more efficient service for patients and service users.

3. Local health and care systems are required to produce Local Digital Roadmaps (LDRs) setting out how they will achieve the ambition of paper-free at the point of care by 2020. This is a requirement for health providers with social care organisations encouraged but not required to do so.
4. Local commissioners, providers and social care partners organised themselves into digital footprints. Each footprint comprises of a single CCG or a group of neighbouring CCGs, working with their local health providers, and local authorities. City and Hackney formed a single local digital footprint whilst in other areas; the footprint is much larger, involving a number of CCGs and providers.
5. LDRs are required to include the following:
 - A five year vision for digitally-enabled technology
 - The baseline position including an overview of the current level of digital maturity in local health and social care economies
 - A readiness assessment including sources of investment and a programme structure for 2016/17
 - A capability deployment schedule with outlines how professionals will operate paper free at the point of care over the next three years. These include areas such as records, assessments and plans, transfers of care and remote care.
6. LDRs are due to be submitted on 30 June 2016 alongside STPs. An agreed LDR will be a condition for accessing investment for technology enabled transformation. It is recognised that the LDRs will be evolving documents and will respond to new strategies, policies and technologies.

Current Position

The City of London Corporation Position

7. The City of London Corporation uses Framework I as its case management system for both adult and children's social care. Framework I is a paperless system and allows electronic documents such as hospital discharge notices to be downloaded and saved into the system.
8. The City of London Corporation is part of the Health and Social Care IT enabler project - a CCG funded project to enable the sharing of health and social care information to facilitate integrated care. The sharing of information will take place through a Health Information Exchange (HIE) based at Homerton Hospital. It will draw in information from a number of providers across health (e.g. GPs, hospitals, out of hours service and hospice services) and social care. Professionals will be able to view (but not save) this combined information based on their role and with the consent of the person concerned. This provides the mechanism to deliver the requirement that care records can be shared electronically.

City and Hackney LDR

9. A City and Hackney LDR has been developing alongside work on priorities for the STP. The City of London Corporation have had the opportunity to contribute to and shape the plans.
10. A draft outline of the LDR and how it will meet the Universal Capabilities can be found in Appendices 1 and 2.
11. CCG has made significant funding available to deliver the LDR. This will be divided into priorities / streams which will be agreed by the Integrated Care Programme Board and then individual organisations (including the City of London Corporation) would be able to bid for funding if they wished to undertake any specific work. Funding has already been made available by the CCG to deliver the Health and Social Care IT Enabler Project.

Proposals

12. Given the City of London Corporation's involvement in the Health and Social Care IT Enabler Project and the opportunity to access future funding, it is recommended that the City of London Corporation become a signatory to the LDR.

Corporate & Strategic Implications

13. Integration is a priority in the refreshed Joint Health and Wellbeing Strategy.

Implications

Financial Implications

14. The existing Health and Social Care IT Enabler Project is funded by City and Hackney CCG.
15. Further funding is available from the CCG to deliver the commitments in the LDR.
16. There are currently no direct financial implications for the City of London Corporation in the LDR. Involvement in any work or projects that come out of the LDR will consider any financial implications at the time.

Legal Implications

17. One of the main areas of legal implication related to the LDR is that of data sharing. For the Health and Social Care IT Enabler Project, the issue of data sharing is addressed by a data sharing programme board and the development of a specific data sharing agreement (or agreements) for the project between the parties that will be processing and/or sharing personal data. The Comptroller & City Solicitor's office will be tasked with approving any data processing and/or sharing agreements before they are entered into by the relevant parties, and before any personal data is shared and/or stored digitally..

18. The LDR is a policy adopted by NHS England pursuant to its “Five year forward view” to, among other things, create “fully interoperable electronic health records so that patients’ records are largely paperless.”

IT implications

19. The IT division is assisting the DCCS Programme team in delivering the Health and Social Care Enabler Project. IT staff are engaging with Agilisys, DCCs and third parties to understand the project requirements in order to produce a solution design document and costed proposal to take the project forward.

20. Project areas to be defined include:

- Roles and responsibilities (IT Division, Agilisys, third parties)
- Dependencies and interfaces with third party systems and suppliers (Frameworki, HIE, City of London network)
- Governance, responsibility for deliverables
- Licensing implications
- Understanding any consent implications
- Resources and timetable for delivery

21. A design workshop with all key parties involved in the Programme will be arranged by the Programme Manager to clarify the architecture and business model.

22. In the event that the City of London Corporation is involved in other further projects related to the LDR, IT advice will be sought appropriately.

Conclusion

23. Digital technology is a key enabler for health and social care integration. The City of London Corporation is already engaged in a project to share health and social care information. Signing up to the LDR will enable us to be a partner and bid for further funding where appropriate. This will contribute to the delivery of efficient and effective services to City of London residents.

Appendices

- Appendix 1 – the LDR plan on a page
- Appendix 2 – LDR Universal Capabilities

Ellie Ward

Integration Programme Manager; Department of Community and Children’s Services

T: 020 7332 1535

E: ellie.ward@cityoflondon.gov.uk

Vision - Digital Technology will:		Strategic approach
<ul style="list-style-type: none"> Support initiatives to provide notable improvement in health and wellbeing outcomes for the people of City & Hackney and contribute to the development of sustainable health and social care services, built around the needs of local people Enable the development of new models of care to achieve better outcomes for all, focused on prevention and out of hospital care Provide the information needed to enable organisations to work in partnership to commission, contract and deliver services efficiently and safely 	<ul style="list-style-type: none"> Build on the existing approach of sharing patient information from the primary system in which it is stored, using the HIE system based at Homerton and direct system to system sharing (e.g. EMIS GP with EMIS Comm.) Enable patients to get appropriate access to their record to improve their engagement in their own health & wellbeing Use advanced analytics to provide insight to prompt changes (in both real time and aggregate form where needed) to treatment or care pathways Ensure that the infrastructure across the footprint is up to the job of supporting reliable fast access to systems 	
Citizen Access - From a single and consistent user interface, citizens will be able to:	Approach and goals	Investment £000's / Timeframe
Register their care and information sharing preferences	Initially via local Information Sharing Agreement and registering preferences with each organisation. Moving to HLP Citizen Access when available.	2016/17 local 2017/18 HLP
Access health and care records including test results	Access to own record, including secondary and social care, initially provided via link from HIE, then HLP Citizen Portal	Q4 16/17 local H2 17/18 HLP
Continue to order repeat prescriptions	Promote the use of Patients Online	
Book appointments across the healthcare setting, according to choice	Maximise use of e-referrals service, expanding the use of Directory of Service in each provider. Cease the use of faxes from general practice. Initially promote use of booking via GP practice system.	
Contribute to care plans	Use CMC to allow patients and their carers to contribute to care plans	
Monitor and track own progress	Access to own record, including secondary and social care, initially provided via link from HIE, then HLP Citizen Portal	
Receive alerts and reminders	Via physical & mental health apps linked into GP held record and pulling through other information via HIE	
Supporting systems for care professionals	Approach and goals	Investment required
Real-time care record information sharing across local health and care professionals including medicines management for community pharmacies	Building on HIE to connect CHUHSE (portal Q1 16/17, full integration Q4 16/17), St. Joseph's (portal Q1 16/17, full integration Q4 16/17), Barts – Homerton (Q1 16/17), ELFT (Q1-2 16/17), St Joseph's reporting (Q1-2 16/17)	£883
Shared care plans for care professionals jointly providing patient care	Portal to enable viewing of care plans by clinicians and social care workers at the point of contact with the patient / citizen. Via CMC implemented (2016/17)	£80
Electronic referrals from GPs to hospitals	Maximise use of e-referrals service, expanding the use of Directory of Service in each provider. Cease the use of faxes from general practice. Initially promote use of booking via GP practice system (At least 80% Q2 17/18)	
Mobile working: real-time access to care record information at the point of care in the community and patient homes	Further work required locally to determine best device and system to use (16/17)	
Safeguarding: real-time communication of safeguarding concerns for children and adults	Implement CH-IS in LBH & CoL	See below
Population Health Management to provide early identification of patient needs across City and Hackney	Working with the Endeavour Foundation to deliver whole system planning supported by reliable information. Patient interventions can be made based on real insight from whole patient record	CCG contributed £75
Voluntary sector: support for the IT infrastructure for those commissioned to provide care	To be determined depending upon which systems are most appropriate to use	
Top social care plans	Approach and goals	Investment required
Share health and social care records to improve citizen care	Integration with HIE via N3 link 16/17. Further HIE integration 17/18	Included above
Share and receive information around at-risk children	Make use of national CH-IS solution. N3 links will enable NHS number lookups on NHS Spine 16/17	£625
HLP Digital Programme	Approach and goals	Investment required
Empowered and activated citizens	Citizens can have single log-in and trusted identity, registering their care and information sharing preferences once and accessing and using an extended range of digital services via a trusted community of connected apps	Top-slice funding. First products Q4 16/17
Connected care	An ability to connect organisations to each other and to the patient within a trusted environment for data sharing, including for	Q4 16/17-20/21
Citizen's journey	To be supporting information exchange between care professionals and citizens at each step in the citizen journey through care and in so doing make their journey more integrated, accessible, proactive, faster and personalised	By 2020
Significant system-wide risks	Benefits	
Information sharing agreement	ISA being agreed across C&H with a view to wider expansion to WEL and then joining with HLP process. A much fuller record view will be possible as HIE will be able to provide third party information, e.g. a GP able to see information from Homerton & ELFT	
Digital adoption	As systems come on stream, the business change requirements need to be met to ensure that staff make full use of the new functionality available to them. This is also true for the adoption of technology by citizens, which will need to be achieved through communication channels	
Finance	Significant investment is required to support channel shift to that has not yet been agreed	

This page is intentionally left blank



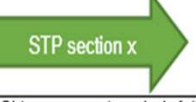



Universal capabilities

National priority	Where are we now?	Where are we going?	Investment requirement
Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	<p>HIE available to professionals across many care settings. Not currently for out of area patients.</p> <p>All GP Practices uploading SCR data. 20% of community pharmacies are currently able to access this information via SCR.</p> <p>GP & hospital staff need further encouragement</p> <p>Accessible in OoH. SCR being used when needed</p>	<p>ELFT connection into HIE Q1 16/17.</p> <p>Community pharmacists will have access to SCR by 31/3/17</p> <p>Connection to London HIE will allow more detailed access to / from out of area patients by 31/3/18, including to London Ambulance Service</p>	
Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)	Currently manual process to flag patients on Millennium that GPs have emailed across for specific patients most likely to present.	<p>Adastra are expected to interoperate with HIE Q4 16/17. Ambulance and out of area expected to be facilitated via Digital London Solution.</p> <p>By end of 2017/18 HIE will allow two-way exchange of data to allow update of EMIS/Cerner record</p>	Investment in Discovery project £75k from CCG
	111 provider uses Adastra, who are expected to interoperate with HIE by end of 16/17.		Possible Adastra cost
Patient can access their GP record	All GP systems configured. Currently very low take-up at present.	CCG needs to decide how to encourage patient use. CCG	Change facilitator?
GPs can refer electronically to secondary care	Hospital get faxes, letters, etc., going to all sorts of places. Two-week wait is currently 100% electronic. HUH withdrawing use of paper for non-urgent referrals.	Issues around access for locums, e.g. provision of logins/smartcards, etc., will need to be resolved before the full withdrawal of paper can be achieved. Providers need to do more work on expanding directly bookable services.	More provider staff to support
GPs receiving timely electronic discharge summaries from secondary care	Sent via DTS and viewable with HIE. Using AMRC headings.	Every non-urgent referral is peer reviewed. CCG needs to review the process. MESH still need to be reviewed by the process. Still need to be reviewed by the process. Still need to be reviewed by the process.	DoS?






Universal capabilities

National priority	Where are we now?	Where are we going?	Investment requirement
Social care receives timely electronic admission, discharge and withdrawal notices from secondary care	Currently fax based process.	Plans in place to use NHSmail to gcsx secure email as transport mechanism to replace. Will move to Digital London Solution when available	
Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	Homerton turned on. Hackney not turned on flag in their system because they don't have NHS No. in their system.	Hackney NHS no. integration by Q4 2016/17. City of London live by Q3 2016/17	
Professionals across care settings made aware of end-of-life preference information	About to start using CMC	Will link into HLP system when available	
GPs and community pharmacists can utilise electronic prescriptions	All practices enabled. Don't know how many have set up preferred pharmacy NHS Digital state that phase 4 will not commence before June 2016. It seems unlikely, therefore, that 80% will be achieved by end of 2016/17. Progress is dependent on NHS England commissioning the rollout		
Patients can book appointments and order repeat prescriptions from their GP practice	All practices enabled.	Patient engagement campaign planned once an app is in place that supports viewing of HIE held data. Awaiting phase 4 rollout from NHS England	







Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment
<p>Care professionals can view shared care record information across all care settings in City and Hackney</p> <p></p>	Integrated Care - Shared View of Care Record	All care provider systems within the City and Hackney footprint including social care connected to HIE and fully adopted by care professionals	20	75	100	
<p>Care professionals are alerted to changes in the patient's care record.</p> <p></p>		Notifications of changes to care record available on all City and Hackney HIE connected systems	0	100	100	
<p>Care professionals can create and maintain shared care plans from their own system of choice for all patient/service user groups (extending beyond end of life).</p> <p></p>	Integrated Care - Shared View of Care Record	Care plan (content) standards Interoperability (messaging) standards Bi-directional links across City and Hackney provider care plan systems	0	25	75	
<p>Citizens can view their full record of care across all care settings from the device and location (e.g. own home) of their choice.</p> <p></p>	Self-Care and Prevention - Citizen Access	Patient portal extended to hospital information Patient portal functionality compliant with accessibility standards and mobile requirements WiFi for patients across City and Hackney	0	25	50	75 by 2020?
<p>Citizens can communicate with providers providing their care to book appointments from the device and location (e.g. own home) of their choice.</p> <p></p>		Patient portal extended to hospital appointment booking	0	50	75	
<p>Citizens can record their own progress with care plans from the device and location (e.g. own home) of their choice.</p> <p></p>		Patient portal includes care plan module access	0	25	50	75 by 2020?

Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment
<p>Citizens are supported in self-management for their health and well-being through accredited apps</p> 		Accredited apps	0	50	75	
<p>Hospitals can electronically communicate patient medication information on patient discharge to community pharmacies.</p> 	Digital Medicines	Acute and Mental Health Acute electronically send medication information on discharge to community pharmacies for all patients with a nominated pharmacy in near real time	0	50	100	
<p>Community Pharmacies can electronically communicate care record information to GPs in Primary Care for advanced and enhanced services.</p> 		Community Pharmacy systems send care record information for advanced and enhanced services to GPs electronically and in real-time.	0	50	100	
<p>GPs can electronically place orders for all diagnostic tests and receive the results in real-time.</p> 	Paper Free at Point of Care - Orders and Results Management	<p>Paperless requests from GPs in Primary Care for</p> <ul style="list-style-type: none"> a. Cardiac Investigations b. Endoscopic Procedures c. Nuclear Medicine d. Radiology e. Pathology f. Respiratory Tests <p>Real-time results transferred electronically for the above tests to GPs in Primary Care</p>	30	50	75	100 by 2020?
<p>All care professionals are alerted to adult safeguarding concerns and notify social care accordingly.</p> 	Integrated Care - Safeguarding	Electronic messaging across all care provider settings to send and receive adult safeguarding information in real-time.	0	0	100	

Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment
<p>All care professionals working in the community are able to view and update care record information at the point of care, including working collaboratively with patients' / service users on care plans.</p> <p></p>	Integrated Care - Mobile working	Care professionals using mobile devices in each care setting including social care	10 (Check MH)	50	75	100 by 2020? Mobile working is not currently a priority for GPs, mostly from GP's current experience of having to preload patients prior to their visits. Further work is planned with EMIS and with the supporting CSU to improve functionality
<p>Care professionals are able to predict, anticipate and inform health needs across the local population so that adverse outcomes can be improved or prevented.</p> <p></p>	Data Outcomes for Research / Integrated Care - Population Health Management	Secure data source populated with agreed data sets for all care providers within the City and Hackney footprint, supported by a robust information governance framework	0	25	75	100 by 2020?
<p>Care professionals within Hackney can seamlessly access care record information regardless of geographical location.</p> <p></p>	Infrastructure - Hackney Devolution Pilot	Integrated network infrastructure with Wi-Fi for all Hackney care professionals	0	0	100	
<p>Voluntary organisations commissioned to provide MH services are able to seamlessly access and update MH care record information.</p> <p></p>	Mental Health Care Record	Third sector organisations commissioned to provide MH services have N3 connections and are compliant with the IG Toolkit.				
<p>Service User engagement through self-help apps; patient captured PROMS/PREMS</p> <p></p>		<p>MH Self-Health apps for CBT and Mindfulness</p> <p>Patient Owned Data</p> <p>Tablet devices to support patients recording their own PROMS/PREMS</p>				
<p>Clinical dashboards to enable early identification of deteriorating patients</p> <p></p>		Clinical dashboards to enable early identification of deteriorating patients				

This page is intentionally left blank

Committee(s)	Dated:
Health and Wellbeing Board – for information	
Subject: Delivering the NHS five year forward view: development of the North East London Sustainability and Transformation Plan (NEL STP)	Public
Report of: David Maher, Deputy Chief Officer, City and Hackney CCG	For Decision
Report author: Helena Pugh, Local Authority Engagement Lead, NEL STP, Tower Hamlets CCG	

Summary

This report provides an update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, local authorities are integral to its development, and have an important role to play in ensuring its success. Appendix 1 provides an update on the plan's development including the draft vision, priorities and enablers which have been identified to support the work of the STP. (This information has been circulated to the eight local authority areas in NEL.) As part of the STP development, several workshops are being held with key stakeholders to ensure their perspectives are reflected and woven into the STP. A draft 'checkpoint' STP will be submitted to NHS England on 30 June 2016, and further work will continue beyond this to develop the plan in more detail. Additional updates will be presented to the Board as they become available.

Recommendation(s)

Members are asked to:

- Discuss the approach set out in Appendix1 covering the vision, draft priorities and enablers which have been identified to support the work
- Provide feedback on the CH CCG 5 Year Priorities and review the themes emerging at a NEL STP level.
- Agree the City of London top three priorities and the context: to address social isolation; cross-border issues; and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.

Main Report

Background

1. In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs) for accelerating the implementation of the NHS Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); City of London is part of the north east London footprint. STPs are place-based, five year plans built around the needs of local populations. Further guidance (which can be found here: <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf>) was issued on 19 May which sets out details of the requirements for 30 June. **The guidance states that the draft STP will be seen as a 'checkpoint' and does not have to be formally signed off prior to submission;** it will form the basis of a local conversation with NHS England in July. Further work will continue beyond this to develop the plan in more detail.

Current Position

2. Based on the recent assessment of our health and wellbeing (Public Health Profile of NEL, March 2016), care and quality and the financial challenges we know that in order to create a better future for the NHS, and for local people to live long and healthy lives, we must make significant changes to how local people live, access care, and how care is delivered. Appendix 1 provides an update on the progress towards developing the NEL STP, covering the draft vision, priorities and enablers which have been identified to support the work.

Options

3. The NEL STP Board has identified a number of possible opportunities that are being explored to assure strategic fit and ability to support return to financial balance. Areas of work include: preventing ill health and improving well-being, better care, productivity, specialised services and enablers such as infrastructure/estates, workforce, technology, new models of delivering care and finance. We are considering how the STP can be used to join up planning around health and care, as well as its relationship to existing transformation programmes described in Appendix 1.

Proposals

4. The NEL STP Board is developing a plan as stipulated by the NHS England guidance

Corporate & Strategic Implications

5. The CCG is undertaking its own 5 Year Planning Process as part of the NEL STP work which addresses all partner corporate priorities. NEL has nominal touchpoints for City residents which we are addressing through our 5 Year

Planning process and CoL colleagues have emphasised a requirement for this plan to focus on 3 priorities:

- to address social isolation;
- cross-border issues particularly in recognition of some residents using Tower Hamlets commissioned services;
- and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.

Implications

6. For NEL, there is a clear emphasis on reconciliation of activity and finance between organisations. Implications for estates and workforce are being considered as part of the development of the STP. For City residents we are continuing to integrate local priorities into a separate but complementary 5 Year Plan at a CCG and local authority level.

Conclusion

7. The Board is asked to note and comment on the proposed content of the Sustainability and Transformation Plan for North East London and note the development of a localised 5 Year Plan for CoL and LBH residents as part of the CCG statutory responsibilities to these constituents.

Appendices

- Appendix 1: Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan

This page is intentionally left blank

Appendix 1

Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan

Closing the gaps: working together to deliver improved health and care for the people of north east London

Update for Health and Wellbeing Boards submitted by the NEL STP Transformation Board.

31 May 2016

Background

Across north east London, the health and care system - clinical commissioning groups (CCGs), providers and local authorities are working together to produce a Sustainability and Transformation Plan (STP). This will set out how the [NHS Five Year Forward View](#) will be delivered: how local health and care services will transform and become sustainable, built around the needs of local people. The plan will describe how north east London (NEL) will:

- meet the health and wellbeing needs of its population
- improve and maintain the consistency and quality of care for our population
- close the financial gap.

The STP will act as an 'umbrella' plan for change: holding underneath it a number of different specific local plans, to address certain challenges. Crucially, the NEL STP will be the single application and approval process for transformation funding for 2017/18 onwards. It will build on existing local transformation programmes and support their implementation.

These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The STP is also supporting the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

N.B. The NEL STP will not revisit any previously-made decisions, such as the closure of the A&E at King George Hospital in Ilford.

[Additional guidance](#) was issued on 19 May which sets out further details of the requirements for 30 June. **The guidance states that the draft STP will be seen as a 'checkpoint' and does not have to be formally signed off prior to submission;** it will form the basis of a local conversation with NHS England in July.

Developing the submission

A NEL STP Board and Partnership Steering Group meet regularly and are attended by both health and local authority colleagues. A meeting is scheduled for local authority chief executives and updates are being shared at each health and wellbeing board.

The involvement of patients and communities is crucial to the development of the STP, hence we are taking account of recent public consultation on the transformation programmes outlined above to ensure that the views of residents from each local authority area are

incorporated into the draft submission. In addition, a specific session has been planned (1 June) for Healthwatch and patient engagement forum chairs to discuss the STP and how they would like to be engaged.

City of London involvement in the development of the STP

City of London health and social care colleagues are actively engaged in the development of the a 5 Year Plan for C&H which is informing the content of the NEL STP.

- Paul Haigh, Chief Officer, City and Hackney CCG is the agreed senior responsible officer for delivery of specialised commissioning and cancer components of the STP
- David Maher (Deputy Chief Officer & STP Lead, City and Hackney CCG)
- Clare Highton, chair of City and Hackney CCG, is co-chair of the NEL clinical senate, with a focus on providing clinical leadership and engagement to support the development of the STP
- Face to face meetings have been held with Simon Cribbens (Head of Strategy and Performance), Ellie Ward (Programme Manager), Marion Willicombe-Lang (Team Manager, Adult Social Care), and the Penny Bevan (Director of Public Health for City and Hackney).
- There is City of London local authority, City and Hackney CCG and provider representation at workshops, leadership events (held and planned).
- A session is planned with Healthwatch and Patient Engagement Forum Chairs.

Following Cheryl Coppell's retirement, Martin Esom (Chief Executive, LB Waltham Forest) is now the Local Authority executive lead supporting the development of the NEL STP.

Our draft vision and draft priorities

Throughout May the STP team has been holding a series of meetings and workshops with key stakeholders including providers, on a variety of topics including prevention, workforce, estates, technology and specialised commissioning. Key priorities raised will be included in the June submission.

These initial discussions have led us to produce a draft summary of what will be included in the submission (see attached). We welcome the HWBB's views on the following questions:

- Does the vision capture what we need to achieve?
- Have we identified the right priorities?
- How can we continue to work with you as we develop the STP?
- How can we make sure the STP will genuinely improve the lives of local people and care and the quality of health and care services?

Next steps

We will be running a workshop for local Healthwatch and Patient Engagement Forum Chairs on 1 June. A meeting for local authority chief executives will take place in June.

The draft of the submission will be shared with NEL STP Board members for review and comment in the second week of June and the draft 'checkpoint' STP will be submitted to NHS England on 30 June. Further work will continue beyond this to develop the plan in more detail and engage with partners on it.

For more information: www.towerhamletsccg.nhs.uk/nelstp or nel.stp@towerhamletsccg.nhs.uk

DRAFT One Page Summary

Vision:

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focused on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

	Prevent ill health and improve wellbeing	Better Care	Productivity	Specialised Services	Enablers for change
High level priorities	<ul style="list-style-type: none"> • Reduce prevalence • Deliver wider health benefits • Support health & well being strategies of our boroughs 	<ul style="list-style-type: none"> • Increase independence and deliver better outcomes • Reduce bed-base activity to enable growing population • Transform care pathways to reduce acute demand • Multi-disciplinary working in community hubs/localities 	<ul style="list-style-type: none"> • Reduce unit cost • Implement new ways of delivery <i>within and between</i> providers • Ensure effective and efficient use for every pound of health & social care 	<ul style="list-style-type: none"> • Optimise specialised services • Ensure effective whole pathway with patient at centre 	<ul style="list-style-type: none"> • Enable transformation and change
Content summary	<p>A. Starting well to embed healthy lifestyles from birth onwards</p> <p>B. Living well to support prevention – obesity, alcohol, smoking, exercise, mental health</p> <p>C. Ageing well to keep older people healthier and independent for longer</p> <p>D. Identify ill health & take early action e.g. screening programmes, health checks, diabetes prevention</p> <p>E. Nurturing a social movement for change to encourage people to support each other</p> <p>F. Wider changes to improve the lives and prospects of the population – housing, employment</p> <p>G. Personal responsibility, all engaged and empowered to take control of their health</p>	<p>A. Self-Care to better manage health conditions and minor ailments</p> <p>B. Transform primary care – coordinated, proactive and accessible</p> <p>C. Supporting children & young people to live healthy lives</p> <p>D. Coordinated and consistent urgent and emergency care</p> <p>E. Reduce admissions to hospitals and care homes, and improve discharge, <u>reablement</u> and supporting independence to keep people at home</p> <p>F. Strong sustainable hospitals - optimising elective care, ambulatory care, maternity</p> <p>G. Transform patient pathway and outpatients, <u>incl cancer</u></p> <p>H. Mental health strategy for NEL, delivering parity of esteem</p> <p>I. Learning disability care</p> <p>J. End of life care to support people to die in the way they wish</p>	<p>A. Standardise and consolidate business support services</p> <p>B. Consolidate clinical support services</p> <p>C. Hospital productivity - Length of stay - Theatre utilisation</p> <p>D. Pharmacy & medicines optimisation</p> <p>E. Workforce, tackling bank and agency challenge</p> <p>F. Capitalise on estates utilisation</p> <p>G. PFI affordability</p> <p>H. Capitalise on our collective buying power</p>	<p>A. Realise benefits of world class cancer and cardiac provision</p> <p>B. Work collaboratively to manage, commission and deliver specialised services</p> <p>C. Transformation programme for specialised services in North East London</p>	<p>A. Infrastructure/estates optimisation across NEL for future needs</p> <p>B. Sustainable workforce to deliver the strategy</p> <p>C. Technology to support full interoperability and move to paper-free services, shared digital health records, e-consultations and other digital services, advanced analytics to support population health</p> <p>D. Finance including payment methods to support delivery of system outcomes</p> <p>E. New models of care delivery / provider reform</p> <p>F. Organisational development to support new delivery models</p> <p>G. Communications and engagement</p> <p>H. Equalities</p>

Update: Development of CHCCG's Five Year Plan (as part of NEL STP)

June 2016



Briefing for the City of London Health and Wellbeing Board

- This document provides an update to the CoL HWB about the local 5 year planning (as part of NEL STP) process, progress to date and next steps.
- Contents include:
 - Feedback about the emerging clinical priorities
 - An overview of the “deep dive” exercises with each Programme Board which aim to identify five year system transformation goals and the step we need to take to achieve them
 - Progress in clarifying the size of our financial gap
 - Further plans for stakeholder engagement to discuss the clinical and financial challenges
 - An update on public and patient engagement
 - The timetable for submitting the plan

Emerging clinical priorities for CHCCG

Health and Well Being Gap

- Improve the early years offer, including increasing uptake of childhood immunisations and impacting on future lifestyle choices
- Increase number of people who quit smoking and reduce the number of pregnant women smoking at the time of delivery
- Reduce all age mortality
- Reduce childhood and adult obesity
- Continue to deliver services to manage multiple comorbidity
- Increase employment rates among those with mental ill health, LD, and LTCs
- Diabetes prevention
- Supported Self Management and other initiatives to address social isolation
- Focus on the wider determinants of health in line with Marmot principles

Care and Quality Gap

- Reduce infant mortality and still births
- Increase number patients dying in preferred place
- Maintaining the dementia diagnosis rate and improve support for carers
- Cancer: early diagnosis screening and survivorship
- Mental Health: improving access and equity of access and waiting times, and the recovery and outcomes across mental health services including IAPT

Finance and Efficiency Gap

- Manage the impact of population growth and changes
- Non recurrently funded initiatives supporting transformation – need to deliver recurrent system savings by 2018 to become self financing
- Reduce avoidable hospital admissions
- Medicines: Reducing inefficiencies and wastage in prescribed medicines, reduce use of products with limited clinical therapeutic value, promoting medication review
- Reduce unnecessary investigations and interventions of limited patient gain – support patient activation
- Potential provider savings from Carter and back office efficiencies
- Improve digital offer in primary care to support demand management

Tackle workforce issues
Ensure IT systems support our strategy

Emerging priorities for NEL STP

DRAFT One Page Summary

Vision:

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focused on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

	Prevent ill health and improve wellbeing	Better Care	Productivity	Specialised Services	Enablers for change
High level priorities	<ul style="list-style-type: none"> • Reduce prevalence • Deliver wider health benefits • Support health & well being strategies of our boroughs 	<ul style="list-style-type: none"> • Increase independence and deliver better outcomes • Reduce bed-base activity to enable growing population • Transform care pathways to reduce acute demand • Multi-disciplinary working in community hubs/localities 	<ul style="list-style-type: none"> • Reduce unit cost • Implement new ways of delivery <i>within and between</i> providers • Ensure effective and efficient use for every pound of health & social care 	<ul style="list-style-type: none"> • Optimise specialised services • Ensure effective whole pathway with patient at centre 	<ul style="list-style-type: none"> • Enable transformation and change
Content summary	<p>A. Starting well to embed healthy lifestyles from birth onwards</p> <p>B. Living well to support prevention – obesity, alcohol, smoking, exercise, mental health</p> <p>C. Ageing well to keep older people healthier and independent for longer</p> <p>D. Identify ill health & take early action e.g. screening programmes, health checks, diabetes prevention</p> <p>E. Nurturing a social movement for change to encourage people to support each other</p> <p>F. Wider changes to improve the lives and prospects of the population – housing, employment</p> <p>G. Personal responsibility, all engaged and empowered to take control of their health</p>	<p>A. Self-Care to better manage health conditions and minor ailments</p> <p>B. Transform primary care – coordinated, proactive and accessible</p> <p>C. Supporting children & young people to live healthy lives</p> <p>D. Coordinated and consistent urgent and emergency care</p> <p>E. Reduce admissions to hospitals and care homes, and improve discharge, <u>reablement</u> and supporting independence to keep people at home</p> <p>F. Strong sustainable hospitals - optimising elective care, ambulatory care, maternity</p> <p>G. Transform patient pathway and outpatients, <u>incl cancer</u></p> <p>H. Mental health strategy for NEL, delivering parity of esteem</p> <p>I. Learning disability care</p> <p>J. End of life care to support people to die in the way they wish</p>	<p>A. Standardise and consolidate business support services</p> <p>B. Consolidate clinical support services</p> <p>C. Hospital productivity - Length of stay - Theatre utilisation</p> <p>D. Pharmacy & medicines optimisation</p> <p>E. Workforce, tackling bank and agency challenge</p> <p>F. Capitalise on estates utilisation</p> <p>G. PFI affordability</p> <p>H. Capitalise on our collective buying power</p>	<p>A. Realise benefits of world class cancer and cardiac provision</p> <p>B. Work collaboratively to manage, commission and deliver specialised services</p> <p>C. Transformation programme for specialised services in North East London</p>	<p>A. Infrastructure/estates optimisation across NEL for future needs</p> <p>B. Sustainable workforce to deliver the strategy</p> <p>C. Technology to support full interoperability and move to paper-free services, shared digital health records, e-consultations and other digital services, advanced analytics to support population health</p> <p>D. Finance including payment methods to support delivery of system outcomes</p> <p>E. New models of care delivery / provider reform</p> <p>F. Organisational development to support new delivery models</p> <p>G. Communications and engagement</p> <p>H. Equalities</p>

Feedback About Emerging Clinical Priorities for CHCCG

- Previously, the Governing Body received a copy of the clinical base case and emerging clinical priorities for our 5 Year Plan. This is available via the CCG website.
- The clinical base case was also distributed to our key stakeholders, and they were asked to provide feedback. The deadline for this feedback in 20 May.
- To date, we have received useful feedback from the LBH public health team and colleagues at City of London. Further comments are expected shortly from LBH adult social care and children's services.
- Together, this is enabling us to get a “whole system” perspective on our priorities and plans. For example:
 - City of London have conveyed their top three priorities and the context: to address social isolation; cross-border issues; and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.
 - We also have a rounder picture of City of London commissioning plans for social care, reablement, public health and children's services.
 - The LBH public health team have contributed detailed comments about many of the clinical priorities, and outlined their public health commissioning plans, ranging from prevention programmes to health visiting and CAMHS.

The “Deep Dive” Planning Process (May-June 2016)

- We are undertaking a set of forensic reviews - or “deep dive” exercises - with each Programme Board in order to identify our five year system transformation goals and the step we need to take to achieve them.
- Through this process, we are asking each Programme Board to:
 - explain how they will address the health, care and quality, and financial gaps identified in the clinical base care;
 - review the impact of non-recurrent spending and to propose other ways of achieving savings;
 - how these plans will address national performance targets and expectations; and
 - identify key system transformation objectives and how these will be achieved.

The “Deep Dive” Planning Process (May-June 2016)

Each clinical board reviews the clinical priorities and current plans to develop a set of five year goals and to identify options for achieving financial sustainability.

Internal “Deep Dive” meetings are used to interrogate each programme board’s plans and underlying assumptions, and to model financial savings, activity controls and potential productivity gains. One particular focus is on non-recurrent spending. Discussions also address the impact of devolution.

Programme boards then revise their plans following the initial “deep dive” meetings. A consolidation of the plans creates the narrative for our local 5 Year Plan and a clearer picture of our financial gap and how we will restore financial sustainability.

We will kick-start a debate with our partners about the clinical and financial challenges we face across our local health system. These discussions will be honest about the loss of non-recurrent monies by March 2018. Jointly, we will seek to find a better way to achieve our objectives. Separately, we will hold an event for patients and the public.

Our plans will inform our contributions to the NE London STP process.

We will submit a local plan to inform to NHS England that meets all requirements and identifies our direction of travel, i.e., fully aligned with our devolution strategy.

Determining the Size of Our Financial Challenge

- Part of our planning process necessarily focuses on determining the size of our financial challenge locally and then describing our plans for achieving financial sustainability over the five years.
- NHSE are advising that we include plans for:
 - Managing growth in demand by reducing activity levels;
 - Identifying savings that can be front-loaded, wherever possible (e.g., Right Care);
 - Phasing savings (and potentially investments), modelled over the five years;
 - Identifying efficiency gains through improved provide productivity, new care models, contractual lever, etc.
- In line with our devolution planning, we are using demographic data, demand forecasts and financial inflation estimates to model our future financial requirements.
- To understand our financial gap, at present our main focus is our non-recurrent spending, which we expect to diminish by March 2018. We are using the deep dive process to identify the current impact of our investments; we aim to quantify the effects of reduced spend or loss of funding, and to calculate our financial gap.
- Based on our population growth and what we understand so far about our schemes, the best case scenario is that we manage to keep hospital spending from increasing.

Further Plans for Stakeholder Engagement

- The Chair and Chief Officer will meet one-to-one with key stakeholders to kick-start a debate with our partners about the clinical and financial challenges we face across our local health system.
- These discussions will be honest about the loss of non-recurrent monies by March 2018. They will focus on how to find a better way to achieve our objectives jointly.
- We will also hold a stakeholder workshop towards the end of June to have a more wide-ranging debate about the local 5 Year Plan and how this influences our devolution plans.

An Update on Public and Patient Engagement

- A patient and public engagement event is planned for mid June (either the 14th or 16th).
- The devolution engagement work stream will be leading and facilitating the event.
- The agenda will:
 - Ensure we have patient and public feedback about our clinical priorities;
 - Provide an opportunity for greater engagement about our devolution plans.

Our Timetable and Next Steps

Activity	Timetable
Deep dive meeting with Programme Boards	May through mid-June
Revision of programme board plans, financial and activity modelling	May through mid-June
Consolidation of the local STP	Mid- May through late June
Contributing to and informing the NE London STP process	May through end of June
Stakeholder engagement	End of May through end of June
Patient and public engagement	22 nd June 5pm, St Josephs Hospice
Submission of NEL STP to NHE England	30 th June
Additional financial modelling and more detailed planning, to align plans with devolution	Summer to early Autumn

This page is intentionally left blank

Committee(s)	Dated:
Health and Wellbeing Board – For decision	17 th June 2016
Policy & Resources – For Information	7 th July 2016
Subject: Health in all Policies	Public
Report of: Director of Public Health	For Decision
Report author: Farrah Hart, DCCS	

Summary

As part of the Health and Social Care Act 2012, The City of London Corporation is responsible for promoting the wellbeing of all the people who live or work in the City. As the determinants of people’s health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health. There is currently no systematic approach for officers to consider the health and wellbeing aspects of their proposed policy changes; however, all new policies must be approved through the committee process.

It is proposed that the committee paper template be revised to include guidance on health implications for officers. Incorporating an additional paragraph of guidance will have zero cost implications, and will help the City Corporation to work towards meeting its statutory responsibilities for public health and health promotion.

Recommendations

Members are asked to:

- Endorse the proposed approach to mainstreaming health considerations into the committee paper writing process.
- Discuss whether the report should be submitted to the Policy & Resources Committee for their consideration.

Main Report

Background

1. Health in all Policies is an approach to public policies across sectors, that takes into account the health and health system implications of decisions, to prevent negative health impacts. As the determinants of people’s health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health.
2. The Health and Social Care Act 2012 (“The HSCA 2012”) received Royal

Assent on 27 March 2012. One of the key aspects of the reform is that local authorities in England have taken over the responsibility for health improvement of local populations, including both residents and workers.

3. The City of London's Health and Wellbeing Board is responsible for carrying out duties conferred by the HSCA 2012.

Current Position

4. The City of London Corporation is responsible for promoting the wellbeing of all the people who live or work in the City.
5. This means that decisions taken by the City Corporation should consider the associated health impacts on residents and workers.
6. As noted above, social, physical and economic policies can often have a substantial impact upon health.
7. City Corporation's chief officers are required to meet health and wellbeing objectives, as set out by the Director of Public Health, as part of their yearly performance appraisals
8. There is currently no systematic approach for officers to consider the health and wellbeing aspects of their proposed policy changes; however, all new policies must be approved through the committee process.

Proposals

9. It is proposed that the committee paper template be revised to include guidance on health implications for officers. This will act as a prompt for consideration of health impacts, and might spark discussion of whether a proposed policy change will have positive or negative impacts upon the health of the City's populations. This guidance could be as simple as the following paragraph:

Health implications: *will this proposal have any positive or negative impacts on the health of City workers or residents? Remember that health impacts can come from changes in traffic, noise and pollution; walkability; access to social spaces and green spaces; provision of alcohol, tobacco or unhealthy food; and access to high roofs or balconies where there is a risk of death by falling. Where a proposal has significant health implications, it should be taken before the Health and Wellbeing Board – please call 020 7332 3223 for further guidance.*

10. The revised template could be piloted, to see what impact it had on health considerations and discussions at subsequent committees. It could be reviewed at six months and again in one year's time to assess whether the approach was working, and whether further refinements could be made.

Corporate & Strategic Implications

11. This proposal contributes to the following Corporate Plan key policy priorities:

- KPP3 Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health
- KPP4 Maximising the opportunities and benefits afforded by our role in supporting London's communities

Implications

12. Incorporating an additional paragraph of guidance will have zero cost implications, and will help the City Corporation to work towards meeting its statutory responsibilities for public health and health promotion.

Conclusion

13. A Health in all Policies approach is systematic, and takes into account the health implications of decisions. It is hoped that changing the City Corporations committee report template will act as a useful aide memoire for officers who are planning new policies that will impact upon the health of workers and residents in the Square Mile.

Appendices

- None

Farrah Hart

Consultant in Public Health, DCCS

T: 020 7332 1907

E: farrah.hart@cityoflondon.gov.uk

This page is intentionally left blank

Committee(s)	Dated:
Health and Wellbeing Board	17 June 2016
Subject: Safer City Partnership Strategic Plan 2016-17	Public
Report of: David Mackintosh, Manager of Community Safety team	For Information
Report Author: David Mackintosh, Manager of Community Safety team	

Summary

The Safer City Partnership has its statutory basis within the Crime and Disorder Act 1998 which required local authorities to establish Community Safety Partnerships. They are required to produce annual plans and reports on tackling crime and disorder, anti-social behaviour, reducing re-offending and substance misuse.

This report introduces the draft Safer City Partnership (SCP) Strategic Plan 2016-17 (Appendix 1) which outlines the priorities and areas of focus of the SCP for the coming year. There is a focus on the priorities most relevant to the work of the Health and Wellbeing Board (HWB): Violence against the Person and the Night Time Economy Crime and Nuisance.

The Strategic plan went to the SCP Committee on 6 June for agreement and will be circulated and made public.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The Safer City Partnership has its statutory basis within the Crime and Disorder Act 1998 which required local authorities to establish Community Safety Partnerships. They are required to produce annual plans and reports on tackling crime and disorder, anti-social behaviour, reducing re-offending and substance misuse. As such there is overlap with issues of concern to Health and Wellbeing Boards.
2. The Safer City Partnership's vision is for the City of London to remain a safe place to work, live, visit and socialise. We will achieve this by making the best possible use of the resources that we as a partnership can bring together to meet the needs of the City around crime reduction and anti-social behaviour.

3. The City of London experiences low levels of crime, disorder and anti-social behaviour. This reflects the efforts of the City of London Police, the City of London Corporation and other partners. Working together we contribute to maintaining the City as the world's leading financial and business centre as well as being an attractive place to live, socialise and visit. Since its establishment the SCP has played a key role in reducing crime and other harms. We will continue to build on these strong foundations.
4. The Safer City Partnership involves representation from the following partners:
 - The City of London Corporation*
 - The City of London Police*
 - London Fire Brigade*
 - London Probation Trust*
 - Clinical Commissioning Group*
 - HM Court Service
 - British Transport Police
 - Transport for London
 - City of London Crime Prevention Association
 - Residents' representatives
 - Business representatives
 - Voluntary Sector representative

Those partners marked with an asterisk are the statutory partners under the Crime and Disorder Act (1998) and subsequent legislation. Collectively they are responsible for delivering the ambitions set out in this Plan.

5. The SCP has a strong track record of achievement. It has provided a strategic and collaborative platform for different organisations to work together to keep the City safe and reduce crime. Where specific problems have been identified it has played a significant role in tackling them. Recent examples include:
 - Raising awareness of Domestic Abuse to HR professionals within the City.
 - Supporting a significant reduction in bicycle theft.
 - Supporting good practice in the City's Night Time Economy through the Safety Thirst scheme.
 - Developing new intelligence sharing practices amongst partners to address high risk individuals and ASB.

Current Position

6. The SCP has worked together to develop their Safer City Partnership Strategic Plan 2016-17 (Appendix 1). The priorities of the plan are informed by our experience, emerging concerns, national priorities and documents such as the City of London Police's Strategic Assessment. The priorities also represent areas where a partnership approach can add value. Given the ever evolving nature of the City of London and changes in crime and other threats we need to be flexible and agile in our responses. The plans priorities and their objectives

are outlined below, with more information given on Priorities one and two which are most relevant to the work of the HWB.

7. Priority 1- Violence Against the Person – to protect those who work, live or visit the City from crimes of violence.

The activities and initiatives planned for this priority are:

- Improve our understanding of the nature of violent crime within the City by undertaking research and using all available data to support evidence based and targeted responses. We will develop a more comprehensive understanding of the scale and types of violence experienced within the City focusing on areas we have less understanding of, including human trafficking and modern slavery, Child Sexual Exploitation, domestic violence and vulnerable people. This will be used to help inform improved communications with business, residents and visitors.
- Increase understanding of the issues around domestic abuse and how to access help and support. We will provide training for our partners, resident groups and City employers to increase awareness of domestic abuse.
- Train City of London Corporation front line staff in risk assessment and safety planning for domestic abuse- we will use specialist trainers to ensure City of London frontline staff understand the principles and application of risk assessment and safety planning in the context of domestic abuse, stalking and harassment
- Engage with those working and living in the City to raise awareness of abusive behaviour and promote the range of services available to support victims. We will make improved use of our web presence, social media and traditional media, utilise existing communication channels- such as residents' newsletters- and run public engagement activities.
- Develop a Strategy to tackle Violence Against Women and Girls (VAWG) - a VAWG strategy is under development by the Domestic Abuse Forum and the City and Hackney Adult and Children's Safeguarding Boards. This strategy will be completed in early 2017

8. Priority 2- Night Time Economy Crime and Nuisance – to promote the City as a safe place to socialise.

The City's entertainment and hospitality sector has developed considerably over recent years. We are now a recognised Night Time Economy (NTE) destination with the benefits and the challenges that brings. From a community safety perspective this raises concerns around violence, noise and anti-social behaviour. We intend to tackle these issues and help maintain the City as a safe and vibrant place to visit and enjoy.

The activities and initiatives planned for this priority are:

- Improve our understanding of the nature and scope of the City's Night Time Economy- over this year we will map the City's Night Time Economy policy area to provide a picture of the numbers of people coming into the City, the type of venues they visit and the risk profiles associated with these. This would include looking at the issue of the supply of drugs and continuing our innovative work around identifying the type of substance misuse we see in the City and looking at the Serious and Organised Crime groups involved in their supply. We will also look at impact of the changes in night time economy on the City and its residents.
- Promote the Safety Thirst scheme to more premises and maximise its potential as a vehicle to promote community safety. For this year the aim is to engage up to 80 premises.
- Develop new approaches to address problems associated with our Night Time Economy during periods of peak demand- we will explore the potential of Alcohol Recovery Centres to protect vulnerable individuals, run seasonal campaigns to provide advice to City workers and improve public communications highlighting how to avoid violence and that it will not be tolerated. This year we will be utilising the partnership approaches promoted by the Modern Crime Prevention Strategy to work more closely with Public Health colleagues and others to reduce violence and other offences linked to alcohol consumption this will include measures to help improve the safety of crowded places.

9. **Priority 3- Acquisitive Crime** – we will work to protect our businesses, workers, residents and visitors from theft and fraud with an emphasis on cyber-crime.

10. **Priority 4- Anti-Social Behaviour** – To respond effectively to behaviour that makes the City a less pleasant place.

11. **Priority 5- Supporting the Counter Terrorism Strategy Through Delivery of the Prevent Strategy** - To challenge radicalisation and reduce the threat posed to the City.

12. In addition to the above priorities, we will work with partners to reduce bicycle related accidents and fatalities.

13. The City of London Corporation and the City of London Police are currently exploring how we can make the best use of available resources to deliver crime reduction and improve community safety within the City. This involves a fundamental review of how we work together and the potential of new approaches. Another important area of work for this year will be improving our data sharing and analysis capability to help identify and respond more swiftly to emerging trends and concerns and support us in tracking our progress. Underlying and supporting all our work over the coming year will be a new approach to communications aimed at our partners and communities.

14. The Strategic plan went to the SCP Committee on 6 June for agreement and will be circulated and made public.

15. To support the delivery of this strategy we will be developing an Implementation Plan to help measure our progress toward our objectives. This will provide the basis for our annual review in March 2017 and will help inform and refresh our strategy for the year ahead. During 2016 we will also be improving how we communicate with our partners and to better reach all sections of our community.

Appendices

Appendix 1- draft SCP Strategic Plan 2016-17

David Mackintosh

Community Safety Manager

T: 020 7332 3848

E: david.mackintosh@cityoflondon.gov.uk

This page is intentionally left blank

Safer City Partnership Strategic Plan 2016-2017

Our vision is for the City of London to remain a safe place to work, live, visit and socialise.

We will achieve this by making the best possible use of the resources that we as a partnership can bring together to meet the needs of the City in relation to crime reduction and anti-social behaviour.

The City of London experiences low levels of crime, disorder and anti-social behaviour. This reflects the efforts of the City of London Police, the City of London Corporation and many other partners. Working together we contribute to maintaining the City as the world's leading financial and business centre as well as being an attractive place to live, socialise and visit. Since its establishment the Safer City Partnership has played a key role in reducing crime and other harms. We will continue to build on these strong foundations.

Who we are: The Safer City Partnership involves representation from the following partners:

- The City of London Corporation*
- The City of London Police*
- London Fire Brigade*
- London Probation Trust*
- Clinical Commissioning Group*
- HM Court Service
- British Transport Police
- Transport for London
- City of London Crime Prevention Association
- Residents' representatives
- Business representatives
- Voluntary Sector representative

Those partners marked with an asterisk are the statutory partners under the Crime and Disorder Act (1998) and subsequent legislation. Collectively they are responsible for delivering the ambitions set out in this Plan. Over the course of the coming year we will continue to review the membership of the Safer City Partnership to ensure we have the representation to allow us to deliver across the breadth of our agenda without diminishing our strategic focus.

Priorities

The Safer City Partnership has worked together to identify the priorities below. These are informed by our experience, emerging concerns, national priorities and documents such as the City of London Police's Strategic Assessment. The priorities also represent areas where a partnership approach can add value. Given the ever evolving nature of the City of London and changes in crime and other threats we need to be flexible and agile in our responses.

For the year 2016-17 we will focus on:

- **Violence Against the Person** – to protect those who work, live or visit the City from crimes of violence,
- **Night Time Economy Crime and Nuisance** – to promote the City as a safe place to socialise.
- **Acquisitive Crime** – we will work to protect our businesses, workers, residents and visitors from theft and fraud with an emphasis on cyber-crime.
- **Anti-Social Behaviour** – To respond effectively to behaviour that makes the City a less pleasant place.
- **Supporting the Counter Terrorism Strategy Through Delivery of the Prevent Strategy** - To challenge radicalisation and reduce the threat posed to the City.

In addition we will work with partners to reduce bicycle related accidents and fatalities. We shall also support efforts to address other areas of concern.

To support the delivery of this strategy we will be developing an Implementation Plan to help measure our progress toward our objectives. This will provide the basis for our annual review in March 2017 and will help inform and refresh our strategy for the year ahead. During 2016 we will also be improving how we communicate with our partners and all sections of our community.

What the Partnership has achieved

The SCP has a strong track record of achievement. It has provided a strategic and collaborative platform for different organisations to work together to keep the City safe and reduce crime. Where specific problems have been identified it has played a significant role in tackling them. Recent examples would include:

- Raising awareness of Domestic Abuse to HR professionals within the City.
- Supporting a significant reduction in bicycle theft.
- Supporting good practice in the City's Night Time Economy through the Safety Thirst scheme.
- Developing new intelligence sharing practices amongst partners to address high risk individuals and ASB.

Partnership Development

The Safer City Partnership has evolved over many years and will continue to do so. This reflects changes in both the challenges we face and reorganisation and restructure of partnership members. We are committed to making the best use of evidence based interventions, for example those approaches advocated within the Home Office's Modern Crime Prevention Strategy published in March 2016.

The City of London Corporation and the City of London Police are currently exploring how we can make the best use of available resources to deliver crime reduction and improve community safety within the City. This involves a fundamental review of how we work together and the potential of new approaches.

This project is part of the One Safe City Programme and will significantly influence how we deliver our community safety ambitions within the City of London for many years ahead. We are also exploring the potential of improving engagement with other members of the partnership. Other elements of the One Safe City Programme will

In terms of delivering against our priorities we will also be working closely with the City of London Police as they adopt the 4Ps approach (Pursue, Protect, Prevent and Prepare) to deal with their priorities. The 4Ps approach places an increased focus on identifying and responding to issues of the greatest harm. This provides considerable opportunities for bringing together the work of the City of London Corporation and other partners to respond more effectively to various crime types.

We will also be revitalising our Serious and Organised Crime Group, which will allow us to bring a wide range of intelligence and data together with the full range civil and criminal enforcement powers to bear down on those who threaten our citizens, communities and businesses.

Underlying and supporting all our work over the coming year will be a new approach to communications aimed at our partners and communities. This will include improved use of our webpages, e-media, the development of new networks and improved opportunities for feedback and reporting from the public. This will help us provide improved responses to the problems and challenges we face in the City. Another important area of work for this year will be improving our data sharing and analysis capability. This will help us to identify emerging trends and concerns as well as allowing us to respond to these more swiftly. It will also boost our capacity in tracking our progress.

Combining the knowledge, expertise and resources of our various members means we are better able to respond to the challenges the City faces. This is reinforced by our own local experience and is endorsed nationally by the Home Office who have highlighted the potential partnerships have to prevent and reduce crime.

The City of London

Residents

The City of London is a unique demographic area within the United Kingdom. While the residential population numbers approximately 8,000ⁱ, the City is home to 16,000 businesses employing over 383,000 people. This figure is expected to grow to 428,000 by 2026. Due to its iconic attractions, the City of London also welcomes large numbers of visitors daily. With major transport infrastructure improvements including the completion of Crossrail in 2018, these numbers are likely to rise significantly in the coming decade.

The City residential population predominately describe themselves as White (79%), with 13% Asian and 3% Black. However, significant variations exist within the City's residential areas, e.g. on the Barbican Estate 85% of residents are white whereas on the Mansell Street Estate 47% of residents describe themselves as Asian.

The City follows a similar age profile to Greater London, with the exception of under-20 year olds, which are significantly under-represented. Over the last decade, population growth has been slow, but it is projected to accelerate and reach 9,190 by 2021.

The City of London also experiences considerable diversity in terms of its socio-economic make up. Overall it ranks 226 of 326 in the most deprived local authorities in England and Wales. This contrast is reflected in the socio-economic outlook of its housing estates and residents. The most deprived ward in the City of London, ranks 10,285th out of 32,844 wards from across the country. Whilst only 5% of residents on the Barbican Estate live in social housing ranking low nationally, 95% of residents on the Mansell Street Estate live in social housing. This part of the City, ranks within the 40% most deprived areas of the country.

The City of London has a Job Seekers Allowance Claimants rate of 0.9% across the resident population compared to an overall percentage across the capital claiming Job Seekers Allowance of 1.8%.

Business

The City of London is a significant contributor to the Greater London economy and the United Kingdom's economy. With over 16,000 businesses operating within the Square Mile, the City adds over £45bn in economic output, the equivalent of 14% of London's economic output.

The unique attraction of the City has seen businesses flourish. This can be seen in the workforce figures which saw a 20% increase (approximately 80,000) in the years 2008 – 2014. This increase has also seen the City expand away from the traditional financial services sector, with firms from a wider range of professional, scientific and technical services setting themselves here. We have also seen a significant increase in our hospitality sector with a rapid growth in hotels and the emergence of a significant night time economy.

Housing and Homelessness

The City has 4,390 households and large numbers of people of working age. Compared with Greater London there is a greater proportion of people aged between 25 and 69 and fewer young people aged below 18 years. Only 10 per cent of households have children, compared with around 30 per cent for London and the rest of the country. Average household size is small, and many people (56 per cent) live alone.

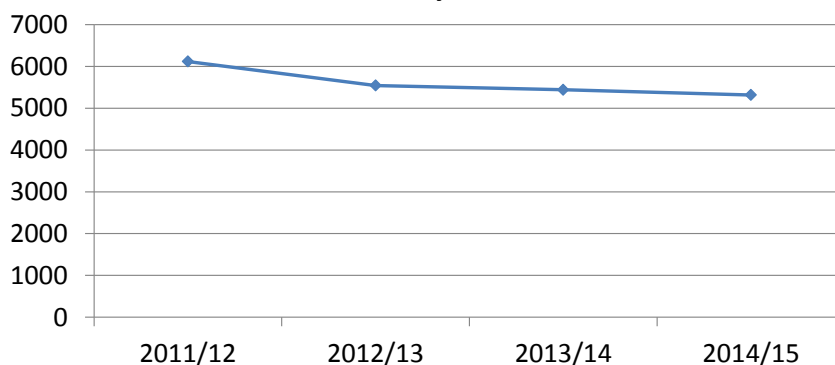
In 2012/13 the City took 37 applications from households who were homeless or at risk of homelessness. The majority of those who approach the City for assistance have a local connection based on employment rather than residency. The rough sleeping population is often highly transient and levels of rough sleeping in the City tend to reflect the trends and issues experienced in London as a whole.

In the last few years, the number of rough sleepers seen in the capital has increased significantly. Over the course of 2012/13, outreach teams recorded a total of 284 people sleeping rough in the City – the sixth highest total in the capital.

Crime and Disorder

Overall crime has been falling over recent years, with a 13% reduction from 6119 crimes in 2011/12 to 5318 in 2014/15. While this reduction is clearly welcome there are areas of increase, such as victim based violent crime, which is of obvious concern and is a key priority for this strategy. The trend around acquisitive crime has also been positive in recent years but we are determined to maintain efforts to reduce this further.

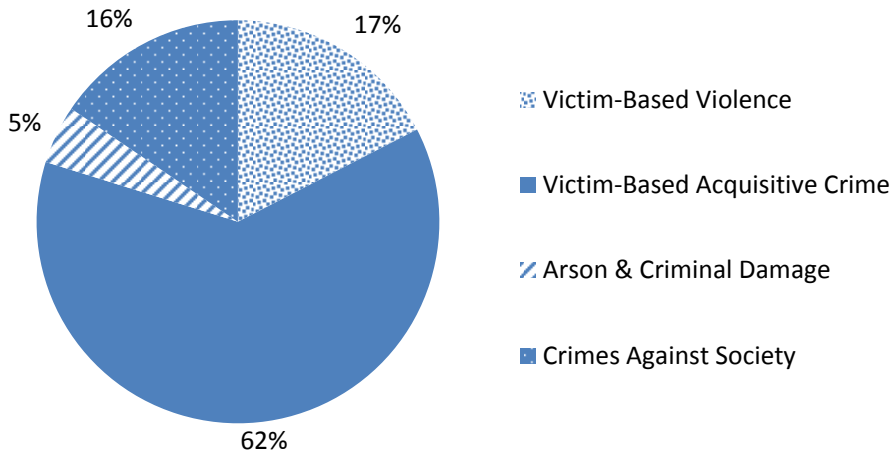
**Total Notifiable Crime 2011/12 to 2014/15
in the City of London**



(Source: COLP performance page on COL website)

The most recent figures (Apr-Dec 2015) show that acquisitive crime accounts for a significant proportion (62%) of all notifiable crime in the City, with violent crime (17%) and crimes against society (including possession of weapons, drug and public order offences) the third most common crime (16%).

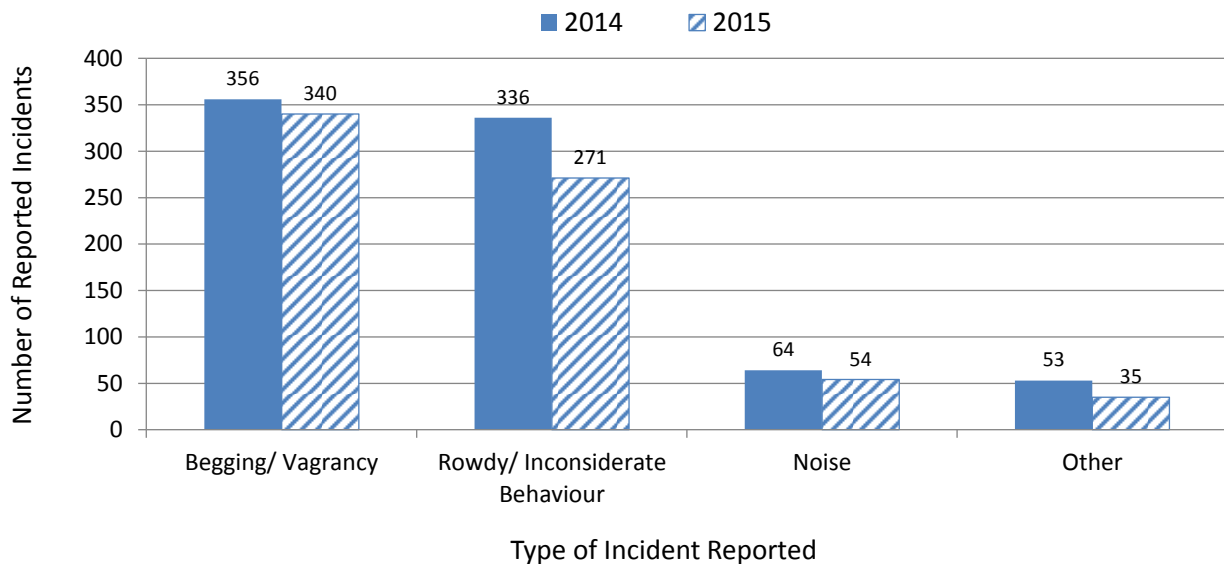
High Level Breakdown of Crime in the City by Type Apr-Dec 2015



Source: City of London Police

Source: City of London Police

Anti-social Behaviour Reported in the City of London 2014-2015



Source: City of London Police *in the City of London Corporation also receives over 1,000 noise complaints per year on average.

Impact on quality of life

99.4% respondents said that they felt safe during the day which is a slight reduction compared to the previous year's response of 99.7%. There has also been a decline in the number of respondents that felt safe in the City after dark from 87.4% in 2013/14 to 82.6% this year. From the 30 respondents that did not feel safe the most common reasons were drunken/rowdy behaviour (10), fear of robbery/mugging (12), fear of violence/sexual (Source: Policing Plan Review 2015)

Safer City Partnership Priorities for 2016-17

Priority 1: Violence against the person

Objective: Ensure those that live, work and visit the City are protected from violent crime

Nationally and across Greater London there has been an increase in violent crime. The City has also witnessed a rise in this type of crime and given the harm to victims and the concerns of our communities this has been identified as a priority for the coming year. Violence against the person covers a wider variety of offences and incidents. The type of incidents covered range from where a victim may have experienced severe physical or mental harm through to those where there is little or no injury. The specific crime types include, sexual violence, domestic abuse and violence, violence with and without injury (the latter includes on-line harassment and internet stalking), and child sexual exploitation. Within the City, as in many areas, a significant proportion of our violent offences take place within the context of the Night Time Economy and so activities to tackle this problem also link to that priority area.

To address the issue of violence against the person over the coming year the Partnership will undertake various initiatives and activities. These will include:

Improve our understanding of the nature of violent crime within the City by undertaking research and using all available data. This will support evidence based and targeted responses.

What We are going to do

Working with our partners and external experts we will develop a more comprehensive understanding of the scale and types of violence experienced within the City. For example not all incidents come to the attention of the police or the medical services. While we have an understanding of violence associated with the Night Time Economy and excessive alcohol consumption scope exists to improve the picture around other areas including human trafficking and modern slavery, Child Sexual Exploitation, domestic violence and vulnerable people. This will be used to help inform improved communications with business, residents and visitors.

Increase understanding of the issues around domestic abuse and how to access help and support

What we are going to do

We will provide training for our partners, resident groups and City employers to increase awareness of domestic abuse. This will include guidance on how incidents should be handled while also promoting what services are available to help those experiencing domestic abuse. Evidence demonstrates that improved handling of domestic abuse cases can significantly reduce risk to individuals.

Train City of London Corporation front line staff in risk assessment and safety planning for domestic abuse

What we are going to do

Use specialist trainers to ensure City of London staff who come into regular contact with our communities understand the principles and application of risk assessment and safety planning in the context of domestic abuse, stalking and harassment.

Engage with those working and living in the City to raise awareness of abusive behaviour and promote the range of services available to support victims.

What we are going to do

This will be a central part of our new communication approach and will see us make improved use of our web presence and social media as well as making use of traditional media. We will also work with colleagues to utilise existing communication channels, such as residents' newsletters. Building on the success of the Party People and Eat, Drink and Be Safe campaigns we shall advise people on how to reduce their vulnerability and risk when out socialising, for example by only using licensed taxis. The Partnership will run public engagement activities to raise awareness on abusive behaviour, avoiding violent crime and the support services available in the City.

Develop a Strategy to tackle Violence Against Women and Girls (VAWG)

What we are going to do

The Partnership is committed to tackling the issue of violence against women and girls in the City. Internally, a City-wide VAWG strategy is under development by the Domestic Abuse Forum and work with the City and Hackney Adult and Children's Safeguarding Boards. Over the coming year this work will also call upon the expertise of community and voluntary sector services. This strategy will be completed in early 2017

Priority 2: Night Time Economy Crime and Nuisance

Objective: To promote a City that is safe and pleasant to socialise in

The City's entertainment and hospitality sector has developed considerably over recent years. We are now a recognised Night Time Economy (NTE) destination with both the benefits and the challenges that brings. From a community safety perspective this raises concerns around violence, noise and anti-social behaviour. Serious and Organised Crime groups can seek opportunity within the NTE and this is often associated with both violence and drug dealing. There are also those who seek to commit theft from those out socialising. Building on established good work, such as the City's licensing scheme and work funded by the Late Night Levy, we intend to tackle these issues and help maintain the City as a safe and vibrant place to visit and enjoy.

Improve our understanding of the nature and scope of the City's Night Time Economy

What we are going to do

The Night Time Economy is a complex area and includes a wide range of differing activities and venue. These present different risks and opportunities for crime and nuisance. Over this year we will map the City's Night Time Economy policy area to help provide a picture of the numbers of people coming into the City, the type of venues they visit and the risk profiles associated with these. This would include looking at the issue of the supply of drugs and we will continue our innovative work around identifying the type of substance misuse we see in the City and looking at the Serious and Organised Crime groups involved in their supply. We will also look at the impact of the changes in night time economy on the City and its residents.

Promote the Safety Thirst scheme to more premises and maximise its potential as a vehicle to promote community safety.

What we are going to do

Safety Thirst is the City's long running scheme to promote excellence within the licensed trade. Premises who apply to the scheme are evaluated against stringent criteria and those who have shown a commitment to reducing crime and ASB, whilst helping to ensure that there is a

safe and pleasant environment for people to socialise in are awarded a Safety Thirst certificate. For this year the aim is to engage up to 80 premises.

Develop new approaches to address problems associated with our Night Time Economy during periods of peak demand

What we are going to do

We will explore the potential of Alcohol Recovery Centres and other initiatives to protect vulnerable individuals and in doing so seek to reduce the demands placed on emergency service resources. Building on the success of previous seasonal campaigns we will also provide those working within the City with advice to help them avoid harms (including being a victim of crime) when socialising in the City. There will also be improved public communications highlighting how to avoid violence and that it will not be tolerated. This year we will be utilising the partnership approaches promoted by the Modern Crime Prevention Strategy to work more closely with Public Health colleagues and others to reduce violence and other offences linked to alcohol consumption this will include measures to help improve the safety of crowded places. The City of London Corporation's Statement of Licensing Policy will require all new applications to include a noise management plans and effective dispersal policy to help prevent nuisance and Anti-Social Behaviour.

Priority 3: Acquisitive Crime

Objective: Ensure that those who live, work and visit the City are protected against acquisitive crime

There has been considerable success in tackling acquisitive crime within the City over recent years. Yet we are aware that the nature of this type of crime is evolving. Increasingly the threat comes from on-line fraud or is masked by those purporting to be legitimate companies. We intend to further improve our response to these emerging threats. However, we also want to maintain a focus on offences such as the theft of bags, phone and computers, which tend to occur in cafes, restaurants, bars and to a lesser extent on the street. Work in this area links closely to other priority areas such as the Night Time Economy and Violence Against the Person. It is also important to build the success achieved around reducing bicycle theft and improved security for motorcycles.

The activities planned to address acquisitive crime include:

Protecting our residents, City workers and businesses from on-line fraud.

What we are going to do

We will be developing materials, and utilising our webpages and print literature, to help inform different City communities on how they can protect themselves from on-line fraud. We will also be providing training for front line staff (those who work with our vulnerable residents and other groups) to ensure they understand the risks and how to report concerns around such crimes.

Objective: Helping Protect the City of London's Reputation as the world's leading financial centre from the impact of acquisitive crime

Criminals engaged in fraudulent investment businesses target elderly and vulnerable consumers across the United Kingdom and encourage them to invest money in products that are overpriced, fail to exist or simply fail to deliver the returns that are promised. Often, to give fraudulent investment schemes some credibility, the criminals behind them try and associate

themselves with the City of London through the use of prestigious City addresses in their literature or on their websites. Operation Broadway is an initiative that has been running since summer 2014 and brings together a number of partners to respond to this challenge.

What are we going to do?

We will continue to support the Operation Broadway initiative to develop our intelligence picture and undertake joint visits to identified premises. We will also be working to identify the funding for an additional Trading Standards Officer to support this work across Greater London as Operation Broadway displaces activity from within the City.

Utilise various events and forums to provide advice and guidance on how to prevent acquisitive crime from taking place

What we are going to do

This will include traditional activity such as bike frame marking but also make best use of resident meetings, and engagement with businesses to provide information on emerging trends as well as advice on how to avoid becoming a victim

Help promote the City as a safe place to cycle.

What we are going to do

We will work alongside Road Safety colleagues to promote personal safety advice around cycling alongside improved locking, the use of interior bike bays and secure bike racks. We will target areas, such as gyms, which have been targeted by thieves

Work to reduce the theft of motorbikes and scooters

What we are going to do

Using the latest data and adopting best practice approaches we will work with riders, businesses and other partners to improve security around motorbikes, for example by the use of ground anchors and other measures.

Raising awareness of associated risks of cyber enabled crime through City of London Police

What we are going to do

It is widely distinguished that the City of London Police are the National Policing Lead for Economic Crime due to the nature of the build-up of the City. The Partnership therefore makes it a key theme of its strategic plan to help aid the City of London Police in addressing the challenges of cyber enabled crime in the City.

Economic cybercrime is evolving rapidly, at a scale and speed that has not been seen before. The Partnership is enthusiastic to raise awareness of associated risks of this crime by working closely with businesses in the City. This would be seen to be a pre-emptive and open dialogue with businesses to prevent and raise awareness of cyber enabled crime.

Reduce acquisitive crime within the NTE over the Christmas and other peak periods

What we are going to do

Linking with activity aimed at those enjoying our night time economy we will run specific campaigns to encourage people to look after their personal belongings and themselves while out socialising in the City. This will also provide the opportunity to work with colleagues promoting public health messages

Priority 4: Anti-Social Behaviour

Objective: Reduce the causes and opportunities for Anti-Social Behaviour (ASB)

Anti-Social Behaviour is a concern to both our residents and those who work in or visit the City. Work undertaken by the City of London Police and surveys of our residents have highlighted specific concerns for us to address. We are aware that many of the issues around ASB in the City have been noise linked to licensed premises, drunk or rowdy behaviour, rough sleeping and inconsiderate road use. There are also other issues which may particularly impact on the most vulnerable.

Tackling ASB is a national and City of London priority so while we have seen a reduction of reported incidents over the past two years we are committed to doing more. We shall continue the work of Operation Fennel, which works to reduce begging, and Operation Acton, which deploy a problem solving approach to deal with persistent rough sleepers. The creation of a Joint Contact and Control Room provides the opportunity to bring together and improve the City's handling and response to ASB.

Improve data sharing and the management of ASB issues

What we are going to do

Over the coming year we will work to improve how we collect, share and use data, particularly in regard to cases involving vulnerable individuals. The recently established City Community Multi Agency Risk Assessment Conference (CCM) approach has already demonstrated potential and will be further developed over the coming year. We shall also work to identify all settings where ASB issues can emerge and bring together all relevant data. This will help us to put in place the resources to help prevent and respond to problems.

Improve the use of enforcement powers to tackle persistent offending behaviours

What we are going to do

The Partnership will work together to improve the use of available enforcement powers to improve our response to those who persist in committing ASB and offending behaviours. Persistent begging will be targeted with individuals in need offered support to address underlying issues. Those who sleep rough in the City will be supported to get them off the streets and into secure accommodation, alongside outreach activities to tackle substance misuse and mental health issues.

Implement the City of London Community Remedy, a community-based restorative practice programme allowing out-of-court punishment to perpetrators of low-level crime

What we are going to do

The Partnership previously has established the City of London Community Remedy, a community-based restorative practice programme. This involves victims of crime deciding on an out-of-court punishment for perpetrator(s) of low-level crime and anti-social behaviour. The Partnership remains dedicated to implementing this programme further as and when appropriate.

The Community Safety Team will be at the forefront of this programme, working with the City of London Police. By implementing this further and increasing its usage, the Community Remedy will positively impact on those who visit, live and work in the City of London. It will also allow for swift justice to be delivered to victims and bring first time low level offenders rapidly to account.

Provide training on existing and new legislations and trends to all relevant staff and partners

What we are going to do

The Partnership will continue to provide refreshment seminars on existing and new legislations and trend to all the partners, in order for them to successfully carry out their duties. Over recent years there have been many changes in the law and also developing experience in using different remedies. We will work to ensure that relevant Corporation, City Police and other colleagues are aware of emerging challenges and the appropriate responses to deal with these. There will be specific work undertaken on how to identify those who may be vulnerable or at particular risk. Work will also be undertaken to improve our residents and day time population's understanding of what constitutes ASB and how to report it.

Priority 5: Supporting the Counter Terrorism Strategy Through Delivery of the Prevent

Strategy –

Objective: Meet our commitment to help protect vulnerable individuals from extremist ideologies.

Prevent forms part of CONTEST, the United Kingdom's Counter Terrorism Strategy. Other elements being Pursue, Protect and Prepare. is the element of the Government's Counter-Terrorism Strategy which seeks to protect vulnerable individuals from being radicalised. The Counter-Terrorism and Security Act (2015) places a duty on the City of London Corporation and other public bodies to have 'due regard to the need to prevent people from being drawn into terrorism'. The National Prevent Strategy outlines three strands to an effective local response. Ideology: challenging radical ideology and disrupting the ability of extremist groups to promote it. Supporting Vulnerable Victims: Building upon existing multi-agency and safeguarding frameworks to identify and support people at risk of radicalisation. Working with other sectors. To co-operate with those working in education, faith, health, criminal justice and voluntary sector settings to ensure they are no ungoverned spaces in which extremism is allowed to flourish unchallenged.

While the City of London is designated by the Government as a non-priority area we are committed to helping protect our communities. A significant focus of our attention will be on providing training to those coming into contact with our communities. Over the coming year we will be undertaking a programme of work to meet this objective and so help keep the City safe while supporting our communities. While the recent focus has often been on young people we know that a wide range of individuals are vulnerable to exploitation by those peddling extremist ideologies.

Prevent provides an opportunity to intervene to support individuals before any criminality has occurred. There is a clear focus on safeguarding the individual and helping address the issues which are making them vulnerable.

Increase engagement and confidence amongst partners and our communities on Prevent

What we are going to do

As part of our communications work we will be promoting an understanding of Prevent within our communities and with our partners. It is important that there is an accurate understanding

of Prevent and its referral process, known as Channel, and how this fits alongside other safeguarding approaches.

This will include public facing events with our various communities and the development of specific materials to highlight Prevent and how advice and support can be accessed.

Improve processes to identify and support vulnerable people at risk of radicalisation

What we are going to do

This work will be led by the Community Safety Team and City of London Police. They will strengthen the multi-agency pre-screening process as part of the Channel Process to filter and review new referrals within the nationally mandated timeframes.

The City of London Police and the Community Safety Team will also be developing additional information sharing agreements with external agencies such as schools, universities, health and representative community groups to deter and support those at the risk of radicalisation.

We will also improve our connections with key partners such as the City of London Health and Wellbeing Board and City Hackney Children Safeguarding Boards to ensure our work is mutually supportive.

Significantly boost Prevent Training

What we are going to do

In the coming year we will be making training available to all Corporation and partner agency staff. This will make use of the Workshop Raising Awareness of Prevent (WRAP) package developed by the Home Office to provide an overview of the Prevent Strategy and ways of identifying individuals vulnerable to radicalisation, as well as those who radicalise. We will also be developing e-learning materials to help reach all staff within the City of London Corporation and make it available to our partners and others in the City.

Prevent forms part of CONTEST, the United Kingdom's Counter Terrorism Strategy. Other elements being Pursue, Protect and Prepare. is the element of the Government's Counter-Terrorism Strategy which seeks to protect vulnerable individuals from being radicalised. The Counter-Terrorism and Security Act (2015) places a duty on the City of London Corporation and other public bodies to have 'due regard to the need to prevent people from being drawn into terrorism'. The National Prevent Strategy outlines three strands to an effective local response. Ideology: challenging radical ideology and disrupting the ability of extremist groups to promote it. Supporting Vulnerable Victims: Building upon existing multi-agency and safeguarding frameworks to identify and support people at risk of radicalisation. Working with other sectors. To co-operate with those working in education, faith, health, criminal justice and voluntary sector settings to ensure they are no ungoverned spaces in which extremism is allowed to flourish unchallenged.

While the City of London is designated by the Government as a non-priority area we are committed to helping protect our communities. Over the coming year we will be undertaking a considerable amount of work to meet this objective and so help keep the City safe while supporting our communities. While the recent focus has often been on young people we know that a wide range of individuals are vulnerable to exploitation by those peddling extremist ideologies.

Prevent provides an opportunity to intervene to support individuals before any criminality has occurred. There is a clear focus on safeguarding the individual and helping address the issues which are making them vulnerable.

Increase engagement and confidence amongst partners and our communities on Prevent

What we are going to do

As part of our communications work we will be promoting an understanding of Prevent within our communities and with our partners. It is important that there is an accurate understanding of Prevent and its referral process, known as Channel, and how this fits alongside other safeguarding approaches.

This will include public facing events with our various communities and the development of specific materials to highlight Prevent and how advice and support can be accessed.

Improve processes to identify and support vulnerable people at risk of radicalisation

What we are going to do

This work will be led by the Community Safety Team and City of London Police. They will strengthen the multi-agency pre-screening process as part of the Channel Process to filter and review new referrals within the nationally mandated timeframes.

The City of London Police and the Community Safety Team will also be developing additional information sharing agreements with external agencies such as schools, universities, health and representative community groups to deter and support those at the risk of radicalisation.

We will also improve our connections with key partners such as the City of London Health and Wellbeing Board and City Hackney Children Safeguarding Boards to ensure our work is mutually supportive.

Significantly boost Prevent Training

What we are going to do

In the coming year we will be making training available to all Corporation and partner agency staff. This will make use of the Workshop Raising Awareness of Prevent (WRAP) package developed by the Home Office training package designed to provide an overview of the Prevent Strategy and ways of identifying individuals vulnerable to radicalisation, as well as those who radicalise. We will also be developing e-learning materials to help reach all staff within the City of London Corporation and make it available to our partners and others in the City.

Useful Information

Modern Crime Prevention Strategy (Home Office)

<https://www.gov.uk/government/publications/modern-crime-prevention-strategy>

Prevent Duty (Home Office) <https://www.gov.uk/government/publications/prevent-duty-guidance>

Serious and Organised Crime <https://www.gov.uk/government/collections/serious-and-organised-crime-strategy>

ⁱ<https://www.cityoflondon.gov.uk/services/housing-and-council-tax/homeless-risk/Documents/homelessness-strategy-city-of-london-2014-2019.pdf>

This page is intentionally left blank

Committee:	Date:
Health and Wellbeing Board	17.06.2016
Subject:	Public
Health and Wellbeing Board update report	
Report of:	For Information
Director of Community and Children’s Services	
Report Author:	
Tizzy Keller, Director of Community and Children’s Services	

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
- Square Mile Health update
- Low Emission Neighbourhood bid
- Suicide Prevention Training
- Responsible Procurement Strategy 2016-19
- Joint Health and Wellbeing Strategy update

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- The new Barts NHS Trust Patient Engagement and Experience Strategy has now been approved at Board level. The strategy has been co-designed with patient organisations, of which Healthwatch City of London has taken a key role. The new strategy seeks to involve patient representatives in key strategic meetings at both Trust and site level, to give patients a much greater voice within the Trust. The strategy will place greater demands on patient representatives who will be working at Trust and site level. New arrangements

for Patient Panels will apply across the Trust, this will involve standing down all current Patient Panel Chairs and members and inviting applications for the newly-defined Panels. The Healthwatch Manager has been invited to attend the Patients Forums at St. Barts and is in discussions as to how we can further this work within the hospital. Healthwatch City of London is active in reporting issues raised back to the quarterly meetings with the Chief Executive of Barts Health NHS Trust, to push for change.

2.2 CityHealth directory- The CityHealth Directory was transferred from Toynbee Hall to City of London Healthwatch. The Directory went live in January 2016. Google Analytics data shows there has been an 84% increase in page views, 72% increase in sessions and 74% increase in users since it was transferred from Toynbee Hall. In February, Healthwatch City of London hosted a focus group at to find out how the City residents and providers attending wanted their online directory of health services to be developed and are currently in talks with the Web Designer about a design refresh which will make it easier to use. The directory was publicised at the City residents' day and exhibited at the inaugural Patient Experience Conference. At both these events service users were able to log onto the directory using Ipads provided by Healthwatch.

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

3. **Square Mile Health Update**

3.1 The performance data from the first quarters of the new Square Mile Health service reveals that the uptake of the Stop Smoking Level 2 Service in pharmacies has been lower than previous years. Westminster Drugs Programme (WDP) have reported the following as contributory reasons:

- Many smokers are using e-cigarettes as a means to stop smoking. The main client group are city workers, with enough disposable income to purchase e-cigarettes
- There is a lack of awareness of the Stop Smoking Scheme.
- There were initial problems around advisors not understanding the new service and the new IT platform. This has now been addressed.
- The monthly quit rates fluctuate because the 4 week quit rate may not be recorded until the following month and in some cases not until much later. The average quit rate is on par with national rates.

3.2 To address this, WDP will be:

- Improving staff training at the pharmacy sites so that more staff are available to provide the service
- Improving uptake of the service by introducing leaflets which will act as 'vouchers' for the service.
- Working to improve awareness of the service in businesses and offices.

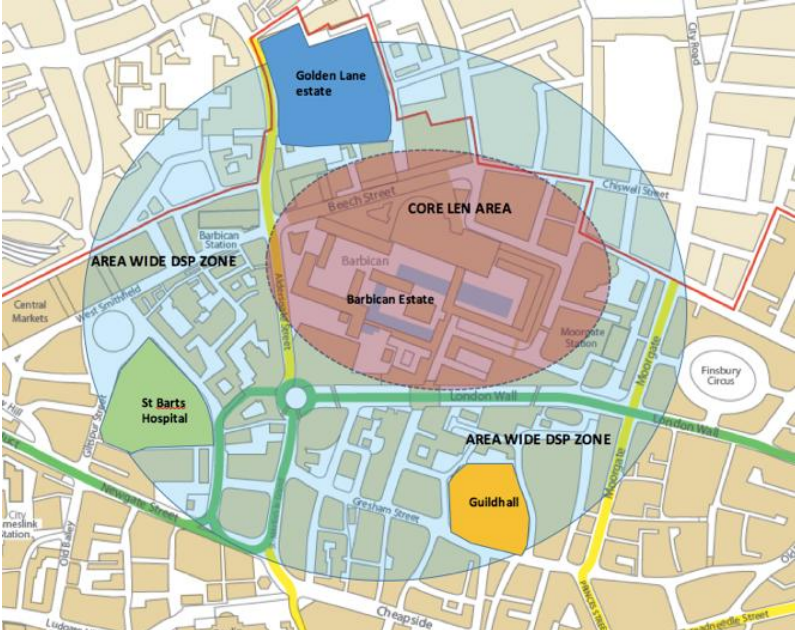
3.3 Two new Square Mile Health Smoking Cessation level three drop-ins were launched at Golden Lane and Artizan Library. These drop-ins have initially had a relatively low number of attendees, however it often takes time for drop-ins to become established in an area. The service delivered four in house stop smoking clinics with work place groups at Dentons, King & Wood Mallessons, Societe General and SH Legal.

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

4. Low Emission Neighbourhood Bid (LEN)

4.1 The Corporation has submitted a Bid to TfL for £740,000 to support the implementation of a Low Emission neighbourhood over 3 years, the result of the bid will be revealed in June. This initiative is supported by the Barbican Centre and Barts Health NHS Trust.

4.2 The Low Emission Neighbourhood will cover the following area:



4.3 If successful in the bid, plans for the low emission neighbourhood core area include a no idling zone, a freight consolidation centre, reduced traffic and/ or ultra-low emission vehicle through traffic only in Beech Street, Zero emission capable only taxi ranks and off street electric vehicle charging hubs. More widely, the bid includes plans for a communication strategy, planning controls, Business engagement (City zero emission network) and greening.

4.4 The anticipated benefits of implementing a LEN include emission reduction, exposure reduction, public health improvements, road safety benefits from less traffic, urban realm uplifts from more greening and improvements to Beech Street and Community cohesion.

- 4.5 A focus of the bid is reducing pollution levels on Beech Street. Concerns have been raised that the Corporation could be prosecuted for exceeding air pollution levels on Beech Street. Responsibility for meeting the air quality limit values in the UK rests with the Department of Environment Food and Rural Affairs in Government, The City Corporation has a legal obligation to assist the government in this task but the Corporation itself could not be prosecuted.

Contact Officer: Ruth Calderwood, Environmental Policy Officer - Markets and Consumer Protection, 020 7332 1162.

5. Suicide Prevention Training

- 5.1 The Suicide Prevention Action Plan was signed off at the Health and Wellbeing Board on 29th January 2016. The 'Bridge Pilot' on London Bridge has subsequently been developed as a joint initiative between the City Corporation and the key partners who all helped to develop the action plan.
- 5.2 As part of the Bridge Pilot, two Suicide Prevention Training sessions have been run by the Samaritans, City Corporation and East London Foundation Trust for the general public and frontline staff. Both sessions took place in Glaziers Hall and covered topics including risk factors for suicide, how to recognise someone considering suicide and what to do if you encounter someone considering suicide. Both sessions received positive feedback with the majority of attendees recording feeling more confident identifying and approaching someone who might be considering suicide.
- 5.3 There is another training session planned for the staff at Tower Bridge in June. We are also compiling a train the trainer pack so people who attend the sessions can go back and present them at their workplaces.

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

6. Responsible Procurement Strategy 2016-19

- 6.1 City Procurement has produced a Responsible Procurement Strategy 2016-19. The strategy has been approved at Procurement Steering group and Summit and went to Finance committee on 7 June and Policy and Resource Committee on 16 June for approval.
- 6.2 City Procurement recognises the significance of the procurement decisions we make and the huge potential to act as a catalyst for positive change. The Responsible Procurement Strategy seeks to achieve this transformation and to maximise the benefits that can be gained for our local community, the environment and everyone associated with our supply chains. The Responsible Procurement Strategy underpins the City Procurement Strategy 2015 – 2018 in that it details how corporate responsibility will be embedded as

part of the overall approach to achieving operational excellence, ensuring value for money and leveraging technology and innovation in all our future contracts. The strategy recognises the Department's responsibility to help the organisation procure value for money goods, services and works, whilst maximising social value, minimising environmental impacts and ensuring the ethical treatment of people throughout its supply chains.

- 6.3 Once the strategy has been approved there will be a dedicated working group set up representing the Department of Community and Children's Services, which will outline in much more detail the implications and opportunities of this strategy for our department.

Contact Officer: Natalie Evans, Responsible Procurement Manager, 0207 332 1282

7. Joint Health and Wellbeing Strategy Update

- 7.1 In September 2014, the Health and Wellbeing Board (HWB) approved an action plan to support the Joint Health and Wellbeing Strategy (JHWS). The action plan sets out how each of the key priorities would be delivered. The HWB has asked to receive a progress update every six months, providing information of progress against the action plan.
- 7.2 Appendix 1 provides an overview of progress on each of the priorities and shows that we are on track to deliver the required health and wellbeing outcomes for residents, rough sleepers and workers in the City of London.
- 7.3 Areas of notable progress include in Mental Health where the 'Bridge Pilot' is being implemented in an effort to reduce suicide attempts from London Bridge and within Air Quality where a bid for the City to become a Low Emission Neighbourhood has been submitted to TfL.

Appendices

Appendix 1- JHWS Action Plan progress Update

Background Papers

30th September 2014 – Joint Health and Wellbeing Strategy: Action Plan

24th April 2015 – JHWS Action Plan Progress Report

18th September 2015 – Joint Health and Wellbeing Strategy Refresh

Tizzy Keller

Policy Support Officer

Community and Children's Services

T: 020 7332 3223

E: tirza.keller@cityoflondon.gov.uk

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 3, 4 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank