



Health and Wellbeing Board

Date: FRIDAY, 25 NOVEMBER 2016
Time: 11.30 am
Venue: COMMITTEE ROOMS, 2ND FLOOR WEST WING, GUILDHALL.

Members: Deputy Joyce Nash (Chairman)
Gareth Moore (Deputy Chairman)
Ade Adetosoye
Jon Avern
Dr Penny Bevan
Nigel Challis
Helen Isaac
Karina Dostalova
Glyn Kyle
Dr Gary Marlowe
Simon Murrells
Dhruv Patel
Jeremy Simons

**Co-opted
Members:** Paul Haigh

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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. **MINUTES**
To agree the minutes of the previous meeting.
For Decision
(Pages 1 - 6)
4. **PRESENTATION: WESTMINSTER DRUGS PROJECT**
The Board are invited to receive a presentation from colleagues involved with the Westminster Drugs Project who oversaw the launch of Square Mile Health one year ago.
For Information
5. **DRAFT JOINT HEALTH AND WELLBEING STRATEGY**
Report of the Director of Community & Children's Services.
For Decision
(Pages 7 - 30)
6. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**
Report of the Director of Community & Children's Services.
For Information
(Pages 31 - 40)
7. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT**
Report of the Director of Community & Children's Services.

The Annual Report has been circulated to Members of the Board via email and can also be found at: <http://hackney.gov.uk/media/7875/City-and-Hackney-Safeguarding-Adults-Board-annual-report-2015-16/pdf/CHASB-annual-report-2015-16>
For Information
(Pages 41 - 44)
8. **UPDATE ON THE PROCUREMENT OF SEXUAL HEALTH SERVICES**
Report of the Director of Community & Children's Services.
For Information
(Pages 45 - 50)
9. **SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION FRAMEWORK AND COL DRAFT SEND STRATEGY**
Report of the Director of Community & Children's Services.
For Information
(Pages 51 - 68)

10. **UPDATE REPORT**

Report of the Director of Community & Children's Services.

For Information
(Pages 69 - 74)

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

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

13. **EXCLUSION OF PUBLIC**

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

For Decision

Part 2 - Non Public Reports

14. **BI-ANNUAL PERFORMANCE REPORT**

Report of the Director of Community & Children's Services.

For Information
(Pages 75 - 84)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 16 September 2016

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,
16 September 2016 at 11.30 am**

Present

Members:

Deputy Joyce Nash (Chairman)
Ade Adetosoye
Jon Avern
Dr Penny Bevan
Paul Haigh
Jeremy Simons
Paul Clements

In Attendance

Paul Haigh, CCG
Jan Annan, CCG
Paul Neman, StepJockey

Officers:

Natasha Dogra	-	Town Clerk's Department
Chris Pelham	-	Community & Children's Services Department
Farrah Hart	-	Community & Children's Services Department
Poppy Middlemiss	-	Community & Children's Services Department
Ellie Ward	-	Community & Children's Services Department
Tirza Keller	-	Community & Children's Services Department
Ken Harrison	-	City Surveyor's Department
Oliver Sanandres	-	Human Resources

1. APOLOGIES OF ABSENCE

Apologies had been received from Gareth Moore, Simon Murrells and Nigel Challis.

**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 be agreed as an accurate record.

4. PRESENTATION: NOISE STRATEGY

The Committee received a presentation outlining the noise strategy and noted that a draft Noise Strategy for 2016 to 2026 was produced and contained 59 actions grouped into 5 key work areas to manage and minimise exposure to excessive noise whilst striving to enhance the quality of the acoustic environment and soundscape of the City of London.

The draft Noise Strategy would help ensure that the City Corporation fulfil its statutory obligations for managing and minimising exposure to excessive noise. It also reflected the priority placed on the effects of reducing the impact of unwanted sound and the provision of areas of respite from the noisy urban environment on the health of residents, workers and visitors as detailed in the City and Hackney Joint Strategic Needs Assessment.

Discussions ensued regarding complaints received from members of the public in relation to noise from construction works. Officers assured the Committee that they tried to keep noise from construction sites to a minimum level during unsocial hours.

5. HEALTHWATCH ANNUAL REPORT

The Board received the Healthwatch Annual Report and the Chairman thanked the Chair of Healthwatch UK for providing Members with a useful summary of the annual work undertaken by Healthwatch.

Resolved – that the report be received.

6. FUNDING FOR A LOW EMISSION NEIGHBOURHOOD

The Board noted that the Mayor of London had awarded the City of London Corporation £990,000 over three years to implement a Low Emission Neighbourhood (LEN). This followed a successful application for funding submitted in April 2016.

The LEN will focus on three areas: Barbican, Guildhall and Barts. This zone was chosen as it supports plans for improvements to Beech Street and the cultural hub, supports the Barbican Estates plans for freight consolidation and electric charge points and builds on previous air quality engagement projects with Barts Health NHS Trust, Barbican residents and local businesses.

The overall aim of the LEN was to improve local air quality by reducing the amount of traffic and encouraging and supporting low and zero emission vehicles in the locality. Improvements in air quality are expected both within the proposed neighbourhood and more widely across the City due to an increase in low and zero emission vehicles. It was anticipated that the most successful measures will be rolled out across the City. This work supports the aims and objectives of the City of London Air Quality Strategy 2015 – 2020, in addition to a number of other corporate policies and strategies. It also goes towards addressing air quality, which has been identified as a corporate risk. An update report will be submitted to the Committee in early 2017.

Resolved – that the report be received.

7. QUALITY PREMIUM 2016/17, NHS CITY AND HACKNEY CCG

Members noted the City & Hackney CCG plans for the Quality Premium for 2016/17.

The programme for 2016/17 was been approved by the Chairman of the Health and Wellbeing Board on 14 July 2016 and this report was being presented for the Board's approval.

Members were informed that the 'Quality Premium' was set by NHS England. It was intended to reward CCGs for improvements in the quality of the services that they commission and also for associated improvements in health outcomes and reductions in inequalities in access to services and in health outcomes.

Discussions ensued regarding the statistics included in the report Annually, NHS England designs the Quality Premium which varied from year to year. There were always national targets that are mandatory and others which could be designed locally and agreed with NHS England. For 2016/17 there were 4 mandatory measures. There was an option to choose 3 local measures from the list of RightCare Metrics. These were chosen by the CCG Programme Boards and consulted upon with the Clinical Commissioning Forum as areas for potential improvement and where data to support evaluation of the outcome will be available by 31.3.17. The indicators chosen support the commissioning plans for 2016/17 and align with areas of priority for the CCG.

Resolved – that the Board Members endorsed the report.

8. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

Members were provided with a further 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, Officers were working closely with local authorities to develop the approach to sustainability and transformation as Officers recognised that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.

In response to a query, Members noted that a draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. Officers were currently planning how they would engage on the draft STP and expect to hold public events across north east London. Further work was continuing to develop the plan in more detail; additional updates would be presented to the Board as they become available.

In response to a query regarding the transformation plan's requirement to close the funding gap, the Board were informed that discussions were currently taking place regarding the deficit. This point and clarification regarding the sign off process would be the subject of further consultation which would be fed back to the Board in due course.

Resolved – that the report be received.

9. MAYOR'S VISION FOR CYCLING - QUIETWAYS

Members noted that public consultation was carried out in November and December 2015. The responses had now been analysed and a detailed design, taking into account these responses had been completed and as a result, amendments had been made.

Resolved – that the report be noted.

10. INNER NORTH EAST LONDON TRANSFORMING CARE PARTNERSHIP PLAN

The Board noted that the City of London was part of Inner North East London Transforming Care Partnership. The Partnership had agreed and launched a Transforming Care Plan. The plan was designed to meet the needs of local people with a learning disability and people with an Autistic Spectrum Disorder who had challenging behaviour.

Resolved – that the update be received.

11. SPORTS AND SOCIAL CLUBS AVAILABLE TO CITY OF LONDON CORPORATION STAFF TO ENCOURAGE PHYSICAL ACTIVITY

Members noted that good physical health and mental wellbeing were vital to a productive and motivated workforce. By adopting a progressive and proactive approach to the wellbeing of staff, the City could reduce further sickness absence and presenteeism levels. HR was currently implementing its wellbeing strategy, CityWell, and investing in the health of our employees. The Corporation would see in return higher levels of engagement and productivity from our staff, and continue to attract and retain the highest calibre of talent.

The benefits of physical activity and social inclusion in health were well documented as such the HR Strategy has included these as distinct phases within their employee wellbeing strategy. The CityWell programme had also partnered with the City of London Staff Sports & Activities Club (COLSSAC) to deliver some of the physical activity side of the programme.

The Board noted that although they currently faced difficulty, the City Corporation were grateful for the provisions provided by Fusion at the Golden Lane Fitness Centre. For this reason the Board Members were not in favour of extending the offer of swimming at concessional rates for City Corporation staff, so as to not add further pressure to Fusion.

The Committee received a presentation from the Chief Executive of StepJockey and noted that whilst it would be helpful to erect signs around the City encouraging walking, the City Corporation had a policy to not ‘clutter’ streets with signs. Members asked Officers to keep the policy in mind whilst continuing the exploration of StepJockey further as a tool to encourage physical activity.

Resolved – that Members:

- Noted the contents of the report
- Supported City of London Staff Sports & Activities Club (COLSSAC) and influence City Surveyors where possible to support the facilities in house
- Allowed the exploration of StepJockey further as a potential tool to increase

physical activity within the Square Mile.

12. UPDATE REPORT

Members were provided with an overview of local developments related to the work of the Board on the following areas:

- Safer City Partnership Update
- Active Travel Update
- Square Mile Health Update
- Liaison and Diversion Service
- Mayor's Vision for Cycling- Quietways update
- Health and Wellbeing advisory group
- Bags of Taste
- Report to Audit and Risk Management Committee on Air Quality
- Sexual Health update

Members noted that a Board Development Day had been scheduled to take place on 26 October in Guildhall. The day would include a session on reviewing the Joint Health & Wellbeing Strategy; a draft strategy would be submitted to the Health and Wellbeing Board meeting in November.

Members also noted that following the successful poster campaign encouraging smoke-free playgrounds around the City, the Chartered Institute of Environmental Health had requested to use the City's campaign as a case study on World Environmental Health Day which could be documented by BBC News. A Member queried whether this campaign could include other pockets of open space across the City however, officers advised that was currently not possible due to a number of enforcement issues.

Resolved – that the update report be noted.

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

There were no questions.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Board were reminded that a Health & Wellbeing Board development session was scheduled to take place in Guildhall on 26th October 2016 at 09:30am – 1:00pm.

The meeting ended at 12.40 pm

Chairman

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Committee	Dated:
Health and Wellbeing Board	25/11/2016
Subject: Joint Health and Wellbeing Strategy - Draft	Public
Report of: Ade Adetosoye – Director of Department of Community and Children’s Services	For Decision
Report author: Poppy Middlemiss – Strategy Officer (health and children)	

Summary

This report outlines the development of the draft City of London Joint Health and Wellbeing Strategy, which is required of local authorities by the Health and Social Care Act 2012.

The draft strategy sets out the City of London Health and Wellbeing Board’s commitment to improving the health of City residents, workers and rough sleepers. The proposed priorities are;

- Priority 1: Good mental health for all
- Priority 2: A healthy urban environment
- Priority 3: Effective health and social care integration
- Priority 4: Children have the best start in life
- Priority 5: Promoting healthy behaviours

Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Note and endorse the report for public consultation

Main Report

Background

1. The Health and Social Care Act 2012 requires Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).
2. Although local authorities are required to provide certain mandated public health functions under the Act, such as the National Child Measurement Programme, the majority of public health functions are non-mandated, and levels of provision must be determined locally, according to need.

3. The *City and Hackney Joint Strategic Needs Assessment* and the *JSNA City Supplement* pull together data from a range of sources to describe the health needs of the different population groups in the City, and make a number of key recommendations for service provision based on the level of need. JSNA findings form the evidence base for this strategy and enable us to understand the particular health problems faced by people in the Square Mile.
4. The strategy also draws upon existing local strategies and plans, such as the City Corporation's Corporate Strategy and the CCG's strategic vision. There has been consultation with a range of stakeholders, including a series of local events and engagement with residents and workers in the City of London, which have been used to shape the priorities within this strategy.

Proposals

5. The JHWS is intended to cover the three year period from 2017/18 to 2020/21 . The strategy will be refreshed annually to reflect the changes that have taken place over the year, and to ensure the City is compliant with its statutory obligations. Formal public consultation will be undertaken from the period November 2016 to January 2017.
6. The strategy identifies the following priorities to improve health and wellbeing in the City of London:
 - Priority 1: Good mental health for all
 - Priority 2: A healthy urban environment
 - Priority 3: Effective health and social care integration
 - Priority 4: Children have the best start in life
 - Priority 5: Promoting healthy behaviours
7. They provide a more rationalised list under which the priorities and actions carried forward from the last strategy and the needs identified by the JSNA sit.
8. An accompanying action plan with key performance indicators for specific areas under each priority will be developed and the Health and Wellbeing Board will monitor the progress of indicators every 6 months.
9. This strategy is not a stand-alone document and will support and offer direction to a number of complementary strategies which focus on specific areas of improving health and wellbeing in the City. These include the strategies listed below:
 - CCG Commissioning Strategy
 - Mental Health Strategy
 - Children and Young People's Plan
 - Homelessness Strategy
 - Carers' Strategy
 - Air quality Strategy
 - Noise Strategy
 - Suicide Prevention Action Plan

Corporate & Strategic Implications

10. Once the Joint Health and Wellbeing Strategy is signed off, it will support the City of London Corporate Plan's aiming to provide modern, efficient and high quality local services within the Square Mile for workers, residents and visitors and to provide valued services, such as education, employment, culture and leisure, to London and the nation.
11. It also supports the following priority from the Department of Community and Children's Services Business Plan: Priority Two – Health and Wellbeing: Promoting the health and well-being of all City residents and workers and improving access to health services in the square mile.

Implications

12. The Joint Health and Wellbeing Strategy is a statutory document

Health Implications

13. The Joint Health and Wellbeing Strategy will have a positive impact on health and wellbeing in the City of London.

Conclusion

14. The City of London has a statutory requirement to produce a Joint Health and Wellbeing Strategy which outlines commitment to improving the health of City residents, workers and rough sleepers.
15. Health and Wellbeing Board Members are asked to note and endorse the report for public consultation.

Appendices

- Appendix 1 – Draft Joint Health and Wellbeing Strategy

Poppy Middlemiss

[Strategy Officer Health and Children]

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**Joint Health and Wellbeing Strategy
City of London Corporation
2017/18-2020/21**

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1 Foreword

To be completed for final draft

2 Introduction

The Health and Social Care Act 2012 places health and wellbeing boards at the heart of planning to transform health and social care and achieve better standards of health and wellbeing for the population. Health and wellbeing boards have a number of core responsibilities. These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a joint health and wellbeing strategy.

The aim of a joint health and wellbeing strategy is to jointly agree what the most important issues are for the local community based on evidence in JSNAs, what can be done to address them, and what outcomes are intended to be achieved (Department of Health, 2012).

The City of London contains several populations in one place (residents, workers, rough sleepers and other people who visit the City everyday), with different needs and health issues. This strategy therefore considers three distinct populations with different needs and mental health issues: residents, City workers and rough sleepers.

The City of London's Health and Wellbeing Board¹ exists to improve the health and wellbeing of these communities within the City of London and to reduce health inequalities across the Square Mile. It brings together leaders across the health and care system to provide collective leadership on a range of complex and cross-cutting challenges which impact on the health and wellbeing of local people.

Health and wellbeing outcomes and inequalities are driven by a range of factors, some of which individuals have little control over. Others are the result of behaviours which in turn are heavily influenced by people's circumstances and environment, such as income, employment and living conditions. This strategy will address those factors which affect the health of the population within the City of London.

3 Background

3.1 The City

The City of London has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space. The City of London also has the sixth highest number of rough sleepers in London.

¹ Details of the Health and Wellbeing Board meetings, agendas and membership can be found here: <http://democracy.cityoflondon.gov.uk/mgCommitteeDetails.aspx?ID=994>.

The City Corporation is responsible for local government and policing within the Square Mile. It also has a role beyond the Square Mile, as a port health authority, a sponsor of schools, and the manager of many housing estates and green spaces across London.

The *City and Hackney Joint Strategic Needs Assessment* pulls together data from a range of sources. It is supplemented by a City specific document which describes the health needs of the different communities in the City, and makes a number of key recommendations for service provision based on levels of need. These findings form the evidence base for this strategy and enable us to understand the particular health problems faced by people in the Square Mile.

The City borders seven London boroughs and residents often have to access services that are delivered outside the Square Mile. The catchment area of the City's only GP practice does not cover the whole City, so residents in the east access primary care services from Tower Hamlets GPs. This means we must also work closely with Tower Hamlets CCG to ensure residents' needs are met.

Public Health in the City of London has a strong relationship with the London Borough of Hackney. City and Hackney share a Director of Public Health and a Clinical Commissioning Group. A number of public health services are also commissioned in partnership with the London Borough of Hackney. While most public health services are focussed on the resident population some public health services are also commissioned for City workers.

In surveys, the City scores highly as a place to live and work and it has excellent transport links and cultural services. The City is an urban area, and suffers from poor air quality. Particulate matter and nitrogen dioxide levels are both very high, and there are a high number of noise complaints. There are numerous open spaces in the City but they tend to be small in size.

3.2 City residents

The latest population estimates from the Office of National Statistics places the City's resident population at 8,760 – a figure which is projected to increase. Those aged 65 and over are projected to contribute the most to this growth, with their numbers increasing rapidly in the next decade. This is likely to create increased demand for health and social care services in the future.

In contrast, there are relatively few children in the City. The City's children mainly live in dense pockets of housing with some areas experiencing high levels of deprivation. The City of London has a diverse range of ethnicities and religious faiths.

There has been improvement in the City's deprivation ranking in recent years, however significant gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived).

3.3 City workers

Around 415,000 people work in the Square Mile, and this is expected to grow rapidly over the next decade. City workers are mainly aged between 20 and 50, with a higher proportion of men. City workers tend to be healthier than the general population because they are younger, although lifestyle factors such as smoking, alcohol consumption, levels of physical activity and diet have an impact.

3.4 Rough sleepers

In 2015-16 the City had the sixth highest number of rough sleepers among London local authorities. On average 20-25 people sleep on the streets of the City of London every night. The vast majority are male and include those new to the streets as well as longer term rough sleepers. Those that find themselves homeless on the streets are especially vulnerable to crime, drugs and alcohol, and at high risk of physical and mental illness and premature death. Many people come to the streets with complex issues, some have limited entitlement to services and some are resistant to support and treatment. Homelessness can be both a cause and a consequence of major problems for an individual's health, both physical and mental.

4 How are we going to achieve our vision?

4.1 Our vision

This strategy is underpinned by the following vision:

Working in partnership to achieve longer, happier, healthier lives in the City of London

4.2 How this strategy will deliver our vision

The key role of this strategy will be to inform commissioning and service planning – to ensure the City's priorities are met within wider partnership approaches and service commissioning from 2017/18. We expect that both commissioners and service providers will seek to implement the strategy in the specification, planning and delivery of services. We will also expect continued integration wherever this can deliver better health outcomes and a better experience for patients and service users.

By implementing our strategy we want to reduce the differences in health across the Square Mile, for those who live and work here. We will use evidence of effectiveness to inform what we do and we will get the best value from our resources. We will invest in prevention and early intervention. We also want more people to have a positive experience of care and support. This means that access to services should be fair and transparent, provision of services should be timely and the location should be appropriate. Wherever possible, people should be supported in the community, close to their homes, friends and families. Care and support should give people the greatest possible level of choice and control over their lives and should be tailored to meet their individual needs.

4.3 The role of our Health and Wellbeing Board

The Health and Wellbeing Board's role will be to champion the vision and priorities of the strategy and to hold delivery partners to account. This will require the Board to provide robust challenge to work being delivered across the system and show action-focused leadership if barriers exist and are preventing progress. This may include Board members working to actively drive change in their own organisations, or looking together at how resources are used across different agencies and partners for maximum impact. Monitoring progress, and seeing how the strategy is leading to real change for residents, workers and rough sleepers, will enable the Board to make the right interventions at the right time. The detail of this action is given below in section 9.

5 Strategic context

5.1 National context

The NHS is facing growing financial and service pressures during a time of rising demand. The NHS Five Year Forward View², published in October 2014, is set in this context. It sets out a new shared vision for the future of the NHS emphasising the need to move to place based systems of care where organisations are collaborating and using their resources collectively to meet the needs of the local population in the most appropriate and effective way. It also sets out the challenges to be addressed in the NHS around finance and efficiency, improving the health of the population and providing quality care.

5.2 Local context

Since the last Joint Health and Wellbeing Strategy policy our Corporate Plan (2015 – 2019) has been approved. This is the City Corporation's main strategic planning document and provides a framework for the delivery of services. It sets aims that include a commitment to maintaining high quality, accessible and responsive services benefiting its communities, neighbours, London and the nation³. This strategy supports the delivery of the Corporate Plan and will in turn provide strategic direction to other strategies and action plans, including those on social care, housing, transport, employment and working with businesses.⁴

The strategy is also informed by the City and Hackney CCGs Five Year Strategic Plan (2014 – 2019)⁵, which outlines its strategic vision as:

- patients in control of their health and wellbeing;

² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ (<https://www.cityoflondon.gov.uk/about-the-city/how-we-make-decisions/Documents/corporate-plan-2015-19.pdf>)

⁴ CCG Commissioning Strategy; Mental Health Strategy ; Children and Young People's Plan; Homelessness Strategy; Carers' Strategy; Air quality Strategy; City of London Commissioning Prospectus – Services for Children and Young People; Noise Strategy; Suicide Prevention Action Plan.

⁵ <http://www.cityandhackneycg.nhs.uk/Downloads/About%20Us/Equality%20and%20diversity/5%20YEAR%20PLAN%20UPDATE%20final.pdf>

- a joined-up system which is safe, affordable, of high quality, easy to access, saves patients' time and improves patient experience;
- everyone working together to reduce health inequalities and premature mortality and improve patient outcomes;
- getting the best outcomes for every pound we invest through an equitable balance between good preventative services, strong primary and community services and effective hospital and mental health services which are wrapped around patient needs;
- services working efficiently and effectively together to deliver patient and clinical outcomes and providers in financial balance.

5.3 Sustainability and Transformation Plans

In December 2015, NHS England required local areas to produce five year Sustainability and Transformation Plans (STP) to set out how local areas proposed to meet the challenges set out in the Five Year Forward View. The City Corporation is part of the North East London STP. This includes eight local authorities, seven CCGs and three acute hospital trusts (Homerton University Hospital Trust, Barts NHS Health Trust and Barking, Havering and Redbridge University Hospitals Trust).

5.4 Locality Plans

CCGs and their partner local authorities are developing two to five year locality plans to address local issues highlighted in local health and wellbeing strategies as well as contributing to delivering the wider STP ambitions. This allows City of London specific priorities around social isolation, the health of workers and cross boundary issues to be addressed in the locality plan.

5.5 Devolution pilot and integrated commissioning

Separately to the STP, the London Borough of Hackney and City & Hackney CCG along with local health providers were approved as a devolution pilot. This allows them to explore the delegation of powers to a local level to better support the achievement of plans. This aims to accelerate the transformation of the local health and care system in Hackney so that it is financially and clinically sustainable and provides improvements in health, care and wellbeing outcomes. The City Corporation and the CCG have been working closely to ensure that devolution brings advantages and improved outcomes to the City, where its needs are specific.

The devolution proposal committed to exploring joint commissioning between the CCG and the local authority social care and public health functions. A commitment has been made to explore this for the London Borough of Hackney. As the City Corporation is not part of the devolution pilot, the CCG is keen to establish a similar arrangement with the City Corporation to mirror those in Hackney to ensure an equitable approach across the CCG area.

6 Progress since the last strategy

This is the second City of London Joint Health and Wellbeing Strategy, following the first which covered the period from 2013-2016. The Health and Wellbeing Board has successfully overseen the transition of statutory powers from PCTs to Local Authorities and CCGs and has helped both organisations to consider how to mainstream health and wellbeing considerations throughout their work.

Since the last Health and Wellbeing Strategy, we have worked hard to develop a public health offer to City workers. Business Healthy, a community and online resource for business leaders launched in April 2014, aims to engage and educate businesses on a wide range of health issues through blogs, events and round table discussion. Business Healthy now has 477 members. This initiative was recognised as demonstrating a high level of excellence by the Royal Society for Public Health, which awarded it the three year Health and Wellbeing Award for 2014-2017.

We have worked hard to improve mental wellbeing in the City. We have developed a mental health strategy and accompanying action plan which is being successfully implemented. We have also developed a suicide prevention action plan and are working closely with partners to reduce suicide attempts in the City of London. Actions have included placing signs to encourage people to seek help on City of London bridges and training frontline staff and the members of the public in how to recognise and help someone who is considering suicide.

We have also commissioned new services aimed at promoting healthy behaviours including a new integrated smoking, alcohol and substance misuse service, Square Mile Health, and a health check, weight management and physical activity service called City LivingWise.

With Hackney, we have jointly commissioned public health services for children living in the City of London including CHYPS Plus⁶, a holistic clinical and education service for 5-19 year olds with an emphasis on sexual health. We have also taken on responsibility for 0-5 year olds, and have commissioned a new health visiting service that provides additional support for more vulnerable mothers.

The Health and Wellbeing Board has contributed to the development of the City of London air quality and noise strategies which aim to create a healthier environment for those who live and work in the City of London

7 Developing this strategy

Within the City, the size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs, trends and service provision, given very small sample sizes. We also have a huge number of commuters entering the City every day, about whom very little information is collected.

⁶ City and Hackney Young People's Service

For this reason, it is even more vital that we use a combination of quantitative evidence from the JSNA and other health needs assessments, combined with local and community intelligence, to determine our priorities.

The *City and Hackney Joint Strategic Needs Assessment* and the *JSNA City Supplement* pull together data from a range of sources to describe the health needs of the different population groups in the City, and make a number of key recommendations for service provision based on the level of need. JSNA findings form the evidence base for this strategy and enable us to understand the particular health problems faced by people in the Square Mile.

The information from the JSNA has helped identify our priorities by looking at the number of people affected, impact on health and wellbeing, scope for improvement, inequalities, deprivation and disadvantage and unmet need.

There has also been engagement and consultation with a range of stakeholders, including a series of local events and formal engagement with residents and workers in the City of London, which have been used to shape the priorities within this strategy.

Business Healthy members who represent businesses with an interest in workplace health in the Square Mile have also been asked for their views on the challenges they face in supporting the mental health of their employees.

8 Priorities

8.1 Guiding Principles

The Marmot Review in 2010, 'Fair Society, Healthy Lives' proposed evidence based strategies for reducing health inequalities, including addressing the social determinants of health in England from 2010. The Marmot Review concluded that reducing health inequalities would require action from government on six policy areas. The City's Health and Wellbeing Board recently revisited the Marmot principles, in light of developments made in the past six years, as well as considering what was within scope for a health and wellbeing board and strategy to achieve alone. Where appropriate and within scope, the strategy will strengthen and support the delivery of the Marmot principles. The board agreed that the Marmot principles would be the starting point for their own set of six principles. These are:

1. Support parents and local services to give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Encourage fair employment and good work for all, including helping people to maintain a work-life balance
4. Encourage a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

8.2 Priority 1: Good mental health for all

8.2.1 Why this is a priority:

Poor mental health is one of the most significant and pervasive issues facing our society. One in four adults will experience a mental health problem at some point in their life. Depression and anxiety, the most common and widespread mental health problems, are also known to disproportionately affect more deprived sections of society, contributing to lower quality of life. Poor mental health in the City of London affects each of the three main communities addressed within this strategy: residents, workers and rough sleepers.

The increasing number of older residents, particularly those living alone, is likely to result in increased levels of social isolation and depression. It is also known that people with long-term conditions are 2-3 times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health issues. Other issues such as unemployment and poor housing can contribute to mental ill health.

For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues including anxiety, depression and risk-taking behaviours. Previously, periods of severe economic problems and job instability have had an adverse effect on the mental health of worker populations.

Around 45% of rough sleepers in the City have, or have had, a mental health problem, making this group a significant focus for mental health services⁷.

The City's location and distinctive infrastructure including the high rise buildings, rail and underground networks and the River Thames provide different means for suicide. The City of London has three populations at risk of suicide: those who live in the City, those who work in the City and those who travel to the City with the specific intention of committing suicide.

8.2.2 What we will achieve:

Our ambition is for more people in the City of London to have good mental health

We aspire for fewer people to develop mental health problems and for more people with mental health problems to be able to recover, have a good quality of life and a positive experience of care and support. We will keep people well through prevention and early support. People should be equipped with the tools to manage their conditions, with a focus on preventing relapse or escalation of existing problems.

We will better understand the needs of City workers and improve early identification of depression, anxiety and substance misuse. We need to encourage all City businesses to be great employers who are committed to the health and wellbeing of their workforce and provide support for workers with mental health problems.

⁷ (CHAIN database 2012/13).

We need to identify, assess and respond quickly to mental health issues amongst rough sleepers in the City, providing them with services that are compatible with lifestyles that may be chaotic and hinder engagement with standard treatment models.

We will respond effectively to people in crisis and prevent suicide where possible.

8.2.3 What we will do:

The City Corporation will work together with the City of London Police and City and Hackney CCG to deliver this priority. Action plans to increase the focus and strengthen our combined efforts to improve mental health and wellbeing in the borough will be developed in a number of key areas including:

- Work with commissioning partners to improve services in order to create a parity of esteem between mental health and physical health services
- Providing services and support to residents in their communities to overcome isolation, build resilience and increase social connections
- Promoting workplace mental health and wellbeing and improve employment outcomes.
- Deliver public mental health services that support early identification of mental health problems and improve early identification both through healthcare pathways and in our work with the community.
- Provide tailored support for people who are homeless or sleeping rough, taking into account issues such as ability to commit to treatment, chaotic lifestyles and dual diagnosis.
- Implement the actions on the Suicide Prevention Action Plan in partnership with the City of London Police to reduce suicide and attempted suicide and to respond effectively to people in crisis.

8.3 Priority 2: A healthy urban environment

8.3.1 Why this is a priority:

There is now strong evidence that the environment shapes health outcomes. A well-designed public realm with high quality green open space will encourage physical exercise, improve mental health and increase biodiversity. Spatial planning policy should be used to deliver improvements to health and wellbeing.

Poor air quality contributes to shortening the life expectancy of all Londoners, disproportionately impacting on the most vulnerable. Poor air quality exacerbates heart and lung conditions such as asthma and chronic obstructive pulmonary disease. Public Health England measures show that the City of London is the worst in the country for air quality with 8.4% of early deaths attributable to particulate matter in 2013.

The City of London inevitably experiences relatively high levels of noise and the City Corporation now receives around 1,100 noise complaints per year (up from around 750 per

year in 2011). Managing noise in the City is a considerable challenge due to density of development and the vast transport network. High levels of noise not only cause disturbance to residents in their homes, but can also disrupt business activity in the City and spoil the visitor experience. The City Corporation has a statutory responsibility to manage and minimise exposure to excessive and sometimes unnecessary noise.

Whilst gathering ideas from residents and workers in the Square Mile, a lack of green space, community space and space to exercise came up repeatedly as a health and wellbeing issue. The City of London has a network of gardens, churchyards, parks, plazas and highway planting, which are often smaller than 0.2 hectare but are intensively used. Green spaces can play a role in promoting healthy lifestyles, reducing stress and preventing illness and can also help with social inclusion by providing a space to socialise.

The condition, affordability and availability of the housing stock is a major influence on the borough's capacity to reduce inequality. Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home is associated with better health. The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller and overcrowding is an issue.

The City of London has a relatively high number of those killed and seriously injured on England's roads, (173 people from 2012-2014). This is a similar rate to other inner City London Local Authorities which have a high number of visitors each day.

Poor diets and poor nutrition are key contributors to overweight, obesity, and tooth decay. The local food environment plays as important part, as it affects food and alcohol availability and the ability to make healthy choices. Influencing the availability, presentation, and prices of healthier options can encourage consumers to reassess their preferences and make alternative choices. The City of London has a high proportion of food outlets however food prices are often extremely high, as retailers focus their business on attracting daytime workers rather than addressing the needs of resident families.

8.3.2 What we will achieve:

Our ambition is to create a healthy place for people who live, work in and visit the City of London.

We want health to be considered in all policy and decision making areas within the City Corporation. Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. HiAP is a response to a variety of complex and often inextricably linked problems, such as the increase in people living with chronic illness and long-term illness linked to our ageing society, growing inequality and health inequalities, climate change and the need for effective and efficient strategies for achieving society's goals with shrinking resources.

We will create a healthier environment with healthy food and drink options, particularly in those areas in which residents live and that are more deprived areas. We want to enable our residents and workers to make choices that will improve their health.

8.3.3 What we will do:

- Ensure health and wellbeing issues are embedded into the Local Plan and major planning applications
- Tackle unhealthy environments by delivering improved infrastructure for safe active travel and by providing easy access to healthy and affordable food in the local area
- Encourage retailers of healthy food in under-served, low-income neighbourhoods and/or to encourage existing retailers to offer more healthy products
- Introduce voluntary smoking bans in areas where more vulnerable people congregate for example outside schools
- Oversee the implementation of the air quality strategy and support the implementation of low emission neighbourhoods.

8.4 Priority 3: Effective health and social care integration

8.4.1 Why this is a priority:

The integration of health and social care services is a well-established principle as it provides a better patient and service user experience, more effective services and can contribute to financial savings.

The City Corporation already works in an integrated way across the health and social care system but there have been limitations to this in terms of organisational boundaries and legal frameworks.

With growing financial and service pressures at a time of rising demand in health services, NHS England published a five year plan to address some of the challenges arising from this and encouraged health and social care organisations to work more closely together to address them. This is set out in further detail in the local Sustainability and Transformation Plans and for City and Hackney and in the emerging locality plan.

Working more closely together can involve health and social care services commissioning or delivering services in new ways.

8.4.2 What we will achieve:

Our ambition is to ensure that the further development of integrated health and social care services reflect and meet City resident needs effectively.

8.4.3 What we will do:

- Work with City and Hackney and Tower Hamlets CCGs to promote City resident needs and ensure access to any emerging integrated service models for City residents
- Utilise opportunities such as the Better Care Fund to develop schemes which facilitate integration across health and social care for City of London residents
- Explore different and innovative ways of commissioning and delivering services.

8.5 Priority 4: Children have the best start in life

8.5.1 Why this is a priority:

Giving every child the best start in life was highlighted in the Marmot Review as the highest recommendation for reducing health inequalities. Prevention and early intervention in the first years of a child's life has a significant positive impact for a child's outcomes. It can break the links between early disadvantage and poor outcomes later in life such as emotional and behavioural difficulties, under-attainment at school, truancy and exclusion, criminal behaviour, drug and alcohol misuse, teenage pregnancy and the need for statutory social care. Early years are often called the foundation years because this is when behaviours are established that last well into adolescence and adulthood – these include oral health (e.g. tooth brushing habits are established by the age five years), dietary habits and disposition to physical exercise.

Babies generally receive a good start in life in the City of London: there is good breastfeeding uptake, low numbers of underweight babies' born and low numbers of women who are smokers at the time of birth. However, there is still room for improvement. National indicators show that child poverty in the City of London is still present and persistent in parts of the City. Official figures show 10.3 per cent of City children (under 16) were living in poverty in 2013. Data show that vaccination rates for MMR are below average compared to both

Nationally oral health has been identified as an issue for children's health. Public Health England's oral health survey shows that almost a quarter of children aged 5 years suffer from tooth decay and tooth decay accounts for a huge cost to health services.

The City of London Children and Young People's Plan includes the priority to improve physical and emotional health and wellbeing from conception to birth and throughout life which this strategy supports.

8.5.2 What we will achieve:

Our ambition is for every child to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

Every City of London baby will have the best possible health at birth, have good nutrition and maintain a healthy weight, be protected from ill health, injuries and physical and mental health problems and have a positive relationship with their parents

We will improve the environment in which children and young people live, learn, work and play so that our young people grow up in environments that are supportive to their health and wellbeing. This includes working with families to address and improve whole-family wellbeing. We want fewer children in the City of London to grow up in poverty.

8.5.3 What we will do:

We will act with partners to give all children and families the best start in life. This will include offering early help to have healthy lifestyles and good physical and mental health, integrating healthy behaviours into everyday routines to prevent problems at a later stage, and providing an ongoing and rounded offer of support once children leave school. Support is provided at this stage of life from maternity services, health visitors, GPs, children's centres and many others.

We will:

- Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources and promote to increase uptake
- Promote good oral health, particularly for those under 5 years old
- Work with the London Borough of Hackney to review our approach to childhood obesity and agree a revised strategy
- Ensure front line staff (health visitors, GPs, housing and children's services staff) are working together to support parents and to help parents to access employment, education and training opportunities (Make every contact count)
- Use the influence we have to increase the uptake of childhood immunisations to achieve herd immunity
- Involve children and young people in co-designing mental and physical health services to ensure they are relevant, convenient, acceptable and accessible for them
- Enable children and young people to monitor and find sources of support to improve and maintain their own health
- Develop an integrated health promotion offer for children and families focused on breastfeeding and good nutrition, oral health, play and physical activity, immunisation and tobacco free homes
- Close the gap in outcomes for children and young people in vulnerable groups.

8.6 Priority 5: Promoting healthy behaviours

8.6.1 Why this is a priority:

Smoking: Guidance from the National Institute for Health and Care Excellence (NICE) states that tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year.

The 2016 City of London Health Profile shows that adult smoking is slightly better (lower) than the England average for residents; although it is known that smoking levels are higher

in Portsoken ward than the rest of the City. Amongst City workers smoking levels are known to be higher than the general population due to the stressful nature of their jobs and the predominance of white males. A survey of City workers in 2012 reported that 24.7% of respondents were smokers, representing approximately 91,000 people. This was above the average for both London (17%) and England (20%).

Alcohol: NICE advises that alcohol consumption is associated with many chronic health problems including psychiatric, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer. Alcohol is also linked to a number of social problems, including recorded crime assaults and domestic violence.

The 2016 City of London Health Profile shows that hospital admission for alcohol related harm are better (fewer) than the England average. The 2012 report 'insight into City drinkers' found that nationally around one in four people (24.2%) drink at increasing or higher risk levels. Amongst the sample of 740 City workers the figure was closer to one in two (47.6%).

Drugs: Being dependent on a drug can lead to physical illness, mental health problems, relationship problems and financial difficulties. The age profile and stressful nature of jobs puts City workers at higher risk of drug misuse. Rough sleepers in the City of London also have high needs relating to alcohol and drugs.

Sexual health: HIV prevalence in the City of London is the third highest of all London local authorities, (after Lambeth and Southwark) at 12.78 per 1,000 of the population age 15-59. This is much higher than the regional (5.85) and national (2.22) averages. GUM attendances by those recorded as City of London residents are amongst the highest in London and the country, with over 2,100 attendances in 2015/16. There have been increases in diagnoses of Sexually Transmitted Infections in the City of London over the last five to six years for all of the 5 major STIs. It is likely that some of these attendances and STI diagnoses are attributable to City workers who are using a business postcode for extra anonymity when accessing sexual health services

The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services. A key strand of this transformation is the establishment of a new sexual health e-healthcare service that allows service users to order testing kits online and receive results by text message, email or post. The City of London has accepted a formal request from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, to take the Lead Authority role for this new service for London.

8.6.2 What we will achieve:

Our ambition is for partners to work together to reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London with a reduction in the associated health inequalities, crime and disorder.

We intend for fewer people in the City of London to start smoking or become dependent on drugs and alcohol. We will help more people to quit smoking, leading to fewer people with smoking-related health conditions and fewer smoking-related hospital admissions.

We want to see a reduction in the number of City workers who smoke or are dependent on alcohol or drugs. Positive messages about the benefits of not smoking and reducing alcohol will be communicated by all Health and Wellbeing Board partners. Employers will be engaged to break the culture of risk taking behaviours amongst their employees.

8.6.3 What we will do:

Addressing alcohol and drug misuse, particularly among the working population is a challenging issue for the City of London.

- Raise awareness of the harms caused by alcohol, promote lower risk drinking and encourage a healthy approach to alcohol
- Implement smoke free policies across the estates of Health and Wellbeing Board member organisations
- Extend smoke free zones to more parks and public areas
- Identify and support prevention projects aimed at families and young people
- Support smokers to quit using the full range of new technologies available
- Work with Business Healthy to engage employers to break the culture of risk taking behaviours amongst their employees
- Participate in cross-borough activity to better understand use of illegal tobacco and reduce its supply
- Expand our prevention work in schools, including independent schools within the City boundaries and work more extensively with voluntary and community groups
- Work with our commissioned service to ensure workers with drug or alcohol issues are referred to services in their home boroughs
- Increase the number of women who are able to access LARC
- Increase access to STI testing using new technologies.

9 Delivering the strategy

We are committed to achieving our aims for health and wellbeing in the City over the next three years. We will focus on strong partnership working to join up health and social care, evidence-based commissioning to deliver effective services and listening to the views of service users to ensure that they are being supported to achieve the best outcomes.

The strategy will be supported by a delivery plan and accompanying indicators that will be refreshed annually. This will be governed by the City of London Health and Wellbeing Board, who will measure and monitor progress. Progress on the indicators will be brought to the Health and Wellbeing Board every 6 months.

9.1 The Role of the Health and Wellbeing Board

To support the delivery of the priorities the Health and Wellbeing Board will:

- Bring partners together to ensure more joined up working, leading to improved access and better outcomes for residents
- Ensure the skills needed to identify, refer and support people with mental health needs are embedded in Board members organisations and across the health and care system
- Monitor and hold to account partners across the health and wellbeing system for improvements in timely access to effective help and support, with a focus on recovery
- Use its influence to advocate change in the perception, understanding and response to mental health conditions, addressing stigma and discrimination
- Lead and champion these changes, identifying new ways and opportunities to drive positive changes in outcomes and experience across partner organisations, with a key focus on addressing inequalities
- Champion early identification of those who are affected by drug and alcohol problems, by connecting people to the right support at the right time
- Lead by example of a major employer in the City of London through a workplace of health and wellbeing amongst staff
- Actively engage businesses and other organisations in the City to become healthy employers
- Engage senior leaders across the health and social care system and champion the importance of early help and support during the start of a child's life and its contribution to outcomes later in life
- Agree Better Care Fund Plans and monitor their impact
- Consider any plans for integration which could potentially impact on City residents to ensure that their needs are met
- Consider the integration of health and social care services in their assurance of other plans and strategies.

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Committees	Dated:
Health and Social Care Scrutiny – For Information Community and Children’s Services – For Decision Health and Wellbeing Board – For Information Policy and Resources – For Decision	1 November 2016 18 November 2016 25 November 2016 15 December 2016
Subject: Integrated Commissioning for Health and Social Care	Public
Report of: Director of Community and Children’s Services	For Information
Report author: Ellie Ward, Community and Children’s Services	

Summary

The NHS is facing growing financial and service pressures at a time of rising demand. NHS England published a five-year plan to address some of these challenges and encourage health and social care organisations to work more closely together to address them.

Local areas are required to produce Sustainability and Transformation Plans (STPs) that set out how organisations will work together at a local level to meet the challenges set out in the plan. This includes looking at transforming services and using resources differently. Although local authorities are part of the plans, their budgets are not included in the overall budget total for STPs. However, some of the service changes proposed through STPs could have an impact on adult social care services and their funding, for example an increased focus on preventative services or providing more care based in the community rather than in hospitals.

The City of London Corporation is part of the North East London STP, which includes eight local authorities, seven Clinical Commissioning Groups (CCGs) and three acute hospital providers.

London Borough of Hackney and City and Hackney CCG had already proposed a devolution pilot, which is now reflected in the STP. The pilot is about exploring the delegation of powers to a local level relating to estates, licensing powers to support public health and prevention and the development of models for integrated commissioning.

London Borough of Hackney is exploring the development of an integrated commissioning model to better align work across local commissioners – CCG, social care and public health – and promote joint planning to improve outcomes. If this

proceeds, a similar model of integrated commissioning will need to be developed for the City of London Corporation.

This would be built upon a pooled budget of funding from the CCG and the City of London Corporation, governed by an Integrated Commissioning Board and bound by a legal agreement. A steering group across the CCG, the City of London Corporation and London Borough of Hackney has been established to explore what the operational models for this might look like.

This paper sets out an analysis of the opportunities and risks of the proposed integrated commissioning model and seeks Members' agreement to explore development of this model for the City of London Corporation, with further detail and legal implications to follow in a future report.

Recommendations

Members are asked to agree to:

- explore development of a single integrated health and social care commissioning model for the City of London with City and Hackney CCG, subject to further detail and due diligence
- explore entering into a pooled budget with City and Hackney CCG
- receive a further, more detailed report and make a final decision on the proposed arrangements in early 2017.

Main Report

Background

Health and social care services in the City of London

1. Adult and children's social care services are provided and commissioned by the City of London Corporation and are mainly based on resident population. Public health services are partly commissioned by the City of London Corporation and partly in partnership with London Borough of Hackney. While most public health services are based on resident population, some are also commissioned for City workers.
2. There is one GP practice in the City of London – The Neaman Practice, which is part of City and Hackney Clinical Commissioning Group (CCG). The majority of City residents are registered with this practice, but approximately 25 per cent of residents on the eastern side of the City are registered with practices in Tower Hamlets, part of Tower Hamlets CCG.
3. CCGs commission acute and secondary care health services for the people registered at their GP practices. This includes elective hospital care, community health services and rehabilitation, maternity and mental health services.

4. City and Hackney CCG commissions Homerton University Hospital to provide acute and community services to its registered population. It also commissions acute care for City patients registered at The Neaman Practice from University College London Hospitals (UCLH) and Barts Health. Enhanced primary care services are commissioned from the City & Hackney GP Confederation. This includes wound and dressing care, phlebotomy, management of people with long-term conditions, identification of and support for vulnerable families and a proactive home visiting service for frail elders. The Neaman Practice is a member of the GP Confederation.
5. The integration of health and social care services is a well-established principle as it provides a better patient and service user experience, more effective services and can contribute to financial savings. The City of London Corporation already works in an integrated way across the health and social care system, but there are limitations in terms of organisational boundaries and legal frameworks.
6. The number of older people in the City of London is set to increase in the coming years. Greater London Authority (GLA) population projections show that over the next five years the older population (over 65s) is set to increase by between 4 and 5 per cent each year from 1,530 in 2017 to 1,839 in 2021. This is likely to create increased demand for health and social care services in the future.

Health and social care in context

7. The NHS is facing growing financial and service pressures at a time of rising demand. The NHS *Five Year Forward View*, published in October 2014, is set in this context.
8. It sets out a new shared vision for the future of the NHS, emphasising the need to move to place-based systems of care where organisations collaborate and use their resources collectively to meet the needs of the local population in the most appropriate and effective way. It also explores the challenges to be addressed in the NHS around finance and efficiency, improving the health of the population and providing quality care.

Sustainability and Transformation Plans

9. In December 2015, NHS England required local areas to produce five-year Sustainability and Transformation Plans (STPs) to outline how local areas proposed to meet the challenges set out in the *Five Year Forward View*.
10. A total of 44 areas were identified as geographical 'footprints' on which the STPs are being developed, with an average population size of 1.2 million. The City of London Corporation is part of the North East London STP. This includes eight local authorities, seven CCGs and three acute hospital trusts (Homerton University Hospital NHS Foundation Trust, Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust).
11. Although Homerton University Hospital and City and Hackney CCG have been in a more robust financial position, Barts Health and Barking, Havering and

Redbridge CCGs are experiencing significant financial issues this year and going forward.

12. Latest planning guidance from NHS England states that all STP footprints will have a single 'system' budget for their areas made up of the operational budgets for each organisation in the footprint. The guidance says that funding can be moved between organisations by agreement provided the overall budget total does not change. This poses a potential risk where funding from local organisations may have to be used to support other organisations in the system that are experiencing financial difficulties.
13. Local authority and partnership support has to be evidenced in the STP. Although local government social care budgets are not included in the STP, it should be noted that the service transformation proposed in the STP could have an impact on social care and its funding. This includes an increased focus on preventative services or a greater move towards more care based in the community rather than in hospitals.

Locality plan

14. STPs are high-level plans looking at which services can be best organised and delivered across the system in North East London rather than including all local issues.
15. CCGs and their partner local authorities are developing two to five-year plans to address local issues highlighted in local Health and Wellbeing Strategies, as well as contributing to delivering the wider STP ambitions. This allows City of London specific priorities around social isolation, the health of workers and cross-boundary issues to be reflected in the locality plan.
16. In order to develop the locality plan, the CCG has developed a joint planning programme with local authority social care commissioners and public health commissioners. This explores where there could be more collaboration and alignment of approaches and contracts to improve outcomes for patients and service users and deliver the STP ambitions.

Devolution pilot and integrated commissioning

17. Separately to the STP, the London Borough of Hackney and City and Hackney CCG, along with local health providers, were approved as a devolution pilot, allowing them to explore the delegation of powers to a local level to better support the achievement of plans. This aims to accelerate the transformation of the local health and care system in Hackney so that it is financially and clinically sustainable and provides improvements in health, care and wellbeing outcomes. Because the CCG covers both Hackney and the City, the City of London Corporation and the CCG have been working closely to ensure that the pilot also brings advantages and improved outcomes to the City.
18. The devolution proposal committed to exploring joint commissioning between the CCG and the local authority social care and public health functions. A

commitment has been made to explore this for the London Borough of Hackney. As the City of London Corporation is not part of the devolution pilot, the CCG is keen to establish a similar arrangement with the City of London Corporation to mirror the arrangements in Hackney to ensure an equitable approach across the CCG area.

19. The joining together of commissioning between health and social care is known as integrated commissioning. It aims to remove organisational barriers, develop more joined up plans and commission integrated services that benefit patients and service users. It supports an approach of moving to contracting for outcomes and commissioning providers to work together across organisational boundaries. Many organisations in health and social care are already working in this way.

Current Position

Proposed integrated commissioning model

20. City and Hackney CCG has proposed an integrated commissioning model for the City of London built on the pooling of health, social care and public health funding into one budget that is consistent with the Hackney devolution pilot. The detailed scope of the funding and governance arrangements to be included in the model would need to be agreed by Members at a later date. The CCG is keen to have this model in operation by April 2017, but the City of London Corporation can agree phasing of the model in a way that works best for the Corporation.
21. It is proposed that there would be separate pooled budgets between City and Hackney CCG and the London Borough of Hackney and between City and Hackney CCG and the City of London Corporation.
22. The pooled budgets would be legally agreed through a Section 75 (s75) agreement (NHS Bodies and Local Authorities Partnership Regulations 2000), which allows health and local authority funding to be pooled. In effect, this ring-fences the funding for the services set out in the agreement.
23. It is currently proposed that an Integrated Commissioning Board would be set up between the City of London Corporation and the CCG (the London Borough of Hackney would have its own board) to make decisions on the use of the pooled budget. The board would include City of London Corporation Members and CCG Board Members. Each year, the City of London Corporation and the CCG would agree the make-up of the pooled budget and what decision-making would be delegated to the Integrated Commissioning Board. To maximise improvements for local people and better support the alignment of service delivery and contracting, the Integrated Commissioning Board could also provide a steer on all health and social services planning not otherwise included in the pooled budget.
24. A steering group has been established with the CCG to explore what a model could look like and how any risks would be mitigated should a decision be made to proceed with the model.

25. The steering group is committed to a gradual development of the proposal rather than a “big bang” on 1 April 2017 to ensure stability and minimise risk. The group has also agreed to define monthly gateways over the rest of 2016/17 to help maintain momentum and allow partners to confirm that they remain comfortable in proceeding with the development of the model.
26. At this stage the integrated commissioning arrangement would only cover NHS services for patients registered at The Neaman Practice. However, discussions with other CCGs about joining the pooling arrangements could occur in 2017/18 once a model is in place.
27. This paper seeks agreement from Members to explore the development of this model for the City of London Corporation. Further detail on governance and the financial framework for the model would be brought back to Members at a later date.

Options

28. The two main options are to enter into a single integrated commissioning model with City and Hackney CCG or not. An analysis of the two approaches is set out below.

Entering into an integrated commissioning model

29. This model offers a number of potential opportunities for the City of London Corporation. It would provide:
- a City of London-based model responsive to City of London needs
 - a dedicated focus on City residents and their needs with an identified health budget separate from the budget for Hackney
 - more integrated services for most City of London residents, reducing current complexities
 - governance arrangements that give the City of London Corporation equal representation with City and Hackney CCG
 - a more direct line between the ambitions of the Health and Wellbeing Board and how these are delivered locally
 - separate pooled budgets that would provide protection from City funds being lost in a larger pooled budget across the City and Hackney or being drawn into broader financial issues across North East London. Integrated contracting and procurement models should result in more efficient delivery and offer the opportunity of longer-term cost savings
 - more aligned plans across the CCG and City of London Corporation to allow the two organisations to make the best use of their budgets and powers to secure improved outcomes and more joined up services.
30. There are also some potential risks associated with this model:
- The integrated budget would only cover residents registered with The Neaman Practice (part of City and Hackney CCG). The existing issue of linking up with Tower Hamlets services and other providers would remain.

However, discussions could take place about extending the scheme across other CCGs once any arrangements had been set up.

- The issue of City workers would need to be addressed. The City of London Corporation has public health responsibilities for this group but City and Hackney CCG does not.
- There would be a potential loss of direct control over some of our social care and public health budgets, although the scheme of delegation for the Integrated Commissioning Board would address this possibility.
- The CCG funding within the pooled budget would be higher than that from the City of London Corporation.
- Appropriate disaggregation of funding and savings made from the CCG for City residents would be necessary. The CCG is keen to ensure a clear City budget but recognises it will be difficult to get this right on day one given the need to disaggregate existing contracts. Therefore, agreement would be required that the pooled budget could be reviewed in the light of experience.
- The impact of managing and resourcing additional governance structures would need to be addressed.

Some services would still need to be jointly commissioned with the London Borough of Hackney and governance arrangements would need to be put in place to oversee this.

Not entering into an integrated commissioning model

31. Not entering into an integrated commissioning model would ensure that the City of London Corporation keeps sole control of its own social care and public health budgets but there are risks with this approach:

- Wider reconfiguration of health services in North East London could impact on City residents with less opportunity to influence change. An integrated commissioning model could mitigate against this risk.
- No further integration of services and continued complexity of offer for all current City residents and service users.
- Hackney devolution likely to continue and alternative arrangements for the City put in place unilaterally.
- Loss of focus on the City of London Corporation as a stand-alone entity and a missed opportunity to plan together for the City.
- Reputational risk if the City of London Corporation is not seen as supporting devolution initiatives in line with good practice.
- Potential loss of a local commissioning focus if health and social care integration is focused on the wider STP footprint.
- Exclusion from more innovative ways of commissioning and delivering services.

Proposals

32. This report recommends Members give approval to explore development of a single integrated commissioning model with City and Hackney CCG. This approval will be subject to further discussion and agreement about the details of the agreement.

33. Entering into a single integrated commissioning model offers the City of London Corporation the opportunity to:

- commission more integrated services to residents, ensuring a better patient experience
- have a bespoke City of London-focused commissioning model for health and social care
- be in line with current best practice and direction of travel.

34. Although there are potential risks for the City of London Corporation in adopting this model, further discussions about the governance arrangements and financial framework will provide the opportunity to mitigate the risks in line with the proposed gateway approach to developing the model.

35. There has been some successful joint commissioning between the City of London Corporation and Hackney previously. This latest project represents an evolution and, subject to joint governance being managed, the joined up service should increase efficiency.

Corporate & Strategic Implications

36. KPP3 of the Corporate Plan focuses on engaging with London and national government on key issues of concern to our communities such as transport, housing and public health. This includes the NHS and public health reforms.

37. Health and social care integration is an action of the Department of Community and Children's Services Business Plan.

38. Health and social care integration is a priority in the Joint Health and Wellbeing Strategy.

Implications

Financial Implications

39. Entering into any kind of pooled budget arrangement exposes the City of London Corporation to a level of inherent financial risk that would otherwise not exist, particularly around City funds not being used for the purposes and outcomes desired by the City or the City becoming liable for the financial obligations of others. To mitigate these risks, the City of London Corporation would enter into a formal s75 agreement and supporting financial framework. These would clearly set out the scope of the pooled budget, ground rules for its use and treatment of overspends, as well as address how conflicts in budget-setting priorities would be settled.

40. The Integrated Commissioning Board would only be able to operate within the scheme of delegation agreed by the City of London Corporation and the CCG as both would retain ultimate statutory responsibilities. The budget and approach would need to be negotiated and agreed each year to reflect changing

circumstances. Ensuring that the proper governance and reporting arrangements are also in place will be a key consideration.

41. If the City of London Corporation were to become the host partner for the finances of the whole pooled budget, it would potentially be exposed to a further level of risk in terms of becoming accountable for a much larger sum of funds from the CCG than the amount currently invested. The VAT implications for the City of London Corporation would also need to be assessed. In addition, there would be a significant resourcing issue with regard to servicing the monitoring and reporting of such a pooled budget.
42. This will be explored by the steering group. The CCG has committed to provide additional funding to the City of London Corporation to support the finance function in such an eventuality.

Legal Implications

43. This report seeks Members' agreement at this stage to explore the development of an integrated commissioning model between the City of London Corporation and City and Hackney CCG. Once exploration has taken place and further information has been gathered from the parties involved, a second report will be presented to Members. At that stage, it will be possible to provide full detail on any legal implications involved.

Conclusion

44. The context for commissioning health and social care services is changing in response to increasing financial pressures and rising demand.
45. City and Hackney CCG has proposed to develop an integrated health and social care commissioning model with the City of London Corporation. This would bring together health and local authority funding from adult social care and public health and jointly deliver locally agreed priorities, which would be set out in a legal agreement.
46. This paper recommends to Members that the City of London Corporation agree to explore the development of an integrated commissioning model with City and Hackney CCG. Although there are some potential risks, there are also a number of opportunities. Further discussions around governance and the scope of local authority funding contributed to the pooled budget would aim to mitigate some of these risks.

Appendices

None

Background Papers

None

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Committee	Dated:
Community and Childrens Services Grand Committee Health and Wellbeing Board	14 October 2016 25 November 2016
Subject: The City and Hackney Safeguarding Adults Board Annual Report 2015-2016 presented by Dr Adi Cooper Independent chair of the CHSAB and Paul Griffiths, CHSAB Manager.	Public
Report of: Director of Community and Children's Services	For Information
Report author: Marion Willicome-Lang Community and Children's Services	

Summary

The City and Hackney Safeguarding Adults Board has produced its annual report for 2015/16, which covers the first year of statutory operation under the Care Act 2014. This is also the first report of the Independent chair Dr Adi Cooper.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

- The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership of statutory and non statutory organisations , looking to represent health , care and support providers across the City of London and London Borough of Hackney.
- The work of the board is driven by its vision that in the City and Hackney, “people should be able to live a life free from harm in communities that are intolerant of abuse and know what to do when it happens”
- The CHSAB has three core duties under the Care Act 2014 that it must fulfil in order that it meets its main objective which is to ensure that partners safeguard adults with care and support needs in the City and Hackney;

- To develop and publish a strategic plan setting out how this objective will met and how partners will contribute.
- To publish an annual report .
- To commision Safeguarding Adults Reveiws (SARS)

4.The CHSAB have proposed four principles which underpin all its work:

- All learning will be shared learning
- To promote a fair and open culture
- To understand the complexity of local safeguarding needs
- To continuously improve the skill base of staff .

5. In order to prepare its annual report for 2015-16, the City and Hackney Safeguarding Adults Board (CHSAB) requested contributions from all partner agencies. Agencies were asked to respond to four questions:

- What has your agency undertaken to meet the CHSAB Principles?
- What difference has your agency made to improve the safeguarding of adults and in promoting their welfare?
- How does your agency evaluate its effectiveness and what evidence do you have?
- How has your agency challenged itself and others to improve safeguarding arrangements? What were the risks and impact of your challenge?

6.The City of London co-ordinated a response, submitted on 6th May 2016, to reflect the work of its Adult Social Care (ASC) team and City specific partner agencies.

7. The full City of London submission is contained within the report, pages 26-34

8.There are five sub groups in addition to the Board and the executive group. They are :

- The Training and Development subgroup
- The Quality Assurance subgroup
- The SAR and Case review sub group
- The Communication and Engagment sub group
- COL Adult Safeguarding sub committee

9.The City of London Adult Safeguarding sub committee consists specifically of agencies working in the square mile. The sub committee provides a clear recognition of and focus on safeguaring arrangments in the city , enabling communications with the full CHSAB, and is a means of developing a city focused adult safeguarding in line with thr CHSAB's priorities.

10. It was agreed in 2015/18 that Dr Cooper would chair the subcommittee in 2016/17.

Corporate & Strategic Implications

- Safeguarding is a Corporate and Departmental priority. Safeguarding is an issue for the corporate risk register and therefore the actions outlined above mitigate that risk. The delivery of this work also contributes to the fulfilment of the Department's Business Plan commitments.

Conclusion

The Annual Report illustrates that Safeguarding Adults Boards have operated on a statutory footing for the first time under the Care Act 2014 from 1st April 2015. The CHSAB this year have undertaken significant work to ensure that it has fulfilled its statutory responsibilities and established a firm platform for continuing to do so.

Appendices

- Appendix 1 – CHSAB Annual Report 2015-2016

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Committee	Dated:
Health and Wellbeing Board	25 November 2016
Subject: Update on the procurement of sexual health services	Public
Report of: Director of Community and Children's Services	For Information
Report author: Farrah Hart, Consultant in Public Health,DCCS	

Summary

The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services.

This report considers two strands of the London Sexual Health Transformation Programme:

- the procurement of a London-wide e-healthcare service for sexual health testing; and
- the North Central London procurement of clinic-based sexual health services, of which Hackney and the City of London form a single distinct lot

The City of London has accepted a formal request from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, to take the Lead Authority role for the proposed new sexual health e-healthcare service for London. This was agreed by the Chairman and Deputy Chairman of the Health and Wellbeing Board, with endorsement from the Town Clerk, the Director of Community and Children's Services and the Director of Public Health.

The City of London is also currently involved in the process of procuring a new sexual and reproductive health service which will cover the geographical area of Hackney and the City of London. This is part of the London-wide transformation of clinic-based sexual health services.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. All local authorities are mandated to provide open access sexual health services to their residents. This includes HIV prevention and sexual health promotion, open access genito-urinary medicine (GUM) and contraception services for all age groups. It does not include treatment of HIV in people who have been diagnosed (which is commissioned by NHS England), and does not include termination of pregnancy (which is commissioned by Clinical Commissioning Groups (CCGs)). The open access model means that City residents can access GUM services across the country and the City of London Corporation is required to reimburse providers from the ring-fenced Public Health Grant. The cost of providing sexual health services is increasing each year; whereas the grant allocation has reduced sharply, with further cuts due for the next two years. The current situation is financially unsustainable.
1. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years. HIV, Sexually Transmitted Infections (STI's) and abortions are significantly higher in London than national averages, and there are significant differences and inequalities within London.
2. Despite the older age profile of City residents, rates of STI diagnoses are reported as very high for our population. Genito-urinary sexual health services (GUM) attendances by those recorded as City of London residents are extremely high, with over 2,100 attendances in 2015/16. It is likely that some of these attendances and STI diagnoses are attributable to City workers who are using a business postcode for extra anonymity when accessing sexual health services.
3. The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services. Currently each London borough provides its own service to residents in relation to sexual health. This means that there are a multitude of providers providing the same services across the 32 London boroughs and the City, with all the duplication of costs this entails.
4. Most sexual health testing services are not currently digitalised so users/residents are required to attend surgery or their local clinics in order to be tested. This has the result of putting more strain on services
5. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together. The London Sexual Health Transformation Programme aims to transform the way sexual health services are provided in London. The Programme aims to deliver high quality, innovative, equitable and accessible services that can meet the sexual health challenges we face now and in the future, and which reflect the expectations of service users and the technology they use.

6. 27 boroughs and the City are working together on a sub-regional basis for clinical service transformation, and across London for on-line sexual health services, including access to HIV/Sexually Transmitted Infection (STI) self-sampling kits. This collaborative working between local authorities across London is unprecedented, and represents a step change in the way services will be designed and delivered.
7. This report considers two strands of the Transformation Programme:
 - a. the procurement of a London-wide e-healthcare service for sexual health testing; and
 - b. the North Central London procurement of “terrestrial” sexual health clinics, of which Hackney and the City of London form a single distinct lot.

e-healthcare service

8. A new e-healthcare service will be implemented, whereby symptomless people can order a STI testing kit online, which will be posted to them using a number of different address options (for example, they may not wish the kit to be posted to their home address). They can collect their own samples, and return the kit via post. They then receive their test results via text message, email, or via another medium of their choice, within a few days. This type of kit is a much cheaper and more accessible way for people to get tested regularly without having to visit a specialist clinic.
9. Unless the tests are returned positive, there is no further involvement by the provider other than to notify the patient of a negative result. If the tests return positive results, then a personal meeting is arranged at any of the agreed partner locations (walk in clinics, some chemists and GP’s surgeries) and a regime of assistance to the patient is provided.
10. The e-service will therefore deliver an efficient virtual service by:
 - a. Ensuring there is a single point of information and signposting for London residents to sexual health services
 - b. Ensuring that residents who are seeking HIV and STI testing can access self-sampling services easily and safely without needing to attend a clinic, with appropriate risk assessment
11. The boroughs participating in the e-healthcare service procurement are: Barnet, Brent, Camden, Ealing, Enfield, Hackney, Hammersmith & Fulham, Havering, Haringey, Harrow, Islington, Kensington & Chelsea, Kingston upon Thames, Merton, Newham, Redbridge, Richmond, Tower Hamlets, Waltham Forest, Wandsworth and Westminster. Additionally, Barking and Dagenham, Bexley, Bromley, Croydon, Lambeth, Lewisham and Southwark are named in the OJEU notice, but may not be ready for service in year one.
12. The City of London Corporation was formally requested to take the Lead Authority role for the proposed new sexual health e-healthcare service for London. This request came from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, and

was agreed by the Chairman and Deputy Chairman of the Health and Wellbeing Board, with endorsement from the Town Clerk, the Director of Community and Children's Services and the Director of Public Health.

13. This means that the City will hold and manage the contract with the e-services provider on behalf of London. As part of its duties as accountable body, the City will be required to design and recruit a team to undertake the required project delivery functions. It is acknowledged that these duties should come at no extra cost to the City, and that the City's additional costs will be recuperated from the participating Boroughs. There will be a formal partnership agreement between the boroughs to outline responsibilities and obligations of all participating authorities.

14. It is anticipated that the e-healthcare service will "go-live" in July 2017. The procurement process is currently underway, with the City of London represented on the assessment and moderation teams.

North Central London procurement of Genito-Urinary Medicine (GUM) and Sexual and Reproductive Health (SRH) Services

15. The North Central Sub-region comprises of Islington, Camden, Barnet, Haringey, Hackney and the City of London. For procurement purposes, this area is split into two areas – with Lot 2 comprising Hackney and the City of London. The North Central London procurement of integrated sexual health services is currently underway. This procurement forms part of the London-wide transformation of clinic-based sexual health services.

16. Sexual health clinics are currently used for a variety of purposes, but the main activities are:

- Testing for STIs
- Contraception (including Long Acting Reversible Contraception (LARC)) and emergency contraception)
- Treatment of symptomatic STIs
- Complex specialist treatment (eg, for pregnant women with STIs)

Testing

17. It is anticipated that the e-service will change the way sexual health services are provided, with more people choosing to go online for testing, and the clinics being more appropriate for those who already have symptoms or a positive result.

Contraception

18. Public engagement with users of sexual health services in Hackney and the City of London revealed that many local women choose to use sexual health clinics to get routine contraception, rather than going to their GPs. This works out as extremely expensive, particularly as GPs are already paid for dispensing some forms of oral contraception under their basic medical contract (GMS/PMS).

19. The more reliable forms of contraception, referred to as LARC (Long Acting Reversible Contraception) are not covered by the GP contract, and are instead commissioned by local authorities, from the public health budget. LARC can be fitted by some GPs, but not all, and so many women are choosing instead to go to a specialist sexual health clinic for LARC fitting.
20. The public health team is speaking to local GPs about how to encourage more women to use their GPs for obtaining routine contraception and LARC. We are also involving the City and Hackney Clinical Commissioning Group in these discussions. By enabling more women to access high quality contraception services through primary care, it will save money and further free up sexual health clinic capacity.
21. Hackney and the City of London currently host two highly specialist sexual health clinics and two clinics that can deal with routine and uncomplicated sexual health issues (which account for the majority of cases). The specification for Lot 2 requires that the new model only have one specialist centre, with remaining clinics providing more general/routine care. The specification requires that at least one clinic must be located within the City of London.
22. The procurement of sexual health services may have TUPE implications for current local providers, including Barts Health and the Homerton Hospital.
23. Sexual health services across Newham, Waltham Forest, Redbridge and Tower Hamlets are to be merged, with two new highly specialist sexual health centres to be located in Whitechapel and Stratford. These centres will continue to be open access, and will be conveniently located near transport hubs, meaning that City residents and workers will be able to easily travel to either of these sites in addition to the City and Hackney clinics.

Corporate & Strategic Implications

24. The programme of work described within this report supports the following strategic aim from the Corporate Plan: To provide modern, efficient and high quality local services, including policing, within the Square Mile for workers, residents and visitors.
25. Additionally, it supports the following Key Policy Priorities:
 - a. KPP2 Improving the value for money of our services within the constraints of reduced resources; and
 - b. KPP3 Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health
26. It also supports the following priorities from the Department of Community and Children's Services Business Plan:
 - a. Priority Two – Health and wellbeing: Promoting the health and well-being of all City residents and workers and improving access to health services in the square mile.

- b. Priority Five – Efficiency and effectiveness: Delivering value for money and outstanding services.

Implications

2. The Local Authority has statutory duties to take such steps as it considers appropriate for improving the health of the people in its area. This means that the public health grant needs to be spent as prudently as possible, in the context of the overall reduction in grant funding on improving the health of the population.
3. Some public health services are “mandated”: these include the requirement to provide, either directly or indirectly, open access sexual health services for treating, testing and caring for people with such infections.
4. In order to ensure adequate public engagement has taken place, a waiting room survey was conducted with sexual health service users in clinics across London, and a local survey has been conducted at St Bart’s and at 3 clinics in Hackney. Focus groups with local service users from City and Hackney have been conducted. City of London Healthwatch was consulted about the level of public interest in this issue, and has confirmed that it is currently low. An equality impact assessment has been completed for this piece of work, and is available on request.

Conclusion

27. By taking on the lead authority role for the sexual health e-healthcare service, the City of London Corporation is supporting the London-wide transformation of sexual health services, which presents an opportunity to reduce costs and improve outcomes for users of sexual health services across London.
28. The City’s own local services will be redesigned to meet the changing needs of service users, in tandem with the adoption of new technologies and new way of delivering services.
29. This collaborative working between local authorities across London is unprecedented, and represents a step change in the way services will be designed and delivered.

Appendices

- None

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Committee:	Dated:
Health and Wellbeing Board	25 November 2016
Subject: Special Educational Needs and Disabilities (SEND) Inspection Framework and CoL Draft SEND Strategy	Public
Report of: Ade Adetosoye, Director of Community and Children's Services	For Information
Report author: Pip Hesketh, Service Manager Education and Early Years	

Summary

The purpose of this Committee Report is to update Members regarding the publication of a new Ofsted/CQC Inspection Framework for the provision of Special Educational Needs and Disabilities (SEND) which was published in May 2016. This inspection framework has prompted an internal review of the current SEND Strategy and Policy (2013–17) which was ratified at Community and Children's Services Committee in July 2013.

The new inspection framework is an 'area' inspection with the local authority as the hub of each area. The Draft SEND Strategy, which is appended to this report, is aligned to the themes for inspection articulated within the newly published framework.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. The 2014 Children and Families Act introduced a number of reforms to the way children and young people and their families receive services to support them. The reforms brought about a cultural shift in which children and their families became the architects of the design and delivery of services available to them rather than recipients of them. It required the local authority and health services to place children and their families at the heart of planning and

provision for themselves and others, and introduced the Education Health and Care Plan, a multi-agency planning system for children and young people to replace the existing Statement of Special Educational Needs.

2. It also required:

- the increased engagement and participation of young people and families so that they have greater choice and control, are listened to and their concerns are resolved swiftly;
- a published Local Offer of support, services and provision, how to access it and how to raise concerns or seek redress;
- the use of effective practice, data and wider intelligence and independent assessment to drive improvement;
- clearly defined and understood roles and responsibilities;
- increased integration of services and joint commissioning across the local authority and Health providers.

3. There are currently 19 children and young people who have a statutory plan for support with their SEND needs in the City of London. They range from 5–24 years old. All of the children and young people are in receipt of full-time education or training and each of the schools/colleges is rated 'Good' or 'Outstanding' where they are subject to Ofsted inspection. Satisfaction rates are consistently high across children and family stakeholders. There are an estimated 250+ children receiving lower levels of support within City of London schools. The Strategy must address their needs too.

Current Position

4. The new inspection framework differs from others in that:

- it is an area-wide and joint inspection with the local authority considered to be the area 'hub' in each inspection;
- the partnership between relevant Clinical Commissioning Groups (CCGs) and local authority Children's Services is an important area of scrutiny;
- there are no judgements within the SEND Inspection Framework. Instead, inspections so far have recognised the journey of each local area and recommended next steps/areas for improvement;
- each local area is given five working days of notice for an imminent inspection.

5. The recently published SEND inspection framework has three main themes for inspection:

- early identification of need;
- assessing and meeting needs;
- impact of services on life outcomes.

6. The 2014 reforms call for co-creation of a strategy between partners and the inclusion of families at the heart of the team. The City of London Draft SEND Strategy is a preliminary draft which captures some of the needs and aspirations for the service based on a self-evaluation of services currently provided. Areas of strength and themes for improvement are identified within the Draft Strategy. The Draft Strategy is currently in circulation with key officers and partners for comment and contributions. The City of London is also participating in Tower Hamlets' and Hackney's work on SEND as many City children are educated in neighbouring boroughs.

Proposals

7. A programme of workshops and meetings with key partners is being delivered for the coming months to secure equal ownership of all parties. This includes:
- joint meetings with Tower Hamlets and City and Hackney CCGs;
 - multi-agency away-day (with parents and young people in attendance) to work through the Strategy and develop a new draft which comprehensively reflects current needs;
 - awareness-raising session at multi-agency forum;
 - a SEND Implementation Board which includes membership of young people with additional needs and parents;
 - communications work to raise the profile of work on SEND;
 - external audit of case files of children and young people with SEND;
 - mock SEND inspection through an external consultant.

Corporate & Strategic Implications

8. The work on SEND is high priority, high profile and subject to external scrutiny in the same way as safeguarding work is, although the inspection regime is less onerous and there is no judgement awarded to local authorities. The City of London will receive an area inspection at some stage over the next three years but the work towards excellence in outcomes remains core business within the delivery of the Children and Young People's Plan. The forthcoming inspection is a lever towards improving standards and achieving excellence.

Appendices

Appendix 1 – Draft SEND Strategy.

Background Papers

None.

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City of London

Draft Special Educational Needs and Disability Joint Strategy

SEND in the City of London – the local context

Around 300 children and young people receive some additional services through SEND (Special Educational Needs and Disability) Support because they go to school in the City (281 children in January 2016) or because they live in the City. A small number of these children and young people (19) have a statutory plan to support their needs. This is about 9% of the total number of children aged 0–19 years who either live in the City or go to school in the City.

The families of the children and young people who have statutory plans (including an Education Health and Care Plan, Statement of Special Educational Needs or Learning Disability Assessment) each receive tailored packages of support from a wide range of agencies. The children and young people themselves all attend school or college, most in a mainstream setting and all but two live at home.

All but one of the City of London's schools and early years settings are within the independent sector and there are no special schools in the City. This makes our children and young people and their progress less naturally visible to us than they might be, and makes direct conversations with them, the most important stakeholders, about how we should shape our services more challenging than it might be in other authorities.

The City's families live in two main locations, one towards the east in Portsoken and the other in the Barbican/Golden Lane area. Children and their families are supported with health services provided by either by the City and Hackney Clinical Commissioning Group (CCG) or by Tower Hamlets CCG. Families have very positive feedback about both services and there is no noticeable difference in health or other outcomes based on the CCG that serves them.

The number of City children subject to a statutory plan has increased by 35% within the last year whereas the percentage of pupils with SEND has remained stable across the rest of the country. There are two main contributory factors: schools and settings are developing skill and understanding in identifying needs; a number of children have recently moved into the City with SEND.

Small increases in the number of children have a disproportionate impact on the size of overall cohort in the City of London. Nonetheless, the increase is significant for the City of London and the volatility creates challenges in making sure services are well resourced.

How to use this strategy

The SEND Strategy sets out the City of London's ambitious vision for children and young people with SEND and describes the journey we need to make to achieve this. It follows the previous plan which is the SEND Strategy Action Plan (2013–2017). The strategy should be read alongside the 2016 SEND Self-Assessment and 2016 SEND Action Plan.

- The 2016 SEND Self-Assessment is a tool for us to know where we are on the road map, how far along the road we have travelled and how far we have to go.
- The 2016 SEND Action Plan sets out the things we need to do to if we are to achieve our vision.

How does this strategy fit with the work of the Corporation and its priorities?

The City's vision for children and young people is to ensure that:

"Every child and young person enjoys a safe and healthy lifestyle. They will be able to access a high-quality education provision to achieve their maximum potential in order to thrive in their community. They will be supported by a skilled and confident workforce."

The health, wellbeing and achievement of children and young people with special educational needs is a very high priority within the Children and Young People's Plan (CYPP) and within the Health and Wellbeing Strategy.

The CYPP priorities are as follows:

Priority 1 – SAFEGUARDING AND EARLY HELP

Children and young people in the City are seen, heard and helped, they are effectively safeguarded, properly supported and their lives improved by everyone working together.

Priority 2 – CLOSE THE GAP FOR VULNERABLE GROUPS

Every child and young person in the City has the right to educational attainment, participation, confidence, health and wellbeing. We identify and provide early support and help for particularly vulnerable groups in the City to ensure they are able to have every opportunity to succeed, regardless of their background.

Our vision

Our vision describes the way we want to be, now and in the future.

The City of London is a place where children and young people with special educational needs, disabilities, mental health conditions or other long-term medical conditions can **thrive**.

We identify developing conditions, difficulties and needs at the earliest stage and make it straightforward for children and young people's families to assess what help may be required.

We work seamlessly with our partners to provide high-quality, easily accessed services and opportunities that promote physical, mental and emotional wellbeing and development and break down the barriers that make achieving their hopes and ambitions hard.

Our children and young people are confident that they are highly valued, equal to all of their peers, and have high expectations for their futures.

Our children and their families know where to turn, what is available and how to get services for themselves or their children; they feel understood, involved and supported at all times.

Our children and young people with SEND have excellent long-term life outcomes. Each fulfils their potential and achieves their goals.

Where are we now?

The City of London is the smallest local authority area in London. Its population of children with SEND is also small and, partly because of this, our families have enjoyed well-resourced, tailored services and a stable team of professionals, some of whom have worked with the children and young people for many years. We are deeply committed to maintaining the quality of services and the strength of our relationships as we move forward and make improvements.

Across the country, SEND reforms which came into force in 2014 changed the expectations of children, young people, families and professionals about the way in which they should work together. The City was well placed to introduce these reforms as its small numbers lend themselves to close and harmonious working relationships between professionals and with families.

Since the introduction of the SEND reforms, the City of London has introduced a number of changes. All former Statements of Special Educational Needs have been transferred to Education Health and Care Plans with the full engagement of the children, young people and their families. All statutory assessments are completed within 20 weeks of commencement (the legal timeframe) compared with 59% nationally and 70% in London as a whole, and the City has completed the transfer of all Statements (of Special Educational Needs) to Education Health and Care Plans, well in advance of the national deadline of 1 April 2018. An Education Health and Care Plan has also been issued for a young person who previously had a Learning Difficulty Assessment. This was well in advance of the legal deadline.

Many of our schools and settings have been providing excellent services and support to children and young people with SEND and their families. City-wide SEND audits during the early part of 2016 confirmed this. We are not yet at a point where we can provide a City-wide picture of how all our children and young people with SEND are progressing or confirmation of the outcomes they are securing.

We need to understand much more about all of these children and young people to make sure they have the high-quality services they need and that they themselves are satisfied and know how to seek support and advice as needed. With no legal authority over most of our schools and settings, achieving this goal is highly dependent on the quality and effectiveness of partnership working in the City.

There is a very high satisfaction rate among our families, and most children and young people with an Education Health and Care Plan enjoy a comprehensive suite of services and feel they have their needs well met. Parents meet together with City of London officers regularly and children often come too. However, within parents' feedback there is a sense within a small number of families of reliance on the City, of 'not knowing what it is they don't know' and wanting to be able to find out more for themselves. We need to do more to make information accessible, to highlight opportunities and to facilitate participation to enable this.

The City of London's published **Local Offer** (everything that is offered to children and young people with SEND and their families at a local level) is factually accurate and has a comprehensive level of content but can be difficult to navigate and needs children, young people and their families to critique it and make it more attractive to use. More importantly we need our Local Offer to be designed by our children, young people and their families. To this end, we have begun work with our young people, put our services under their close scrutiny and asked for their help in redesigning the website.

The Local Offer can be found here:

<http://www.fyi.cityoflondon.gov.uk/kb5/cityoflondon/fyi/localoffer.page?familychannel=7>

Families tell us that they experience good multi-agency working. Often this means they have a close relationship with one agency or individual within an agency who then acts as a gateway for other agencies. However, working in partnership across agencies can have its challenges in the City. The City's children receive their healthcare services through either the Tower Hamlets CCG or the City and Hackney CCG, so the City of London's partnership with both CCGs is equally important. We need to do more to strengthen integration of services.

Because of the size of the City's resident population, joint commissioning activity needs to be reframed to specifically meet the needs of the City's children, particularly where there is a joint commission of services targeting large numbers of children across two boroughs. New governance arrangements and multi-agency participation at SEND Implementation Boards will create a new paradigm in which the voice of the *City* child is the first voice in all that we do.

We have recently established a multi-agency Transitions Forum within the City to make sure that young people who have received services as a child have their future needs as an adult assessed long before they become one. This enables a fresh assessment to be made in which the young person's needs are central, the securement of resources, continuity of service where required, and an early introduction to any new professionals and services before the current ones stop supporting the young person and their family.

The legal framework

The Children and Families Act, 2014 has established a clear programme of SEND reforms which have made best practice in services a set of robust requirements:

- a person-centred, joined-up approach to identifying and meeting the needs of children, young people and their families;
- increased engagement and participation of young people and families so that they have greater choice and control, are listened to and their concerns are resolved swiftly;
- a published Local Offer of support, services and provision, how to access it and how to raise concerns or seek redress;
- the use of effective practice, data and wider intelligence and independent assessment to drive improvement;
- clearly defined and understood roles and responsibilities;
- increased integration of services and joint commissioning across the LA and Health.

This legislation sits in the context of the **Equality Act 2010**

Public bodies must adhere to the General Duty and the Specific Duties of the Equality Act 2010.

General Duty

In the exercise of functions, due regard must be given to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims/arms of the general equality duty.

Due regard for advancing equality involves:

- removing or minimising disadvantages suffered by people due to their protected characteristics;
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Specific Duty

- Information about how disabled people have been involved in its development.
- The authority's methods for undertaking impact assessments.
- An action plan setting out the steps it will take to meet the general duty.
- Arrangements for gathering information on the effect of the authority's policies and practices on disabled people.
- Arrangements for using this information, including reviewing the effectiveness of the action plan and preparing subsequent disability equality schemes.

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Our priorities

The priorities for this strategy are:

Early identification of need

- Equipping professionals with the skills and knowledge to recognise needs early, know what resources are available, what process to follow and provide support and advice to families from the outset.
- Helping our families to know how to access services independently, make a contribution and challenge our thinking.

Assessing and meeting needs

- Timely, skilful and multi-disciplinary assessments of need leading to ambitious and meaningful plans.
- Gathering benchmarking data across all schools and settings to compare the educational and other outcomes for children and young people with SEND and developing action plans as required.

Improving long-term outcomes and creating an area-wide impact

- Securing excellent long-term life outcomes through challenge, support and opportunity.

Communication and engagement

- Communication and engagement with children, young people and their families; making sure their voices are the first voices in everything we do.
- Getting to know the children who don't have a plan – listening to their expert views, giving them a leading role in the way we do things.
- Providing a rich information and guidance resource for children, young people, their families and professionals.

Working in seamless partnership

- Working in seamless partnership across agencies to create a suite of joined-up services that can be easily understood and navigated.
- Introducing mechanisms to better co-design our services with our children and young people and empowering them to shape their own futures and the future of our services.

Removal of barriers to participation

- Working with all major stakeholders within the City of London to actively remove barriers to participation, including physical barriers, informational, communicational or attitudinal.
- Supporting families creatively with short breaks that increase children and young people's opportunities.
- Mystery shopping venues and building a reliable information bank of accessible venues and activities.

Quality assurance

- Developing new governance arrangements to evaluate the quality of services.
- Inviting our families to hold us to review their services, set the agenda and hold us to account.
- Regularly seeking third party review.

Each of these priorities is the subject of a separate workstream which reports into a main SEND Delivery Board. Parents and children are participants in each workstream and are also represented on the Board.

Priority 1 – Early identification of need

At the start of 2016, we conducted SEND audits to find out more about the quality of services across the City's educational and early years settings. Most audit reports show positive work and good levels of skill and understanding. In March we commissioned an Area SENCo to work in all early years and educational phases and regardless of legal status. Since that time, specialist advice through the Area SENCo has been provided at all schools and settings and sponsorship to enable school/setting-based SENCo staff to qualify has been provided. Targeted training in identifying SEND has been provided for all schools and settings.

City of London Early Help Services bring professionals from all agencies together regularly to discuss early identification of need and strategies to support families and children. This is known as the MARF (Multi-Agency Referral Forum). With such a small cohort of children this allows partners to work seamlessly together and agree the right package of support.

A new year-long programme for the under-fives – 'Little Movers in the Big City' – is being delivered across early years settings which develops gross and fine motor skills towards accelerated and improved cognitive development. One of the aims of this programme is to identify the signs of need through the course of the year.

Web pages for professionals that provide specialist advice and training, access to policies and strategies, changes in legislation and updates on performance will be rolled out during 2016/17. Online SEND training resources including videos are currently being developed for City early years and education professionals.

Priority 2 – Assessing and meeting needs

Most children and young people with additional needs (93%) in the City are supported through SEN Support which is provided directly by their school or early years setting. When a child or young person is identified as having an additional need that requires specialist input, resources or support, and following an assessment, they are often entitled to an Education Health and Care Plan (EHC Plan) which sets out the services that have to be provided for them. At the heart of this Plan are the child's or young person's own wishes. The Plan is reviewed every year to make sure that, as things change, the Plan reflects this. The law sets out some timeframes for assessing children and young people's needs and then reviewing them. The City of London exceeds these legal requirements as is shown in the Self-Assessment. But there are bigger challenges which go beyond statutory duties and take us on a path to outstanding services.

We want to be fully confident that all children and young people who might need a statutory EHC assessment are receiving one. To gain this confidence, we need to work closely with the independent schools and settings as well as our one maintained school to build skill expertise and understanding in SEND and how to commission an assessment.

We also need to up-skill parents to learn more about the assessment process, who to contact and how to get support. We want all EHC Plans to genuinely reflect children and young people's wishes and aspirations and to hear first-hand if things are not working for them or they want things done differently. A new programme of work to speak directly with children and young people began in August 2016 which includes one-to-one engagements with children and young people with EHC Plans.

We know a lot about the progress and achievements of the children with SEN Support at Sir John Cass Primary School but very little about those at the independent schools. We want to know how they fare when compared with their peers and whether there are services we could provide to support them.

Periods of transition can be bumpy, whether that's transition to school or through different phases through a school career. We want to plan well for changes so that the transition times are smooth.

If and when a child or young person's needs change, we need to be able to step up or step down services, provide additional support or resources

Priority 3 – Improving long-term life outcomes

Planning early for and with our children and young people is critical to securing high-quality life outcomes. We need to encourage our children and their families to be ambitious, set challenging goals and aspire to great futures. As professionals, we need to wrap around the goals and put things in place that make those aspirations a reality for every child.

Every young person is entitled to have their transition to adulthood supported through an assessment of their needs in which their voice is clearly heard and their wishes are paramount. The package we will consider includes:

- advocacy
- independent travel training
- work experience
- training/FE/HE education options
- career coaching
- independence skills training
- personal budget
- longer-term need for adult services.

If we want our children and young people to have high aspirations, we must be ambitious for them; we need to broker opportunities that change their horizons, and build their confidence to fully participate in the activities that they find fulfilling. And we must never lose sight of the fact that there are many aspects other than disability status that make up social identity – we need to enable our children to celebrate all of them.

Priority 4 – Communication and engagement

Our work on communication and engagement is far reaching. It encompasses:

- providing accessible information for our children, young people and families;
- providing a forum for families to come together with each other and the professionals working on their behalf – to have an active and productive dialogue in the interests of improving the quality of services;
- enabling children and young people to have a voice through advocacy, through membership of the SEND Implementation Board, through video diaries and mystery shopping;
- enabling parents and families to use alternative services to communicate with the City of London or their CCG through KIDS Mediation Service.

Families

Families of children and young people with SEND tell us they are generally very satisfied with the services they receive. Most of those we've spoken to tell us they have everything they need and some say that they haven't had to think about what they needed, it was just all arranged for them, with agencies working well together. However, a small number of families say that they have found it difficult to know what else is available (other than the services that they are offered). Others commented that they wanted their child to be able to participate more in social activities and that the City play facilities are not all accessible.

Children and young people

Across the partnership, we meet with our children and young people regularly. We understand their views about their own needs and the way they are met. But so far our conversations with children, young people and their families have been focused on those children who have had a statutory Plan. We know much less about the views of those children and young people who have additional needs but who do not meet the thresholds to have a Statutory Plan.

During 2016/17, we want an active dialogue to build with these young people. Engagement through video booths (similar to those used in the popular TV show *The X Factor*) which will be located at four City schools in September starts off this programme. Young people with SEND will be asked questions about their priorities, their views about services they already receive and those that they would like to have when using the video booth.

Children and young people will be central to strategic planning, prioritising through advising each working group of the SEND Implementation Board, and the Board itself. Mystery shopping of City of London services, facilities and opportunities, which has begun already, will become a key element of the way we quality assure our work. Advocacy services will be offered to all children and young people with SEND as a matter of course.

Local Offer

The City of London has a published comprehensive 'Local Offer' which comprises all the services, facilities and opportunities available to children and young people with SEND and their families. We want the next development of the Local Offer to be an offer shaped by our children and their families, in which their voice is loud and strong. Work during 2016/17 will see a complete overhaul of the SEND Local Offer web pages as a consequence.

Priority 5 – Working in seamless partnership

Our children with EHC Plans and their families tell us that on a personal level they do not experience any gaps or barriers between services provided by different agencies. On a practical level, City children and families do receive the full complement of the services they require and express a high level of satisfaction with them.

One of the challenges the City faces is that its families receive services from the City of London for early years, education and children's social care but health services come from either Tower Hamlets CCG or City and Hackney CCG. This means our shared strategies need to align with two CCGs and in both, the City has far fewer children than the other authority with which it shares services.

Going forward, the City and its CCG partners will work on new strategies together from the outset and devise strategies and services that are targeted specifically for City children and their needs.

Health Service information will play a more prominent role on the City's Local Offer web pages as well as signposting assistance about which CCG to contact.

The SEND Implementation Board is designed to be jointly owned with partners and in particular the CCGs and this strategy is a joint strategy, owned by all.

Priority 6 – Removal of barriers to participation

A child with SEND is a child first with many aspects to their identity, their own hopes and dreams and a need to develop as an individual. We are committed to making sure that our children and young people are able to access all the opportunities that are available to their peers, and to participate in society on their own terms. This means we must reduce and remove barriers to their participation where they exist. These barriers may be:

- physical – services/facilities are not made sufficiently accessible to be able to be used;
- communication/informational – methods of communication are not accessible, including accessing enough information about accessible services;
- attitudinal – other people's attitudes, their limited understanding of people's needs and/or poor training make participation difficult or impossible.

Over recent years, because of the requirements of the Disability Discrimination Act 1995 and then the Equality Act 2010, awareness of what barriers are has increased a great deal. Many barriers have already been removed and accessibility has improved because of this understanding. The confidence of disabled people to participate has perhaps not increased at the same rate and there is a gap between the steps already taken and genuinely equal participation. We need to close that gap.

Our families and the young people themselves tell us they find it difficult to socialise in the City. They feel there are too few children with SEND for them to have a sense of belonging and that there isn't enough for children and young people to do, particularly older children. We must change this.

Steps to take are:

- identifying what steps remain to remove barriers created by organisations or individuals;
- working with our families with children with SEND and in particular the children and young people themselves to mystery shop City of London facilities to understand their real experiences and what can be improved;
- working with partners and providers to understand the user experience and increase opportunity to participate;
- focusing our attention on the 'whole child', exploring the things they want to do and see, and how they wish to develop so that we can find activities, groups and opportunities that match;
- building confidence in participation by phased introduction to new activities and opportunities.

Priority 7 – Governance

The small number of children with SEND in the City of London means that the teams of professionals who support them and their families know them very well indeed and some have worked with them for much of their lives. The partnerships between multi-agency professionals are also very close and positive. This makes good governance very important.

The progress of all children and young people with SEND is reported to the Children's Executive Board which meets on a six-weekly cycle. As we learn more about the children receiving SEN Support in City Schools, their data will be included in this reporting.

There are forums which meet regularly where children and young people are the main focus of discussion.

Targeted Education Resources Panel (TERP)

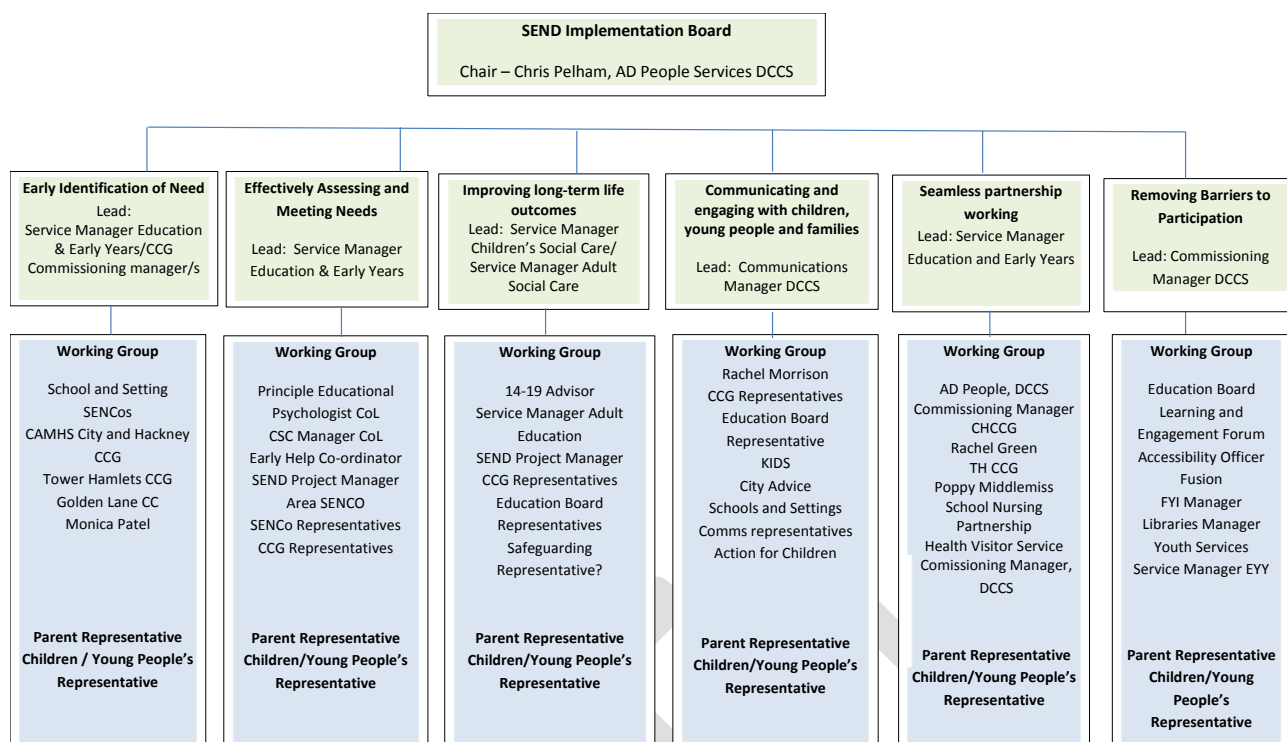
This is a panel of multi-agency professionals who consider cases for allocating financial and other resources to support individual children and young people. This panel considers requests for assessment for an Education Health and Care plan. All applications for places at an independent special school are also discussed here as well as applications for short breaks or requests for additional specialist educational support. Not all requests made to the panel are for resources for children with SEND but most are. The Panel is chaired by the Service Manager Education and Early Years. The Panel makes recommendations to a Resourcing Board chaired by the Assistant Director People from the Department of Community and Children's Services and is attended by the Lead Member for Community and Children's Services periodically.

Transitions Forum

This Forum looks closely at the transition of vulnerable children to adulthood. On a case-by-case basis, the Forum discusses the needs of those young people becoming young adults and evaluates their need to continue to receive services in adulthood. At the heart of this assessment are the wishes of the young person themselves. The Forum is chaired by the Service Manager for Education and Early Years.

Work with children and young people with SEND is also reported on regularly at the Early Help Sub Group, the City and Hackney Children's Programme Board (CCG) and the Mental Health Programme Board (CCG) and the Health and Wellbeing Board.

The new SEND Implementation Board, which is shown in the structure below, is designed to manage the workstreams in this strategy. Each workstream is led by a senior manager from one or more agencies, and the Board itself which oversees the workstreams is chaired by the AD People Services. Crucially, parents and young people are part of each workstream and the main board. The structure is shown below.



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Committee:	Date:
Health and Wellbeing Board	25 November 2016
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information
Report Author: Jessica Walsh, Graduate Trainee, 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 included are:

- Healthwatch report
- Safer City Partnership
- City LivingWise
- Air Quality Update
- Mental Health event
- Health and Wellbeing Members Development Day
- Adult Wellbeing Partnership 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 Report

- 2.1 Annual Conference Oct 2016 – The Healthwatch City of London annual conference took place on 7 October 2016 at the Dutch centre. There were 85 attendees including residents and patients that use services from Barts Health NHS Trust, service providers, City of London Corporation staff, City Workers and

representatives from Barts Health Trust who gave presentations and answered questions. Stalls held included the Macmillan, City Advice, local Healthwatch, Prostate Cancer UK, Alzheimer's Society, City of London Carers Network, City & Hackney CCG and the City of London Corporation. A full report on the event is available on request.

2.2 City Health Directory – City Health Directory was transferred from Toynbee Hall to City of London Healthwatch as per the original specification and went live at the beginning of January 2016. A comparison of our Google Analytics data to the data collected from Toynbee Hall in 2015 showed there has been an 84% increase in page views, 72% increase in sessions and 74% increase in users since this time last year. The most viewed pages are minor injuries walk in clinics, A&E and the CityHealth home page.

2.3 The Cancer care and support workshop – The Cancer care and support workshop took place on 9th August 2016 in response to comments received about the perceived lack of support available particularly between first diagnosis and start of treatment and when the all clear is given. The workshop was attended by a mixture of patients, carers and professionals. The overwhelming response was that although there is a very wide range of information and leaflets available in the Macmillan Information Centre – patients, carers and the public were not aware of them. Healthwatch will therefore be working with Macmillan and the cancer unit to look at ways to overcome this.

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

3. Safer City Partnership

3.1 16 Days of Action - To raise awareness of domestic abuse in the City of London, the Community Safety Team, the Department for Community and Children's Services, Human Resources, City of London Police and Victim Support along with other local services will be coming together to deliver a joint campaign for 16 Days of Action. Targeting four areas for engagement – internal staff in the Corporation, Police and Health services, City residents, City workers and local partners –will showcase how we respond to domestic abuse. Making it clear how people can get help if they, or someone they know, is experiencing domestic abuse will be their priority along with making sure all staff know how to respond operationally to safeguard victims, and their children, if someone makes a disclosure.

Contact Robin Newman, Domestic Abuse Co-ordinator & Community Safety Officer, 0207 332 1639

3.2 Hate Crime - The Community Safety Team (CST) supported National Hate crime awareness week which ran from the 8-16 of October providing awareness

sessions to Corporation staff and engaging with residents at Golden Lane Community Centre and Artizan Street Library and Community Centre. The Team also developed materials to improve awareness with residents and staff and are finalising an e-learning programme on hate crime for Corporation staff. CST are working with CEJI (Centre Europeen Juif d'Information) and their Project "Facing Facts" to provide training to police and Corporation officers who deal directly with the public on how to improve recording of Hate Crime.

3.3 Anti-Social Behaviour Reporting and Training - The Community Safety team has produced a new protocol on recording incidents of anti-social behaviour, domestic abuse and other related incidents. This is to help provide a minimum standard in the recording of incidents, improve case management, identify potential vulnerabilities and ensure the most effective use of potential legal remedies. To support implementation the CST and Housing team provided a training session on 27 September. This made use of external expertise and was well received by those who attended.

3.4 Prevent - There have been no Channel referrals since the last SCP meeting. The Community Safety Team has been working with City of London Police Prevent Officers to progress the Workshop Raising Awareness of Prevent (WRAP) training. Prevent sessions for Corporation staff will be held on 21 November and 12 December. In 2017, CST will be working on making WRAP available on e-learning for Corporation staff while still targeting key teams and departments for face to face delivery.

3.5 Residents Engagement - The Community Safety team will be taking part in a scheduled event for residents of the Middlesex Street estate on 9 November. This will be the first of a planned series of engagement events focussed on those living on City estates.

3.6 City Community Multi-agency Risk Assessment Conference (CCM) - The CCM is a partnership conference that looks at high risk or persistent victims or perpetrators of crime or anti-social behaviour that falls outside any other partnership meeting thresholds and has a focus on reducing harm and problem solving. The CCM started in February 2016 this year and has met 7 times to date. The CCM membership includes representatives from City of London Police, Corporation Community Safety Team, Social Services, Housing, Public Protection and others. So far this year 35 cases have been brought to the CCM, 8 of them being City residents (including those who are street homeless). Of particular interest to the Health and Wellbeing Board will be that a number of cases have related to incidents of repeated suicide attempts or risk of suicide incidents.

3.7 Forthcoming Activity - Christmas 2016 will see the CST working with City of London Police, Greater London Authority (GLA) and the London Ambulance Service (LAS) to support this year's Christmas campaign with a focus on encouraging people to take simple steps such as eating sensibly, moderating their alcohol consumption, looking after their belongings and planning their journey home to help enjoy themselves. Results from last year show the campaign was well received and LAS data suggests it may have assisted in

reducing call outs. CST are also working with the City of London Police to establish an Alcohol Recovery Centre in the City for peak periods in the run up to Christmas and to help reduce acquisitive crime, particularly theft from bags and coats. In the New Year, the CST will be developing a communications plan with targeted campaigns, building on national work wherever appropriate, to maximise existing resources and capacity. This is an area where better co-ordination across the Corporation, CoLP and other partners could provide real benefits.

Contact: David MacKintosh, Community Safety Manager, 020 7332 3848

4. City LivingWise

- 4.1 Reed Momenta won the recent tender for the new Health Checks, weight management and physical activity service, now branded as City LivingWise, and commenced service delivery on the 24 October 2016. Services include: NHS Health checks (Primary care and community delivered), free NHS Health checks for 40-74 year olds, exercise programmes, development of a free personal exercise programme with advice based on your health and lifestyle and lifestyle weight management and 12 week weight management course designed by experts to support sustainable weight loss.

Contact Officer: Emma Goulding, Commissioning and Contracts Officer, 020 7332 3223

5. Air Quality Update

- 5.1 Annual Status Report - The City Corporation has a statutory obligation to submit an annual status report to the Mayor of London and the government. The report must outline progress with actions within the strategy and provide details of any air quality monitoring undertaken. This report was submitted in July 2016. The annual status report details progress with actions in the City Corporation air quality strategy, including a three year engagement programme with Barts Health NHS Trust, Mansell Street residents air quality monitoring programme and the idling engine action days. The City Corporation has been awarded Cleaner Air Borough status by the Mayor of London as a result of its commitment to improve air quality as detailed in the 2016 annual status report. The report highlighted that air quality is improving in the City of London, particularly in areas away from busy roads. This is set to continue with the work being implemented by the City Corporation and the Mayor of London's new proposals to improve air quality, on which there is currently a consultation ending on 18 December 2016.

Contact Officer: Ruth Calderwood, Air Quality Manager, Port Health and Public Protection, 0207 332 1162

- 5.2 The Air Quality Supplementary Planning Document (SPD) – The City Corporation have produced their first SPD for air quality with guidance from the Greater London Authority (GLA). The Air Quality SPD provides guidance for developers

on the implementation of air quality policies in the City Corporation's Local Plan 2015. With reference to the Air Quality SPD, developers can minimise the negative impact of developments on local air quality and therefore the health of residents, workers and visitors in the Square Mile. The Air Quality SPD also supports the City Corporation's statutory obligations to assist the Government in meeting air quality Limit Values for nitrogen dioxide and fine particles and responsibilities for improving public health.

Contact Officer: Kelly Wilson, Technical Officer – Air Quality Team, 020 7332 3619

6. Mental Health Event

6.1 The Mental Health Event - A Mental Health Event for City residents and workers took place on 10th October 2016 to coincide with World Mental Health day. The event was held in conjunction with Healthwatch and took place at the Artizan Street Library and Community Centre. It featured presentations from City and Hackney Mind on the 5 ways to wellbeing and the East London Foundation Trust on Mental Health services in the City. The Corporation used this opportunity to engage and consult with participants on their Mental Health Strategy and Action Plan. The feedback received will be used when refreshing the action plan next year.

Contact Officer: Tizzy Keller, Policy Support Officer, 0207 332 3223

7. HWB Members Development Day

7.1 Development Day - Members of the Health and Wellbeing board attended a development and consultation session on 26th October 2016. A presentation was given by the Local Government Authority (LGA), who advised on the role of Health and Wellbeing boards and barriers and drivers to effective Health and Wellbeing working. Poppy Middlemiss (Strategy Officer) delivered a presentation on the Health and Wellbeing strategy and engaged with members to discuss what the key priorities are for the City. The discussion and feedback from this session has been used to determine the focus and priorities of the new Joint Health and Wellbeing Strategy.

Contact Officer: Tizzy Keller, Policy Support Officer, 0207 332 3223

8. Adult Wellbeing Partnership (AWP) Update

8.1 The AWP was established in October 2014 to provide strategic leadership, direction and oversight of improving adult wellbeing in the Square Mile and is accountable to the Health and Wellbeing Board. The Partnership specifically provides scrutiny and challenge on initiatives and programmes that deliver adult wellbeing in the Square Mile. Over the last six months, the partnership focussed on some of the developments in the integration of health and social care and considered how these could best work for City of London residents.

8.2 This has included input into the integration agenda and raising the City perspective on a range of developments and schemes such as One Hackney and City (integrated care pilot), the Hackney Devolution proposal, the NEL Sustainability and Transformation Plan and CCG proposals for integrated commissioning. The partnership has also commented on the social isolation strategy, carers' strategy action plan, monitored the Better Care Fund through quarterly returns and reviewed the Care Navigator programme's progress. The mental health strategy action plan was agreed by the Partnership and it will play an on-going monitoring role for actions related to adults.

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