



Health and Wellbeing Board

Date: FRIDAY, 27 JANUARY 2017
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL.

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

Co-opted
Member: Paul Haigh

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

**Lunch will be served in the Guildhall Club at 1pm.
N.B. Part of this meeting may be the subject of audio visual recording.**

**John Barradell
Town Clerk and Chief Executive**

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 1 - 6)
4. **PRESENTATION: END-OF-LIFE CARE**
To receive a presentation from Marion Willicome-Lang, Adult Social Care.

For Information
5. **PRESENTATION: NOISE STRATEGY**
To receive a presentation from Jon Averbs, Director of Port Health & Public Protection.

For Information
6. **CITY OF LONDON NOISE STRATEGY 2016 - 2026**
Report of the Director of Markets and Consumer Protection
The appendix associated with this report has been circulated via email.

For Information
(Pages 7 - 10)
7. **ANNUAL REPORT OF THE CITY & HACKNEY SAFEGUARDING CHILDREN BOARD**
Report of the Independent Chair, City and Hackney Safeguarding Children Board.

For Information
(Pages 11 - 14)
8. **SUICIDE PREVENTION ACTION PLAN ANNUAL UPDATE**
Report of the Director of Community & Children's Services.

For Decision
(Pages 15 - 32)
9. **JOINT HEALTH AND WELLBEING STRATEGY**
Report of the Director of Community & Children's Services.
The appendix associated with this report has been circulated via email.

For Decision
(Pages 33 - 36)
10. **NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**
Report of the Director of Community & Children's Services.

For Information
(Pages 37 - 50)

11. **HACKNEY DELEGATED PRIMARY CARE COMMISSIONING**
Report of the Chief Operating Officer, City and Hackney CCG
For Information
(Pages 51 - 74)
12. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Director of Community & Children's Services.
For Information
(Pages 75 - 82)
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
15. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non Public Reports

16. **UPDATE ON CONTRACT DELIVERY WESTMINSTER DRUGS PROJECT**
Report of the Director of Community & Children's Services.
For Information
(Pages 83 - 88)
17. **AWARD OF THE LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME E-HEALTHCARE SERVICES CONTRACT: REQUEST FOR DELEGATED AUTHORITY**
Joint report of the Chamberlain and Director of Community & Children's Services.
For Information
(Pages 89 - 94)
18. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND WELLBEING BOARD

Friday, 25 November 2016

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

Present

Members:

Deputy Joyce Nash (Chairman)
Gareth Moore (Deputy Chairman)
Ade Adetosoye
Jon Averbs
Dr Penny Bevan
Paul Haigh
Karina Dostalova
Glyn Kyle
Dr Gary Marlowe
Simon Murrells
Jeremy Simons

Officers:

Natasha Dogra	-	Town Clerk's Department
Neal Hounsell	-	Community & Children's Services Department
Farrah Hart	-	Community & Children's Services Department
Poppy Middlemiss	-	Community & Children's Services Department
Sarah Thomas	-	Community & Children's Services Department
Ellie Ward	-	Community & Children's Services Department
Sukhjot Gill	-	Community & Children's Services Department
Tirza Keller	-	Community & Children's Services Department

1. APOLOGIES OF ABSENCE

Apologies had been received from Nigel Challis and Dhruv Patel.

**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.

Matters Arising:

The Board were informed that signs had been erected close to stairwells in Guildhall under the StepJockey initiative informing City Corporation staff of the number of steps and calories which would be burned from using the stairs. A Board Member asked Officers to investigate whether these signs could be placed in other Corporation buildings. A Board Member also highlighted that he

had requested Officers to look into the possibility of staff using the swimming pool at the City of London Boys School.

4. **PRESENTATION: WESTMINSTER DRUGS PROJECT**

The Committee received a presentation regarding the Westminster Drugs project, focussing on the improving the health of residents and workers in the Square Mile. Members noted that services offered included smoking cessation and e-cigarette pilot schemes. Accessibility to pharmacies and the relationships with independent pharmacies remained good.

Board Members were mindful that e-cigarettes must be welcomed cautiously as a tool of smoking cessation. This was due to the lack of research into the effects of e-cigarettes. Members agreed that although using e-cigarettes was better than smoking, it was yet to be determined how much better it was. The Board noted that smoking cessation also targeted the daily habits of smokers which led to them smoking. Through the various phases involved it was hoped that the habits leading to smoking would be broken, thus resulting in the user smoking less or not at all.

Resolved - that the presentation be received.

5. **DRAFT JOINT HEALTH AND WELLBEING STRATEGY**

The Committee noted the development of the draft City of London Joint Health and Wellbeing Strategy, which was required of local authorities by the Health and Social Care Act 2012.

The draft strategy set 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 were;

- 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.

In response to a query, Officers agreed to highlight that the Board supported the work being done in relation to air quality and the noise strategy within the Joint Health and Wellbeing Strategy. Board Members agreed that the strategy should be sent to all Members of the Court of Common Council with a covering note from the Chairman to ensure that all Members were sighted on the City's Health and Wellbeing Strategy.

Resolved – that Members endorsed the report for public consultation.

6. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**

The Board noted that the NHS was 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 were 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 Board noted that the City of London Corporation was part of the North East London STP, which included 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 was 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.

Members noted the opportunities and risks of the proposed integrated commissioning model and agreed that it was a timely opportunity for the City Corporation.

Resolved – that the report be received.

7. CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The Committee noted that the City of London Safeguarding Adults Sub-Committee, now chaired by Dr Adi Cooper, provided greater understanding and accountability on the part of officers and partners as to their responsibility to safeguard adults in the City of London, and acts as a sub-group of the main board. This is an important conduit to cascading messages from the CHSAB and a means of developing a City-specific work plan in line with the board's priorities. City of London Adult Social Care (CoLASC) sits on this sub-committee and provides regular practice updates and performance data, which are open to challenge, scrutiny and learning. The Director of Community and Children's Services and Assistant Director (People) sit on the CHSAB. The AD sits on the CHSAB Executive Board and chairs the SAR sub-group. The ASC Service Manager and Team Manager sit on the SAR and Learning and Development subgroups.

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

Members noted that the Safeguarding Adults Board comprised of 20 members who ranged from health professionals, service users, police officers, housing

officials, local authority Members and lay members. The Committee suggested that in future the annual report should include the complete membership for the information of Members.

Resolved – that the update be received.

8. **UPDATE ON THE PROCUREMENT OF SEXUAL HEALTH SERVICES**

The Board noted that the transformation of sexual health services in London presented an opportunity to reduce costs and improve outcomes for users of sexual health services. Members considered 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 was 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 was part of the London-wide transformation of clinic-based sexual health services.

Resolved – that the report be received.

9. **SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION FRAMEWORK AND COL DRAFT SEND STRATEGY**

Members were provided with an update 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 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 was an 'area' inspection with the local authority as the hub of each area. The Draft SEND Strategy was aligned to the themes for inspection articulated within the newly published framework.

Resolved – that the strategy be received.

10. **UPDATE REPORT**

Officers updated Members on 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

Resolved – that the update report be noted.

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

There were no questions.

12. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

Members of the Board noted that the Sustainable City Awards had been modified following comments and feedback from the City Corporation. Members were happy to take part in the judging of the awards and anyone interested in serving on the panel would contact the Town Clerk.

The Director of Public Health informed the Members that...

13. EXCLUSION OF PUBLIC

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

14. BI-ANNUAL PERFORMANCE REPORT

The Board noted the annual performance data for 2015/16 and quarter 1 data for 2016/17 across a range of agreed key performance indicators.

Resolved – that the update be received.

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

There were no questions.

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

There was no urgent business.

The meeting ended at 12.45 pm

Chairman

Contact Officer: Natasha Dogra tel.no.: 020 7332 1434

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Committee(s)	Dated:
Port Health and Environmental Services Health and Wellbeing Board Planning and Transportation	24 th January 2017 27 th January 2017 7 th February 2017
Subject: City of London Noise Strategy 2016 - 2026	Public
Report of: Director of Markets and Consumer Protection	For Decision (PHES) For information (HWB) For information (PT)
Report author: Rachel Sambells, Pollution Control Team Manager	

Summary

The City of London Corporation published its first Noise Strategy in 2012. The Strategy, approved by the Port Health and Environmental Services Committee on 1st May 2012, expired in 2016.

A Noise Strategy for 2016 to 2026 has been produced and is appended to this report. It contains 67 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 Noise Strategy will help ensure that the City Corporation fulfils its statutory obligations for managing and minimising exposure to excessive noise. It also reflects 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.

Recommendation(s)

I recommend that your Committee approves the proposal set out in paragraph 12 that the attached Noise Strategy (Appendix 1) be approved and published subject to any comments received at your meeting.

Main Report

Background

1. Noise can have short and long term effects on health e.g. annoyance, sleep disturbance, interruption of speech and social interaction, disturbance of concentration (affecting learning and long-term memory), and hormonal and cardiovascular effects.

2. The City Corporation has a statutory responsibility to manage and minimise exposure to excessive and sometimes unnecessary noise, whilst ensuring that the City can continue to function as a modern world-class business centre.
3. In 2012, the City of London produced an innovative strategy outlining its approach to fulfilling its statutory obligation to manage and mitigate excessive noise. The strategy made recommendations for improving the way that the City controls noise and made proposals for protecting and enhancing areas of relative tranquillity.
4. The strategy considered four key areas: mitigating noise from new developments; reducing noise from transport, servicing and street works; dealing with noise complaints and incidents; and protecting and enhancing tranquil areas, reflecting the concerns of residents, workers and visitors to the City of London.
5. The strategy balanced the needs of the Business City (particularly construction sites) and the City Corporation to undertake noisy works, with the expectations of residents and neighbouring businesses who wish for disturbance to be minimised. In particular, City Corporation officers gave consideration to balancing the authority's statutory noise responsibilities and traffic management needs in relation to minimising disruption from streetworks and the extent to which City night time activities, such as deliveries, refuse collection and street cleansing have been facilitated.
6. An update on the actions of the Noise Strategy 2012 to 2016 was presented to your committee on the 19 June 2015 and a further update on these actions is included as an appendix to the refreshed Noise Strategy 2016 – 2026.

Key Policies and Proposals

7. The City of London Noise Strategy brings together and updates policies and programmes that are already in place to manage and mitigate noise. In particular, the Noise Strategy will help deliver one of the key themes of the Local Plan to “protect, promote and enhance our environment” whilst contributing to the wider policy context of maintaining a world class city that supports our diverse communities and remains vibrant and culturally rich.
8. There are 67 actions contained within the strategy that are divided into the following five key policy areas:
 - Background and evidence base
 - New developments
 - Transport and streetworks
 - Dealing with noise complaints and incidents
 - Protecting and enhancing the acoustic environment and soundscape.

9. The Noise Strategy encourages a new approach to the management of “soundscape” (the aural equivalent of “landscape”) in outdoor spaces and hybrid indoor-outdoor places in the City. The strategy outlines support for measures to promote iconic sounds, lost and disappearing sounds, wanted sounds, added sounds, sound walks, and sound art installations. We will also continue our ongoing initiative regarding the identification of relatively tranquil areas in the City and the development of policies to protect and enhance these spaces. We will be seeking opportunities to encourage both new and existing partners to support soundscape initiatives.
10. The strategy reflects the concerns of residents, workers and visitors to the City who have previously been interviewed and consulted about the City’s acoustic environment. We will continue to seek feedback and hope to undertake a further survey to monitor the success of the measures we are implementing. It is our intention that the policies and actions proposed will help to ensure that the City Corporation fulfils its statutory obligations for noise management, as well as seeking to improve the health and well-being of the City’s residential and business communities.
11. This revised draft strategy ensures that the City of London’s approach continues to be suitable and appropriate for a world class City.

Proposals

12. I propose that the attached Noise Strategy be approved and published, subject to any comments received at your meeting.

Financial Implications

13. Work related to ‘Dealing with noise complaints and incidents’ contained within the strategy will be funded using existing resources from within the Port Health and Public Protection Service. Assistance will be required to implement actions relating to ‘new developments’ and ‘Transport and Streetworks’ from the Department of Open Spaces and the Department of the Built Environment (DBE).
14. Opportunities for collaboration, funding and grants will be sought for project work and to encourage both new and existing partners in supporting soundscape initiatives to fulfil the actions in Chapter 5, ‘Protecting and enhancing the acoustic environment and soundscape’.

Corporate and Strategic Implications

15. The work on noise sits within Strategic Aims 1 and 2 (SA1) (SA2) and of the Corporate Plan: ‘To support and promote The City as the world leader in international finance and business services’ and ‘To provide modern, efficient and high quality local services, including policing, within the Square Mile for workers, residents and visitors’..

Consultees

16. Consultation has been carried out internally (Open Spaces, Department of the Built Environment, Town Clerks and Comptrollers, Director of Public Health and the Director of Children and Community Services) and the results of this have been considered in this draft.
17. The strategy has undergone full external consultation e.g. residents, businesses, City stakeholder groups, neighbouring boroughs and consultation comments have been incorporated into the final strategy where appropriate. An analysis of this feedback is attached in Appendix 2.

Conclusion

18. The City Corporation has produced a refreshed and updated Noise Strategy to meet the statutory responsibility to manage and minimise noise exposure to excessive noise, whilst ensuring the City can continue to function as a modern world class business centre. Subject to comments received at your meeting, the Noise Strategy will be published.

Background Papers:

The City of London Noise Strategy 2012 to 2016
Report on Enhanced Working Hours for Street works in the City - Port Health and Environmental Services Committee November 13 2012
Report on Mitigation of Environmental Impacts from Developments - Port Health and Environmental Services Committee April 30 2013
Report on Noise Service Delivery Policy/Noise Complaint Policy - Port Health and Environmental Services Committee July 2 2013
Report on Port Health and Public Protection Out of Hours Noise Service - Port Health and Environmental Services Committee March 1 2014
Report on Noise Strategy Update of Actions Port Health and Environmental Services Committee 19 June 2015

Appendix 1

The City of London Noise Strategy 2016 - 2026.

Appendix 2

Stakeholder Consultation Analysis.

Contact:

Rachel Sambells

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Agenda Item 7

Committee	Dated:
Safeguarding Sub Committee - Community and Children's Services	27 th Jan 2017
Community and Children Services Committee	17th Feb 2017
Health and Wellbeing Board	27 th Jan 2017
Safer City Partnerships	2 nd Feb 2017
Subject: City and Hackney Safeguarding Children Board	Public
Report of: Jim Gamble - Independent Chair, City and Hackney Safeguarding Children Board	For Information
Report author: Rory McCallum - Senior Professional Advisor, City and Hackney Safeguarding Children Board	

Summary

As part of its statutory functions, the City & Hackney Safeguarding Children Board (CHSCB) is required to produce an annual report that reflects a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

The annual report for 2015/16 provides a comprehensive review of the following:

- The arrangements and achievements of the CHSCB itself.
- The context of safeguarding activity within the City of London.
- The progress made in the City of London with regards to defined CHSCB priorities.
- An analysis of the lessons learnt and the improvements made as a result of the CHSCB's learning and improvement framework.
- An analysis of the impact of the CHSCB training and development offer and the impact of this on improving front-line practice.
- An analysis of the impact of the CHSCB's functions in respect of child deaths within its jurisdiction.

The report can be viewed here: www.chscb.org.uk/annual-report-and-business-plan

Recommendations

Members are asked to:

- Note the report and the CHSCB's analysis of the effectiveness of local arrangements.
- Note the progress and areas for improvement required by the City partnership in respect of their activities to safeguard and promote the welfare of children and young people.

Main Report

Background

1. The CHSCB is the key statutory body overseeing multi-agency child safeguarding across the City of London and the London Borough of Hackney. Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board (LSCB) Regulations 2006, the CHSCB comprises senior leaders from a range of different organisations.

2. It has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective.

3. Each year, the CHSCB is required to produce an annual report and provide a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

4. The report covers the following areas:

- **Governance and accountability** arrangements for the CHSCB, providing information about local leadership and the structures in place that support the partnership to do its work effectively.
- The safeguarding **context and the progress** made in the City of London, providing an analysis of key trends and the impact that City partners have made in regards to CHSCB priorities.
- The safeguarding context and the progress made in Hackney, providing an analysis of key trends and the impact that Hackney partners have made in regards to CHSCB priorities.
- **The lessons** that the CHSCB has identified through its Learning & Improvement Framework **and the actions** taken to improve child safeguarding and welfare as a result of this activity.
- The **range and impact of the multi-agency safeguarding training** delivered by the CHSCB and a brief account of the single agency training delivered by partners.
- The **priorities going forward** and the **key messages** from the Independent Chair of the CHSCB to key people involved in the safeguarding of children and young people.

5. Over 2015/16, the CHSCB's comprehensive business plan and underpinning strategies accelerated a range of improvements to both the safety and welfare of children and young people.

6. Key to this success has been the partnership's 'laser-like' focus on the different safeguarding contexts that exist across the City of London and Hackney, with an acute emphasis being placed on children and young people being safeguarded in the context of their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and on-line.

7. Context is key and the leadership by the CHSCB in this regard has ensured the successful translation of the Board's vision into tangible actions that have made

children and young people safer: *“children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together.”*

Current Position

8. In 2016, as part of the inspections by Ofsted in the City of London and the London Borough of Hackney, the CHSCB was judged to be outstanding in both areas. To put this judgment into context, no other LSCB has been awarded an outstanding grading from the 112 Single Inspection Framework (SIF) inspections undertaken to date.

9. In respect of the CHSCB’s work in the City of London, Ofsted noted; *“The LSCB is a highly accomplished safeguarding board, supported by solid governance arrangements. It demonstrates exemplary effectiveness in holding partners to account to ensure that they safeguard children.”*

10. **Leadership & Governance** - Lines of accountability, oversight and cooperation have been strengthened and improved through the CHSCB setting up specific City focused Inter-Board Chairman’s meetings and through the regular and on-going interface with other key leaders and strategic forums, such as the Town Clerk, Lead Member, Health and Wellbeing Board and the Community Safety Partnership.

11. The CHSCB has significantly strengthened the governance arrangements for safeguarding children and young people in the City, driving a sharper focus – **The City Focus**.

12. This has critically heightened oversight and driven collaboration. This means that the City is no longer the less visible partner in the CHSCB. Regardless of the number of resident children and young people, an unswerving rigour is applied across the dual footprint of the CHSCB in coordinating and ensuring the effectiveness of safeguarding arrangements based on the local context in which children and young people live and grow up.

13. The improvements in leadership and governance reflect the CHSCB developing to become a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children in the City.

Early Help - Children in the City of London who need help are identified early. They are supported by a range of services that make a tangible difference to their lives. Increasing the number of children who benefit from early help has been a priority for the City and partners.

14. **Domestic Violence and Abuse** - Multi-agency risk assessment arrangements to support vulnerable victims and children affected by domestic abuse are effective. Meetings are convened when required, are well attended and lead to appropriate support plans. The CHSCB has challenged the City to ensure a clear focus remains on children in the context of this work. City have produced a distinct section for the revised strategy covering this aspect.

15. **Neglect** - In response to the recognition that abuse and neglect within affluent families can be harder to recognise and address, the DCS, the chair of the CHSCB and the chief executive have worked together to commission a research project in partnership with Goldsmith's University of London.

16. **Child Sexual Exploitation** - Extensive work has been undertaken through a City-specific children sexual exploitation working group. The group coordinated a targeted City campaign with hoteliers, alongside multi-agency training and support for children, together with research and intelligence.

17. **Missing Children** – The response to missing children has been further strengthened, particularly in regard to children missing education. The report details one instance where a young person asked the independent person who visited him after he had gone missing from his placement to sort out a worry about his placement. This was quickly resolved, leading to the 'missing' episodes ceasing.

18. **FGM & Harmful Practices** - The board has made substantial progress in raising awareness of female genital mutilation, forced marriage and child abuse through faith, belief or culture. The board has worked closely with public health services to influence and monitor the multi-agency response to female genital mutilation.

19. **Prevent** - The board closely monitors the City's 'Prevent' duty and holds agencies to account for driving their response, including awareness raising and recognition.

20. **The Management of Allegations against Professionals and Volunteers Working with Children** - Effective work has been completed in relation to raising agencies' awareness of their responsibilities in relation to allegations against adults who work with children. This has led to an increase in the number of referrals received."

Corporate & Strategic Implications

21. Contributes to strategic goal of City being safe place to live. Contributes to meeting corporate risk regarding safeguarding and is consistent with the safeguarding objectives set out in the Children and Young People's Plan.

Conclusion

22. Partners in the City, particularly those on the front-line should be proud of the progress made over 2015/16. Whilst significant challenges are ahead, the strength of partnership working in the City

Rory McCallum

Senior Professional Advisor

City and Hackney Safeguarding Children Board

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Committee(s):	Dated:
Health and Wellbeing Board	27 January 2016
Subject: Suicide Prevention Action Plan Annual Update	Public
Report of: Director of Community and Children's Services	For Decision
Report author: Poppy Middlemiss – Strategy Officer, DCCS	

Summary

This report provides an update on the progress of the City of London Suicide Prevention Action Plan, one year after it was approved by the Health and Wellbeing Board. It suggests that the Action Plan be refreshed in order to produce a joint document with the City of London Police to increase the scope of the document, improve partnership working and prevent duplication.

This report also gives an overview of the progress of 'The Bridge Pilot' initiative to reduce the number of suicides that occur from London Bridge.

Recommendations

The Health and Wellbeing Board members are asked to:

- Approve that the City of London Suicide Prevention Action Plan be refreshed in order to produce a joint strategy with the City of London Police.
- Review the progress of the actions within the Suicide Prevention Action Plan annually.
- Note the progress of 'The Bridge Pilot' and endorse this initiative.

Main Report

Background

1. In January 2016 the Health and Wellbeing Board approved City of London Suicide Prevention Action Plan (appendix one) which responds to the HM Government's Preventing Suicide in England 'One Year On' report, published in 2014. It recognises that suicide is the leading cause of death of British men under 50 years of age. Suicide is a major issue for society and a serious but preventable public health problem. While its causes are complex and no strategy can be expected to completely prevent suicide, there is much that can be done to ensure that we reduce the likelihood of suicide and to ensure support is available for people at their most vulnerable.

2. As a result, the City of London Suicide Prevention Action Plan was developed to outline the ways in which the City of London public health team and local partners aim to work towards a reduction in suicides amongst the resident and worker populations of the City of London, as well as those who may travel to the City of London with the intention of committing suicide.
3. The City of London Suicide Prevention Action Plan outlines actions across six priority areas taken from the National Suicide Prevention Strategy (NSPS) with accompanying recommendations which have been tailored to address our local needs.
4. The action plan was signed off by the Health and Wellbeing Board in January 2016 and it was agreed that the Board would receive annual updates on the progress of the actions within the plan.
5. Data collected whilst writing the action plan recognised the high number of suicides from bridges within the City of London. One key action resulting from the plan is 'The Bridge Pilot'; a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce these suicides through awareness raising and encouraging help-seeking behaviour.

Current Position

6. Since January 2016, the Suicide Prevention Action Plan working group, consisting of representatives from Public Health, the CCG, City of London Police, the Samaritans, the RNLI and Port Health and Public Protection, have met twice to discuss progress of actions.
7. Of 29 actions outlined in the action plan, 24 have been completed. Of the five actions which are not complete, three actions are making good progress (two of which are being led by the RNLI). The further two outstanding actions include engaging with TfL and raising the awareness of parents and schools.

Proposals

8. Given the progress so far in completing many of the actions in the current Suicide Prevention Action Plan it is proposed that the document be refreshed. This will retain the momentum and current collaborative working of the current action plan whilst making sure the priorities reflect new national guidance and take into account the more comprehensive picture of suicide in the City of London that has now been developed.
9. It is suggested that the document be refreshed as a joint strategy between the City of London Corporation and the City of London Police. Much of the frontline response to suicide in the City of London is delivered by the City of London Police. Producing a joint strategy will strengthen our working relationship with the City of London Police and improve our strategic response to suicide prevention in the City.

The Bridge Pilot Update

10. The Bridge Pilot began in April 2016 and is a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to reduce the number of suicides that occur from London Bridge. From London Bridge in 2014 there were 52 calls for help and eight who jumped. The rate of suicide calls and incidents will be monitored and compared to baseline figures from 2014 and 2015.
11. This initiative has been framed around one of the recognised approaches to reducing suicide at iconic sites by signposting people to support services. Evidence shows that this approach has been successful elsewhere in the country and there is no evidence to suggest that help-seeking signs increase the number of suicides in a certain recognised location.
12. Six signs with the Samaritan's free phone number have been placed on London Bridge. Further to this, the Samaritans and City Corporation with the help of East London Foundation trust and City and Hackney Mind have put together a training package which is being delivered to frontline staff and members of the public free of charge. The training can be catered to the audience, size and length of session, and addresses the stigma of suicide and encourages approaching people who are at risk. A train the trainer version of the training has been developed to maximise the reach. So far 121 people have been trained over 6 sessions and a further 18 trained to be trainers themselves.
13. In addition, a leaflet has been developed outlining how to recognise a person who may be at risk and how to approach them. So far 5,000 leaflets have been handed out to members of public during rush hours on London Bridge and as part of the training.
14. This initial approach will be expanded to the other bridges within the City. Planning permission has been granted to place signs on Blackfriars Bridge and we anticipate the signs will be fixed in January 2017. Work continues with the London Borough of Tower Hamlets and London Borough of Southwark to get the required planning permissions to put signs on Tower and Southwark bridges.

Corporate & Strategic Implications

15. The proposals in the report support priority two of the Department of Community and Children's Services Business Plan; promoting the health and wellbeing of all residents and workers and improving access to health services in the Square Mile.

Conclusion

16. Progress in implementing the City of London's first Suicide Prevention Action Plan has been strong and in order to retain the momentum of the strategy and achieve the strategic goals it is proposed that the document be refreshed as a joint document with the City of London Police.

Appendices

Appendix One – City of London Suicide Prevention Action Plan

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Suicide Prevention Action Plan City of London

January 2016

1 Introduction

- 1.1 Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a significant social inequality and public health issue, with more than 6,000 people across the United Kingdom and Republic of Ireland taking their own lives each year. Tens of thousands more attempt suicide each year.
- 1.2 The City of London (the City) is a unique area. It 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.
- 1.3 The City has three potential population groups who are at risk: residents who live in the City; those who work in the City; and those who travel to the City with the intention of committing suicide from a City site, but have no specific connection to the City (neighbouring boroughs which also have high buildings and bridges, for example, Westminster, may be experiencing similar issues).
- 1.4 This document recognises suicide prevention in the wider context of mental health. It sets out actions focused on achieving our overarching aim to reduce the number of people who attempt suicide in the City and how we can work with our partners to support people when they find themselves in a situation which may leave them wanting to take their own lives.

2 Background

Policy background

- 2.1 Following the transfer of public health from the NHS into local government in April 2013 suicide prevention became a local authority led initiative involving close collaboration with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sector. In January 2014 the Preventing Suicide by the Government in England 'One year On' report was published which called on local authorities to:
 - develop a suicide prevention action plan
 - monitor data, trends and hot spots
 - engage with local media
 - work with transport map hot spots
 - work on local priorities to improve mental health
- 2.2 In 2012 the government published a 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'¹. This National Suicide Prevention

Suicide Prevention Action Plan/2016-2019

Strategy (NSPS) focuses on six key areas for action from which this action plan bases its own priorities:

- 1) reduce the risk of suicide in key high-risk groups
- 2) tailor approaches to improve mental health in specific groups
- 3) reduce access to the means of suicide
- 4) provide better information and support to those bereaved or affected by suicide
- 5) support the media in delivering sensitive approaches to suicide and suicidal behaviour
- 6) support research, data collection and monitoring.

- 2.3 The City of London Corporation's Health and Wellbeing Board is responsible for improving health and wellbeing, tackling inequalities in health and ensuring that health and care services are better integrated. The Health and Wellbeing Board has identified mental health as a key priority for City residents, workers and rough sleepers. The City of London has recently published its Mental Health Strategy which outlines the aim to improve the mental health of people in the City, keep people well and make sure we provide effective support when mental health problems do arise.
- 2.4 The City and Hackney public health team conducted a suicide audit in 2014 looking at suicides in residents from 2009 to 2013. A recommendation from the audit involved the development of a local suicide prevention action plan. This document aims to address this recommendation as well as build upon the key areas highlighted by the government taking into account all those at risk.

Key trends in City of London Suicide data

- 2.5 While it is relatively straightforward to collect data about residents, the other two groups which represent the majority of incidents, are harder to collect data on and as a result there has previously been a lack of data on non-resident suicides.
- 2.6 Data from the City of London coroner found that in the five years between 2009 and 2014 there were 34 suicides in the City of London. 23 of these were beyond reasonable doubt and the cause of death was recorded as suicide. The other 11 were open verdicts but included by the coroner in his report because it is likely they were suicides. Only seven of these suicides were residents of the City of London.
- 2.7 It is well known that young men are the most at risk group of suicide in the developed world. Nationally men are three times more likely to commit suicide than women. This is reflected in the City of London where 73.5% of suicides were men between 2009 and 2014. 70% of people who committed suicide in the city of London were aged between 25 and 54.
- 2.8 The most common method of committing suicide in the City of London is drowning in the Thames (32%), followed by falling from a height (26%). Nationally hanging is the most common method in both men and women. This inconsistency with national data

Suicide Prevention Action Plan/2016-2019

is likely to be because the structures (tall buildings and bridges crossing the River Thames) in the City provide the means to commit suicide.

- 2.9 Additionally 68% of those who committed suicide in the City of London between 2009 and 2014 were single and just 18% were married.

Mental health needs in the City of London

- 2.10 The Mental Health Needs Assessment for the City of London (2015) pulls together data from a range of sources to describe the mental health needs of the different population groups in the City
- 2.11 The City of London has a diverse range of ethnicities and religious faiths. The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level. It is also important to understand the beliefs of local residents to ensure health services are commensurate with beliefs, accessible and deliver best outcomes for all.
- 2.12 There are also strong contrasts in levels of deprivation amongst the residential areas, with some areas experiencing unemployment and overcrowding. Higher rates of psychiatric admissions and suicides tend to be seen in areas of high deprivation and unemployment and there are strong associations between poor housing and mental health problems.
- 2.13 The City's children mainly live in dense pockets of housing with some areas of high levels of deprivation. Additional risk factors may include living in a low income family, having special educational needs, being in local authority care, and having poor physical health or a physical disability, which can increase the risk of mental health issues.
- 2.14 High levels of depression are currently seen in the residential wards of Cripplegate and Portsoken. By 2026 there is expected to be a further 17% increase.
- 2.15 The increasing number of older people in the City, particularly those living alone, is likely to result in increased social isolation and depression. People with long-term conditions are 2-3 times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health problems.
- 2.16 The City of London has a very high number of rough sleepers, on average 20-25 people sleep on the streets of the City of London every night. The vast majority are male. A third to half of homeless people sleeping rough have mental health problems.
- 2.17 Around 415,000 people work in the square mile, City workers are mainly aged between 20 and 50 and the majority of men. 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 the worker population.

3 Areas for action

3.1 The priority areas below are built around the key areas for action from the NSPS and the recommendations have been tailored to address our local needs.

1) Reduce the risk of suicide in key high risk groups

3.2 The NSPS identifies the following high risk groups who are priorities for prevention:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups e.g. doctors, nurses, veterinary workers, farmers and agricultural workers.

3.3 Nationally, suicide is commonest in adult men. Analysis of suicides on the City by the coroner showed that 70% of all suicides occurred in those aged 25-54 and nearly three quarters of cases were in men. City workers have a male-dominant workforce and a younger age profile (20 to 50 years old), so fit this at-risk group. There are also a higher than average proportion of male City of London residents in this age group.

3.4 There are many factors which make men more susceptible to suicide including a reluctance to seek help and cultural expectations that they are strong which can make them more vulnerable to psychological factors such as humiliation and impulsiveness. We know men are more likely to choose more dangerous methods of self-harm, meaning a suicide attempt is more likely to result in death. The Government's "Preventing suicide in England: Two years on"ⁱⁱ report highlights the need to provide services appropriate for men in settings other than the traditional health settings. The action table at the end of this document includes recommendations to reduce the risk of suicide in young and middle-aged men.

2) Tailor approaches to improve mental health in specific groups

3.5 The NSPS identifies the following vulnerable groups:

- children and young people, including those that are vulnerable such as looked after children, caregivers and children and young people in the Youth Justice System
- survivors of abuse or violence, including sexual abuse
- veterans
- people living with long-term physical health conditions
- people with untreated depression

Suicide Prevention Action Plan/2016-2019

- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers.

3.6 Recommendations from the City and Hackney Suicide audit included increased education and awareness in schools about self-harm as well as increased service provider training e.g. for GPs and teachers on how to deal with self-harm in children. There are 1,062 resident children aged 0-19 in the City of London (ONS, 2014). The City of London has one maintained primary school and sponsors three secondary academies and one primary academy in neighbouring boroughs. It is also the proprietor of three independent schools.

3.7 The Multicentre Study of Self-harm in Englandⁱⁱⁱ showed a rise in self-harm in girls under the age of 16 years in 2010-2012 compared to 2007-2009. This increase was seen in both the number of self-harm episodes (16% increases) as well as the number of girls presenting with self-harm (10% increase). The action table at the end of this document focuses on recommendations to improve mental health in children and young people.

3) Reduce access to the means of suicide

3.8 According to evidence the suicide methods most amenable to intervention are:

- hanging and strangulation in psychiatric inpatient and criminal justice settings
- self-poisoning
- those at high risk locations
- those on rail and underground networks

3.9 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.

3.10 In the data obtained from the City of London Coroner we found that between 2009 and 2014 the most common methods of suicide were as a result of drowning and due to falling from height. A pilot project is currently being introduced to reduce suicides on London Bridge. The action table at the end of this document includes recommendations to target high-risk locations and railways.

4) Provide better information and support to those bereaved or affected by suicide

3.11 The NSPS emphasises the need to respond in an effective and timely manner to those bereaved or affected by suicides. Public Health England has produced 'Help is at Hand', a resource providing both practical information and emotional support for those who are experiencing bereavement resulting from suicide. Furthermore, Public

Health England is piloting 'real-time' surveillance of suicides in collaboration with the police who are usually first on the scene of a suicide^{iv}. The aim of this is to provide accurate information to front line local authority and NHS staff to enable them to respond to local clusters of suicides and to provide timely support to people bereaved by suicide. The action table at the end of this document includes recommendations to help those bereaved or affected by suicide.

5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- 3.12 The media have a responsibility to deal with suicide in a sensitive manner as there is evidence that media reporting and portrayals of suicide can lead to copycat behaviour especially among young people and those already at risk. Similarly, a vulnerable person who might not otherwise have attempted suicide could strongly identify with a particular characteristic of a person who has died by suicide, and this may lead them to take their own life.
- 3.13 In order to prevent imitative or copycat behaviour the Samaritans have released advisory media guidelines and a supplementary factsheet for reporting suicide which provide practical recommendations for reporting suicide across all media. Coverage of suicide can have a positive effect by encouraging people to seek help. Sensitive coverage can also help reduce the taboo around talking about suicidal feelings as well as challenging stigma. The NSPS suggests two key methods of supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:
- promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media
 - continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention service.

6) Support research, data collection and monitoring

- 3.14 The NSPS has three recommendations to support research, data collection and monitoring:
- build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
 - expand and improve the systematic collection of and access to data on suicides
 - monitor progress against the objectives of the NSPS.
- 3.15 City and Hackney have recently completed a suicide audit based on mortality data for City and Hackney residents from the Office for National Statistics and Public Health Knowledge and Data Gateway. Furthermore, data for suicides in the City of London was collected from the Coroner directly. Valuable information can be obtained from the Coroner and efforts should be made to develop local partnership systems to

Suicide Prevention Action Plan/2016-2019

identify and respond to suicide trends and clusters or to pick up on areas for service development to prevent future suicides.

- 3.16 The City of London Police can also provide data on attempted suicide by analysing Section 136 booklets. The Police can use section 136 of the Mental Health Act to take a person to a place of safety when they are in a public place. They can do this if they think a person has a mental illness and are in need of care.

4 Action table

- 4.1 The action table below set out actions for the City of London Corporation and partners to implement under each priority area described above. The lead organisation for each action is given alongside the time frame. Where possible how the action will be measured/what the action will look like if it is successful has also been described in the table.

Suicide Prevention Action Plan/2016-2019

Name	Suicide Prevention Action Plan		
Duration:	2016-2019		
Relevant strategies:	Mental Health Strategy		
Board responsible for monitoring plan:	Health and Wellbeing Board		
Owner:	Nicole Klynman/Poppy Middlemiss		
Implementation date:	TBC	Review date:	TBC

Priority:	Reduce the Risk of Suicide in Key high risk groups				
Objective (if applicable):	To reduce the risk of suicide for young and middle-aged men				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.0	Promote the training of frontline staff in organisations including the City of London Police, the metropolitan police and staff who work near at risk locations in mental health first aid to help them engage men in conversations about <ul style="list-style-type: none"> - Wellbeing and mental health - Accessing appropriate information/self-help support 	February 2016	January 2019	Number of frontline staff trained in mental health first aid	City of London corporation Commissioned organisations
1.1	Promote and provide information, training and supporting resources to City employees through Business Healthy	February 2016	January 2019	Information relevant to suicide on the Business Healthy resource pages Number of Business Healthy members	Public health Business Healthy
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter awards and also to comply with HSE Stress Management Standards and NICE Guidance.	February 2016	January 2019	Number of businesses which have achieved the London Healthy Workplace Charter	CoL Port health and public protection Business Healthy

Suicide Prevention Action Plan/2016-2019

Priority:		Tailor approaches to improve mental health in specific groups			
Objective (if applicable):		Tailor approaches to improving the mental health of children and young people in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
2.0	Improve mental health among specific groups through the implementation of the Mental Health Strategy	February 2016	January 2019	Development of the Mental Health Strategy Action Plan	Public Health
2.1	Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular school nurses	February 2016	January 2019	Proportion of school nurses to have had mental health first aid training	Schools
2.2	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	February 2016	January 2019	Implementation of protocol to meet the needs of children living in households with adults with additional needs	City of London Children's Social Care
2.3	Provide accessible and engaging interventions for children and young people who offend, in their area and in custodial or secure settings in order to improve their mental health.	February 2016	January 2017	Number of youth offenders accessing interventions	Youth justice settings
2.4	Investigate the possibility of putting help seeking information such as leaflets referring to services in Section 136 Suites in hospitals	February 2016	January 2017	Number of hospitals which agree to put help seeking materials in S136 suites.	Public health

Suicide Prevention Action Plan/2016-2019

Priority:		Reduce access to the mean of suicide			
Objective (if applicable):		Reduce the opportunities people have to commit suicide in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.0	Include suicide risk in health and safety considerations by Local Authority Planning departments and Environmental Health Officers and developers when designing high structures that may offer suicide opportunities	February 2016	January 2019	Suicide considerations in standard risk assessment/health and safety tick box template.	CoL Planning and Port Health and public protection
3.1	Implement, monitor and evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	February 2016	January 2017	Signs on City of London Bridges Number of frontline staff trained by Metropolitan Police	The Samaritans/ Public Health/Metropolitan Police
3.2	Review suicide risk reduction audit guidance associated with mental health inpatient settings (e.g. 12 points to a safer service) and see which approaches can be adopted	February 2016	January 2017	Recommendations made based on Suicide risk reduction audit guidance	CCG
3.3	Engage with TFL and network rail to identify opportunities to further prevent suicide at their locations.	February 2016	January 2019	Relationship to be built between City of London public health and TFL/network rail	Public Health
3.4	Increase Lifebuoy provision on and near City of London Bridges.	February 2016	January 2017	Number of lifebuoys on City of London bridges	RNLI
3.5	Set up 'London Bridge Watch' on all London Bridges – a project to establish trained teams onto bridges at key vulnerable times to provide on-site counselling.	February 2016	January 2018	'London Bridge Watch' set up	RNLI

Suicide Prevention Action Plan/2016-2019

Priority:		Provide better information and support to those bereaved or affected by suicide			
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
4.0	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life.	February 2016	January 2019	Number of primary care staff who have received training	CCG
4.1	Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages.	February 2016	January 2019	Proportion of families who are referred to bereavement services.	City of London Police
4.2	Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce. Risks to be assessed by the City Corporations Health and Safety Team and any preventative /remedial measures are identified for action.	February 2016	January 2019	Number of risk assessments undertaken by the CoL Health and Safety team following suicides in city of London businesses	CoL Health and Safety Business Healthy
4.3	Promote Public Health England ‘Help Is At Hand’ document to key partners and make available in City libraries.	February 2016	January 2017	Help is at hand document readily available in libraries.	Public Health
4.4	Provide accessible, concise information on the processes and standards in a Coroner’s enquiry to family members.	February 2016	January 2019	Number of families given information	The Coroner

Suicide Prevention Action Plan/2016-2019

Priority:		Support the media in delivering sensitive approaches to suicide and suicidal behaviour			
Objective (if applicable):		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
5.0	Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> • Provide information about sources of support and helplines when reporting suicide • Avoid insensitive and inappropriate graphic illustrations with media reports of suicide • Avoid use of photographs taken from social networking sites without relative consent • Avoid the re-publication of photographs of people who have died by suicide • Report appropriately where there is evidence of a cluster 	February 2016	January 2019	All suicides reported on in a sensitive and appropriate way	City of London media team
5.1	Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the sensitive nature of suicides.	February 2016	January 2019	Number of organisations aware of the Samaritans media guidelines.	The Samaritans
5.2	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	February 2016	January 2019	Evidence of challenge of harmful or inappropriate material	City of London Police
5.3	Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	February 2016	January 2019	E-safety workshops held in schools	Schools

Suicide Prevention Action Plan/2016-2019

Priority:		Support research, data collection and monitoring			
Objective (if applicable):		A comprehensive database of suicide in the City of London to be built			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
6.0	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	February 2016	January 2019	Shared with relevant partners	Public Health
6.1	Increase local data collection and research into the circumstances surrounding self-harm	February 2016	January 2019	Complete suicide dataset to be created	Public Health
6.2	Develop the mechanisms for evaluating local suicide prevention work	February 2016	January 2019	Monitoring template created for suicide prevention action plan and for the Bridge Pilot.	Public Health
6.3	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	February 2016	January 2019	Joined up working and information sharing between the coroner and public health	Public Health
6.4	Work with the City of London Police to ensure data is routinely collected on attempted suicide in the City from Section 136 booklets	February 2016	February 2017	S136 data to collected by the City of London Police and shared with public health	Public Health
6.5	Work with neighbouring boroughs to ensure a cohesive and integrated approach to suicide prevention	February 2016	January 2019	Westminster and Lambeth councils to also be involved in the 'Bridge Pilot'	Public Health

The City of London would like to thank Hackney public health department for providing the initial Hackney and City of London Suicide Prevention Action Plan from which this report has been adapted. Particular acknowledgement goes to Isma Naeem.

ⁱ Department of Health, Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives, 2012

ⁱⁱ Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

ⁱⁱⁱ Department of Health, Multicentre Study of Self-Harm in England, available from:
URL: <http://cebmh.warne.ox.ac.uk/csr/mcm/>

^{iv} Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

Committee	Dated:
Health and Wellbeing Board	27/01/2017
Subject: Joint Health and Wellbeing Strategy - final	Public
Report of: Director of Department of Community and Children's Services	For Decision
Report author: Poppy Middlemiss – Strategy Officer (Health and Children)	

Summary

This report presents the final City of London Joint Health and Wellbeing Strategy (JHWS) for approval following a public consultation period. The 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 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:

- Approve the content of this report and adopt the Joint Health and Wellbeing Strategy set out in Appendix One.

Main Report

Background

1. The Health and Wellbeing Board approved a draft version of the Joint Health and Wellbeing Strategy at its meeting on 25th November. Since that meeting the Strategy has been subject to a six week period of public consultation which ended on 13th January 2017.
2. A web page was developed to summarise the Strategy in an accessible format. The full document was also available for download from the web site. The web page led respondents to a survey which asked them whether the Strategy was clear and whether they agreed with each priority and for comments on each priority.

3. There were a total of 27 responses to the consultation. This included responses from residents, workers, service providers, organisations and teams within the City of London Corporation.
4. The consultation found that most respondents agreed with the five priorities. There was, however, some concern around priority five (promoting healthy behaviours) being restricting of personal choice. Air quality in the City and how that is being tackled was the primary focus of responses. A full overview of consultation responses and the actions we are taking as a result are outlined in Appendix Two.
5. The key changes following the consultation period are:
 - Stronger reference to children’s mental health.
 - Further emphasis on helping rough sleepers with drug and alcohol problems to access appropriate services.
 - Inclusion of students at educational institutions in the City in the Strategy.
 - Clarification on the roles of the City Corporation’s Air Quality and Noise Strategies.
6. The final draft of the Strategy presented in this report takes into account the suggestions made by workers, residents and stakeholders during the consultation period.

Proposals

7. 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.
8. 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
9. 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.
10. 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.
11. This Strategy is not a stand-alone document and will support and offer direction to a number of complimentary strategies which focus on specific areas of improving health and wellbeing in the City. These include :
 - 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
- Violence Against Women and Girls Strategy

Corporate & Strategic Implications

12. Once the Joint Health and Wellbeing Strategy is approved, 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.

13. 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.

Legal Implications

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

Health Implications

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

Conclusion

16. The City of London has a statutory requirement to produce a Joint Health and Wellbeing Strategy which outlines our commitment to improving the health of City residents, workers and rough sleepers.

17. Health and Wellbeing Board Members are asked to Approve the content of this report and adopt the Joint Health and Wellbeing Strategy set out in Appendix One.

Appendices

- Appendix one – Draft Joint Health and Wellbeing Strategy
- Appendix two – Consultation responses

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Committee: Health and Wellbeing Board	Dated: 27 January 2017
Subject: NEL STP update	Public
Report of: Director of Community and Children's Services	For Information
Report author: Sarah Thomas, Health and Wellbeing Executive Support Officer	

Summary

The attached report *Update on north east London Sustainability and Transformation Plan January 2017* provides an overview of the NEL STP's priorities, activities to date and a delivery plan.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. The north east London Sustainability and Transformation Plan (NEL STP) area covers Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. The plan describes how NEL will meet the health and wellbeing needs of its population, improve and maintain the consistency and quality of care for our population and close the financial gap in health services.
2. The STP vision is:
 - to measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people
 - to develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care
 - to work in partnership to commission, contract and deliver services efficiently and safely
3. The NEL STP priorities are:
 - The right services in the right place: Matching demand with appropriate capacity in NEL
 - Encourage self-care, offer care close to home and make sure secondary care is high quality
 - Secure the future of our health and social care providers. Many face challenging financial circumstances
 - Improve specialised care by working together

- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

Current Position

4. The attached report provides an overview of the NEL STP programme, including workstreams, links to other plans and strategies, the communication and engagement plan, governance details and financial implications.

Conclusion

5. Members are asked to note the report.

Appendices

- Appendix 1 – Update on north east London Sustainability and Transformation Plan January 2017

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Update on north east London Sustainability and Transformation Plan January 2017

Transformation underpinned by system thinking and local action

1. Background

During 2016, health and care organisations (clinical commissioning groups, providers, local authorities and voluntary and community organisations) across north east London (NEL)¹ have worked together to develop a sustainability and transformation plan (STP). It sets out how the [NHS Five Year Forward View](#) will be delivered and how local health and care services will transform and become sustainable, built around the needs of local people. The STP builds on our positive experiences of collaboration in NEL but also protects and promotes autonomy for all of the organisations involved. Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. We all recognise that we must work together to address these challenges; this will give us the best opportunity to make our health economy sustainable by 2021 and beyond.

The plan describes how north east London (NEL) will:

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

A number of different specific local plans are aligned to the STP, enabling its ambitions to be delivered. The STP builds on these existing local transformation programmes and supports their implementation: including Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots; Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme; and the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

Crucially, the NEL STP is the single application and approval process for transformation funding for 2017/18 onwards.

2. Overview of the north east London Sustainability and Transformation Plan

We shared our initial thinking with NHS England in April and submitted a draft NEL STP showing our progress in June. During summer 2016 to facilitate public engagement on the STP, we produced a summary of progress to date and shared the draft STP on our website.

On 21 October we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England (NHS E) and NHS Improvement (NHS I). These are all available on the STP website. <http://www.nelstp.org.uk/>

¹ North east London includes: Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.



The NEL STP narrative

The STP vision and priorities are shown below. A copy of our plan on a page is included in Annex A.

NEL STP Vision
<ol style="list-style-type: none">1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.3. To work in partnership to commission, contract and deliver services efficiently and safely.
NEL STP Priorities
<ul style="list-style-type: none">• The right services in the right place: Matching demand with appropriate capacity in NEL• Encourage self-care, offer care close to home and make sure secondary care is high quality• Secure the future of our health and social care providers. Many face challenging financial circumstances• Improve specialised care by working together• Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies• Using our infrastructure better

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

[Delivery plans](#) have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

Each work stream has a Senior Responsible Officer (SRO) and Delivery Lead, and task and finish work streams are being established to take forward implementation of the delivery plans. There is local authority involvement and leadership within a number of work streams, for example the Prevention workstream. As we now start to mobilise the work streams we are seeking to strengthen local authority involvement and leadership across them.



3. Links with Transforming Services Together and other plans

Plans to implement integrated place-based care were underway before we began working on the STP, with each local health economy pursuing an innovative and ambitious programme to make this a reality. In INEL this includes the City & Hackney devolution pilot, and in Newham, Tower Hamlets and Waltham Forest the Transforming Services Together programme, which are supporting the development of accountable care systems locally.. We will support and enhance these programmes by working together, but they will continue to operate independently with separate programme and governance structures which allow each area the flexibility to best meet local needs. We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

4. Timetable for implementation

Each of the eight delivery plans sets out the milestones and timeframes for implementation. A critical path for the implementation of the main milestones across the whole STP programme is attached at Annex B.

5. Engagement on the Sustainability and Transformation Plan

We recognise that the involvement of local people is crucial to the development of the STP and are committed to involving them and clinicians in any proposed changes. The requirement for the NHS to involve and consult patients on specific service changes is a statutory duty and we will meet that duty and ensure patient and public involvement. At present there are no specific service changes in the INEL area that are worked up and at the stage where public consultation is required.

We started our engagement process when we submitted the draft STP in June, and we have been involving partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives. The feedback we have received so far was incorporated into the revised STP for the October 2016 submission.

A summary of our engagement activities to date is shown below:

- Published the draft and summary versions of the plan on our [website](#) and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings. A further briefing for all NEL area MPs is scheduled for 20 February 2017.
- Arranged for elected members from each borough to meet the STP Independent Chair and Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.



- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health
- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Started to discuss the plans with NHS staff – further engagement is planned.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholders such as the London Ambulance Services and community pharmacists.

Our [communications and engagement plan](#) (phase 2) sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. It focuses on the six month period from October 2016 to April 2017. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

The STP programme communications and engagement team is responsible for coordinating work that needs to be done across all CCGs, developing a core narrative and coordinating activity.

Ian Tompkins joined the STP team as Communications Director in November 2016. He has previously worked as a Director of Communications in local authorities (Hackney, Newham, Waltham Forest and Hounslow), the East London NHS Foundation Trust and Newham Clinical Commissioning Group. Ian is currently meeting with local authority and NHS colleagues to develop a collaborative approach to communications and engagement, making use of the many existing and productive networks, including those in public health and the voluntary sector.

A workshop for all NHS and local authority communications and engagement leads, as well as those for policy and strategy and public health, is being held on 26 January 2017.

Local NHS communications teams are responsible for local delivery – understanding local issues and working at a much greater detail to develop local solutions; and engagement on plans that sit under the STP. All are responsible for (and have) links with local authority communications teams and Ian Tompkins will help encourage and support this

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP (see section 6 of the [communications and engagement plan](#)).

From 21 October to February 2017, local Healthwatch organisations are working together to help us gather and understand the views of local people. They will make use of any other relevant consultation and engagement groups/networks, such as those of local authorities, where possible.



Our joint aim is to ensure engagement is relevant to local needs and that it builds on previous decisions made and the engagement and consultation work that has already take place across NEL on significant change programmes and developments. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- the Barking, Havering and Redbridge devolution pilot
- the Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

We will continue to exploit the full range of channels and formats for our communications and engagement activities to ensure we are reaching groups that are sometimes missed. We will carry on working with clinicians, local authorities and staff to ensure they too are actively involved in the development of the STP. We will encourage patients and local people to be involved at the design stage and work jointly with local authority engagement colleagues to help ensure a joined up approach; undertaking formal consultation when required.

We are committed to National Voices' six principles for engaging people and communities that set the basis for good, person-centred, community-focused health and care and will embed these across our work. We also believe that staff have a crucial role to play in the success of the STP. We want them to contribute to its development, to understand and support its aims; to feel part of it and be motivated by it.

There will be many opportunities for everyone (including patients, service users, carers and the public) to have their say on the emerging plans, and to continue shaping their development and implementation during the next five years. Any proposals for significant changes that emerge from the plan will be subject to specific engagement and consultation where required.

In addition, we are committed to engaging with all trade unions on the workforce impacts of the STP. There is a member of the London Health Unions Lead Representative on the NEL workforce advisory board, and each NHS provider has its own joint staff side arrangements where STPs are discussed.

6. Governance for the NEL Sustainability and Transformation Plan

The launch of the STP process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level.

To achieve this, 20 organisations have been working together to develop the NEL STP. However, as we move into the next phase of the programme, focusing on the mobilisation and implementation of our delivery programmes, the governance and leadership arrangements are being updated to ensure they continue to remain effective with appropriate membership. As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

A governance task and finish group (including health organisations, local authorities and Healthwatch) was set up to review and update the governance arrangements to reflect this change in focus. Through this group we have developed a shadow governance structure,



and initial terms of reference for the key governance forums. We will be operating the governance in shadow form until April 2017 to enable us to test and review it.

This governance structure recognises and respects the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the NEL STP Board), several new bodies have been added to strengthen the level of assurance and engagement, most notably:

- Community Council – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- NEL Political Leaders Advisory group - To provide a forum for political engagement and advice to the NEL STP
- Assurance Group – An independent group of audit chairs to provide assurance and scrutiny
- Finance Strategy Group -To provide oversight and assurance of the consolidated NEL financial strategy and plans to ensure financial sustainability of the NEL system.

We have developed a draft Memorandum of Understanding (MoU) for the governance arrangements of the North East London STP between the health and social care partners. The MoU will not be legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements
- The principles and processes that will underpin the NEL STP governance arrangements
- The governance framework / structure that will support the development and implementation of the NEL STP

The draft MoU is being circulated to local authorities, Trust boards and CCG governing bodies in December 2016 -January 2017.

The shadow governance structure is included at Annex C.

7. Finance considerations of the NEL STP

The basis for the financial modelling has been the refreshed draft five year CCG Operating Plan and provider Long Term Financial Model templates. These have been prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, demographic and non-demographic growth, augmented with local judgement on other cost pressures and necessary investments in services.

The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. Activity has been modelled across NEL utilising the TST model. Specialised commissioning and any differences in contract assumptions are included in these projections. The local authority position is modelled separately and a summary is detailed below.



The forecast NEL FY20/21 'do nothing' affordability challenge is c£578m to break even (an additional c£30m to reach 1% surplus target for commissioners). This assumes growth and inflation in line with organisations' plans but that no CIP (Cost Improvement Plans, or Provider efficiencies) or QIPP (Quality, Innovation, Productivity and Prevention schemes, or commissioner savings) would be delivered in any year.

In the 'do minimum' scenario, in which 'business as usual' efficiencies of 2% across all years have been included, the affordability challenge would be c£336m by FY20/21. The Providers in NEL have committed to delivering a further stretch CIP of £84m meaning the estimated gap after achieving internal efficiencies is £251m. Of this, £160m of savings will be delivered through a variety of collaborative transformation schemes, mitigate down from £184m after applying a prudent risk rating. This includes £38m of savings from providers improving their collaboration on back office functions, as well as a total of £111m in a variety of service transformation across the seven boroughs over five years.

A number of factors are driving our rising expenditure. One significant factor is our growing and ageing population in line with GLA projections. We also face a non-demographic demand growth, due to factors such as new technology and increases in disease prevalence; we have assumed that this growth is approximately 1% per year. Pay and price inflation have been assumed in line with NHS I guidance. This results in a steady increase in expenditure over the planning period.

We see significant increases in CCG allocations throughout the planning period. However, Sustainability and Transformation Funding (STF) and some other non-recurrent provider income (such as gains by absorption) primarily affect the initial years and have no impact in the projections of in-year movements from FY18 onwards.

NEL local authority challenge

All NEL local authorities and the Corporation of London have provided financial data for the STP modelling, though it is recognised that further detailed work is required to confirm assumptions and what effect local authority funding challenges and proposed services changes will have on health services and vice versa.

For the 'do nothing' scenario, the combined FY17 Local Authority challenge is estimated as £87m reaching £238m by FY21. This figure is based on adult social care, Better Care Fund, children's services and public health at all local authorities.

If Children Services were excluded from the gap analysis, the gap in FY17 would be estimated as £60m reaching £174m by FY21.

A 'do minimum' scenario, where 'business as usual' savings are assumed, will still need to be completed.

Contracts between providers and commissioners

Two-year contracts between all NEL providers and commissioners (including NHSE specialised commissioning) for the period 2017-19 were agreed in line with the national timeframe of 23rd December 2016, as well as two year operating plans which reflected these agreements.

STP partners have agreed to use the period January – March to refine the joint delivery plans that support the transformation schemes agreed in the contracts, designed to deliver the efficiencies required to achieve financial balance across the NEL STP footprint.

8. Equality considerations

An equality screening has been completed (December 2016) to consider the potential



equality impacts of the proposals set out in the NEL STP. A copy of this is available from nel.stp@towerhamletsccg.nhs.uk.

The screening includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.
- An initial assessment of the NEL STP overarching '**Framework for better care and wellbeing**'.
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

9. Your views on the NEL STP

The STP is a work in progress and this latest draft submission is currently being circulated to health and social care partners. We anticipate feedback from NHSE/I early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies. We welcome your comments and input as we further develop the plans.

Tell us what you think

We'd like to know what you think about our STP. It's still a draft, so the content can and will change. We'd like to hear from as many people as possible about what you think so we can refine our ideas and further develop our STP, based on your comments, before it is finalised later in the year.

- **What do you think about what we've chosen to focus on?**
- **Do you think we have the right priorities?**
- **Is there anything missing that you think we should include?**

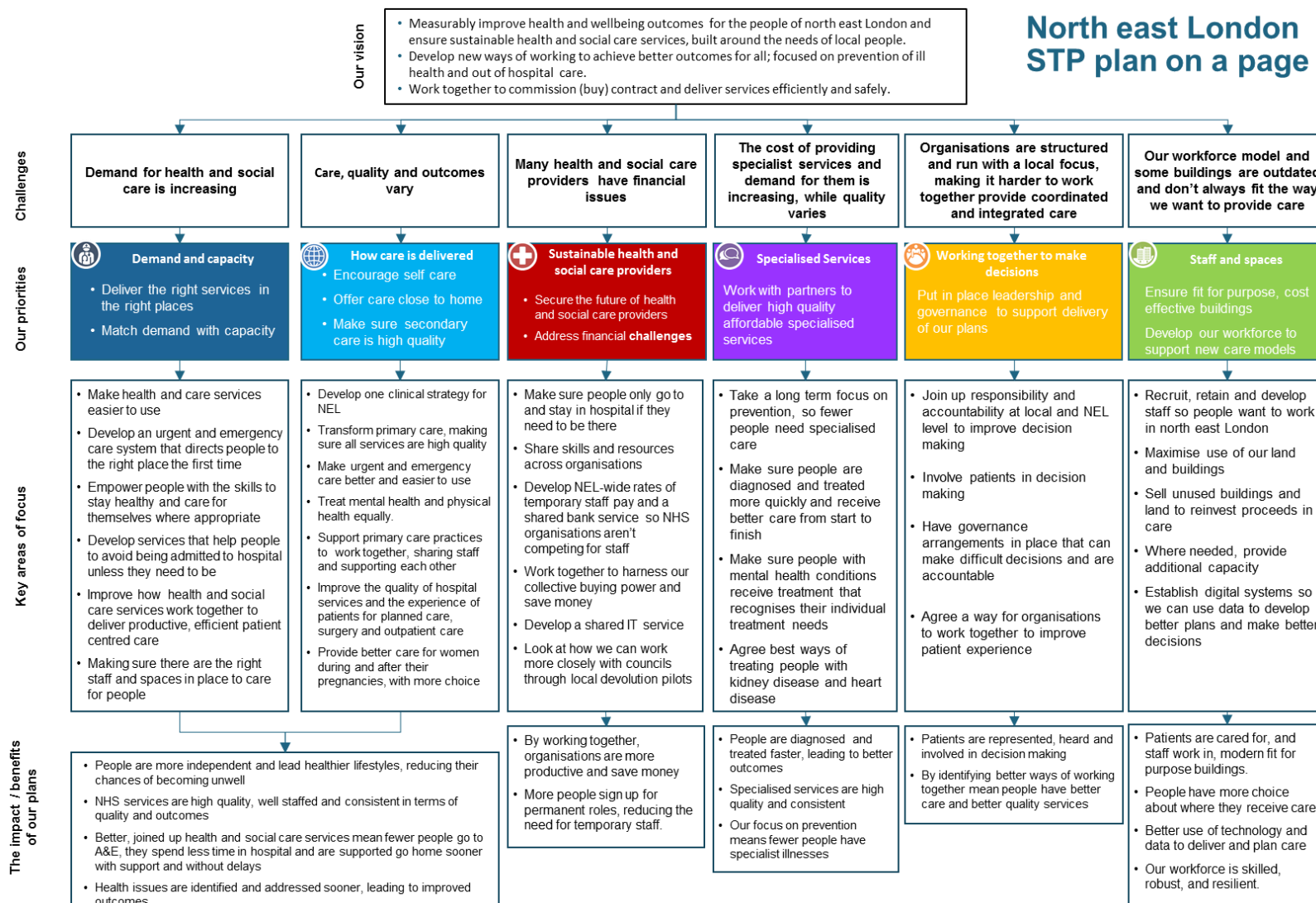
Please send us an email and tell us what you think: nel.stp@towerhamletsccg.nhs.uk

For more information about the NEL STP visit <http://www.nelstp.org.uk/>



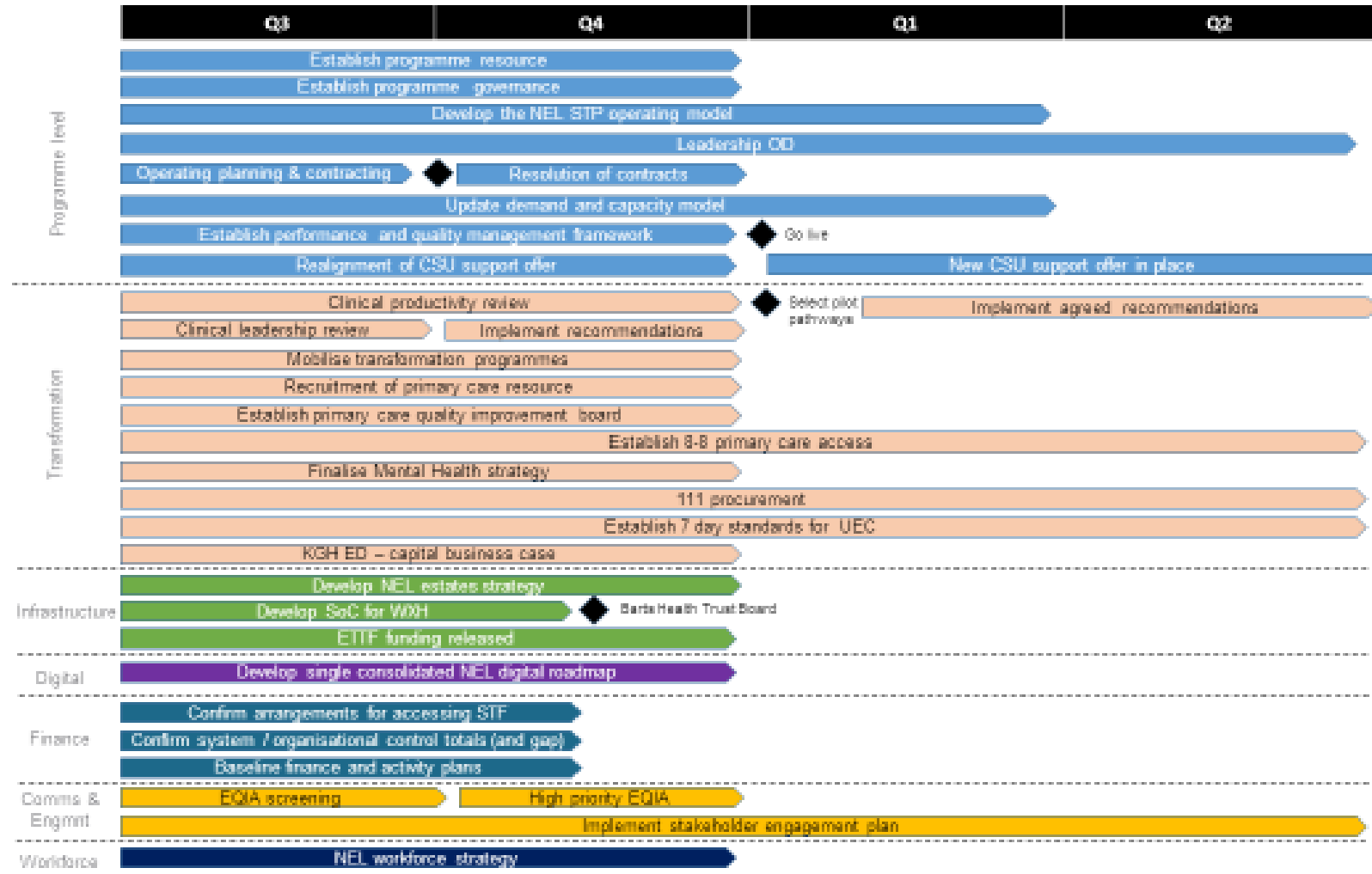
Annex A: NEL STP Plan on a page

North east London STP plan on a page



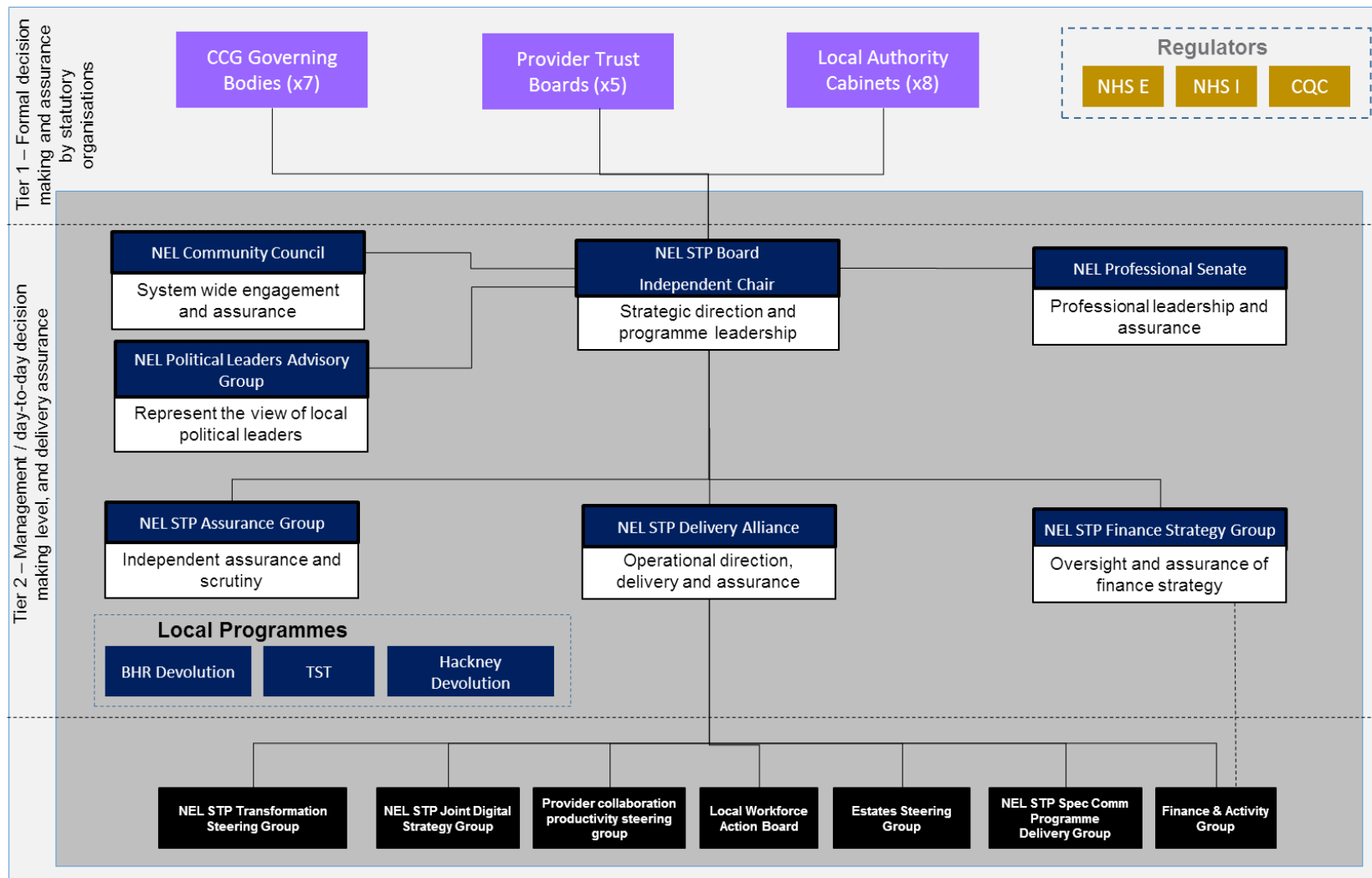


Annex B NEL STP Year 1 Critical Path





Annex C NEL STP Shadow governance structure



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Committee: Health and Wellbeing Board	Dated: 27 January 2017
Subject: Hackney Delegated Primary Care Commissioning	Public
Report of: Chief Operating Officer, City and Hackney CCG	For Information
Report author: Richard Bull, Programme Director, City and Hackney CCG	

Summary

The attached report *Delegated Primary Care Commissioning* from the City and Hackney Clinical Commissioning Group (CCG) provides an overview of the CCG's plans for devolved powers in Hackney. This will be of particular interest to City of London Health and Wellbeing Board Members, as the CCG and City of London Corporation are pursuing similar plans in the City.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. At the City & Hackney CCG Governing Body meeting of 25th November, it was agreed to submit an application to NHS England (NHSE) to take on fully delegated responsibility for commissioning of core primary care services from April 2017.

Current Position

2. As outlined in our devolution business case and agreed by the Hackney Health & Wellbeing Board and our local partners, our vision for City & Hackney is to work together with our patients and providers to deliver an integrated, effective and financially sustainable system that meets the population's health and wellbeing needs. We want our acute services to fully integrate with community, social care, primary care and tertiary services and we have many successes to build on. Our redesign of the health and social care system through the Hackney Devolution Pilot is intended to improve outcomes for local people. It offers a chance to drive greater integration across the system to achieve common goals and improve outcomes in the priority areas.
3. We want to support this by ensuring that we have control of the commissioning of local primary care services through taking on fully delegated primary care commissioning. Our local partnership is the delivery vehicle for the NEL STP and

ensuring good quality primary care is a critical building block for both the STP and our local devolution and transformation plans.

4. Our application is subject to due diligence on the financial implications and the budget and commitments which will transfer to us from NHSE. Also it is important to note that this core primary care will sit outside of the integrated commissioning budget we are developing, as we will not be legally able to delegate this to our integrated commissioning board. However we will want the commissioning boards to be fully engaged in our plans and thinking. Our current CCG Local GP Provider Contracts Committee will extend its role to take on the governance of this important area.
5. We expect to hear about NHS England's response to our application in January 2017 and look forward to working with all our partners in realising the benefits of this for local people.

Conclusion

Members are asked to note the attached report, in particular:

- the potential benefits of moving to level three delegated primary care commissioning;
- that taking on delegated primary care commissioning is subject to a due diligence process;
- the proposed changes to the terms of reference for the Local GP Provider Contracts Committee and the CCG Constitution.

Appendices

- Appendix 1 – Delegated Primary Care Commissioning, City and Hackney CCG

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Delegated Primary Care Commissioning

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November 2016



City and Hackney
Clinical Commissioning Group

The CCG Governing Body was asked to:

- **Note** the potential benefits of moving to level three delegated primary care commissioning
- **Agree** to the recommendation to submit an application for level 3 delegated commissioning by the 5th December 2016 deadline subject to gateway checks, a due diligence process and feedback from stakeholder engagement.
- **Sign off** the proposed gateway checks through to April 2017
- **Note** the proposed due diligence process
- **Note** the engagement plan for engaging with members and other stakeholders (including a membership vote on constitutional changes)
- **Note** the proposed changes needed to the Terms of reference for the Local GP Provider Contracts Committee and the CCG Constitution (the Conflicts of Interest Policy has already been recently revised and was included in the November Governing Body Papers for approval).

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Primary Care Co-Commissioning

- Primary Care co-commissioning refers to the process whereby CCGs are given the opportunity to assume greater powers to directly commission primary medical services. Delegated commissioning gives CCGs the option of having more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- City & Hackney CCG needs to determine whether moving to delegated commissioning will support delivery of our primary care strategy, our wider plans for moving to devolution and crucially, to deliver better care for our patients.
- Level 3 applications are due on 5 December 2016 for interested CCGs. Successful CCGs would take on delegated authority primary care functions from April 2017.

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There are three levels of co-commissioning. City & Hackney is currently at level 1 – greater involvement.

Level 1: Greater Involvement

Greater involvement in NHS England decision making

Level 2: Joint decision-making

Joint decision making by NHS England and CCGs

Level 3: Delegated commissioning

CCGs take on delegated responsibilities from NHS England



Regional & National picture on primary care co-commissioning in 2016/17

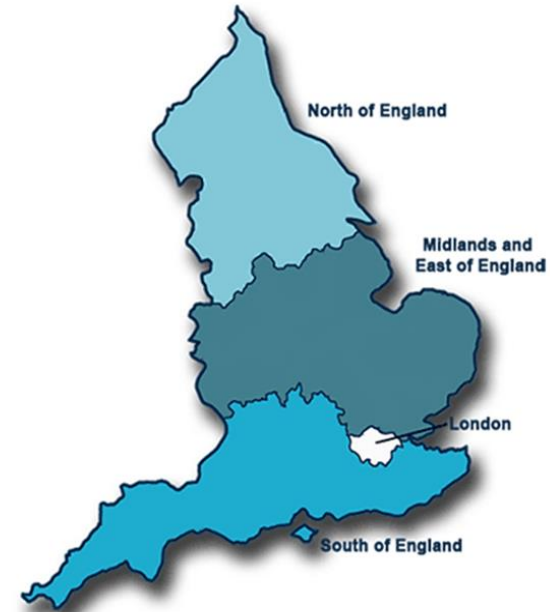
The information below shows the current picture of primary care co-commissioning. NHS England have indicated that they anticipate that less than 20 CCGs nationally will not be fully delegated in 2017/2018.

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- WEL – Delegated Commissioning
- BHR – Delegated Commissioning
- SWL – Delegated Commissioning
- NCL – Joint Commissioning
- NWL – Joint Commissioning
- SEL – Joint Commissioning
- City & Hackney – Greater involvement

Currently considering moving to delegated commissioning



- 114 CCGs – Delegated Commissioning
- 70 CCGs – Joint Commissioning
- 24 CCGs – Greater involvement



Our Context: Devolution

Our vision for a health and wellbeing system

The vision for Hackney is to work together with our patients and providers to deliver an integrated, effective and financially sustainable system that meets the population's health and wellbeing needs.

We want our acute services to fully integrate with community, social care, primary care and tertiary services and we have many successes to build on. Locally, we are progressing work to redesign the health and social care system to improve outcomes for local people through the Hackney Devolution Pilot. This programme of work offers a chance to drive greater integration across the system to achieve common goals and improve outcomes in the priority areas.

Through a focus on the wider determinants of health and inequalities, devolution provides all those working towards improved health and wellbeing for the population of Hackney with an opportunity to better address the challenges the borough faces; Hackney is a vibrant, diverse and deprived inner London Borough with specific health and wellbeing challenges. The partners in the borough have come together to initiate a collective and ambitious approach to delivering new models of care to support these challenges.

To tackle the problems we face, we want to really join up public services, make better use of our collective estate and take a new approach to prevention. Whilst we've achieved a lot and have ambitious plans for the next few years, devolution powers will really make a difference to what we can deliver for local people.

Although only Hackney is a devolution pilot, partners in the City of London share the same vision and aspirations and are actively working together to deliver similar benefits for City residents.

As part of this work we want to ensure that we also have control of the commissioning of local primary care services through moving to level three delegated commissioning.



Our vision for primary care in City & Hackney

Our plans for primary care commissioning in 2016/17 are informed by our commissioning work to date, priorities identified by our patients, members and other stakeholders and the needs of our 5 year clinical strategy as well as our primary care strategy which was signed off by our Governing Body in November 2015.

- We are very conscious that demand to see GPs has doubled in the last fifteen years and we need to support practices to manage this alongside the increasing workload from more services and care outside hospital. Our strategy is to ensure that practices have the capacity – both time and manpower – to care for people in the community and to offer a rapid response and consultation service when needed and that they are supported by a range of community services working together to help them.
- We support and will commission on the basis of the three specifications in the NHSE London Strategic Commissioning Framework – proactive care, accessible care and co-ordinated care – and in a way that meets the needs of the population of City & Hackney. We also believe that there is an equally important pillar of good primary care provision – effective commissioning behaviours – which we will continue to support, contract for and promote.

What we are already doing to deliver our vision for primary care

- We have developed a primary care quality dashboard that includes nationally and locally determined indicators which is used to inform all quality improvement activity in primary care.
- We have developed a patient demand management contract with the City & Hackney Confederation for practices to deliver:
 - A digital access offer to patients via practice websites
 - Group consultations for patients with LTCs
 - Develop local utilisation of community pharmacy (e.g. pharmacy first minor ailments scheme)
 - A City and Hackney Health Information App
- The Primary Care Quality Board manages the contract with the Clinical Effectiveness Group (CEG) to support all CCG Programme Boards and the Confederation with clinical outcome informatics, near patient clinical support, templates and tools to search EMIS databases. All key to the delivery of high quality care.
- The GP IT committee supporting practices, managing the CSU contract and informing the Local Digital Roadmap.
- CCG support for the City and Hackney Community Education Provider Network (CEPN) (functioning as the workforce arm of the Devolution project) including £1.4m non-recurrent funding.
- The Primary Care Quality Board is currently developing contracts to deliver the aspirations of the Five Year Forward View:
 - Enhanced access
 - Resilience support for practices
 - A QI practice development programme (supporting the Ten High Impact Areas of the GPFV)



Our investment in primary care

Over the last 12 months we have already invested an additional £8m in primary care services to deliver the following improvements for our patients and improve local outcomes and we are committed to continuing this strategy to continue to deliver tangible improvements:

- Telephone access to a duty doctor arrangement in each practice during core hours to support patients and link with urgent care providers;
- Extended consultations for patients with long term conditions or cancer;
- Practice systems to support earlier detection of cancer;
- Proactive quarterly home visiting service for our vulnerable population and those at the end of life;
- Extended opening hours for primary care in the evenings and weekends;
- Supporting time and systems for practices to participate in clinical commissioning and embedding practice behaviours – audits and peer discussions, consultant outreach and education programmes, education of juniors and locums, referral reflections, reviews of frequent A&E attenders, good prescribing practice, adoption and audit of CCG pathways;
- Supporting enhanced patient feedback and PPG development, sharing of quality of care issues (both good and bad);
- Identification and early diagnosis of people at risk of coronary heart disease, respiratory disease and diabetes;
- Proactively reviewing & managing people with mental health problems with 600 people with mental health problems transferred to primary care management;
- Seeing each woman during her pregnancy and after delivery to ensure that her needs are being met;
- Proactively reviewing all children with long term conditions and ensuring that care plans are in place (with a specific focus on the management of asthma) and ensuring support is available to children and their families;
- Identifying vulnerable children and families in conjunction with Health Visitors.

Working with our GP providers to improve outcomes on long term conditions

We have worked with our local GP providers to deliver significant improvements in a number of outcomes over the last few years.

We are in the top quintile in England for the care of people with long term conditions. Through effectively commissioning a contract for long term conditions care through our GP Confederation, in 2014-15 the CCG was in the top quintile for 21 QOF measures, and remain top in England against 27% of measures. These include long term conditions (LTC) care and blood pressure control for conditions including diabetes, coronary heart disease, stroke/transient ischaemic attack, chronic kidney disease, as well as asthma and COPD reviews. We have made significant progress given that in 2005 the Borough performed among the most poorest in the country on many of these indicators.

The London Borough of Hackney Public Health department provided an estimate of morbidity and mortality reduction due to higher blood pressure control in people with LTCs in C&H, as delivered through the LTC Contract. In City and Hackney, currently 961 extra hypertension patients achieve the QOF BP to 150/90 mmHg target, above the number which would be expected if average London performance was achieved. Applying number needed to treat (NNT) estimates from a large US study to the local population at least 75 CVD events and at least 46 deaths in total are estimated to be prevented in this cohort over the next 10 years.

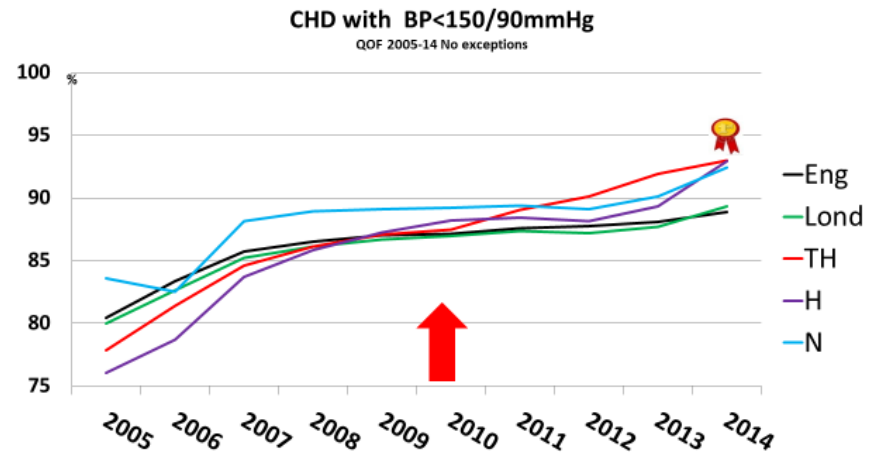


Figure 1: Over the past few years, the borough has moved from among the poorest performing areas for managing CHD to the best in the country, through initiatives in primary care including the LTC contract.



Potential benefits of delegated co-commissioning

Taking on delegating primary care commissioning functions could have benefits for patients, providers and for the CCG as commissioners:

- We would be better positioned to exercise our duty to ensure continuous improvement in the quality of services provided to our local population e.g. by local decision making on investment priorities and by being able to provide support to practices more quickly;
- We would be uniquely placed to take a whole-system approach to commissioning, bringing about the necessary shifts in secondary care utilisation through demand management
- We would be able through our fully integrated commissioning plans with our 2 Local Authorities to take a system wide approach and commission fully integrated service models – something our patients tell us they want at every opportunity;
- We would be able to have increased clinical leadership and public involvement in primary care commissioning, enabling more local decision making;
- We would be able to use our local knowledge and relationships with patients and local communities to commission in a way that reflects the specific needs of our populations in Hackney and in the City and support the improvement of system outcomes
- We would be able to maximise our relationships with the members of our 2 Health and Wellbeing Boards, our Healthwatch representatives and with local communities to ensure local people are engaged in transforming primary care services in their local area;
- We would be able to work more closely with the City & Hackney GP Confederation to deliver the best possible approach to improving access to GP services locally i.e. working together to better understand local needs and to continuing to improve quality and deliver population coverage;
- We would be able to more effectively design local incentive schemes which align to our Primary Care Strategy, the STP and our transformation plans. This will minimise duplication or waste of funds on overlaps;
- We would be able to commission primary care services in a way that supports our integrated care programme as we would have an overview of the health system locally;
- We would be able to more effectively support practices to achieve the specifications within the Strategic Commissioning Framework for Primary Care Transformation in London, which will improve access, proactive care and co-ordination of care for our patients as well as ensuring we develop our workforce, premises and technology and information systems;
- We would be able to progress new models of care that cannot be achieved without integration of services across health and care providers;
- We would be able to have greater freedom in planning and investing in our primary care workforce, ensuring that we retain our best staff, develop the staff we have and ensure a greater clinician to patient ratio and thus lead to greater continuity of care and satisfaction for patients;
- We would be able to ensure tailored responses to the different needs within Hackney and those within the City and ensure full integration of primary care with other out of hospital health and care services in our quadrant model.

Functions under different levels of co-commissioning

Outlined here is a high level summary of the functions of level 2 and level 3 co-commissioning.

Primary Care Function	Level 2: Joint Commissioning	Level 3: Delegated Commissioning
General practice commissioning	Jointly with NHS England (London region)	Yes
Pharmacy, eye health and dental commissioning	Potential involvement in discussions but no decision making role	Potential involvement in discussions but no decision making role
Design and implementation of local incentives schemes	Subject to joint agreement with NHS England (London region)	Yes
General practice budget management	Jointly with NHS England (London region)	Yes
Contractual GP practice performance management	Jointly with NHS England (London region)	Yes
Medical performers' list, appraisal, revalidation	No	No



Source: NHS England, *Next steps towards primary care co-commissioning*, November 2014



City and Hackney
Clinical Commissioning Group

Roles and Responsibilities under Delegated Authority (CCGs)

Under level 3 co-commissioning arrangements, CCGs have responsibility for:

a. Commissioning, procurement and management of Primary Medical Services Contracts, including:

- Enhanced Services;
- Local Incentive Schemes (including the design of such schemes);
- decisions to establish new GP practices (including branch surgeries) and closure of GP practices;
- decisions about 'discretionary' payments;
- decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b. Approval of practice mergers;

c. Planning primary medical care services including carrying out needs assessments;

d. Undertaking reviews of primary medical care services;

e. Decisions in relation to the management of poorly performing GP practices including: decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f. Management of the Delegated Funds*;

g. Premises Costs Directions functions;

h. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate;

i. such other ancillary activities as are necessary in order to exercise the Delegated Functions

Source: NHS England, *Next steps towards primary care co-commissioning: Annex E* (published July 2015)

*NB: Under current legislation, NHS England are not able to 'double delegate' primary care commissioning functions. This means that the core primary care budget could not be pooled as part of the City & Hackney integrated commissioning arrangements nor could primary care commissioning responsibilities be delegated by the CCG to another body e.g. a Joint Committee with local authorities.

Roles and Responsibilities under Delegated Authority (NHSE)

Under level 3 co-commissioning arrangements, NHS England retain responsibility for:

- a. **Management of the national performers list;**
- b. **Management of the revalidation and appraisal process;**
- c. **Administration of payments in circumstances where a performer is suspended** and related performers list management activities;
- d. **Capital Expenditure functions;**
- e. Section 7A functions under the NHS Act; **(public health functions)***
- f. Functions in relation to **complaints** management;
- g. Decisions in relation to the **Prime Minister's Challenge Fund;** and
- h. Such **other ancillary activities** that are necessary in order to exercise the Reserved Functions;

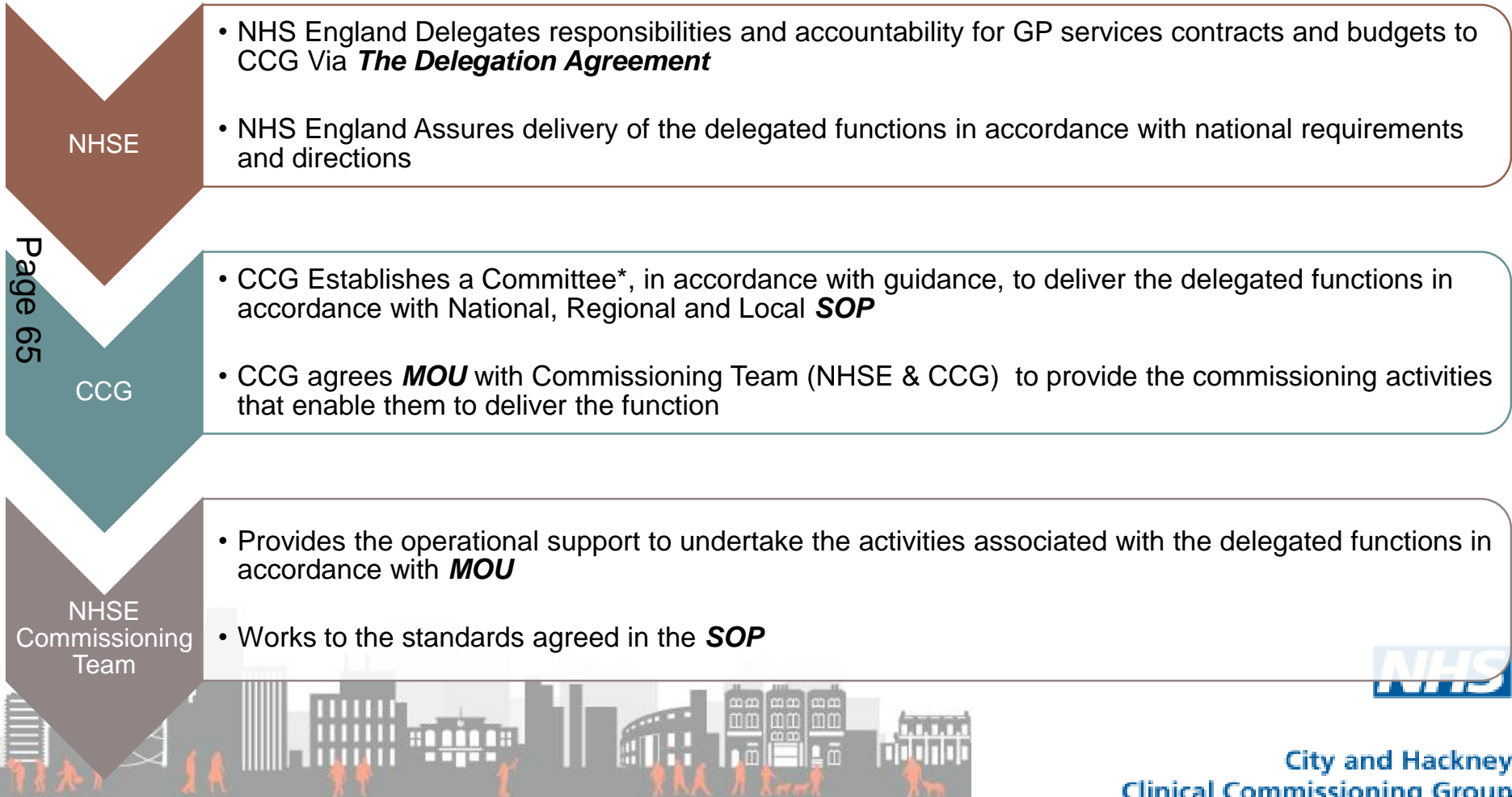
*The delegation of some public health functions are being considered as part of City & Hackney's devolution proposal.

Source: NHS England, *Next steps towards primary care co-commissioning: Annex E* (published July 2015)



Roles and Responsibilities: Operational Delivery

The following documents would support the operational delivery for delegated primary care contracting.



*City & Hackney CCG would utilise the existing Local GP Provider Contracts Committee

Due Diligence

- City & Hackney CCG has commissioned their internal auditors RSM UK to carry out a due diligence exercise in relation to moving to delegated primary care commissioning.
- The purpose of the due diligence is to identify any potential areas of risk for the CCG and ensure that any known cost pressures such as outstanding DV (district valuation) claims or historical contract issues are identified and the ownership is clear.

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The due diligence process is expected to be completed in January 2017, after the application for delegation has been submitted to NHS England, however our application on the basis that it is subject to the findings of our due diligence process.

- **The findings of the due diligence exercise will be scrutinised by the CCG Audit Committee prior to a final decision being made on moving to delegated primary care commissioning. The Audit Committee will make a recommendation to the CCG Governing Body based on their findings. This is expected to take place in January / February 2017.**

The scope of the due diligence includes, but is not limited to:

- The finance portfolio in detail on a headline and underlying trading basis;
- QIPP schemes that are in place and if they are recurrent and or not;
- The status and impact of any QIPP schemes being worked up and their proposed implementation plan;
- An understanding of risks that are ring-fenced elsewhere and the consequence if authorisation were taken forward;
- An understanding of all the risks, mitigations and opportunities and how they are managed and play into the financial situation, or not;
- Procurement initiatives and their status and risks attached;
- Full sight/detail of the balance sheet and all reconciliations;
- Understanding of how the ledger accounting process will work going forward;
- Property portfolio including risk around ownership, voids and subsidies and their status; and
- The output of internal audit and external audit



Potential Risks & Issues

Area	Identified Risk	Mitigation / Comment
Resourcing	Following an organisational review of their primary care team, NHS England's NE London locality team (which includes the team providing support to City & Hackney) will be moving to the STP footprint but will retain their employment with NHS England. However it is not yet clear exactly what this arrangement will look like.	The NHS England locality team will be moving to STPs regardless of City & Hackney's level of delegation. It is acknowledged that if City & Hackney CCG were to deliver a primary care contracting service over and above what is currently provided it may require investment in to the staffing of the team. This will need to be considered as part of the due diligence process.
Primary Care Budget	No additional funding (over the core primary care budget) will be available to implement improvements in primary care and the CCG would assume responsibility for budgetary pressures, deriving from commissioning primary care, including Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings. The CCG may inherit existing liabilities (such as contract disputes) or material financial commitments (e.g. in relation to premises agreements).	These issues will need to be addressed through the CCG's due diligence process (expected to be completed by January 2017). Where financial risks are identified, the CCG will need to consider how these can be mitigated (or not). NHS England has indicated that money has already been accrued against existing financial risks such as QIPP and contract disputes.
Conflicts of Interest	Taking on the commissioning of primary care, could create perceived or actual conflicts of interest for GP commissioners.	<p>The proposed governance structure includes a number of mitigations such as a lay chair and vice chair, a lay and executive member majority and an independent GP member.</p> <p>NHS England published new conflicts of interest guidance for CCGs in June 2016 including specific recommendations for primary care commissioning committees. These have been incorporated into the CCG Conflicts of Interest Policy which was approved by the CCG Governing Body in November 2016.</p>
Relationship management with GP practices	There may be a changed relationship between the CCG as a clinical membership organisation which will be managing members' primary care contracts.	CCGs already have a statutory duty to support NHS England in managing the quality of GP practices. Individual GP performance will remain a responsibility of NHS England's Medical Directorate. Under delegated primary care commissioning, day to day contracting activities will be managed against national contracts supported by national and regional standard operating procedures and through a team employed by NHS England who will be moving to work across the NEL STP geographical footprint.

Proposed Governance

It is proposed that if City & Hackney CCG took on primary care commissioning responsibilities, these functions would be delegated by the Governing Body to the Local GP Provider Contracts Committee.

This Committee already has a good track record of robust management of contracts and of managing conflicts of interest in a transparent way e.g. a code of conduct template accompanies all procurement recommendations and documents where and with who the service development has been discussed.

The Committee was established to review and make recommendations on CCG contracts with GP practice providers, and its current remit includes making recommendations to the CCG Governing Body on procurements and it also has delegated authority to make payments against existing contracts subject to performance.

Examples of contracts overseen by this Committee include the Out of Hours and the Long Term Conditions contracts.

Nov 2016 – Jan 2017: The Committee's terms of reference will be refreshed to reflect the additional delegated primary care functions. These will then need to be approved by the CCG's Governing Body.

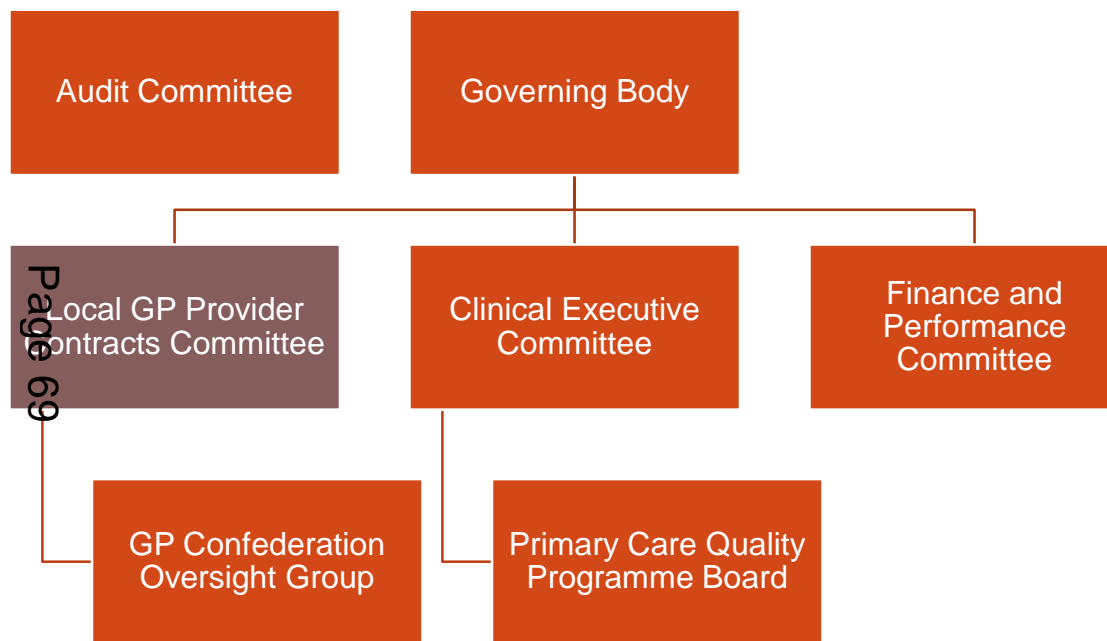
Dec 2016 – January 2017: The CCG's constitution will be revised to reflect the additional delegated primary care commissioning functions. A membership vote to approve the proposed constitutional changes is expected to take place in January 2017. This will then also need to be approved by the CCG's Governing Body.

March 2017: The LGPPC Committee will need to be familiarised with the type of contracts and decisions which they will be responsible for. It is anticipated that this will be done through development sessions and scenario testing.



Proposed Governance Structure

How the Local GP Provider and Contracts Committee (LGPCC) fits into the wider CCG governance structure is shown below.



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- City & Hackney CCG with its 2 Local Authorities (LA) are moving to the establishment of fully integrated commissioning in April 2017. Under this model there will be an aligned commissioning strategy across the CCG and the 2 LA Public health and social care commissioners and a collective decision making Integrated Commissioning Board.
- The Boards will be responsible for commissioning services in a way that improves outcomes for local people, delivers patient benefit and supports full integration of service delivery across providers.
- The CCG and its commissioning partners and local providers recognise that to achieve the maximum gain for local people from this arrangement, commissioning responsibility of core primary care is an integral part of the plan.
- Under the scheme of delegation decisions on core primary care would be reserved to the LGPCC and not delegated to the 2 ICBs. However the ICBs would make recommendations to the LGPCC on what improvements and initiatives need to be commissioned from primary care to achieve our collective ambitions and make improvements in outcomes.



Draft Conflicts of Interest Policy

The Conflicts of Interest Policy for City & Hackney has been updated following new guidance published by NHS England in June 2016.

The key recommendations from the revised guidance which relate to primary care committees are shown in the table here.

City & Hackney's updated policy will be taken to the November 2016 Governing Body for approval.

The approved Conflicts of Interest Policy will need to be submitted to NHS England alongside the delegation application to ensure that NHS England are satisfied with the proposed arrangements for managing perceived or real conflicts.

Key recommendations from NHS England Conflicts of Interest Guidance relating to primary care committees

That the Primary Care Commissioning Committee has a lay Chair and a vice lay chair.

It is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

A standing invitation must be made to the CCG's local Healthwatch representative and a local authority representative from the local Health and Wellbeing Board as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.

The Committee must have a lay and executive majority.

It is recommended that any sub-groups submit their minutes to the primary care commissioning committee, detailing any conflicts and how they have been managed.

To further strengthen scrutiny and transparency of CCGs' decision-making processes, all CCGs should have a Conflicts of Interest Guardian.

City & Hackney draft response

The Local GP Provider Contracts Committee will have a lay Chair and a vice lay chair.

There are no local GP members as regular attendees on the Committee. An independent GP advisor has been included on the voting membership.

City of London and London Borough of Hackney Healthwatch representatives have been included as voting members on the proposed Local GP Provider Contracts Committee membership. Representatives from City of London and London Borough of Hackney Health & Wellbeing Boards are included as non-voting members.

This is reflected in the proposed membership of the Local GP Provider Contracts Committee.

The CCG's procurement strategy requires proposals for changed or new specifications for primary care to be accompanied by a code of conduct template setting out who was involved in the development of the proposal.

The CCG has appointed its Audit Committee Chair as Conflicts of Interest Guardian. This person will support the rigorous application of conflict of interest principles and policies. A third lay member was also appointed to the Governing Body in October 2016.



Staffing & Resourcing

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NHS England's Primary Care Contract team are currently responsible for managing primary care contracts. As CCGs across London have begun moving to joint and delegated commissioning of primary care services, NHS England has been carrying out a review of this function.

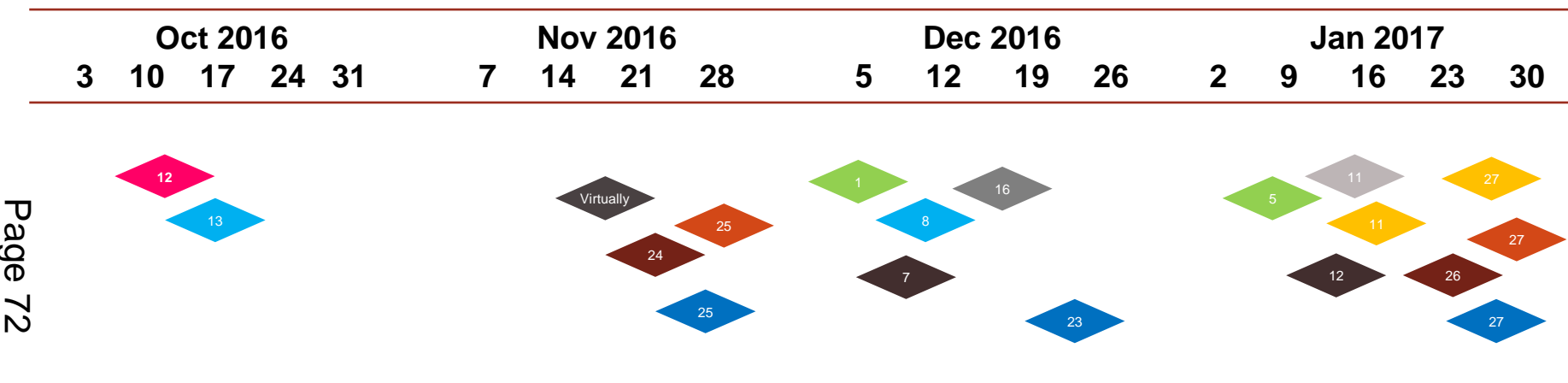
It has recently been confirmed that a new organisational structure and operating model for primary care commissioning will be implemented at the NHS England and STP level. The North East London locality team (which includes the team providing support to City & Hackney), will move to the STP footprint to allow for a greater primary care presence at the local level.

The changes to NHS England's primary care commissioning function will take place regardless of City & Hackney's level of primary care delegation, however should the CCG move to delegated commissioning, it will be important that they can continue to shape how roles and workplans are aligned.



Delegated Primary Care Commissioning engagement activities October 2016 – January 2017

The table below outlines the engagement activities that have already taken place or are planned up to January 2017. This engagement process will provide stakeholders with the opportunity to share their views and identify those areas where further information or consideration may be required.



Key

- Clinical Commissioning Forum
- Governing Body
- Clinical Executive Committee
- Primary Care Quality Board
- Devolution Transformation Board
- PPI Committee
- Audit Committee
- Health & Wellbeing Boards
- City & Hackney LMC
- NHS England
- Primary Care Contracts Committee

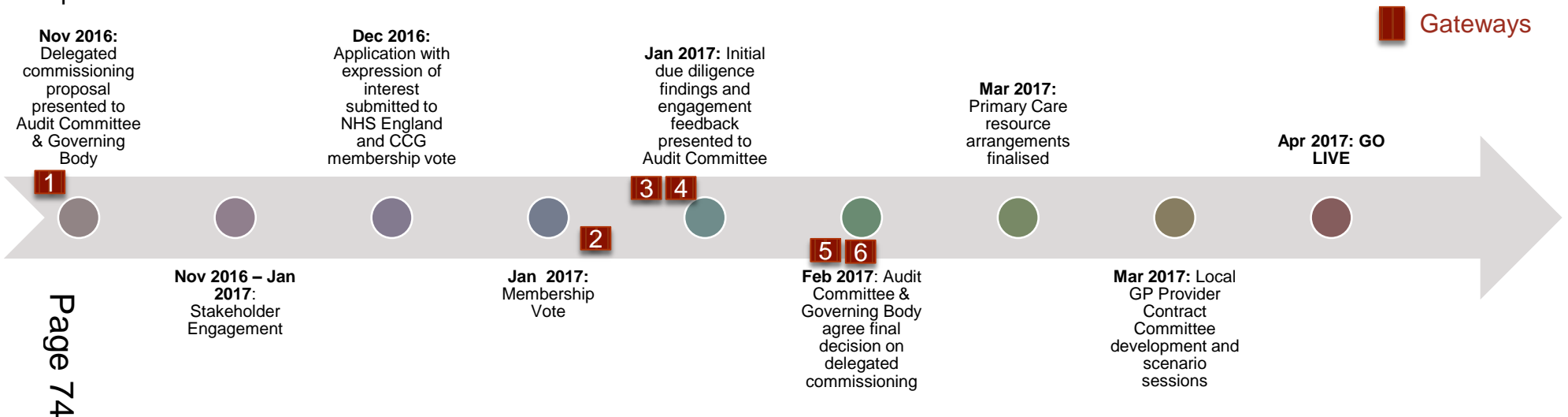


Gateway Process

Gateway	Key Decision / Action	Decision maker(s)	Decision Date
1 Approval for CCG to proceed with application for delegated primary care commissioning subject to gateway checks	<ul style="list-style-type: none"> Agree proposal for applying for level 3 delegated commissioning (application due by 5th December 2016) 	<ul style="list-style-type: none"> CCG Audit Committee Governing Body 	<ul style="list-style-type: none"> Virtually w/c 14/11/16 25th November 2016
2 NHS England confirm whether CCG has been approved to take on delegated primary care commissioning	<ul style="list-style-type: none"> NHS England confirmation as to whether application has been approved 	<ul style="list-style-type: none"> Regional & National NHS England team 	<ul style="list-style-type: none"> 9th December 2017 (regional moderation) 5th January 2017 (national moderation)
3 Membership vote on constitutional changes	<ul style="list-style-type: none"> Agree constitutional changes required to move to delegated primary care commissioning 	<ul style="list-style-type: none"> GP Members (vote) 	<ul style="list-style-type: none"> 5th January 2017
4 Early review of initial Due Diligence findings	<ul style="list-style-type: none"> Review of due diligence findings including: <ul style="list-style-type: none"> Ensuring that all identified risks can be managed within the allocation and by reserves set aside for previous years Ensuring that assumptions built into the operating plans are manageable 	<ul style="list-style-type: none"> Audit Committee Executive Group (Chief Officer, Chief Finance Officer, Programme Director – Long Term Conditions and Primary Care Quality, Independent GP Advisor) 	<ul style="list-style-type: none"> 12th January 2017
5 Review of final due diligence report and recommendation for Governing Body	<ul style="list-style-type: none"> Review of final due diligence report and stakeholder engagement feedback Agree recommendation for Governing Body Approve refreshed terms of reference for Local GP Provider Contracts Committee; scheme of delegation and draft constitutional changes 	<ul style="list-style-type: none"> Audit Committee (extraordinary meeting) 	<ul style="list-style-type: none"> February 2017
6 Governing Body decide on recommendation to progress with delegated primary care commissioning	<ul style="list-style-type: none"> Review of due diligence findings and stakeholder engagement feedback Confirm whether to proceed with delegation process Approve refreshed terms of reference for Local GP Provider Contracts Committee; scheme of delegation and draft constitutional changes 	<ul style="list-style-type: none"> CCG Governing Body 	<ul style="list-style-type: none"> February 2017

Potential Timeline to Delegated Primary Care Commissioning

Outlined below is a high level summary of the steps that would need to take place if City & Hackney CCG were to move to full delegation in April 2017.



Nov Proposal: This will outline what benefits, opportunities and risks are for taking on delegated primary care commissioning, what the roles and responsibilities will be and what the governance structure could look like to support decision making.

Nov – Jan Stakeholder Engagement: CCG constituents will need to be consulted along with other key stakeholders such as, LMC, Healthwatch, and the Health & Wellbeing Board.

Dec Application and expression of interest: This needs to be submitted to NHS England by 5th December 2016. The application will be reviewed by the regional and national teams with confirmation of approval to be issued in January 2017.

Dec-Jan Due Diligence: This process is key in identifying and mitigating any risks and providing assurance to the Governing Body and to NHS England that City & Hackney CCG are in a position to take on delegated authority commissioning arrangements.

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Jan – Mar Resource arrangements: The final arrangements for how the NHS England primary team will function within the NEL STP footprint and will need to be confirmed by NHS England

Feb – Mar Committee Development: It will be important that the Local GP Provider Committee members feel equipped to make GP contract decisions prior to going live in April 2017.

Committee:	Date:
Health and Wellbeing Board	27 January 2017
Subject:	Public
Health and Wellbeing Board update report	
Report of:	For Information
Director of Community and Children's Services	
Report Author:	
Sarah Thomas, Health & Wellbeing Executive Support Officer	

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 update
- Corporate Alcohol Strategy
- Social Wellbeing Panel
- Better Care Fund (BCF) performance
- Launch of Low Emission Neighbourhood
- New City and Hackney Joint Strategic Needs Assessment chapters
- Cooking courses at Golden Lane
- Sustainable City Awards
- Public Health England CityWell case study

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

Enter and View visits at St Bartholomew's Hospital: Healthwatch staff and volunteers have carried out visits to St Bartholomew's Hospital in December 2016 to observe and talk with patients, carers and staff on the nutrition and catering at

the hospital. The visits were designed to coincide with the move to the new catering company at Barts to advise on the need for changes and communicate any concerns and recommendations. The visits also coincide with a forthcoming CQC inspection at St Bartholomew's which is anticipated in January as part of the series of inspections at Barts Trust. Wards visited were medical oncology, haematology, cardiac and cystic fibrosis wards. Visits took place at a range of times throughout the day to witness different meal servings and talk to patients and carers. The full report will be produced in January.

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

3. Safer City Partnership

Safer City Partnership Strategy 2017-20: This document is one of the key vehicles to capture and develop the connections between the health and wellbeing agenda and community safety. The Safer City Partnership will shortly begin the process of refreshing and updating its existing strategy for the coming three years (the strategy is a statutory requirement and is reviewed annually). Following the significant work undertaken last year it is likely that the overall priorities will remain broadly similar; however there is scope to highlight specific targets and work beneath these. Hard copies of the existing strategy will be available at the meeting.

2016 Festive Activity: The proposal to establish an Alcohol Recovery Centre in the City of London in the run up to Christmas and New Year unfortunately was not realised due to the pressures the London Ambulance Service experienced. Given the support across the Corporation and City of London Police for running this project we will be looking to overcome the problems encountered and have one in place for 2017. Initial indications are that the work of Corporation and Police staff saw the Christmas period pass relatively calmly. The pilot scheme with the London Ambulance Service, which saw a cycle Paramedic accompanied by a City police officer during periods of peak demand, is considered to have been highly effective in reducing pressure on ambulances and police officers. The Manager of the Community Safety Team has been invited on to the Steering Committee for Evaluating the Diversion of Alcohol Related Attendance (EDARA), a significant national project involving Cardiff University, the University of Sheffield and the National Institute for Health Research. It aims to improve the understanding and evidence base relating to dealing with alcohol intoxication in night time and recreational settings. Further details of the project can be found here: <http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres>

Domestic Abuse: The City of London Domestic Abuse Forum has changed its name to include Sexual Violence. The current strategic action plan will be coming to an end in March 2017. This plan was developed following a systematic review of how the City responds to domestic abuse, commissioned by the Department for Community and Children's Services. The strategic action plan for 2017-19 is being drafted and will be made available for consultation at the end of January. Helping shape the new action plan will be the emerging City of London Violence

Against Women and Girls Strategy. Consultation with local partners identified the following priorities:

- Access to support
- Raising awareness of ending VAWG
- Ending harmful practice
- Holding perpetrators to account
- Responding to trafficking, prostitution and sexual exploitation
- Addressing harmful attitudes and behaviour at an early age
- Understanding and responding to the health impact of VAWG
- Improving women's safety on public transport
- Embedding learning from Domestic Violence Homicide Reviews and specialist service providers

Prevent (Radicalisation): The Prevent duties introduced in the summer of 2015 place specific responsibilities on the following: Local Authorities, schools, registered childcare providers, further education colleges, independent providers that are eligible to receive public funding to deliver education, Sixth Form Colleges, private further education institutions that have at least 250 students, universities, NHS Trusts and Foundation Trusts, prisons and Youth Offending Institutions, under-18 secure estate, secure training centres, National Probation Service, Community Rehabilitation Companies and police forces including the British Transport Police. The key responsibilities applicable to all specified authorities are:

- Leadership: develop mechanisms to understand the risk, ensure staff understand the risk and have capacity to deal with it, promote the duty and ensure staff implement the duty.
- Partnership: demonstrated partnership working particularly with Prevent Co-ordinators, Local Authorities and Police, via multi-agency forums already in place, such as the Community Safety Partnerships.
- Capabilities: ensure front line staff are trained to understand radicalisation and vulnerabilities, know the supports available and how people can access these supports.

The City of London Prevent Strategy is due for updating. A consultation process will commence in January 2017. Staff working in health and social care settings will remain a key group for training and improving understanding of Prevent and the Channel process. More details and copies of the existing Strategy are available from the Community Safety Team.

City Community Multi Agency Risk Assessment Conference (CCM): The CCM process has now been operating for nearly a year and has proved a useful tool in managing high risk situations and protecting individuals. It has benefited from excellent support from City of London Police and DCCS colleagues. One common recurring issue is the need to improve links to mental health services and the challenges this poses in relation to individuals living outside the City. For further information on the CCM please contact the Community Safety Team.

Contact David MackIntosh, Community Safety Manager, 020 7332 3848

4. Corporate Alcohol Strategy

The Health and Wellbeing Advisory Group recently completed an activity mapping exercise which examined work relating to alcohol misuse in the City. Each of the partners currently focus on different aspects of alcohol harm, such as education and awareness raising, treatment for problem drinkers, licensing, enforcement, community safety and crime and disorder, and also target their services at different groups of drinkers such as residents, City workers and rough sleepers. The partners recognise that alcohol traditionally plays a key role in the working culture of the City and that as a result the City has a thriving night time economy. Their work encourages City workers, residents and visitors to safely and responsibly enjoy alcohol, without causing harm to their own health or compromising the safety of others. The mapping exercise highlighted that whilst there is a great deal of valuable work taking place across the City, there is also potential for greater collaboration between partners, underpinned by a common vision. We are therefore proposing the development of a Corporate Alcohol Strategy to address this and develop a Corporation-wide approach to safe, responsible drinking.

The strategy will provide an overview of alcohol harm in the City, covering both the impact on individual health and the wider community in terms of crime and safety. It will describe what needs to be done to create a culture of safe and responsible drinking in the City, prevent a further increase in ill health caused by alcohol, improve the health of problem drinkers and tackle alcohol-related crime and anti-social behaviour. The Public Health team will lead on the strategy, working in partnership with departments across the City Of London Corporation, City Of London Police and City and Hackney CCG.

Contact Sarah Thomas, Health and Wellbeing Executive Support Officer, 020 7332 3223

5. Social Wellbeing Panel

The Social Wellbeing Panel, comprising elected Members and senior officers from the City Corporation, met earlier this month to learn more about the causes of loneliness. Attendees heard from charities, researchers and local authority commissioners about the factors that can contribute to loneliness as well as interventions that have been successful elsewhere. The panel discussed social isolation amongst new parents, Black and Minority Ethnic older people, City residents living away from the main estates and those with physical and mental health issues. Despite discussing a range of target groups, common themes emerged:

- that peer support from those who have experienced similar issues previously can offer significant benefits
- the need for shared spaces where relationships can develop naturally and where community building can take place
- the need for sustained and consistent communication reiterating that support is available, in order to intervene as early as possible and reach those most in need.

The panel will meet again in January to discuss how we can apply this learning to the City. The panel will also be producing a report on its findings which will contribute to the development of the Social Wellbeing Strategy.

Contact Adam Johnstone, Strategy Officer - Housing and Adults, 0207 332 3453

6. Integrated commissioning update

The Health and Wellbeing Board received a report for information in November 2016 on exploring an integrated commissioning model between the City of London Corporation and City and Hackney CCG. An agreement was made by Community and Children's Services Committee and Policy and Resources Committee to explore this model with a more detailed report to be brought back to Members in early 2016. A Project Steering Group has been looking at some of the detail around governance and the financial framework for an integrated commissioning model and this will be presented to Community and Children's Services Committee in February 2016. This falls outside of the cycle of meetings for the Health and Wellbeing Board so an electronic version will be circulated to the Board for their information.

Contact Ellie Ward, Integration Programme Manager, Tel: 020 7332 1535

7. Better Care Fund (BCF) performance

Health and Wellbeing Boards are required to complete quarterly returns on BCF performance. The return for quarter two was submitted in November 2016. In summary:

- The total BCF pot (including the services commissioned by CCG) is £627,000. It is forecast that there will be an underspend of £6,000 which is due to the budget for one service being slightly less than originally planned. . The City of London has only invoiced the CCG for BCF funds every six months and will be invoicing for the remaining funding at the end of quarter four.
- Non-elective hospital admissions are increasing and above target. This is a specific area of focus for action.
- Delayed Transfers of Care are also increasing and above target but these are all NHS attributable delays due to awaiting public funding and friends and family choice. Delays attributable to social care remain at zero.
- Performance is good on permanent admissions to residential care – to date this year there have been two against an estimate of 11.
- Data on carer reported quality of life and service user satisfaction will be available next financial year after an analysis of survey responses.
- Most of the national conditions have been met but the main area that is still in progress is around information / data sharing. This related to the IT Enabler project which is evolving. There is also a partial national condition around 7 day support services. Although there are 7 day support services available, work is underway to establish effective co-ordination and referral pathways for the services

There are a number of actions currently taking place which will have an impact on BCF performance in the future including:

- Primary care engagement: Liaising with practices via both consortia and quadrant structures, particularly focusing on those with greatest admission increases. Review peri-admission period to identify preventative primary care management plan.
- Continued roll out of Coordinate my Care (CMC): CMC will be used for care planning across as many care settings as possible to improve patient care, focusing on the most vulnerable patients at risk of A&E attendance and admission. The wider urgent care system, including 111, LAS, and our GP out of hours service have permission to view the care plan and provide an update.
- Discharge planning will be supported by inpatient teams viewing care plans agreed with patients prior to admission, with long-term plans and wishes clearly identified. Earlier discharge will be enabled across 7 days through quadrant teams and supported by comprehensively embedding the trusted assessor model across the acute and community. A plan to develop a local discharge to assess model will be established as part of a wider programme of quadrant development.

Contact Ellie Ward, Integration Programme Manager, Tel: 020 7332 1535

8. Launch of Low Emission Neighbourhood

The Mayor of London has awarded the City of London Corporation £990,000 over three years to implement a Low Emission Neighbourhood (LEN) in the Barbican, Guildhall and Barts area following a successful funding application submitted in April 2016. The City Corporation is match funding the Mayor of London's contribution meaning the total LEN project budget will be around £2 million. The City of London LEN is one of five that will be set up across eight boroughs that will come into full effect by the start of 2019.

This area was chosen as it supports plans for improvements to Beech Street and the cultural hub, supports the Barbican Estate's plans for consolidation of deliveries and introduction of electric vehicle charge points as well as building upon previous air quality engagement projects with Barts Health NHS Trust, Barbican residents and local businesses.

The LEN proposals include air pollution awareness events, working with businesses to tackle emissions from deliveries and freight, rollout of electric vehicle charging infrastructure for residents, restricted access to Beech Street for all but the cleanest vehicles, and the introduction of green taxi ranks.

The aim of the LEN is 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 is anticipated that the most successful measures will be rolled out across the City and it will not only have a beneficial impact on air quality in the

Barbican area but also result in a more liveable neighbourhood with less traffic, improved public realm, safer places to cycle or walk and new green infrastructure.

For further information contact the Air Quality team: cityair@cityoflondon.gov.uk

9. New City and Hackney Joint Strategic Needs Assessment chapters

New content for the City and Hackney's Joint Strategic Needs Assessment (JSNA) has recently been published and is now available online. The new content covers the following three chapters:

- Society and environment: This chapter covers the 'wider determinants' of health and wellbeing for the local population – including community cohesion, housing, living standards, employment, education and the built environment.
- Lifestyle and behaviour: This chapter covers four of the most important behavioural influences on health – physical activity, diet, smoking and alcohol consumption.
- Children and young people: This chapter covers pregnancy and infancy, physical health, vulnerable children and use of clinical services. Children and young people's mental health is covered in the 'Mental health and substance misuse' chapter published in early 2016.

The new content can be viewed here: www.hackney.gov.uk/jsna ('Health and wellbeing profile – update 2016' section).

10. Cooking courses at Golden Lane

Following on from the success of the cooking courses that took place at Artizan Street Library in 2016, Bags of Taste have been commissioned to provide further courses at Golden Lane Community Centre. The course is designed around driving dietary behaviour change, teaching those living in food poverty to cook nutritious food on a tight budget. All recipes that will be taught cost less than £1 a portion to make and are designed to appeal to modern sophisticated and international tastes whilst also being healthy. The course is shown to improve confidence, teaching cooking skills and providing local shopping and budgeting advice. At the end of the session, participants can also buy a food bag for £3.00 which contains ingredients for two meals for two people to cook at home along with the recipes cooked in the lesson.

Contact Poppy Middlemiss, Strategy Officer – Health and Children, 020 7332 3002

11. Sustainable City Awards

The Sustainable City Awards are a national "green business" awards scheme administered by the City of London Corporation. They aim to recognise and reward best practice in environmental management and sustainable leadership. The awards were established in 2001 and attract applications from businesses across the UK, from SMEs and charities to multi-national banks and corporations. The City of London Health and Wellbeing Board is supporting the "Health and Wellbeing" award. This category recognises best practice in promoting health and wellbeing, either through projects to improve the health and wellbeing of an

organisation's own workforce or work they do that benefits the health of the wider community. Judging will take place in May, followed by a ceremony in June. Contact Sarah Thomas, Health and Wellbeing Executive Support Officer, 020 7332 3223

12. Public Health England CityWell case study

CityWell is the City of London's internal employee health and wellbeing programme. In 2016 CityWell introduced desk break walks, encouraging employees to walk briskly for ten minutes every day. The campaign highlighted that our lives may not always be as healthy as we think and that walking at a brisk pace for just ten minutes on a regular basis can have enormous benefits on our physical and mental health. It can reduce stress and the risk of serious diseases such as type 2 diabetes and cancer. In partnership with Public Health England, CityWell released a case study, which is being circulated to Local Authorities throughout the UK as a best practice example and will be included and examples of the resources developed will be used within the national employers' toolkit.

Follow the link to access the case study: www.businesshealthy.org/wp-content/uploads/2016/12/6.2571-PHE-One-You-Local-Authority-City-of-London-v4.pdf or contact Becca Abrahams, Wellbeing Project Officer, 020 7332 3439

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