



Health and Wellbeing Board

Date: FRIDAY, 28 FEBRUARY 2020
Time: 11.00 am
Venue: COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

Members:

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| Marianne Fredericks, Court of Common Council (Chairman) | Natasha Brady, City of London Police |
| Deputy Joyce Nash, Court of Common Council (Deputy Chairman) | Andrew Carter, Director of Community and Children's Services |
| Randall Anderson, Chairman of Community & Children's Services Committee | Mary Durcan, Court of Common Council |
| Jon Averbs, Markets & Consumer Protection Department | David Maher, NHS City and Hackney CCG |
| Gail Beer, Healthwatch | Dr Gary Marlowe, Clinical Commissioning Group (CCG) |
| Matthew Bell, Policy and Resources Committee | Sandra Husbands, Director of Public Health |
| | Jeremy Simons, Chairman of Port Health and Environmental Services Committee |

Enquiries: Leanne Murphy
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leanne.murphy@cityoflondon.gov.uk

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

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the public minutes and summary of the meeting held on 22 November 2019.
For Decision
(Pages 1 - 6)
4. **ANNUAL REVIEW OF THE BOARD'S TERMS OF REFERENCE**
Report of the Town Clerk.
For Decision
(Pages 7 - 8)
5. **HEALTHIER CATERING COMMITMENT FOR FOOD BUSINESSES IN THE CITY OF LONDON**
Report of the Director of Markets & Consumer Protection.
For Information
(Pages 9 - 12)
6. **CORPORATE SPONSORSHIP GUIDANCE ON FOOD AND DRINK - TO FOLLOW**
Report of the Director of Community and Children's Services.
For Decision
7. **ACCESS TO DEFIBRILLATORS IN THE CITY OF LONDON**
Report of the Director of Community and Children's Services.
For Decision
(Pages 13 - 16)
8. **NEW INTERVENTIONS AND APPROACHES FOR ROUGH SLEEPERS: FINAL REPORT SUMMARY**
Report of the Director of Community and Children's Services.
For Information
(Pages 17 - 22)
9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch Ciy of London.
For Information
(Pages 23 - 32)
10. **LOCAL PLAN AND HEALTH IMPLICATIONS**
The Director of the Built Environment to be heard.
For Information

11. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Director of Community and Children's Services.
For Information
(Pages 33 - 40)
12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
14. **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

15. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the meeting held on 22 November 2019.
For Decision
(Pages 41 - 42)
16. **ROUGH SLEEPING OPTIONS APPRAISAL - NEW INTERVENTION PROPOSAL**
Report of the Director of Community and Children's Services.
For Information
(Pages 43 - 138)
17. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

Confidential Agenda (circulated separately)

19. **CONFIDENTIAL MINUTES**
To agree the confidential minutes of the meeting held on 22 November 2019.
For Decision

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HEALTH AND WELLBEING BOARD

Friday, 22 November 2019

Minutes of the meeting of the Health and Wellbeing Board held at Guildhall at 2pm

Present

Members:

Marianne Fredericks (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Randall Anderson - Chairman of Community and Children's Services Committee
Jon Avern - Director of Markets and Consumer Protection
Matthew Bell - Chair of Policy and Resources Committee's representative
Andrew Carter - Director of Community and Children's Services
Jeremy Simons - Chairman of Port Health and Environmental Services Committee
David Maher - NHS, City and Hackney Clinical Commissioning Group (CCG)
Sandra Husbands – Director of Public Health
Pete Digby – City of London Police, Secure City Programme Director

In Attendance

Officers:

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|-----------------|---|
| Kate Smith | - Town Clerk's Department |
| Julie Mayer | - Town Clerk's Department |
| Simon Cribbens | - Assistant Director, Commissioning and Partnerships – Community and Children's Services |
| Dr Andy Liggins | - Interim Public Health Consultant |
| Claire Giraud | - Community and Children's Services |
| Xenia Koumi | - Community and Children's Services |
| Jordann Birch | - Community and Children's Services |

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Gary Marlowe.

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

There were no declarations.

3. MINUTES

RESOLVED, That – the minutes of the meeting held on 3rd October 2019 be approved.

Matters arising

Members noted that the Rough Sleeping Options Appraisal (New Intervention Proposal) was being presented to the Homelessness and Rough Sleeping Sub

and Community and Children's Services Committees in December 2019 and the Health and Wellbeing Board in January 2020.

Members asked to receive alerts in respect of Carers' Days.

4. MENTAL HEALTH ACTIVITIES

Members received a report of the Director of Community and Children's Services in respect of the Mental Health activities initiated by the City of London Corporation's Public Health Team. Members also noted progress in respect of the City's Mental Health Centre, which was due to open in May 2020. Members were invited to contact the Chairman or Deputy Chairman if they wished to undertake first aid mental health training and/or children and young people's mental health training, as more work would be forthcoming in this area. The officer explained that all training would be evaluated after 6 months, and officers had approached 2 barber training schools in Westminster.

Members noted that Public Health England (PHE) had said that the City's Suicide Prevention Action Plan, the joint City and Hackney Clinical Commissioning Group, the City of London Corporation and the London Borough of Hackney's Mental Health Strategy and action plan were exemplary. This was in the context of the joint City and Hackney Clinical Commissioning Group, the City of London Corporation and the London Borough of Hackney applying to be joint signatories of the prevention concordat for better mental health. Furthermore, the PHE had asked if they could use the strategy and action plans as models for other local authorities.

In response to questions about the success of Dragon Café in the City, Members noted that the café had regular attendees and lots of personal recommendations. Whilst the Dragon Café offers a safe space for people to engage with and develop skills to support mental wellbeing, it is not the same type of intervention as the "Crisis Café" in Hackney. Members noted the potential for community space at the Barbican and the pop-up centre at the Barbican Library last week.

RESOLVED, that – the report be noted.

5. HEALTH AND WELLBEING BOARD UPDATE

Members received a report of the Director of Community and Children's Services in respect of; (1) Annual Review of Progress of the City Corporation's Declaration on Sugar Reduction and Healthier Food; (2) Health and Wellbeing Advisory Group; and (3) Children's Partnership Board.

Members noted that a range of healthy eating initiatives were bedding into the Corporate Catering Contract, which had commenced in September 2018. The City Corporation's Environmental Health Team has started to roll-out the Healthier Catering Commitment standard across the City and has adopted a flexible approach, due to the low number of 'traditional' take-aways in the City. The officer also mentioned that some corporate guidance on sponsorships is in development, which will target lower-level contracts held by the City Corporation.

There was some discussion about the importance of education in enabling residents and workers to make informed decisions; noting the common misconceptions about some 'healthy' foods, which could be very high in salt and fat content, as well as the more obvious high sugar snacks. Members noted that officers were particularly mindful of such advice appearing dictatorial and the potentially negative impact on those suffering from eating disorders.

Members discussed the article in the press today in respect of high childhood obesity levels and suggested that the City School Boards be engaged. Members also noted that levels of childhood obesity in the City were very low and that work is being conducted at a pan-London level to see whether regulations to restrict junk food advertising from within 100 metres of schools can be extended to other popular settings for children. Members suggested that this could include school trip landmarks. The CCG representative advised that they were looking to co-ordinate their action plans with respect to tackling childhood obesity and creating healthier food environments for children.

RESOLVED, that – the report be noted.

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

There were no questions.

7. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Chairman agreed to admit the following item of urgent business:

The City of London Corporation's Draft Sport and Physical Activity Strategy for 2020-25

Members received a report of the Head of Corporate Strategy and Performance in respect of the City Corporation's Draft Sport and Physical Activity Strategy for 2020-25. Member noted that the report was being presented to a number of committees and comments from previous meetings had been circulated to the Health and Wellbeing Board. Members asked if all comments could be circulated to the relevant committees at the end of the consultation period.

During the discussion the following points were raised:

- Currently the report is a 'wish list' and required more focus on a specific priority or priorities.
- Could schools be included as part of 'making the most of our assets'?
- Could we include reference to the City being a water fronted authority and the fact that rowing is well supported by the City Corporation?
- Could existing relationships with Sport England and Marathon Charities be expanded?
- Could opportunities in the wider open spaces beyond the City be explored?

- Could the existing levels of ‘invisible exercise’ be surveyed, i.e. – walking, cycling and gym use? Could gyms offer reduced rates to residents at weekends as is the case at the Golden Lane Leisure Centre?

The Head of Service advised that a summary of spending was being compiled. The report before Members sought their views on commissioning a review of the commercial prospects of existing assets and how best to promote participation and access. Members noted that a review of needs and opportunities (such as to accessing City gyms at discounted rates) was required and more detailed information on stakeholders’ views. The Head of Service explained that this would help us to understand where and how to remove the barriers to participation and what the City Corporation should focus on. The report therefore suggested that this would best be carried out by experts in the field.

Members noted that the next version of the report would focus on their input and, as the Strategy progresses, officers would seek to fill any gaps in stakeholder views and data. Members also noted comments from previous committees on streamlining the governance and ownership of the Strategy. The Head of Service would be taking the Town Clerk’s advice as to how this should be taken forward.

RESOLVED, that – the report and Members’ comments be noted.

8. 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 Part 1 (Schedule 12A) of the Local Government Act.

Item no:

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Para no:

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2, 3 & 4

9. CITY OF LONDON POLICE - RIVER CAMERAS PROJECT

Members received a verbal update from the City of London Police.

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

There were no questions.

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

There were no items.

Confidential agenda

12. PUBLIC HEALTH SHARED SERVICES

Members considered and approved a report of the Director of Public Health

The meeting ended at 3.55 pm

Chairman

Contact Officer: Julie Mayer

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| Committee: | Dated: |
| Health & Wellbeing Board | 28 February 2020 |
| Subject: Terms of Reference | Public |
| Report of: Town Clerk | For Decision |
| Report author: Leanne Murphy – Town Clerk’s Department | |

Summary

As part of the post-implementation review of the changes made to the City Corporation’s governance arrangements in 2011, it was agreed that all Committees should review their terms of reference annually. This is to enable any proposed changes to be considered in time for the annual reappointment of Committees by the Court of Common Council.

The terms of reference of the Health & Wellbeing Board are attached at Appendix 1 to this report for Members’ consideration.

Recommendations

It is recommended that:

- the terms of reference of the Board, subject to any comments, be approved for submission to the Court of Common Council in April, and that any further changes required in the lead up to the Court’s appointment of Committees be delegated to the Town Clerk in consultation with the Chairman and Deputy Chairman; and
- Members consider whether any change is required to the frequency of the Committee’s meetings.

Appendices

- Appendix 1 – Terms of Reference

Leanne Murphy

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HEALTH & WELLBEING BOARD

1. Constitution

A Non-Ward Committee consisting of,

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

2. Quorum

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

3. Membership 2019/20

- 3 (3) Marianne Bernadette Fredericks, *for three years*
- 3 (3) Thomas Alexander Anderson
- 6 (2) Joyce Carruthers Nash, O.B.E., Deputy

Together with the Members referred to in paragraph 1 above.

Co-opted Members

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

4. Terms of Reference

To be responsible for:-

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

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

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

5. Substitutes for Statutory Members

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

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| Committees: | Dated: |
| Port Health & Environmental Services Committee Health and Wellbeing Board | 14/01/2020 28/02/2020 |
| Subject: Healthier Catering Commitment for Food Businesses in the City of London | Public |
| Report of: Jon Avern, Director of Markets & Consumer Protection | For Information |
| Report author: Christine Denington, Environmental Health Officer, Department of Markets & Consumer Protection | |

Summary

This report provides details on the delivery of an action area pledge the City of London Corporation made when they signed the Local Government Declaration on Sugar Reduction and Healthier Food.

The pledge included the implementation of an accreditation scheme for local food retailers that incentivises a healthier offering. The Healthier Catering Commitment scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the menus / recipes of the food sold in their premises.

Recommendation(s)

Members are asked to:

1. Note the contents of this report.

Main Report

Background

1. This committee and the Health & Wellbeing Board received an annual progress review on the Local Government Declaration on Sugar Reduction and Healthier Food in November 2019. The City of London Corporation is committed to pledges against six Action Areas through signing up to this declaration.
2. In the related Healthy Eating & Sugar Reduction Action Plan 2018-19, Action Area 4 aims to '*Support businesses and organisations to improve their food offer*'. This includes the implementation of an accreditation scheme for local food retailers that incentivises a healthier offering.
3. This report sets out the details of the scheme, which is an enhanced version of the London-wide Healthier Catering Commitment (HCC) scheme. The enhancements for the City include additional criteria that considers sustainability including the Plastic Free City initiative, a commitment to recycling waste and developing a food waste reduction plan. It also signposts participating businesses to 'Safety Thirst', the City of London's accreditation scheme promoting a safe drinking culture.
4. The Association of London Environmental Health Managers (ALEHM) developed the original Healthier Catering Commitment (HCC) scheme in autumn 2010 in response to

London Boroughs that wanted to help local businesses offer healthier options. The changes are simple enough for even the smallest of operators, but also scalable for larger businesses.

5. The HCC scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the menus / recipes of the food sold in their premises. The award is accredited by Environmental Health Practitioners and businesses are given a recognisable window sticker & certificate.



6. The HCC scheme is based on the principle that “small changes can make a big difference”; it’s not about selling different foods, it’s about small changes to the way food is prepared, cooked and served without compromising taste or trade.
7. Scoping and development work included reviewing criteria from other healthy eating schemes, the benefits of a tiered / graded system and meetings with head office representatives to gauge business interest. This was very positive with businesses coming up with additional ideas which we have incorporated in to the bespoke HCC assessment.
8. Since the launch of the London-wide scheme in 2011, it has been supported by the Mayor of London and the London Food Board. The Mayor of London’s Food Strategy 2018 details the GLA’s support for the scheme.
9. There is a website for both businesses and consumers www.healthiercateringcommitment.co.uk which explains the scheme, and which includes an interactive map showing the location of accredited HCC premises. To help businesses there are also guidance notes and fact sheets.

What is the problem?

10. Diet-related conditions, including obesity, diabetes and heart disease, are some of the greatest health problems facing the UK today. More is spent on the direct medical costs of diabetes and obesity-related conditions than on fire and police services combined. And the total societal cost of obesity, including lost productivity, is second only to smoking.
11. Overweight, obesity and poor diet contribute to a wide range of health problems including type 2 diabetes, cardiovascular disease, some cancers and musculoskeletal problems.
12. In London, 13.5% of deaths can be directly attributed to diet and more than 3.8 million Londoners are overweight or obese.
13. Unhealthy diet causes one in seven deaths in Britain every year. Research published in *The Lancet*¹ in 2019 found lack of fruit and fibre is taking the heaviest toll, fuelling

¹ Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)30041-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30041-8.pdf)

diet related chronic conditions. In total, poor diet was found to be responsible for 90,000 deaths in the UK a year².

14. Poor diet also contributes indirectly to further deaths through many of the metabolic risk factors (high BMI, high cholesterol, high blood pressure, high fasting glucose).
15. Food consumed outside of the home tends to be higher in saturated fats, salt and sugar than food freshly prepared at home and over-consumption of foods high in sugar, fat and salt, and sugary drinks is a major contributor to the problem.
16. The City Corporation has one of the highest numbers of fast food outlets of any local authority area in the country, 15th out of 326.

Current Position

17. Twenty-three London local authorities are currently promoting the HCC scheme or related schemes with another 2 considering re-joining.
18. Most catering businesses (with the exception of schools, nurseries, care homes and hospitals that have specific nutritional guidelines) whose primary business is the supply of food products for consumption on or off the premises, are eligible to take part in the scheme provided that they are compliant in terms of food hygiene and are safe places to eat. They must have achieved a score 4 or 5 on the Food Hygiene Rating Scheme.

Further development of a City HCC scheme

19. We are focussing on small chains with less than 20 stores and independent caterers. To date 5 businesses with diverse menus have been signed up and an assessment visit has been set up with the Head Office representative of a small chain with 5 businesses within City of London
20. The HCC scheme is not too onerous for the businesses and in the City of London it is often not so much starting a conversation but continuing the conversation on healthier eating - e.g. some salads might not necessarily be the healthiest option on a menu.

Corporate and Strategic Implications

21. Becoming overweight and preventing obesity is a focus of the City Corporation's Joint Health and Wellbeing Strategy and also supports Departmental Business Plans, the Department of Community and Children's Services' Plan, which list as a priority that **"people of all ages enjoy good health and wellbeing"**.
22. The adoption of the Healthier Catering Commitment supports the aims and outcomes set out in the Corporate Plan 2018-23, helping to **'contribute to a flourish society'** by directly supporting the achievement of **'Outcome 2 – People enjoy good health and wellbeing'**.
23. It also directly supports the City Corporation's Responsible Business Strategy, specifically Priority 1: **"People's wellbeing"** within Outcome 1: **"Individuals and communities flourish"**. It demonstrates how the City Corporation can embed responsible business practices into its works by using its convening power, **'to**

² <https://www.telegraph.co.uk/global-health/climate-and-people/poor-diet-causes-one-seven-deaths-britain-lancet-finds/>

highlight and advocate for responsible practices across its networks and partnerships’.

24. Finally, Health features as a key area within the new Local Plan (City Plan 2036) currently in development.

Legal and Financial Implications

25. Under the Health and Social Care Act 2012 the City of London Corporation has a statutory responsibility to improve and protect public health in the local authority among the resident, worker, student and rough sleeper populations and to reduce health inequalities.

Conclusion

26. This report provides details on the delivery of an action area pledge the City of London Corporation made when they signed the Local Government Declaration on Sugar Reduction and Healthier Food. The pledge included the implementation of an accreditation scheme for local food retailers that incentivises a healthier offering.
27. The Healthier Catering Commitment scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the menus / recipes of the food sold in their premises.
28. The enhanced version of the London-wide Healthier Catering Commitment scheme includes additional criteria that considers sustainability including the Plastic Free City initiative, a commitment to recycling waste and developing a food waste reduction plan. It also signposts participating businesses to ‘Safety Thirst’ the City of London’s accreditation scheme promoting a safe drinking culture.

Background Papers

- Annual progress review on the Local Government; Declaration on Sugar Reduction and Healthier Food; *Health and Wellbeing Board (22 November 2019) and Port Health & Environmental Services Committee (26 November 2019)*

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Environmental Health Officer

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| Committee: Health and Wellbeing Board | Date: 28 February 2020 |
| Subject: Access to defibrillators in the City of London | Public |
| Report of: Andrew Carter, Director - Community & Children's Services (DCCS) | For Decision |
| Report author: Dr Andy Liggins, Consultant in Public Health, DCCS | |

Summary

This report updates the City of London Health and Wellbeing Board on progress since this matter was last discussed in February 2019.

Recommendations

Members are asked to support that the City of London Corporation:

- continues its focus on the detection and prevention of heart disease (including the promotion of smoking cessation, physical activity, healthy eating and better air quality);
- encourages the registration of all defibrillators on the LAS accreditation scheme / The Circuit <https://www.thecircuit.uk> in order to maximise access for the public and first responders;
- reconsiders whether to increase the number of public access defibrillators at members' discretion, if suitable funding were identified, noting that the current density of defibrillators is already high within the City.

Main Report

Background

1. In February 2019 at the City of London Health and Wellbeing Board, Members considered a report of the Directors of Human Resources and Community and Children's Services in respect of the findings from a Corporate Survey on external defibrillators. The Chairman advised, and Members agreed, that they were often approached in respect of the provision of defibrillators and were very supportive of them.
2. In response to a suggestion that the City Corporation should publish a map showing the location of defibrillators, Members noted that an internet company was working with the British Heart Foundation in order to achieve this. Officers

also advised that coverage in the City was very good, particularly during working hours. However, it was suggested that coverage in the Eastern cluster could be better and there should be 24-hour availability in areas supported by the night-time economy. Members suggested that officers contact the relevant voluntary sector organisations and offer support where required.

3. Members RESOLVED, that:

- The continued development of a corporate defibrillator policy and action plan, building on the lessons learned from the defibrillator survey and good practice guidance, be supported. NB. This will ensure that installation of corporate defibrillators is based on first aid needs assessment principles.
- The City Corporation take no further action regarding the installation or promotion of additional public access defibrillators in the City, where there is no identified first aid need.
- The City Corporation be supported in encouraging specialist organisations and the London Ambulance Service (LAS) to take this forward locally, as they are better placed to address this issue.
- The City Corporation be supported in exploring the London Ambulance Service accreditation and whether there would be an appetite for engaging with City organisations that have their own defibrillators.

Progress since February 2019

4. Since the Health and Wellbeing Board decisions above, the following action has been taken.

Internal / City Corporation defibrillators

5. The Corporation Health & Safety team have continued to work internally with stakeholders, to maintain and update the survey of corporate defibrillators (re-surveyed during 2019).
6. As a result of this survey, additional defibrillators have been installed at four Corporation sites based on first aid need, leading to a total of 43 corporate defibrillators across all sites.
7. Accreditation with the LAS requires further internal discussion (see also below).

Public access defibrillators

8. The Cardiac Arrest LAS Annual Report (2018/2019) shows that the overall 'cardiac survival to hospital discharge' rate in London is approximately 11%. However, where a defibrillator is available and used, then this survival rate

increases to 57%. This shows the importance of having defibrillators in public places within the City of London.

9. Mapped defibrillator data shows that, in terms of defibrillator density, central London is the 'safest' place in the UK to suffer an 'out-of-hospital' cardiac arrest, with readily available defibrillator units positioned in key areas. In addition:
 - TfL has defibrillators installed in Tube stations in the Square Mile;
 - The City of London Police operational sites each have defibrillators;
 - Portable defibrillators are carried in all police response vehicles;
 - London Ambulance Service responders all carry defibrillators;
 - Many City businesses have defibrillators installed for their staff, although these are not currently accessible for the public.
10. The LAS Defibrillator Database shows that approximately 91 defibrillators are located within the City of London, predominately within the EC2, EC3 and EC4 postcode areas.
11. Although it is challenging to accurately capture all incidents of defibrillator use in the City of London, according to the LAS database there were 8 'out of hospital' cardiac arrests during the period January to December 2019.¹ Of those patients, six had successful Return of Spontaneous Circulation (ROSC) achieved and were conveyed to hospital. Two patients were certified dead at the scene. Although a small number of cases, this demonstrates the value of public defibrillators, with a 75% success rate being a very positive outcome for patients.
12. There are currently two defibrillator accreditation schemes available:
 - The LAS defibrillator accreditation scheme – this registers all defibrillators in the London area and directs public to the nearest defibrillator to help save lives, in the event of an incident;
 - The Circuit <https://www.thecircuit.uk> is a national defibrillator network, being developed by British Heart Foundation, in conjunction with the Resuscitation Council (UK) <https://www.resus.org.uk> and the Association of Ambulance Chief Executives (AACE) <https://aace.org.uk>
 - Currently the LAS system is arguably the more sophisticated, with automatic alerting features but all ambulance services are working with The Circuit to mutually exchange location data, in order to create seamless and effective coverage across the country.
 - Further registration will be progressed within the City Corporation, private sector and other public sector organisations via discussions with the internal H&SW team, with businesses via Business Healthy and with LAS / The Circuit / TfL and other emergency responders.

¹ To reiterate these incidents are the number of incidents that the LAS Community Defibrillator Team were made aware of and subsequently attended to give the patient, public and staff support.

13. Planning guidance / work with developers:

- Provision of publicly accessible defibrillators cannot be mandated by the City Corporation but the draft City Plan 2036, includes wording to encourage commercial developments to provide defibrillators:

“Major commercial developments should seek to reach outwards into the community by providing services and facilities which can benefit wider health and contribute to ambitions to reduce single use plastics and other waste through the use of public drinking fountains, as well as providing defibrillators and publicly accessible toilets, for example through membership of the Community Toilet Scheme. Signage at the front of buildings should be displayed to make the public aware of the availability of these facilities.”

- Health Impact Assessment (HIA) guidance for developers is being developed this year by the City Corporation and will include defibrillators as one element that would constitute a successful HIA.

14. ‘Free’ defibrillators - this has been investigated during 2019 but those available have two drawbacks. They are unlikely to meet planning permissions (due to their appearance and bulk) and also cannot guarantee compliance with our pledge on HFSS (healthier food) advertising, the latter which supports their business model.

Recommendations

Members are asked to support that the City of London Corporation:

- continues its focus on the detection and prevention of heart disease (including the promotion of smoking cessation, physical activity, healthy eating and better air quality);
- encourages the registration of all defibrillators on the LAS accreditation scheme / The Circuit <https://www.thecircuit.uk> in order to maximise access for the public and first responders;
- reconsiders whether to increase the number of public access defibrillators at members’ discretion, if suitable funding were identified, noting that the current density of defibrillators is already high within the City.

Appendices

- None

Dr Andy Liggins

Consultant in Public Health, DCCS, City of London Corporation

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| Committee: Health and Wellbeing Board | Date: 28.02.2020 |
| Subject: New Interventions and Approaches for Rough Sleepers: Final Report Summary | Public |
| Report of: Andrew Carter – Director, Department of Community and Children’s Services | For information |
| Report author: Will Norman – Head of Homelessness Prevention and Rough Sleeping | |

Summary

This report summarises the key findings and recommendations from the ‘New Interventions and Approaches for Rough Sleepers’ report commissioned from Homeless Link in March 2019.

Recommendation

- Note the report.

Main Report

Background

1. The City Corporation has several unique characteristics that render many traditional responses to rough sleeping problematic to deliver. Solutions are therefore required to respond to a local context that is quite different from neighbouring boroughs for example the high level of business activity, low levels of residential accommodation, together with the fact that the majority of rough sleepers do not have a local connection to the area, means that the CoL has limited resources to dealing with the challenges that rough sleepers present.
2. Therefore, making the most of existing resources through partnership working and innovative practice is key to achieving the desired outcomes for local businesses, the public, plus the appropriate support for rough sleepers in the City in helping to reduce the levels of rough sleeping in the square mile.
3. The report has been commissioned to support the City of London progress its strategic response to rough sleeping as a follow up to the Options Appraisal report presented to the Homelessness & Rough Sleeping Sub-Committee held on 18 February 2018.

4. An interim report summarising the progress of the report was provided to this sub-committee In July.
5. The report focuses on the efficacy of the following four key services:
 - A rapid Assessment Hub
 - Day Centre /service provision (welfare-based approaches)
 - Increased and/or specialist Outreach capacity
 - Additional or Enhanced Accommodation provision
6. The report details Homeless Link's findings from extensive research and their knowledge base of services for rough sleepers, an assessment of supply and demand within the City of London and consultation with all key stakeholders including people with lived experience. The analysis makes recommendations for service improvements and potential additions in order to better meet identified needs.
7. Homeless Link carried out an initial scoping exercise to determine the most appropriate comparator areas to consult using the following criteria:
 - Rough sleeper street count
 - Similar cohort of rough sleepers
 - Business Areas
 - Neighbouring boroughs
8. As a result of our scoping the following comparator areas were agreed:
 - Westminster City Council
 - Southwark Council
 - Tower Hamlets Council
 - Liverpool City Council
 - Lambeth Council
9. This work entailed a desk top review of strategies followed by in-depth conversations and or meetings with the key rough sleeper leads in each area.

Current Position

10. Like other London boroughs rough sleeping numbers in the City of London have increased significantly in recent years. The number of long-term rough sleepers in City of London is consistently higher than in comparator boroughs.
11. Most people living on the streets in the City of London have support needs and at least a third have multiple support needs, most commonly in relation to drugs and mental health.
12. An estimated 15 - 25 rough sleepers with a local connection to the City of London are likely to have an eligible social care need. However, many are not engaging

with Adult Social Care services and those that do, are being referred to expensive out of area placements.

13. Data and stakeholder feedback also indicate there are a significant number of non-UK nationals on the streets who do not have access to UK public funds and therefore are not able to access the full range of homelessness services in the City of London.

Options reviewed

Assessment Hubs

14. CoL lacks emergency accommodation for a range of rough sleepers, including new rough sleepers and people returning to streets. Some of these are highly vulnerable due to mental health or other support needs.
15. The current assessment hub and outreach services are only available for five days a week, which means there is nowhere for people to go or access support at the weekends and at other times of the month.
16. Many clients refuse to enter the existing monthly Pop Up Hub or drop out part way during the week.
17. Five days a week per month isn't enough time to find most people accessing the Assessment Hub suitable move-on accommodation. Access to NSNO hubs is very limited.
18. Comparator boroughs have evidenced the requirement for a permanent assessment centre allowing a longer time to assess and support people to find appropriate accommodation.

Day Centres

19. Day centres can be a lifeline for people living on the streets by supplying them with basic daily living amenities, food, social networks and immediate help and support they may need for both physical and mental health needs plus opportunities for engaging in meaningful activities and developing skills to help with gaining employment.
20. The level and type of support will very much depend on the resources available i.e. a mixture of local authority grant funding and charitable donations.
21. Day centres are expensive and there is very little research on outcomes which demonstrate their effectiveness in relation to moving people off the streets.
22. In addition, four out of five of the comparator areas fed back that day centres can attract people from out of area and it is very difficult to assess the value for money. Three are not commissioning day centres for this reason.

Outreach Services

23. The level of Outreach resource in the City of London should be enough to meet the needs of people sleeping rough. In terms of cost and size this resource is comparable to neighbouring boroughs.
24. Some of the most entrenched rough sleepers refuse to engage with the City of London outreach team.
25. A greater focus on reconnection and access to the private rented sector would help to reduce blockages within the pathway for people sleeping rough.
26. Outreach services in other areas have evidenced increasing success where the service is configured to provide more specialist interventions and lead worker roles. In addition, co-locating a social worker within the team would help to assess social care needs more effectively, resulting in early care intervention, preventing the need for more costlier provision in the longer term.

Accommodation

27. There is a significant shortfall in enhanced accommodation provision. The City of London's accommodation provision is also significantly lower than comparator boroughs.
28. Over half of the commissioned hostel placements are for low support needs and there is a long waiting list for the only hostel that currently provides the 6 high support bed spaces (Great Guildford Street).
29. There is low throughput within the CoL accommodation pathway. This means a significant number of rough sleepers with high/complex needs are remaining on the streets. An analysis of demand data indicates that the shortfall of enhanced accommodation for people with complex needs is approximately 30 bed spaces.

Proposals

30. City of London to commission a permanent 7 day a week Assessment Hub with a capacity of 10 bed spaces, whether this be in single rooms, partitioned rooms or small pods. We also recommend that the selected venue has enough space for communal areas, private office spaces and catering facilities which can be used during the daytime by non-assessment centre residents.
31. That the City of London does not commission a day centre and that resources are better targeted on services that have a greater impact on directing and supporting people off the streets, in order to achieve a longer-term vision of reducing rough sleeping.
32. There is no recommendation to increase the size of the current team, but it is recommended to reconfigure the service with specialist lead worker roles, sub-teams working with flow and long-term rough sleepers and a co-located social worker.

33. The City of London should commission an additional 30 bed spaces of high support accommodation and that this is provided within a standalone unit. This would help to address the immediate shortfall in units plus ensure the success of other commissioning proposals above. Whilst accommodating this number of people within a single project may have some disadvantages in terms of hostel management and delivering personalised support to all residents, the consultants consider this option as preferable to any likely alternative options such as 3 x 10 units' schemes. These are neither practical nor feasible for the City of London, not least because they are likely to be significantly more expensive.
34. Consideration should also be given to providing an element of domiciliary care funding to meet the needs for people who are at or approach the care threshold.

Corporate & Strategic Implications

35. The options reviewed and subsequent proposals meet the following Corporate Plan outcomes;
- Contribute to a flourishing society;
 - People are safe and feel safe.
 - People enjoy good health and wellbeing.
 - People have equal opportunities to enrich their lives and reach their full potential.
36. The options reviewed and subsequent proposals meet the following Homelessness Strategy outcomes;
- Everyone has route away from the streets
 - The impact of homelessness is reduced
 - Nobody needs to return to homelessness

Conclusion

37. There are currently service gaps as well as opportunities in the current service provision for rough sleepers.
38. Assessment hubs/centres, enhanced outreach, supported accommodation and day services all offer benefits, as well as some disadvantages.
39. Most new or adapted interventions will have some co-dependence upon other service areas in order to be successful.
40. All the recommendations in the final report can be expected to positively impact rough sleeping numbers in the Square Mile.

Background Papers

- New Interventions and Approaches for Rough Sleepers: Interim Report (Homelessness and Rough Sleeping Sub-committee, July 2019)

- What Do We Need? – A Service Options Appraisal (Homelessness and Rough Sleeping Sub-committee, February 2019)

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| Committee: | Date: |
| Health and Wellbeing Board | 28.02.2020 |
| Subject: | Public |
| Healthwatch City of London Progress Report | |
| Report of: | For Information |
| Healthwatch City of London | |
| Report author: | |
| Gail Beer, Chair Healthwatch City of London | |

Summary

The purpose of this report is to update the Health and Wellbeing Board on the progress made in establishing HealthWatch City of London (HWCoL) since its inception as a Charitable Incorporated Organisation (CIO) in September 2019. This report will provide members with assurance that HWCoL on the progress made so far in both establishing the organisation and the proposed activities during Quarter Four of 2019/20

Recommendation(s)

Members are asked to:

- Note the report

Main Report

Background

1. Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.
2. HealthWatch City of London is funded by the City of London and has been in existence since 2013. In April 2019 HealthWatch Hackney, (HWE) the organisation delivering HealthWatch services to the City, and the City of London, mutually agreed to end that contract. Following this decision, the Board of HWCoL developed a proposal to deliver these services which was accepted by the City of London in the summer of 2019. HWCoL and came into being in September 2019 incorporated by the Charities Commission as a Foundation Model CIO and Licenced by HealthWatch England (HWE) to use the HealthWatch brand.
3. The contract with the City of London is a three-year contract with a review at the end of year one. HWCoL is one of very few Healthwatches to have been

transferred into a new organisation since the inception of HealthWatch in 2013. HealthWatch City of London is an organisation that is run by City people for City people within the City. We believe this gives us the ability through working with fellow residents and workers and local organisations to identify the issues local people face, respond to them more effectively and gain clearer insights into the needs of local residents, workers and students.

Current Position

4. Healthwatch City of London has been in existence in its current format since mid-September 2019. The focus of the work has been establishing the governance arrangements, becoming operationally stable, developing strategic direction, building networks and participating with partners to establish a local voice.
5. The task of setting up a brand-new organisation, achieving charitable status, employing staff and trying to deliver on some of the required activities should not be underestimated and has required considerable input from the volunteer Trustees.
6. There have been several challenges during the set-up period and are referred to in more detail in the Risk Log (Appendix one) but these include:
 - Accommodation challenges
 - Issues with postal services
 - Problems with new software implementation at our bank
 - The GDPR and Data Protection Act 2018 and its application to HealthWatch

Some of these issues are now resolved but the concerns regarding GDPR and the uncertainty over accommodation are still in existence.

7. Achievements in this period include:
 - Completing all the necessary governance arrangements (excluding appointment of a Data Protection Officer -DPO)
 - Creating over 30 policies that are necessary to support the work of HealthWatch.
 - Setting up office 365 systems that enable all Healthwatch staff and volunteers to become connected.
 - Creating a new Website and social media accounts that are City focused
 - Setting up Finance, Volunteer and Editorial sub-committees managed by volunteers and supported by staff
 - Developed a Communications and Engagement Strategy
 - Developed a Volunteer Strategy
 - Built up several connections locally to support the work of HWCoL, particularly in the Aldgate area.
 - Plan to recruit four new volunteers in the third week of February to carry out planned policy and engagement activities

- Interviewing for an administrative assistant in late February
8. Healthwatch has been participating in several meetings that are important and have implications for the development of services to the people of the City of London.
 - NEL 2021 City & Hackney Communication and Engagement Task Group
 - Integrated Care Board
 - CCG Governing Body
 - St Leonards Redevelopment Project
 9. The volunteer team are also active in the local Patient Public Involvement Group, Barts Patients Forum, GLA older people's stakeholder network and the LAS stakeholder forum. The team have carried out two PLACE assessments, at Newham and the Royal London Hospitals and a food tasting session at the Royal London. We are currently participating in the HWE 'Speak up Campaign'.
 10. We successfully soft Launched HWCoL in January 2020 with approximately thirty attendees from both residents and our networks. The team have also re-formed a substantial number of networks throughout the City of London, Tower Hamlets and Hackney. We have also participated in several events and activities with HWE.

Proposals

11. We are currently recruiting new members of staff as we have not been able to retain our two current staff members. The Communication and Engagement Officers work is a considerable task and has been made more complex by trying to complete set up whilst building networks. We will need to review this role and prioritise the work more effectively, but this can only be done once a new person is in place and the setup has been completed.
12. We have taken the opportunity to review the role of the Managing Director and have revised this role to be much more hands on with Trustees taking a greater role in delivery of the strategic planning and overall co-ordination of activities. Interviews for these posts will take place on the 6th March 2020. A contingency plan to cover the work of HWCoL during any gaps in employment of staff has been put in place.
13. Planned activities Quarter One 2020, include:
 - Enter and View at the Hyper Acute Stroke Unit at the Royal London Hospital
 - Enter and View at Neaman Practice building on last year's work
 - Plan to Enter and View inpatient facilities at ELMHFT with HWH
 - Relaunch of the monthly Newsletter (February) including increased access to local publications
 - Annual Public Meeting (Connecting you with Care) May 2020
 - Conduct two surveys on social care provision and community nursing services and produce reports in Quarter two

- Complete training of all trustees to be able to undertake Enter and View and Training the Trainer for Enter and View
- Design the new performance framework to manage the contract by adapting the HWE Quality Performance Framework
- Develop a robust annual delivery plan for 2020/21 (March 2020)
- Consolidate the strategic plan (March 2020)
- Recruit additional Trustees to support the work of the board ensuring they represent the constituent voices of the City of London
- Established the Time Credits Programme

Implications

14. The Risk and Issues Log attached details our key risks with mitigating actions. The main risks are:

- The contract envelope is insufficient to support the delivery of the contract. This is under review and until we move from set up to full delivery of the contract it is not possible to make a final assessment. HWE are supporting us in developing priorities and this is helping us to keep this under review.
- Contractual obligations are too onerous for staff and Trustees to deliver within the current capacity and timeframes. The set-up of the organisation has taken considerable time and effort, over and above that anticipated. The input of trustees and volunteers is key to delivering the contract and we would be limited in delivery without the work of volunteers. This represents a key risk to the organisations ability to deliver all aspects of the contract.
- Lack of access to long term suitable and accessible accommodation impacts on the ability to deliver the contract. Accommodation changes and delays due to redevelopment of Portsoken site put further pressure on the organisation. Having a local base that is affordable is a key priority.
- Data Security: e.g. General Data Protection Regulations non-compliance: risk of breaches and data is compromised or lost by an external attack. Although good progress has been made compliance and maintaining the integrity of our systems and processes is ongoing.

15. These risks will be kept under close review over the next few months and new risks will be added as our work begins in earnest and we start to deliver on our statutory objectives.

Conclusion

16. In conclusion Healthwatch City of London has successfully completed the set-up phase and is now moving into the next stage, planning and delivery of our core objectives. There are several risks attached to delivery of the contract which will be kept under close review.

Appendices

Appendix 1 – Risks and Issues Log

Gail Beer

Chair Healthwatch City of London

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| Risk No | Risk Description | Likelihood | Impact | Overall Risk Rating | Owner | Consequence if risk is realised | Mitigation/action points |
|---------|---|------------|--------|---------------------|-------|--|--|
| 1 | Finance: contract envelope proves insufficient to support the full delivery within each year . | High | High | 9 | GB | Only able to deliver the essential requirements. HWCOL will not be able operate and deliver the full range of contracted obligations resulting in a Poor Performance Notice and loss of contract. HWCOL may not be able to undertake reviews of service lapses identified by users and provide the scrutiny required . May be in breach of statutory obligations and may be dissolved. Trustees may be in breach of their obligations and sustain personal or professional impact. People of City of London do not get adequate service due to inability to respond to all requests for participation in consultations , events and meetings. Poor monthly cash flow making it difficult to make down payments on items and services for delivery purposes or attend to any unanticipated expense putting operational activities at risk. | Ensure that good financial controls are in place, creation of Finance Sub Committee to develop annual budget and over see and monitor financial position. Produce quarterly management accounts and annual unaudited accounts report in accordance with SORP. Work closely with CoL to develop annual budget and advise when the financial envelope cannot meet demands or, when requested activities exceed financial envelope. Create joint understanding with CoL on expectations; prioritising areas of work that meet contractual agreements and enable HWCOL to scrutinise services as required and requested by users. Ensure the HWCOL team only commits to activities that can be delivered within the known financial envelope. With CoL undertake an annual review of objectives and KPIs to create a deliverable plan. Work with CoL identify risk of loss of continued accommodation in kind. Finance Sub-Committee will (1) review Financial Policies and Procedures and recommend amendments to the Board where necessary to ensure that they are workable in practice and consistent with the Committee's Terms of Reference and (2) monitor both day to day compliance and regulatory compliance. A formal escalation process put in place for early advice to Board and CoL where remedies are required. Implement Performance Framework using HWE Quality Framework as per the agreement with commissioner to enable monitoring of performance and provide evidence. Develop business plan and work plan that gives oversight of the obligations and requirements to the board and identifies when activities exceed capacity; agree plan with CoL. Review requirements and prioritise statutory work. Work closely with other agencies and partners to sustain City voice, joining efforts and resources to maximise impact . Ensure that there is close working with other local Healthwatches to maximise resources and staff time. In partnership with the CoL and HWE regularly review the ability to deliver the contract within current resources and timeframes. Create close working relationship with CoL and HWE to enable prioritisation of activities. Ensure performance regime is deliverable and that KPIs are deliverable within financial envelope and timeframes. Ensure staff and volunteers are Permanent base for 3 days a week has been secured for a year from which to deliver contract. First year free from CoL but only provides for three days a week. Explore longer term solution with CoL , focusing on the Aldgate development . Tap into new CoL VCSE network for further accommodation solutions. Review peripatetic working solution if accommodation 'in kind' provision is reviewed. Explore accepting BEO office offer . Ensure close working with CoL to keep abreast of developments and changes and across the Portsoken estate including the 'Guinness' development plans. Develop a strategy that reaches out to where people are and not bring people into the centre. |
| 2 | Contractual obligations: are too onerous for staff and Trustees to deliver within the current capacity and timeframes. | High | High | 9 | GB | Unable to deliver objectives or meet plan within contracted timeframes, which may reduce the voice of people of city of London and impact on participation and influence as well as credibility as trusted organisation. May result in loss of staff . | Regularly review organisational objectives and contracted activities. Develop recruitment plan to meet target number of Trustees and increase ABMs to ensure workload can be more evenly distributed across volunteers. Recruitment of additional volunteers to help support the organisation using a strong and focused plan. Develop strategy for recruitment of Trustees and volunteers, that reflects the local population and seldom heard groups. Use of time credits to encourage recruitment and volunteering. Ensure volunteers are clear on roles and requirements and feel they are making a difference. Ensure adequate training and support is in place for Trustees and volunteers. Bespoke recruitment for discreet pieces of work, and further development of ABM role. Work with partner organisations to maximise time of volunteers. Clarity on prioritisation of activities and the support and training given. |
| 3 | Lack of access to long term suitable and accessible accommodation impacts on the ability to deliver the contract. Accommodation changes and delays due to redevelopment of Portsoken site put further pressure on the organisation . | High | High | 9 | AL | Lack of clarity on the post September 2020 solution may impact negatively on the organisation's ability to function, forecast and to use resources prudently. It may result in lack of organisational cohesion, with no visible base for users. Portsoken location may deter engagement with residents in the North and West of the City. Resources and access may not be sufficient to deliver the contract e.g. access to WIFI. Additional accommodation charges, business rates and utility bills could impact negatively on finances and reduce the contract deliverables. | Use of Trustees and volunteers as an interim solution. Review roles and salaries depending on volume and standard of applications. Implement volunteer strategy and widen use of the volunteers Will require supervision from trustees during induction of new salaried staff and may need to consider how this is remunerated given constitution. Consider interim paid positions. Consider their role of the new admin assistant to support other work during transition. |
| 4 | Trustee and Volunteer Recruitment and Retention: Inability to recruit Trustees to meet requirements of constitution , reflect the local population and meet the contractual requirements . | High | High | 8 | LS | CIO may become inquorate and not able to comply with the rules laid down in the constitution. Lack of volunteers may result inability to demonstrate local engagement and participate in all the required activities. Trustees and ABMs may be required to undertake additional work as result of lack of staff or competing priorities and must dos. May lead to loss of Trustees and volunteers due to overwork or an inability to commit the time required to achieve all objectives and obligations. The organisation will lose direction and strategic impact. Organisation's delivery becomes unsustainable due to the lack of resources to recruit and manage adequately volunteers. Volunteer numbers is a KPI and lack of recruitment could impact on delivery of the contract. Note that additional volunteers requires additional commitment to ongoing support which can | Staff and volunteers to be trained adequately to ensure compliance of GDPR. Information Governance Policy in place, including Privacy policy and Retention policy. Ensure robust policies and procedures in place that are regularly reviewed by the board. Ensure Data Processor Agreements (DPA) with 3rd party providers is put in place. Source DPO and work in partnership with other Healthwatch to share DPO services to share expertise and reduce costs. Use a trainer experienced in delivering to the NHS, CCG or local provider or other local Healthwatch organisations, undertake a data mapping exercise and identify the critical points of failure and how these points can be mitigated. IT infrastructure, systems and work processes of the organisation to be regularly reviewed and updated when necessary to ensure compliance. Invest in IT systems that are secure. NB City of London Corporation is the data controller under GDPR. Ensure robust escalation processes are in place to inform the board /HWE/CoL immediately of any breach. |
| 6 | Inability to recruit new staff: Roles are not attractive enough or sufficiently remunerated to attract high quality staff to deliver the contract. | | | 8 | GB | Will impact on ability to deliver contractual obligations. Potential loss of contract. Loss of Trustees as workload becomes too onerous. Volunteers appear unsupported and over burdened. Unable to meet contractual obligations | Ensure all Trustees are trained sufficiently to operate and oversee a CIO; includes roles and responsibilities, obligations and requirements form the Charity Commission and CoL. Ensure that the Decision Making Policy is adhered to and that all other necessary policies and procedures are in place, and are adhered to. KPI logs and risk logs must be kept up to date and reviewed at board meetings. Review training needs annually and identify any skills gaps on the board; recruit or train as necessary. Escalation process in place to report breaches. Explore partnering with other Healthwatches to share DPO services. |
| 7 | Data Security: e.g. General Data Protection Regulations non-compliance: risk of breaches and data is compromised or lost by an external attack. | High | High | 9 | AL | Personal data belonging to individuals (including staff and volunteers) may be shared or changed without their consent. Information Commissioner's Office (ICO) and individual owners of the personal data must be informed unless the breach is unlikely to result in a risk to rights and freedoms. Data is lost in an outage. Transfer of Data is proving difficult - if CoL contacts membership database is non GDPR compliant. Losing previous membership will have an impact on the organisation's ability to relaunch and pursue engagement. Private consultant providing DPO services straining resources on small organisation. | Safeguarding policies, DBS checks and Risk Assessments to be reviewed annually by board. General Manager to ensure they are agenda items at board meetings. Ensure sufficient budget is allocated for DBS checks. Ensure up-to-date training is provided both for Safeguarding Adults and C&YP and Enter & View, which if followed properly ensures Safeguarding compliance. |
| 8 | Breach of Statutory Duties: unable to comply with all it statutory functions as a CIO , Healthwatch and Commissioner. | Med | High | 6 | Board | May lose our CIO status, and Healthwatch contract, may be sued by future employee. Trustees put at risk and liable. | |
| 9 | Safeguarding: insufficient compliance and identification of safeguarding issues. | Low | High | 3 | AL | DBS checks may not be in place for all appropriate workers leading to risk to vulnerable contacts. Lack of risk assessment may lead to increased risk of injury to workers or the public. Potential of being sued. | |

Note 1 The following is a useful risk checklist against which activities/projects should be considered and risks identified

> The issue is likely to seriously prejudice or prevent achievement of a principal objective

> The issue is likely to result in a need to seek additional funding to allow it to be resolved or result in significant diversion of resources from another aspect of the organisation

- > The issue will lead to a material impact on the accounts
- > The Treasurer has flagged it as an area for concern and/or significant and needs action
- > The issue will attract significant public interest, or may seriously damage the reputation of the organisation
- > The issue will result in a formal action being taken by an external body

Note 2 Overall risk factor is produced by assigning ratings for likelihood and impact of the risk occurring

Likelihood - High, medium, low


Impact - High, Med, Low

Overall risk rating - Red, Amber, Green

| Risk Factor Look-up Table | | | |
|---------------------------|-----|--------|------|
| IMPACT ↓ | | | |
| High | 6 | 8 | 9 |
| Medium | 4 | 5 | 7 |
| Low | 1 | 2 | 3 |
| PROBABILITY | Low | Medium | High |

Note 3 All 'Red' and 'Amber' rated risks need to have mitigating actions. 'Green' risks just need to be monitored and reviewed

Issues Log

| Issue No | Issue Description | Impact | Impact rating | Owner | Impact | Actions |
|----------|---|--------|---|-------|--|---|
| 1 | Loss of Staff: Current staff will have left by the end of March with no replacements identified | High |  | 9 GB | Inability to deliver the contract at the speed required . We will need to recruited and train new staff at a critical period of time just as set up is completed. May cause CoL and HWE to lose confidence in our ability to deliver the contract . Lack of visibility at meetings as volunteers cover | Recruit new staff with relevant skills and understanding . Ensure induction is focused and concise building on previous work . Chair and Trustees to cover both workload and complete outstanding set up tasks. Trustees to cover three days work per week until mid April. Increase hours of administrative assistant to cover some key tasks. Interview |

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| Committee: Health and Wellbeing Board | Date: 28.02.2020 |
| Subject: Health and Wellbeing Board update report | Public |
| Report of: Director of Community and Children's Services | For information |
| Report author: Jordann Birch, Partnership and Engagement Assistant | |

Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments and policy issues 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:

1. **Coronavirus**
2. **The “Five Ways to Wellbeing” in the City of London**
3. **Health and Wellbeing Advisory Group**
4. **Business Healthy Update**

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

1. Coronavirus (COVID-19) Update

COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in late 2019. Typical symptoms include fever and a cough that may progress to severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The City of London Corporation (City Corporation) are closely monitoring the recent outbreak of Novel coronavirus (COVID-19) and have been working with partners – such as the City of London Police and London Borough of Hackney – to ensure people are informed through key messaging and plans are in place to deal with potential cases in the City and Hackney. The City Corporation have been utilising resources and taking advice directly issued by Public Health England and the Department of Health and Social Care.

As of 18 February 2020, it has been confirmed that 9 patients have tested positive for coronavirus in England and based on scientific advice of [SAGE](#) the UK Chief Medical Officers are advising anyone who has travelled to the UK from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and is experiencing cough or fever or shortness of breath, to stay indoors and call NHS 111.

For the most up to date information and advice, it is recommended to visit the government website directly: [Coronavirus latest information and advice](#).

For further information, please contact Dr Andy Liggins, Interim Public Health Consultant, andy.liggins@cityoflondon.gov.uk

2. The “Five Ways to Wellbeing” in the City of London

In early January, a video on the “Five Ways to Wellbeing”, also known as “Five to Thrive”, was published, with the aim of sharing information about this evidence-based and Government-endorsed approach and showcasing the many opportunities available in the Square Mile for people to engage with them and to help them to stay well, day in, day out

The [short video](#) was developed in collaboration with the City Corporation’s Public Health and Media teams and was narrated by the CEO of the City Mental Health Alliance – Poppy Jaman OBE. Poppy is well-known in the field of workplace mental health, often featuring in the news as a respected authority on the subject.

The “Five Ways to Wellbeing”, also known as “Five to Thrive”, are a set of evidence-based actions to improve personal wellbeing, as developed by the New Economics Foundation and the Government’s Foresight project and endorsed by the NHS.

They are:

- Connect
- Be active
- Take notice
- Keep learning
- Give

Shorter clips of the video, highlighting each of the five elements, were also created, primarily to share across Twitter and LinkedIn, and also to maximise opportunities to re-use the content for future milestones, such as “Be active” for National Fitness Day.

A range of channels – mostly digital – were employed to share the video(s) and the message with the City’s resident, worker and student populations, as well as visitors. These included through Business Healthy, the Library service, City of London Police and Cultural and Visitor Development, as well as with support for external partners, such as the City Mental Health Alliance, City and Hackney Clinical Commissioning Group and an advert in City A.M.

Between the launch on Twitter (13 January) and 5 February, the following engagement was recorded:

| | Impressions | Media views | Total engagements |
|----------------------------|--------------------|--------------------|--------------------------|
| Full-length | 7,850 | 1,930 | 189 |
| Short clips (total) | 20,742 | 1,260 | 146 |

Both the full-length video and the shorter clips have also been shared by partners and stakeholders, so the figures in the table above are a minimum.

The posts of the videos on the City Corporation’s [LinkedIn page](#) received 1,575 views and 4,444 impressions during the same period.

In addition, on the City Corporation’s [YouTube channel](#) during the same period, the full-length video was watched 114 times and the shorter clips a total of 114.

The video also signposts viewers to the “Mental Wellbeing” page on the City Corporation’s website: www.cityoflondon.gov.uk/waystowellbeing Between 13 January and 5 February this webpage received 204 views (187 unique views), compared with 0 during the same period in 2019. This also represented a 1755% increase compared with the previous month (11 views).

For further information, please contact Xenia Koumi, Public Health Specialist, xenia.koumi@cityoflondon.gov.uk

3. Health and Wellbeing Advisory Group

The Health and Wellbeing Advisory Group met on 21 January for updates on:

- Bumping spaces: Carnegie engaging libraries programme
- London Healthy Workplace award
- The Mental Health and Wellbeing action plan
- City of London Corporation Drug and Alcohol Misuse Policy

The City of London Corporation libraries have recently received funding through the Carnegie engaging libraries programme to introduce spaces where people can ‘bump’ into each other, with an aim to tackle social isolation in the community. The project is in the very early stages and progress will be monitored going forward.

The Mental Health and Wellbeing action plan, for the Corporation, has recently been refocused to help prioritise key actions. In 2019, CityWell trained 45 new mental health first aiders, however, moving forward they would like to focus on getting more managers trained up.

The internal Drug and Alcohol Misuse policy is currently being reviewed and HR are looking to consult with a range of stakeholders.

For further information, please contact Jordann Birch, Partnership and Engagement Assistant, jordann.birch@cityoflondon.gov.uk

4. Business Healthy Update

Over the last 12 months Business Healthy has been going from strength to strength and continues to work towards supporting the City of London Corporation's statutory obligations with regards to the health and wellbeing of the local workforce, in line with the Joint Health and Wellbeing Strategy, the Responsible Business Strategy and the Corporate Plan. The network's membership, including that of large and influential organisations, is constantly growing, encouraged by events and activities led and/ or supported by Business Healthy and its partners.

Key achievements over the last 12 months

- During 2019, Business Healthy engaged 225 attendees across 11 different events (not including the Business Healthy Challenge). Topics addressed through Business Healthy's programme of masterclasses included:
 - Tackling HIV-related stigma
 - Gambling and mental health
 - Culture surrounding alcohol in the workplace
 - Menopause
 - It also delivered a half-day event in partnership with the GLA on the health and wellbeing of London's "hidden" workforce – people working in routine and/ or manual roles such as cleaning, security, hospitality, and catering, who experience inequalities with regards to workplace health and wellbeing.

Feedback was extremely positive. For example, between October and December 2019, there were 58 attendees across four events, with 92% of respondents rating them "good" or "excellent" (29% response rate). Additional feedback included:

- *"excellent, many thanks...this information has really helped shape the work we are currently doing and has increased my confidence of a topic that was fairly new to me. Thanks again"*
- *"Thank you for enabling me to participate in the webinar - it was very useful. The information on employer responsibility was very interesting"*
- Business Healthy Challenge (May 2019). Sponsorship was secured from global investment bank Nomura and the Challenge was supported by Public

Health England London. 650 City workers from 60 different organisations took part in the month-long physical activity challenge, which was a significant increase on 2018. Data captured from participants demonstrated positive behaviour change for the long-term.

- Business Healthy has secured media coverage in a range of outlets, including [City Matters](#), [City Security](#), [Employee Benefits magazine](#), [St John Ambulance's LinkedIn page](#), and the [Royal Society for Public Health's blog](#).
- Business Healthy was invited to share best practice from the City of London at several high-profile events:
 - National Suicide Prevention Alliance's 2019 Conference
 - Revo (consortium of national shopping centre owners and managers)
 - City Health International 2019 (Liverpool)
 - Mad World Summit 2019 (partner)
- Business Healthy continued to support outreach of Dragon Café in the City with the local business community, including SMEs, micro-businesses and the self-employed.
- Continued work with Samaritans to host three Suicide Prevention Awareness sessions (February, June and October). Around 50 individuals were trained across the three sessions, representing 21 different organisations, including Sainsbury's, Commerzbank, Macfarlanes and a number of SMEs. Colleagues from Public Health teams in Tower Hamlets and Hackney also attending, facilitating the sharing of best practice with a wider audience. The sessions provided an income for Samaritans and Business Healthy.
- Qualitative research was undertaken with a small group of City employers and workers in 2019, to build on representative research conducted in 2012 and to identify key changes and trends in terms of health and wellbeing priorities among the local workforce.
- Business Healthy has continued to promote City Corporation-commissioned services available to City workers to City employers and their staff alike.

Action against strategic priorities

The Business Healthy Strategy 2017-2020 outlines four key priorities, which are listed below.

1. Expand the Business Healthy network

Targets were set within the strategy to encourage long-term and sustained expansion of the network, covering a range of different indicative metrics:

| Metric | Dec-18 actual (% difference from Dec-17) | Dec-19 target | Dec-19 actual (% difference from Dec-18) | Dec-20 target |
|---|---|----------------------|---|----------------------|
| Individual organisations (members) | 798 (+22%) | 970 | 846 (+6%) | 930 |
| Newsletter subscribers* | 1062 (+3%) | 1250 | 1690 (+59%) | 2660 |
| Twitter followers | 990 (+26%) | 1200 | 1169 (+18%) | 1403 |
| LinkedIn followers | 213 (+42%) | 300 | 265 (+24%) | 331 |
| % of member organisations based in City | 48% (-5%) | 50 | 47 (-2%) | 50 |

The number of newsletter subscribers is used to estimate the number of individual Business Healthy members. When registering to the website, individuals have the option to opt-in to the newsletter, but not all do, so this is an indicative figure.

Significant growth across different areas has been achieved (see above) and ambitious targets have been set to expand the network further over the coming year. Currently, at least one-third of Business Healthy member organisations are Small or Medium-sized Enterprises (SMEs).

Despite targeted efforts to engage employers in the Square Mile, the percentage of member organisations based within the City has reduced. This is unsurprising, given the unique offer of Business Healthy from a local authority, and the influence of the City Corporation on the wider business community as a whole.

Social media reach has increased, as a result of the continued implementation of a social media engagement plan through 2019 and efforts such as the development of the “[Five Ways to Wellbeing](#)” video in partnership with the City Corporation’s media team, which was narrated by the CEO of the City Mental Health Alliance. Business Healthy supports local amplification of national NHS and PHE campaigns to target audiences, such as “Change4Life” and “NHS 111 – Help Us Help You”.

The Business Healthy newsletter moved over to the Microsoft Sway layout in August 2019, providing it with a refreshed look. Feedback on the newsletter is consistently positive, with all respondents rating it as either somewhat or very useful. Here are some additional comments made by recipients:

- *“I’ve signed up to the latest Business Healthy newsletter which is great”* – HR Business Partner, international insurance firm
- *“Really love the new newsletter! 😊”* – Talent and Development Specialist, oil and gas company

- *"I love reading your newsletter – always very inspirational. Also, the new layout is great. Keep up the good work!"* – HR Specialist, global bank
- *"This is the newsletter I was on about 😊 they send me some great stuff and things to think about every month"* – Engagement Lead, major UK retailer
- *"I'm looking forward to next year's events, you guys are really great at organizing."* – Occupational Health and Wellbeing Manager, global construction company

1. Make Business Healthy the "go-to" health and wellbeing resource for City businesses

The website continues to be the main hub of Business Healthy's offering to members and newsletters are circulated to the network regularly, serving as a round-up of workplace health-related activity taking place across the City Corporation and the Square Mile more widely. Where possible, events and activities have been held in collaboration with key partners also operating within the sphere of workplace health and wellbeing in the City.

The blog and resources pages of the website are regularly updated with relevant content and increasing numbers of case studies demonstrating best practice from City employers are sought for the website.

2. Secure high-level buy-in

Business Healthy continues to provide support to high-profile Square Mile initiatives and events, including the Lord Mayor's Appeal's "This Is Me – In the City", Business in the Community and the City Mental Health Alliance. Public Health England's London division endorsed the Business Healthy Challenge in 2019 and continuing work is being done to raise the profile of the network among Members and relevant areas of the City Corporation.

In addition, two Members' Briefing sessions on Business Healthy were delivered in 2019, focusing on how Members can engage businesses within their Wards around the free support available to improve workforce health and wellbeing. As a result of information being shared through ward newsletters, additional organisations have engaged with the programme.

3. Make Business Healthy financially self-sustaining

The strategy outlined that efforts would be made over its duration (2017-20) to move towards making Business Healthy financially self-sustaining, securing a certain percentage of its budget through sponsorship and/ or income-generating activities. The savings targets were set as follows:

- 2017/18: 5% (£1,781) (achieved)
- 2018/19: 10% (£3,562) (achieved)
- 2019/20: 17% (£6,055) (achieved)

In the financial year 2018/19 Business Healthy successfully secured almost £7,000 in sponsorship and charging for events. In addition, Business Healthy secured several in-kind donations from its member organisations through 2019, through free use of venues and refreshments for Business Healthy events.

Looking forward, Business Healthy will continue to seek in-kind sponsorship, as well as a higher proportion of direct income, through charging for events and in exchange for promotional opportunities. This enables Business Healthy to provide innovative and valuable services to organisations and stakeholders within its network.

Looking forward

The Business Healthy strategy is due for renewal and the move of City and Hackney's Public Health services to a shared service means that a refresh of priorities is timely.

In addition to mental and physical health and suicide prevention, there are several emerging issues relating to workplace health and wellbeing that Business Healthy is looking to address through 2020 and beyond, to help raise their profile among City employers and provide support:

- Supporting "hidden" workers
- Women's health
- Substance misuse
- Work-life balance
- The physical environment

Opportunities will also be sought for Business Healthy to contribute to wider work and campaigning relating to workplace health and wellbeing, such as through Government efforts on prevention and the NHS' Long Term Plan.

For further information, please contact Xenia Koumi, Public Health Specialist, xenia.koumi@cityoflondon.gov.uk

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