



Health and Wellbeing Board

Date: FRIDAY, 16 SEPTEMBER 2022

Time: 11.00 am

Venue: COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

Members:

Mary Durcan, Court of Common Council (Chairman)	Steve Heatley, City of London Police
Deputy Marianne Fredericks, Court of Common Council (Deputy Chairman)	Dr Sandra Husbands, Director of Public Health
Gail Beer, Healthwatch	Ruby Sayed, Chairman, Community and Children's Services Committee
Matthew Bell, Policy and Resources Committee	Gavin Stedman, Port Health and Public Protection Director
Andrew Carter, Director of Community and Children's Services/ Safer City Partnership	Deputy Randall Anderson, Court of Common Council
Nina Griffith, Clinical Commissioning Group	

Enquiries: Julie.Mayer@cityoflondon.gov.uk

Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link:

<https://youtu.be/RrlqBeffrl>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

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 minutes of the previous meeting.

For Decision
(Pages 5 - 10)

4. **A PRESENTATION FROM ALZHEIMERS UK**

For Information

5. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22**

Report of the Independent Chair, City and Hackney Safeguarding Adults Board.

This report has a particularly large appendix, which will be circulated separately and added to the Board's web page.

For Information
(Pages 11 - 16)

6. **BETTER CARE FUND 2021-22 AND 2022-23**

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

For Decision
(Pages 17 - 80)

7. **PHARMACEUTICAL NEEDS ASSESSMENT 2022**

Report of the Director of Public Health.

This report has a particularly large appendix, which will be circulated separately and added to the Board's web page.

For Information
(Pages 81 - 84)

8. **NEW GUIDANCE ON HEALTH OVERVIEW AND SCRUTINY COMMITTEES AND HEALTH AND WELLBEING BOARDS - TO FOLLOW**

For Information

9. **JOINT HEALTH AND WELLBEING STRATEGY - VERBAL UPDATE**

For Information

10. **IMMUNISATIONS: POLIO, MONKEYPOX, COVID BOOSTER AND FLU - VERBAL UPDATES**

For Information

11. **SUICIDE PREVENTION IN THE CITY OF LONDON - ANNUAL UPDATE**

Report of the Director of Public Health.

For Information
(Pages 85 - 110)

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 minutes of the previous meeting.

For Decision
(Pages 111 - 112)

16. **SUICIDE PREVENTION IN THE CITY OF LONDON - PUBLIC PROTECTION STUDY**

Report of the Director of Public Health.

For Information
(Pages 113 - 116)

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**

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HEALTH AND WELLBEING BOARD

Friday, 15 July 2022

Minutes of the meeting held at Guildhall at 11.30 am

Present

Members:

Mary Durcan (Chairman)
Deputy Marianne Fredericks (Deputy Chairman)
Gail Beer
Matthew Bell
Andrew Carter
Sandra Husbands
Gavin Stedman

In Attendance:

Helen Fentimen – Deputy Chair of Community and Children’s Services Committee
Jonathan McShane - NHS
Umer Khan – City of London Police

Officers:

Simon Cribbens - Assistant Director, Partnerships and Commissioning, Community and Children’s Services
Xenia Koumi - Community and Children’s Services
Chris Lovitt - Deputy Director of Public Health – City and Hackney
Andrew Trathen - Public Health – City and Hackney
Angela Birch - Public Health – City and Hackney
Dianna Divajeva - Public Health – City and Hackney
Philip Saunders - Remembrancer’s Department

1. APOLOGIES FOR ABSENCE

Apologies were received from Ruby Sayed (Chair of Community and Children’s Services Committee) – represented by Helen Fentimen; Nina Griffiths (NHS) – represented by Jonathan McShane and Steve Heatley – (City of London Police) – represented by Umer Khan.

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

There were no declarations.

3. MINUTES

RESOLVED, that – the public minutes and non-public summary of the meeting held on 6th May 2022 be approved.

4. **SUMMARY AND IMPACT ASSESSMENT OF THE NEW HEALTH AND SOCIAL CARE ACT**

The Board received a report of the Remembrancer in respect of the Health and Social Care Act 2022, which will introduce Integrated Care Systems (ICSs). Members noted that the ICSs will be partnerships of providers and commissioners of NHS services across a geographical area, together with local authorities and other local partners.

During the discussion and questions, the following points were noted:

- a) It might be timely to review the Board's Terms of Reference, possibly including a representative from Tower Hamlets.
- b) Under the previous arrangement, decisions were taken by the Integrated Commissioning Partnership Board (ICPB) on behalf of each statutory organisation, and not just the NHS. There was a general agreement that this model, with 3 Members and Deputies, had worked well.
- c) A meeting had been scheduled to consider governance matters further, with the Director of Community and Children's Services in attendance. Officers agreed to circulate the draft membership to the Board, noting that not all places had been confirmed.
- d) The Director of Public Health expressed concern about the changes being communicated at such a late stage. It was noted that the secondary legislation guidance had been delayed and, officers had received it, the Board would be able to review its Terms of Reference.
- e) Healthwatch would like to have more information in terms of how it will impact on service users and patient involvement and felt that the current structure lacked some clarity in terms of decision making and accountability.
- f) NHS England have indicated that there will be no delegations in the first year, whilst the new structures bed in.
- g) The Department of Community and Children's Services are seeking advice from the City Solicitor in terms of governance and representation of City Members, given the City's unique position in that it does not have Members with executive decision making powers.

RESOLVED, that – the report be noted.

5. **PRESENTATION FROM ALZHEIMER'S AND DEMENTIA UK**

This presentation was deferred to the next meeting of the Board On 16th September 2022.

6. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

The Board received a report of the Chair of Healthwatch, City of London, which updated Members on progress against contractual targets and the work of Healthwatch City of London (HWCoL) in Quarter 1 - 2022/23. Members noted that the service relies on volunteers and thanked Healthwatch for an excellent report and their positive impact on the local community.

RESOLVED, that – the report be noted.

7. **PROPOSAL FOR A JOINT CHILDREN'S & FAMILIES HEALTH AND WELLBEING FRAMEWORK**

The Board considered a joint report of the Director of Public Health (City and Hackney) and the Director of Community and Children's Services, which outlined a proposal to develop a Joint Children & Families Health and Wellbeing Framework (the Framework), which will align with the City and Hackney's Vision and the integrated outcomes framework, which may include NHS, public health, social care and educational outcomes, where relevant. Members noted that the London Borough of Hackney's Cabinet had approved this report as a key decision on 27 June 2022.

During the discussion on this item, the following points were noted:

- a) It would be helpful to Members of the City of London Corporation if more information could be provided about Hackney's vision and strategic priorities. The Director of Public Health agreed to include this in appendices to future reports.
- b) Officers agreed to engage with the City Corporation's Young People's Portfolio Holder.
- c) The Assistant Director, Commissioning and Partnerships, assured Members of the high level of engagement in drafting this report. The City of London Corporation's views were being included, to ensure alignment with the City Corporation's strategic priorities and direction.
- d) In respect of those City residents who use Tower Hamlets Primary Care Services, school nursing and health visiting will continue to be delivered in the City, regardless of where a resident's GP is located. Members noted that the London Borough of Tower Hamlets had been working on a similar framework.

In concluding, the Board generally supported the principles, noting that the report seeks to endorse a direction of travel. It was suggested that future iterations of should be more specific in terms of outcomes for both the City and Hackney. The Deputy Director of Public Health confirmed that the report is a first step in the development of the framework and the Board will have more opportunities to provide input. Members noted that, if they are minded to approve the recommendations, the City Corporation's Community and Children's Services Committee would receive the report for information at their next meeting.

RESOLVED, that:

- a) The continued direction of travel, in terms of partnership and integration across the breadth of children’s health, be noted and endorsed; mirroring current integration of children’s social care and education, and progressing integrated children’s health work
- b) The establishment by the City of London Corporation (with Hackney Council and other applicable partners) of a Joint Children and Families Health Framework be endorsed and approved as a mechanism to support this.
- c) The development of several key partnership principles, which will underpin all children’s health work going forward, be endorsed and approved, noting that they will need to be formally agreed and signed off by all relevant partners.

8. **BUSINESS HEALTHY ANNUAL UPDATE REPORT AND FORWARD PLAN**

The Board considered a joint report of the Director of Public Health and the Director of Community and Children’s Services, which provided an update on the key achievements of the Business Healthy Network from May 2021 to June 2022, including progress against its strategic objectives. The report also outlined a proposed forward plan for activities to be undertaken by the Business Healthy Network in 2022/23 and beyond, to achieve its aim and objectives, and support the City Corporation in its statutory duties regarding public health. It also reviewed the priorities of the Business Healthy strategic plan (2012-2020). Xenia Koumi, Public Health Specialist, was commended for her tenacity in this project.

RESOLVED, that

1. The role Business Healthy has continued to play throughout the pandemic and “recovery” phases be noted.
2. The promotion of the Business Healthy network to employers within their wards and other key stakeholders be supported.
3. The proposed strategic priorities for the Business Healthy programme be approved.
4. The proposals for the Business Healthy forward plan, as set out in Appendix 1 to the report, be approved.

9. **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The Board received a presentation from the Principal Public Health Analyst in respect of the JSNA.

In response to a question about whether incidents of substance misuse occurred amongst people entering the City or its residents, the officer advised that this data set was not yet available but both groups would be captured. The Director of Public Health advised that the JSNA is a ‘needs assessment’, which seeks to understand the burden of disease, in terms of what is being experienced and what is being provided. Whilst it makes recommendations in terms of how to meet requirements, it doesn’t specify or review delivery or commissioning of services. The Director further explained that a transformation team will look at this

data, working with partners, to consider whether need and projected need is being met and, if not, whether pathways need to be changed or increased.

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

A Member asked about the Smoking Cessation Service and the use of vapes, noting that one particular brand is equivalent to smoking 60 cigarettes. The Director of Public Health advised that the service works with vape shops in supporting the use of the devices to wean smokers off cigarettes. The Public Health Team frequently review and evaluate evidence and, whilst E-cigarettes are less harmful than tobacco, it maintains a nicotine habit. Whilst not promoting vaping, it is a pathway to eventually quitting. The Member raised concerns about young people taking up vaping, rather than smoking, as it is a lot cheaper than cigarettes, and whether shop owners should be permitted to hand out testers. The Port Health and Public Protection Director advised that the sale of underage vaping products had been brought to the attention of National Trading Standards. The Director agreed to link up with the Director of Public Health's Team in terms of investigating this further and bringing a report to a future meeting of the Health and Wellbeing Board.

11. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no items.

12. 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.

Item no	Para no
13 – 15	3

13. NON PUBLIC MINUTES

RESOLVED, that – the non-public minutes of the meeting held on 6th May 2022 be approved

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

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

The meeting ended at 1.35 pm

Chairman

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Agenda Item 5

Committees: Health and Wellbeing Board – For Information Community and Children’s Services Committee – For Information Safer City Partnership – For Information City of London Members Safeguarding Sub-Committee – For Information	Dated: 16/09/2022 22/09/2022
Subject: City and Hackney Safeguarding Adults Board Annual Report 2021/22	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	None
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	£
What is the source of Funding?	Partner Contributions
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Dr Adi Cooper, Independent Chair, City and Hackney Safeguarding Adults Board	For Information
Report author: Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager	

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. The Board has three statutory functions:

- a) Develop and publish a strategic plan outlining how the Board will meet its objectives.
- b) Publish an annual report detailing the safeguarding achievements for that financial year.
- c) Commission Safeguarding Adults Reviews for any cases which meet the criteria.

This report outlines the Board’s annual report for 2021/22. It focuses on the key achievements, data for 2020/21 and future priorities for the Board.

Recommendation

Members are asked to note the report.

Main Report

Background

1. The City and Hackney Safeguarding Adults Board is a multi-agency partnership represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur, the Board and its partners are committed to tackling this and promoting person-centred care for all adults experiencing abuse or neglect. The annual report sets out a summary of safeguarding adults' activity across the City of London and Hackney in 2021/22.

Current Position

Key achievements

2. In line with its strategy, some of the key achievements for the Board in 2021/22 include:
 - a) The Board assessed how well learning from Safeguarding Adults Review has been embedded into practice, and put in place measures to ensure that agencies are disseminating learning to staff. One reflection event was held to review how well learning from the MS Safeguarding Adults Review. The Independent Reviewer provided positive feedback on the actions Board partners had taken to address the recommendations from the review.
 - b) The Board continued to commission multi-agency training across the partnership, this includes trauma-informed training and the delivery of a Safeguarding Adults Week which was attended by over 200 professionals.
 - c) The Board undertook one multi-agency case file audit, which assessed safeguarding practice in relation to self-neglect. In total, 10 cases were reviewed, and the learning from the audit is included in the Board's annual strategic plan for 2022/23.
 - d) The Board contributed to King's College London's Communities of Practice for research on homelessness and self-neglect.
 - e) The Board continued to deliver workstreams regarding Transitional Safeguarding (jointly for the Children's Safeguarding Partnership and Community Safety Partnership) and digital safety, as well as contributed to a number of wider joint partnership projects such as the development of the Intergenerational Domestic Abuse Protocol.

- f) City of London Corporation have permanently recruited a social worker based in the Homelessness and Rough Sleeping Service. This has led to an increase in Care Act assessments and preventative interventions for rough sleepers.
- g) North East London (NEL) Clinical Commissioning Group (CCG) complied with delivering NHS Improvement's Safe and Wellbeing Reviews, which assess the wellbeing of individuals living in long-stay hospital settings. In total there were 20 reviews across NEL CCG and 20 across the provider collaborative. The key findings for City and Hackney related to action to support people's physical health. Some individuals experienced delayed discharges due to challenges locating an appropriate community placement. Also, in some cases, remote or virtual care plan reviews had impacted quality and oversight.
- h) City of London Police secured a mental health triage nurse for 2021/22. The nurse has facilitated a decrease in the need to invoke Section 136 of the Mental Health Act, which gives police emergency powers to take someone from a public place to a place of safety.
- i) Age UK supported clients to join video meetings which enabled the organisation to get better insight into their unspoken circumstances and make appropriate safeguarding referrals where relevant.

Areas for further development

3. The Board was unable to meet its goals in relation to the following, and will continue to work on these areas in 2022/23:
 - a) Engagement with residents. While the Board has undertaken outreach work to improve its engagement with residents, it has not been possible to re-establish the service user network it had prior to the Covid-19 lockdowns. The Board will continue to identify ways it can improve engagement with service users and residents in the City and Hackney.
 - b) In preparation for inspection by the Care Quality Commission (CQC), the Board intended to review audits of safeguarding activity within the City and Hackney's Adult Social Care teams. This did not go forward on the basis that the Board was awaiting the publication of a template for this from the CQC. This action has been rolled forward into the Board's annual strategic plan for 2022/23.
 - c) At the start of the financial year, the Board put on a number of learning sessions for voluntary sector agencies. Unfortunately, these were not well attended, and the Board had to cancel further sessions. To address this, the Board is working with its voluntary sector members to help engage with wider voluntary and community sector organisations.

Priorities for 2022/23

4. The Board has set itself the following strategic priorities for 2022/23:
 - a) Publish three Safeguarding Adults Reviews: one mandatory Safeguarding Adults Review under Section 44 of the Care Act; and two discretionary reviews.
 - b) Oversee the Advocacy Project in their delivery of a feedback service for people with lived experience of adult safeguarding.
 - c) Identify and respond to people who are 'on the edge of care' and may not meet the criteria for statutory safeguarding intervention, (Section 42 enquiries) and still have safeguarding needs. This includes supporting the London Borough of Hackney to consider safeguarding issues that arise in the context of Poverty Reduction work.
 - d) Work with the City and Hackney Children's Safeguarding Partnership and the Domestic Abuse Intervention Service to create the Think Family Protocol for the City of London and Hackney.

Key Data

5. The key information was identified from the City of London data set:
 - There were 60 safeguarding concerns raised, of which 33 led to a Section 42 enquiry. While there was an increase in concerns from 2020/21, there was a decrease in Section 42 enquiries.
 - The most common forms of abuse were: self-neglect; neglect and acts of omission; and domestic abuse.
 - In line with national trends, abuse was most likely to happen in the person's own home by someone known to them.
 - Of the 35 concluded cases, 18 people expressed their desired outcome. There were 17 people who had their desired outcomes fully achieved or partially achieved.

6. Corporate & Strategic Implications

- Strategic implications – None
- Financial implications – None
- Resource implications – None
- Legal implications – None
- Risk implications – None
- Equalities implications – None
- Climate implications – None
- Security implications – None

Conclusion

Adult Safeguarding is a critical area of work and should remain a priority for all organisations. For the Safeguarding Adults Board, it will continue to look into key areas of safeguarding concern and ensure that the safeguarding needs of all residents in the City of London and Hackney are met.

Appendices

- Appendix 1 – City and Hackney Safeguarding Adults Board (CHSAB) Annual Report 2021/22

Raynor Griffiths

City and Hackney Safeguarding Adults Board Manager

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Agenda Item 6

Committee: Health and Wellbeing Board	Dated: 16 September 2021
Subject: Better Care Fund 2021 – 22 and 2022 – 23	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly? -	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Andrew Carter, Director of Community and Children’s Services	For Decision
Report author: Ellie Ward, Head of Strategy and Performance	

Summary

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The Fund is based on a pooled budget of funding from CCGs and local authorities. Each year local systems produce plans for the Better Care Fund which have to be signed off by local Health and Wellbeing Boards. Local Areas also have to submit end of year reports to show delivery and impact of spend.

This report seeks Health and Wellbeing Board approval for the end of year report for 2021/22 and the proposed plans for 2022/23. The guidance for plans for 2022/23 was produced in July 2022 with a deadline for submission of 26 September 2022.

Recommendation(s)

Members are asked to:

- Approve the Better Care Fund End of Year Submission for 2021 – 22
- Approve the proposed Better Care Fund Plans for 2022/23 and delegate authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman of the Health and Wellbeing Board, and the Executive Director of Community and Children’s Services, to approve any subsequent changes to the plans prior to submission on 26 September 2022

Main Report

Background

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring clinical commissioning groups (CCGs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.
2. Each organisation has designated funds they have to include in the pooled budget and it is at their discretion whether they add additional funding to the pot.
3. Every year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.
4. The policy and guidance documents for plans are produced each year but are often published late in the financial year. Guidance for plans for 2022/2 was published in July 2021 are due to be submitted on 26 September 2022. All plans have to be approved by the local Health and Wellbeing Board (HWB).
5. Although the plans are submitted after the start of the financial year, local areas are allowed to continue with schemes from the previous year.
6. Local areas are also required to submit end of year plans giving detail of spend, impact and delivery of metrics.

Current Position

7. The BCF end of year report for 2021/22 was submitted in July 2021 and requires Health and Wellbeing Board sign off. This is attached at Appendix 1.
8. For 2022/23, the pooled budget is £1,206,009, consisting of a CCG contribution of £845,259 and a City of London Corporation contribution of £360,750.
9. A range of schemes are funded through the BCF and this can be seen on Tab 5a of Appendix 2. Of the pooled budget £328,977 is being spent on City of London services (not including iBCF and DFG), above the £154,749 required.
10. The City of London schemes in the 2022-23 plan remain broadly the same to previous years but with a change in the elements of the hospital discharge scheme to reflect changing requirements and guidance.
11. Proposed plans are attached at Appendices 2 and 3 and include a narrative plan, which is a joint local system one for the City of London Corporation and the London Borough of Hackney and a City Corporation template with details of income, expenditure and schemes.

12. The template includes 4 key indicators that the City of London Corporation and health partners monitor.

13. The Health and Wellbeing Board is asked to approve the proposed plans for 2022-23. Minor changes may be made by the local health and care partnership and it is requested that approval of these final changes is delegated to the Director of Community and Children's Services in consultation with the Chairman and Deputy Chairman of the Health and Wellbeing Board.

Corporate & Strategic Implications

Strategic implications

The BCF aligns with our corporate priorities of

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.
3. People have equal opportunities to enrich their lives and reach their full potential.
4. Communities are cohesive and have the facilities they need.

It also sits within a wider strategic context of health and social care integration and policies driving hospital discharge work.

Financial implications

The City of London Corporation only contributes required funding to the pooled budget and does not contribute any additional funding.

In terms of expenditure on schemes within the plan, City Corporation schemes are funded above the minimum required from the pooled budget.

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

All schemes which are funded through the BCF and commissioned or delivered by the City of London Corporation are subject to Equality Impact Assessments.

Climate implications

None

Security implications

None

Conclusion

14. The Health and Wellbeing Board is asked to approve the end of year report for the BCF 2021/22.

15. The Health and Wellbeing Board is also asked to approve the proposed 2022/23 BCF plans for the City of London Corporation. Further changes may be made by the local health and care partnership and it is suggested that approval of these final changes is made by the Director of Community and Children's Services in consultation with the Chairman and Deputy Chairman of the Health and Wellbeing Board.

16. Focussing on integration and particularly on hospital discharge and out of hospital services, the BCF plans fund a number of schemes in the City of London.

17. The funding from the pooled budget for City of London Corporation services is above the minimum required and supports a range of work. The main change from previous plans, is a change to the hospital discharge scheme to reflect changing requirements and guidance and changes to some services as part of the re-commissioning process.

Appendices

- Appendix 1 – BCF End of Year Report 2021/22
- Appendix 2 – BCF narrative plan 2022/23 (joint with LB Hackney)
- Appendix 3 – BCF planning template 2022/23

Ellie Ward

Interim Head of Strategy and Performance

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Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

City of London

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

City of London

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
City of London	£37,091
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£37,091

iBCF Contribution	Contribution
City of London	£314,144
Total iBCF Contribution	£314,144

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	No
--	----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS City and Hackney CCG	£709,457
Total Minimum CCG Contribution	£709,457

Are any additional CCG Contributions being made in 2020-21? if yes, please detail below No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£709,457	

	2020-21
Total BCF Pooled Budget	£1,060,692

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

City of London

Running Balances	Income	Expenditure	Balance
DFG	£37,091	£37,091	£0
Minimum CCG Contribution	£709,457	£709,457	£0
iBCF	£314,144	£314,144	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£1,060,692	£1,060,692	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£185,955	£379,151	£0
Adult Social Care services spend from the minimum CCG allocations	£129,887	£276,121	£0

Checklist

Complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Link to Scheme Type description

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Expenditure		Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
								% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)				
1	Care navigator	Other		Supporting safe hospital discharge	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£67,944	Existing
2	Reablement Plus	Home Care or Domiciliary Care			Social Care		LA			Private Sector	Minimum CCG Contribution	£73,606	Existing
3	Mental Health Reablement	Other		Promoting independence and support -	Social Care		LA			NHS Mental Health Provider	Minimum CCG Contribution	£121,716	Existing
4	Carers Support	Carers Services	Carer Advice and Support		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£12,855	Existing
5	ACERS	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£21,286	Existing
6	Asthma	Other		Complex case management of frequent A&E	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,314	Existing

7	Falls prevention	Prevention / Early Intervention	Other	Physical Health and Wellbeing	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£13,267	Existing
8	Out of hours / paradoc	Community Based Schemes			Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£19,604	Existing
9	Homerton CHS - ACRT	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£84,755	Existing
10	Homerton CHS - Community Nursing (int care	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£166,746	Existing
11	Disabled Facilities Grant	DFG Related Schemes	Adaptations		Social Care		LA			Private Sector	DFG	£37,091	Existing
12	End of Life - St Joseph's Hospice	Community Based Schemes			Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£39,688	Existing
13	Neighbourhood Care Model - Community	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£8,563	Existing
14	Neighbourhood Care Model - COL provider	Enablers for Integration	Implementation & Change Mgt capacity		Other	Project management costs	LA			Private Sector	Minimum CCG Contribution	£20,000	Existing
15	ACRT Wait List Clearance	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,792	Existing
16	GP Out of Hours Home Visiting Service	Community Based Schemes			Primary Care		CCG			Private Sector	Minimum CCG Contribution	£55,322	Existing
17	IBCF	Home Care or Domicillary Care			Social Care		LA			Private Sector	IBCF	£314,144	Existing

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

City of London

Income

		2020-21	
Disabled Facilities Grant	£37,091		
Improved Better Care Fund	£314,144		
CCG Minimum Fund	£709,457		
Minimum Sub Total		£1,060,692	
	Planned		Actual
CCG Additional Funding	£0		Do you wish to change your additional actual CCG funding? No
LA Additional Funding	£0		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£0	
	Planned 20-21	Actual 20-21	
Total BCF Pooled Fund	£1,060,692	£1,060,692	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Expenditure

	2020-21
Plan	£1,060,692
Do you wish to change your actual BCF expenditure?	No
Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

City of London

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	There have been well established and strong joint working arrangements within the City and Hackney locality for a number of years and the BCF has been part of that. This provided an excellent base for joint working in response to the COVID-19 pandemic.
2. Our BCF schemes were implemented as planned in 2020-21	Strongly Agree	Yes, this is correct.
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Agree	Overall plans were superceded by the COVID-19 pandemic but our established integrated working provided a strong base on which to build in terms of responding to the pandemic. A System Operational Group was put in place which met weekly and included a wide range of partners including the voluntary sector. The BCF allows us the opportunity to reflect on what

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	During the COVID-19 pandemic, a system wide System Operational Command Group was established. This is moving into becoming a Neighbourhood Health and Care Board which will have the operational focus and governance to support the local Integrated Care Partnership which will exercise governance through a Board. Working together to respond to the pandemic strengthened systems leadership (which was already well developed) and created agility in working across organisational boundaries.
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Across City and Hackney 8 neighbourhoods were established which Primary Care Networks then aligned with when they were established. The neighbourhoods are a model for providing out of hospital care in a personalised and holistic way. Transformation of services has included the development of new blended community health teams, a new model of delivery for community nursing and neighbourhood MDTs to manage complex cases across a number of disciplines. One of the overall objectives of the model is to increase staff satisfaction and provide high quality services to residents.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21

SCIE Logic Model Enablers, Response category:

Response - Please detail your greatest challenges

Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Although as noted above, we were able to respond well to the COVID-19 pandemic through joint working in the system, the pandemic meant that we had to switch much more to being reactive rather than preventative. A challenge for the City of London is that there are no care homes within the City and residents attend hospitals in two different CCG areas (NEL and CWL) which meant working across two systems. This was challenging but our small size gave us some agility and one of the hospitals complimented on our efficiency and ease in terms of hospital discharge
Challenge 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	The pandemic and new protocols such as hospital discharge meant that resident choice and control generally was more limited over the last year.

Footnotes:

City & Hackney Place-based Partnership

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Better Care Fund Narrative Plan 2022-23



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3. Hackney's Population information
4. City of London's Population information
5. Key Priorities for the 22-23 BCF
6. Key changes from last years plans
7. City of London's Population Changes ONS Census 2021
8. Governance
9. Overall Approach to Integration
10. Place Based Partnership Priorities
11. Integrated Delivery Plan and Big Ticket items
12. Supporting Discharge
13. The Disabled Facilities Grant
14. Equality and Health Inequalities

The City and Hackney Place-based Partnership

The City and Hackney partnership brings together health and social care organisations who have committed to work together to support improved outcomes and reduce inequalities for our local population. It is one of seven Place Based Partnerships within the North East London Integrated Care System.

Page 31 The partnership is overseen by the City and Hackney Health and Care Board (formally the Integrated Care Partnership Board). The board have agreed a set of strategic focus areas and work is now underway to agree an Integrated Delivery Plan that describes how we will deliver this strategy.

Stakeholder Input into Preparing the Plan

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- Senior officers at the Councils, NHS NEL and Homerton Hospital
- Hackney Discharge Group
- North East London (NEL) and place Homelessness meetings
- City & Hackney PBP Delivery Group
- City and Hackney Health and Care Board
- Hackney HWB sign-off will be on XXXX
- City HWB sign-off will be on 16 September 2022

Hackney's Population Changes ONS Census 2021

- In Hackney, the population size has increased by 5.3%, from around 246,300 in 2011 to 259,200 in 2021. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.
- Nearby areas like [Tower Hamlets](#) and [City of London](#) have seen their populations increase by around 22.1% and 16.6%, respectively, while others such as [Islington](#) saw an increase of 5.1% and [Haringey](#) saw smaller growth (3.6%).
- There has been an increase of 17.8% in people aged 65 years and over, an increase of 6.3% in people aged 15 to 64 years, and a decrease of 3.3% in children aged under 15 years.
- The female population is an estimated 135,300 compared with the male population of 123,900.
- Hackney had a population density of 13,611 residents per sq km and it remains the 3rd most densely populated local authority after Tower Hamlets and Islington. Hackney has 106,100 households compared with 101,690 in 2011.

City of London's Population Changes ONS Census 2021

- In the City of London, the residential population size has increased by around 15%, from 7375 in 2011 to 8,600 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. However, our small population size can create significant percentage changes.
- Nearby areas like [Tower Hamlets](#) and Hackney have seen their populations increase by around 22.1% and 5.3% respectively, while others such as [Islington](#) saw an increase of 5.1% and [Haringey](#) saw smaller growth (3.6%).
- There has been an increase of 165 in people aged 65 years and over (1035 and 1200 for 2011 and 2021) and a small increase (2%) in those aged 0 – 19. The biggest proportion of the population is of working age.
- The female population is an estimated 3,800 compared with the male population of 4,800.

Key Priorities for the 22-23 BCF

- Support delivery of the City and Hackney Partnership Integrated Delivery Plan
- Reduce health inequalities
- Work to support place-based partnership transformation programmes around relevant “big ticket items”
- Neighbourhoods continues to be a strategic priority for City and Hackney.
- Review the hospital discharge infrastructure from end to end and implement recommendations to improve efficiency and effectiveness of hospital discharge

Key changes since previous BCF Plan

Funding remains in place for implementation of care act duties, carers services and reablement in addition to other core community services.

The Hospital discharge scheme is being updated in the City of London

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A small portion of funding has been held back to support discharge and other system pressures. We are in the process of establishing whether we need to support pressures or to repurpose to something new. Some potential areas are:

- Hospital discharge independent review
- Additional funding to the Integrated Community Equipment Service to meet increase in costs attributed to health equipment

Governance

BCF Governance

There is huge amount of joined up working and cooperation happening within the place-based partnership and BCF funded schemes are fundamental to delivery of the integrated delivery plan.

The LBH Assistant Director ASC, Finance and BCF Lead meet quarterly with two NHS NEL Directors, Finance and BCF lead to monitor BCF schemes performance and sign-off returns. City of London Corporation staff also meet with NHS NEL leads for monitoring and sign-off.

There is a monthly Hackney Hospital Discharge Group which is comprised of system partners, including service users, Healthwatch and Age UK in addition to statutory partners. This group monitors any challenges within discharge pathways, and reviews progress against the NHS Discharge Policy and related BCF Metrics. The City of London Corporation has an internal hospital discharge group due to its more complex discharge pathways and its small numbers.

Overall BCF Plan and Approach to Integration

Our BCF Plan supports integration across the health and social care system and partnership in a number of significant ways, including:

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- Joint 2022-23 Priorities outlined in our Place Based Plan (See following slides)
- Approaches to joint and collaborative commissioning including hospital discharge
- Commissioning of a joint review of the discharge infrastructure to inform future commissioning and service design and delivery
- Joint review of the High Impact Change Model and Discharge 100 Day Challenge
- Joint work around Discharge of Homeless people
- Joint approach to addressing equality and health inequalities

The 22/23 City and Hackney Place-based Partnership Priorities

Sources of strategy themes which our place-based partnership must respond to

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NEL ICS partnership priorities

Employment and workforce

To work together to create meaningful work opportunities for people in North East London

Long term conditions

To support everyone living with a long term condition in North East London to live a longer, healthier life

Children and Young People

To make North East London the best place to grow up

Mental Health

To improve the mental health and well being of the people of North East London

Local health and wellbeing strategic focus areas (Hackney and City of London separate strategies)

Improving mental health and preventing mental ill-health

Increasing social connection

Supporting greater financial wellbeing

HW strategies currently being refreshed

NHS Long Term Plan chapters / aims

- A new service model for the 21st century
 - Boost **out of hospital care**
 - **Reduce pressure** on emergency hospital services
 - People get more control and more **personalised care**
 - Greater focus on **population health** and move to ICSs
- More NHS action on **prevention and health inequalities**
- Further progress on care quality and outcomes
 - **A strong start in life for CYP**
 - Better care for **major health conditions**
- **NHS staff** get the backing they need
- **Digitally enabled care** goes mainstream
- **Financial balance**, efficiencies and better use of investments

City and Hackney Borough-based Partnership Strategic Plan and Priorities

Local identified priority outcomes and delivery priorities in response to strategies

Outcomes

City and Hackney Outcomes Framework

Delivery Group

Integrated Delivery Priorities 2021/22

Mapping place-based transformation programmes to population health focus areas



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All programmes will address cross cutting themes:

- Ensuring healthy local places
- Joining up local health and care services around residents and families' needs
- Increasing social connection
- Supporting greater financial wellbeing
- Taking effective action to address racism and other discrimination
- Supporting the health and care workforce

The Integrated Delivery Plan

The Integrated delivery Plan is a two year, partnership plan that describes what we are doing together to achieve our strategic priorities. It does not describe the totality of the work underway within each of our organisations. We have taken an outcomes led approach, meaning that we have developed actions that will address population health challenges. Many areas of the plan will be driven by, or link to NEL-wide programmes, though we have only captured the City and Hackney element of these.

The plan is being developed in two phases – phase one has focused on actions to directly support improvements against the strategic focus areas. A second phase, currently underway, will capture what our strategic enablers (workforce, digital, communications and VCS) need to do to support delivery.

The plan is a living document that supports delivery – as such it will iterate over time. That said, we are aiming to have agreement on the main areas of delivery by end of September.

Agenda

Big Ticket items

The plan describes a large amount of work across the partnership. Following discussions with senior leads, we have identified a number of Big ticket Items – these are the areas where we expect to see the most transformation and where we need to work together to deliver.

Neighbourhoods

Neighbourhoods continues to be a strategic priority for City and Hackney. The programme is a key enabler for our model for out of hospital services, local resident / community engagement and addressing local health inequalities. While there is a specific work plan for the programme, it should also be seen as a broader cross-cutting approach that informs our approach to all of our strategic priorities.

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

1. Enhanced Community response

• **Urgent community Response:** Wherever it is appropriate to do so, we want to support people in crisis at home as a safe alternative to ED. We will increase activity in our urgent community response services, whilst ensuring that 90% of people referred are seen within 2 hours. We also aim to improve post crisis care to ensure full recovery, support independence and reduce risk of future crisis. This should result in better outcomes for patients as well as reducing pressure on our urgent and emergency care system.

• **Virtual Wards:** We are introducing a new model of community based care whereby people can be safely care for and monitored at home as an alternative to hospital admission. This will deliver on the NHSE asks around Virtual Wards, as well as building on existing local plans around enhanced community support.

The outcomes we expect our work to drive include:

- Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach, therefore avoiding further crisis
- Recover more quickly from crisis / acute episode
- Maintain health – return to pre-morbid health
- Live independently for longer - improved wellbeing
- An improved health-related quality of life for people with long term conditions
- Reduced mortality / morbidity from emergency presentations

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

2. Homelessness and vulnerably housed

This programme of work involves partnership working across health, social care and housing to ensure the vulnerably housed with City and Hackney have integrated health, housing, care, employment and community pathways that support a sustainable move away from homelessness resulting in improved health and social outcomes.

The outcomes we expect our work to drive include:

- A reduction in the number of residents in vulnerable housing
- An improvement in the population vaccination rates
- An increased engagement with health, social care and wider services

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

3. Long Term Conditions

Working with partners across the System, we aim to continue to drive up the quality of care and outcomes for people living with long term conditions (LTCs). This programme of work aims to embed preventative approaches, increase standards and reduce variability in access to high quality care, and increase the proportion of patients feeling supported to manage their LTCs. We are enabling this through;

- Continued commissioning of the LTC contract for City & Hackney practices to deliver high quality preventative care above their core contracts, with a new focus on embedding risk stratification approaches and addressing inequalities;
- Roll out of, and increasing referrals into local and national programmes of education and self-management support for LTCs, including digital technologies to support this;
- Drawing upon the expertise and resources of people with LTCs and their communities to help achieve the best possible outcomes and drive reductions in inequalities.

The outcomes we expect our work to drive include:

- A reduction in premature mortality from cardiovascular and respiratory illness
- Improved blood pressure control in particular within black population
- Improved diabetes outcomes (Blood glucose, blood pressure and cholesterol)
- Accurate diagnosis of diseases to enable correct management and treatment in community – (avoid unnecessary hospital admissions)

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

4. Discharge

We are working together as a health and care partnership to ensure that our discharge best meet the needs of our residents.

We are enabling this through the development of structures, processes and pathways that will support safe, effective, efficient (timely) discharge from hospital.

Our approach of

- **Home first principle** is to ensure patients do not stay in hospital bed any longer than necessary
- **Maximising reablement potential** is to promote independence

The outcomes we expect our work to drive include:

- An improvement in health-related quality of life for people with long term conditions
- Making sure more people are able to live independently for longer

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

5. Personalised Care

Our approach to Personalised care is built around the person and their family - it allows people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

The outcomes we expect our work to drive include:

- The provision of an increased access to wider services
- Ensuring there is a maintained operating plan trajectory
- An increased % of people reporting they feel involved in their own care (GPPS)

Neighbourhoods Programme

Neighbourhoods has the following transformation priority areas which will support the development of an outcomes framework that describes how the delivery plan will drive longer term population health outcomes.

- Page 49
1. Addressing Rising Need: includes co-designing and embedding in each neighbourhood an anticipatory care pathway
 2. Driving and improving multidisciplinary teams: aligning mental health teams with MDMs and MDMs working effectively with anticipatory care pathway
 3. Supporting the neighbourhoods workforce: Theory of change and outcomes framework co-produced and agreed
 4. Embedding a structure for resident involvement in neighbourhood decision making -Aligning the City and Hackney review of resident involvement and the PCN DES on Resident engagement with the models of resident engagement.

Supporting Discharge (National condition four)

How the BCF Supports Discharge

Specific Schemes funded by BCF to support discharge:

- Age UK - Take Home and Settle
- Discharge Coordinators
- Pathway Homeless Hospital Discharge Team
- Funding increase demand to support eligibility criteria
- Interim accommodation

Discharge group

The Hackney Discharge group has been overseeing hospital discharge policy and performance for the Homerton Hospital for a number of years and includes the following members and partners:

- NHS North East London ICB
- London Borough of Hackney Adult Social Care
- London Borough of Hackney Housing Needs
- Homerton Healthcare NHS Foundation Trust
- East London Foundation Trust
- Age UK East London
- City and Hackney Healthwatch
- Experts by experience

This group is well established and has built up a strong working relationship. The group meets bi-monthly, however operationally we have a weekly 'stand up' meeting with operational leads from each of the partners to update on current performance and assist unblocking any issues.

High Impact Change Model self-assessment

London Borough of Hackney

1	Early discharge Planning	We continue to identify who needs support early to ensure appropriate pathway in advance. Area for development: Need to review how the Carers requirement in the White Paper is met as part of involving carers and family in discharge planning.
2	Monitoring and responding to system demand and capacity	We continue to have a joint approach to developing step down facilities, integrated health and social care support and work with Age UK. We are jointly planning step down care facilitators, with LBH as the lead commissioner but intelligence fed from front line staff on weekly stand up calls and complex cases being fed back to commissioners. Area to develop: We need to develop stronger real-time data about demand and capacity.
3	Multi-disciplinary work	COVID underlined the importance of this approach inducing working with Age UK, Housing colleagues, and hospital teams. Discharge hub is based on an MDT approach and daily calls include voluntary sector, discharge planners, social workers and homecare bridging service provider. Assessors using strength based approaches. Area to develop: (1) Further work with trusted assessor to support out of borough cases. (2) To review practice against BCF Transfer of care hub quick guide.
4	Home First (Discharge to assess)	Homecare providers, the homecare Bridging Service and our Rapid Care service delivered by our Integrated Independence Team (IIT) ensure people are discharged first and then assessed either in their own homes or in temporary accommodation before onward move to more permanent suitable accommodation or support post discharge. This is standard practice wherever safe to do so. Areas to develop: link to virtual wards as a step down from hospital and evaluate the virtual ward pilot and how it supports home first.
5	Flexible working patterns (Formally 7 day working)	COVID showed us that 7-day working and extended hours can make a big difference to hospital flow. Updated guidance suggest not necessarily needing 7 days or 24 hr but to look at system blockages and where extra resources are needed. Hackney is identified as a good example on the Better Care Exchange website for our 'Continuous Cycle' how to improve flow - following our development of weekend discharge hub and brokers. Area to develop: Review work patterns as part of the discharge review.

6	Trusted assessment	During COVID this worked well although more homes are now requiring that they conduct their own assessments. The difficulty for Hackney is we don't have many care homes in borough so a trusted assessor model for care homes is difficult to pursue.
7	Engage and Choice	Extensive work was carried during 2021-22 using social marketing techniques to co-design patient and family/carer information leaflets, posters and prompts for staff to promote the idea of discharge home to your own bed if possible. Materials have been printed and delivered to Homerton Hospital in July 2022. Area to develop: review impact of approach/materials prior to end of the year.
Page 54	Improve discharge to care homes	We work on an individual basis with local care homes to improve relationships and processes which support discharge from hospital. Each care home also has an aligned GP and there is a DES Supplementary Care Home service which helps to reduce unnecessary hospital admissions and support flow of information post discharge.
9	Housing and related services (Added 2019)	Extensive work has gone into this area jointly supported by Adult Social Care, NEL ICP and LBH Housing teams. We have established a Pathway Homeless team for homeless citizens; a step up and down accommodation based service and Routes to Routes link workers. We also have a number of temporary housing with care flats available as part of our discharge pathway, 2 accessible flats for working age adults with mobility issues and Ageing Well funding is supporting an early intervention hoarding project pilot.

High Impact Change Model self-assessment

City of London



1	Early discharge Planning	Our care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning. This role is being reviewed and will be defined further with more of a strengths based approach to identifying appropriate discharge pathway etc. We are now also getting social workers in to hospitals to visit people earlier to facilitate a return home without D2A where appropriate. One of the areas we are doing work around is equipment – expensive and unnecessary equipment is being ordered to facilitate discharge but involvement of the OT at an earlier stage means that as part of discharge planning more appropriate equipment is purchased, through a more efficient route.
2	Monitoring and responding to system demand and capacity	Not relevant for City.
3	Multi-disciplinary work	We have always worked in a multidisciplinary team but a new and welcome addition is a Neighbourhood MDT where complex cases, including any complex discharges are considered. Both social workers and the OT are involved along with a range of health professionals.
4	Home First (Discharge to assess)	A new rapid response service in place providing up to 72 hours of assessment and then onward pathway.

5	Flexible working patterns	<p>We piloted extra out of hours social worker capacity to facilitate discharge but there was low demand for this. We have now amended this to provide additional capacity later on Friday evening to manage any discharges coming up over the weekend and to cover Bank holidays and weekends if required.</p> <p>Our rapid response service is also flexible and steps in to help facilitate hospital discharge when required.</p>
6	Trusted assessment	<p>It is recognised that we need to build in more Trusted Assessment Capacity into our model and all the Adult Social Care Team are due to get Trusted Assessor Status. Currently, capacity for this consists of two strengths based practitioners and two OTs.</p>
Page 56	Engage and Choice	<p>The strengths based approach is used as part of early discharge planning to ensure people have some engagement and choice around the appropriate pathway.</p>
8	Improve discharge to care homes	<p>All of our care home provision is spot purchased so this is built into early discharge planning with commissioner part of panel discussions and notified of any potential care home placements in order to start early planning.</p>
9	Housing and related services	<p>We delayed a review of our DFG process for a variety of reasons but are aiming to undertake it within the financial year. None of our hospital discharges have needed a DFG but we have undertaken some deep cleans and provided equipment to facilitate discharge. We also work with our housing service on urgent adaptations and our OT is involved in this. Our early intervention project is also able to provide things that could facilitate a return home e.g. a microwave.</p>

Supporting Unpaid Carers

Carers - LB Hackney

It's estimated there are over 19,300 people in Hackney providing care for a relative or friend.

The BCF supports a carers budget that funds 3 elements, based on strength-based 3 conversation model:

1. Prevention, Early Intervention and Outreach service - Provided by Carers FIRST (Conversation 1)
2. Long Term Targeted Support Service and Carers Assessments - Adult Social Care (Conversation 2&3)
3. Long Term Targeted Support Service - Mental Health (Conversation 2&3)

The key features of the service are as follows:

- *Carers assessment*
- *Carers reviews*
- *Support planning*
- *Assigned practitioners for carers; however, this shall change to Lead Worker for LBH ASC teams when the Three Conversations Model is fully implemented.*
- *Contingency planning*

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Carers – City of London

Part of the minimum NHS contribution is used to support the City Connections service which provides support to informal carers wellbeing. The service is also piloting an extended carers support service with more specific support to carers. This pilot will be delivered through a specific carers organisation based in a neighbouring borough.

The Care Navigator is also able to identify informal carers through their work and refer them to City Connections or to Adult Social Care for a carer's assessment.

Where an informal carer is assessed and has a support plan, support options include universal services such as City Connections and personal budgets at different levels which are non-means tested.

The Disabled Facilities Grant and wider services

Disabled Facilities Grant (DFG) and wider services

- DFG is funded by the Department of Health and Social Care. Since 2014 the DFG has been part of the Better Care Fund with priorities summarised as:
 - Care home costs saving
 - Prevention/Early intervention
 - Support timely hospital discharge
- Both Authorities engage with Housing Teams to use the fund to support disabled people to live more independently in their own home.

Planned spend – LB Hackney

New guidance came out this year on time frames - In support of this the London Borough of Hackney are changing the way we do assessments and putting money into the OT services to recruit more OTs to reduce the waiting times. This supports timely hospital discharges, including a specific post to help move people who have been placed in temporary accommodation to aid discharge.

We will be carrying out a Policy review in 2023 - working towards developing a more streamline service in line with the new policy.

Assistance with Hospital Discharge to help prevent delays in discharge from the hospital due to the person's home not being suitable. The works can include deep cleaning, decluttering, minor adaptations, boiler repairs/replacement, etc.

We published a local policy which was approved by the Mayor to remove the means testing of grants up to £10k making the process much more efficient and quicker for residents.

Planned spend – City of London

The City of London has been planning a review of DFGs and the process but this was held in order for it to be part of a new ASC Transformation and Change Programme.

DFGs in the City of London are processed well and within time but numbers are low. Part of the review will be to identify how we can increase awareness and take up of DFGs.

As noted in the HICM self-assessment, we provide deep cleaning, de-cluttering and aids and minor adaptations to facilitate discharge. To date we have not had to do any major adaptations in order to facilitate discharge.

The review of DFGs will also look at how we can use some surplus DFG funding more effectively. We will look to develop a Housing Assistance Policy to allow this. One potential area is to support those who are self-funders to have the project support to manage the DFG and works.

The OT works well and closely with our housing department to support appropriate adaptations in our own stock.

Equality and Health Inequalities

Equality and health inequalities

The priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services are set out in the City and Hackney place based plans as outlined in the next slide.

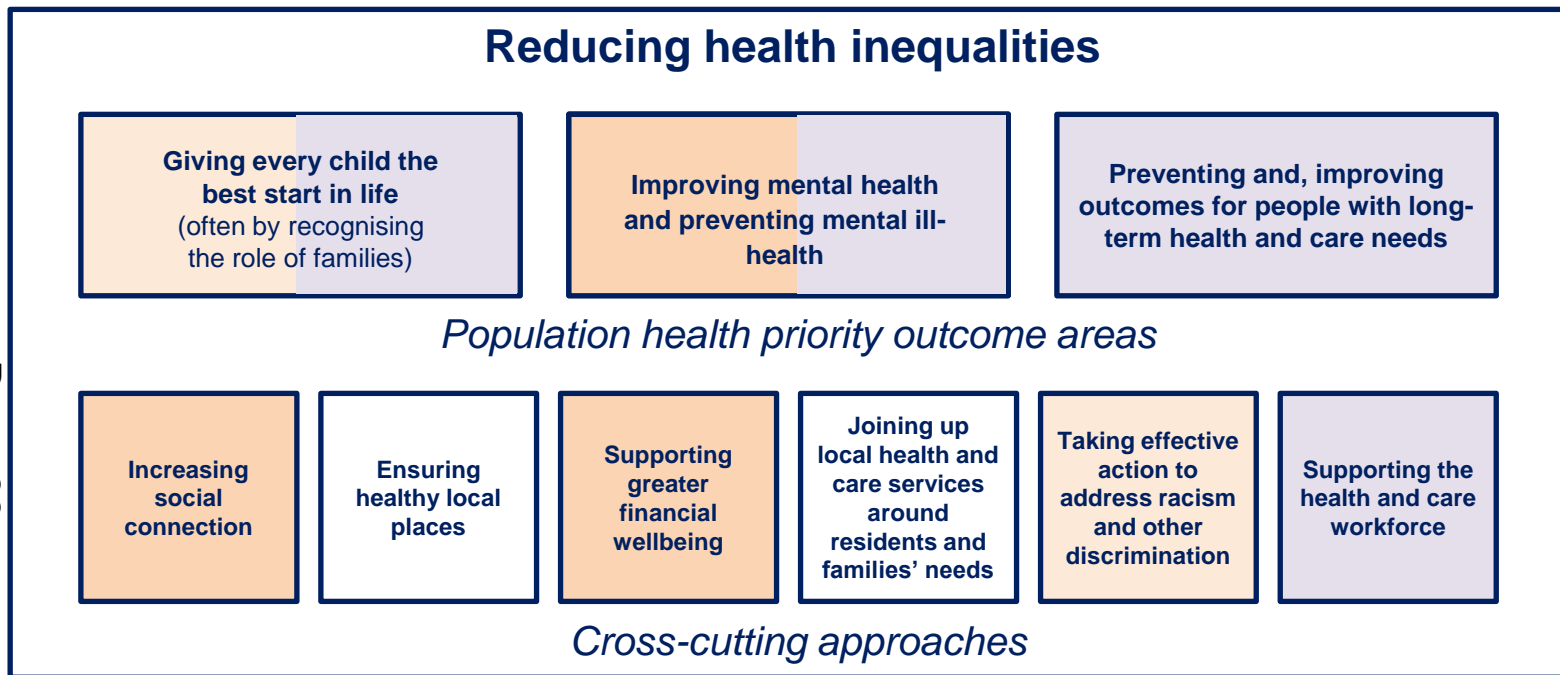
The partnership has also received national funding for health inequalities work and plans have been agreed locally. This funding sits outside of the BCF plan.

We are going to use this money to fund a rigorous and systematic approach to embedding proportionate universalism (as proposed by Marmot) in City and Hackney in order to support people to improve outcomes proportionate to their level of need. We would be aiming to become a 'Marmot place' by taking a proportionate universal approach to service provision, but also about taking partnership/cross-sectoral action to achieve the six Marmot goals


Part of the money would fund the infrastructure to enable this and the majority of the money will be to support the implementation of initiatives to enable a proportionate universal approach to reducing health inequalities (including maximising local plans to tackle inequalities across the life course).


Strategic focus areas for the City and Hackney Place-based Partnership

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 =Hackney HWB focus area

 = Hackney HWB specific 'lenses': (approaches to reducing health inequalities)

 = NEL ICS four partnership priority areas

 = reflecting LTP response / long term C&H partnership ambitions / Neighbourhoods Programme vision

Equality and health inequalities at a BCF Level

Specific BCF projects which help to address health inequalities:

- The Pathway Homeless Hospital Discharge team support homeless people through their hospital stay, and after discharge to Lowri House and other community settings
- Utilisation of patient information materials to support patients and families understanding of expectations regarding hospital discharge and discharge to assess processes
- Continued delivery of the DES Supplementary Care Homes Service for older adults
- Implementation of a neighbourhood approach to population health that addresses the variation seen between populations at the 30-50,000 level. Evaluation of Neighbourhoods approach produces regular updates on how inequalities are being addressed through the model.
- Integrating the Voluntary, Community, and Social Enterprises (VCSE) into neighbourhoods, to help reach wider communities and to address the wider determinants of health
- Ensure that we improve end-of-life care within our healthcare system working with all partners, including St Joseph's Hospice.
- Discharge review will include getting an informed picture of deprivation, and whether all patients are getting an equitable discharge to assess offer

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Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

City of London

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£37,091	£37,091	£0
Minimum NHS Contribution	£845,259	£845,259	£0
iBCF	£323,659	£323,659	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£1,206,009	£1,206,009	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£221,550
Planned spend	£497,629

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£154,749
Planned spend	£328,977

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£323,659	(26.8%)
Carers Services	£13,583	(1.1%)
Community Based Schemes	£139,234	(11.5%)
DFG Related Schemes	£37,091	(3.1%)
Enablers for Integration	£600	(0.0%)
High Impact Change Model for Managing Transfer of C	£29,775	(2.5%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£61,364	(5.1%)
Bed based Intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£255,394	(21.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£331,538	(27.5%)
Prevention / Early Intervention	£13,771	(1.1%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	£1,206,009	

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.2%	91.7%	92.8%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	635	300

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board:

City of London

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
City of London	£37,091
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc IBCF)	£37,091

IBCF Contribution	Contribution
City of London	£323,659
Total IBCF Contribution	£323,659

Are any additional LA Contributions being made in 2022-23? If yes, please detail below

No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

NHS Minimum Contribution	Contribution
NHS North East London ICB	£845,259
Total NHS Minimum Contribution	£845,259

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No
---	----

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	
Total NHS Contribution	£845,259	

	2021-22
Total BCF Pooled Budget	£1,206,009

Funding Contributions Comments Optional for any useful detail e.g. Carry over	

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£37,091	£37,091	£0
Minimum NHS Contribution	£845,259	£845,259	£0
iBCF	£323,659	£323,659	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	£1,206,009	£1,206,009	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£221,550	£497,629	£0
Adult Social Care services spend from the minimum ICB allocations	£154,749	£328,977	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Sheet complete

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Planned Expenditure		Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
									% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)				
1	Care Navigator	To ensure safe hospital discharge for City of London residents	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£60,000	Existing
2	Hospital Discharge Scheme	To prevent hospital admissions and provide an intensive discharge to	Reablement in a persons own home	Other	Provides a combination of the sub types to	Social Care		LA			Private Sector	Minimum NHS Contribution	£255,394	Existing
3	Carers Support	To provide specialist independent support, information and advice	Carers Services	Other	Provides specialist independent help,	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£13,583	Existing
4	Disabled Facilities Grant	To support Disabled people to live more independently in their	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Private Sector	DFG	£37,091	Existing
5	iBCF	Meeting Adult Social Care needs; reducing pressures on the NHS	Care Act Implementation Related Duties	Other	Adult Social Care Support	Social Care		LA			Local Authority	iBCF	£323,659	Existing
6	Neighbourhoods Programme	Neighbourhoods is our major transformation programme for the	Community Based Schemes	Integrated neighbourhood services		Other	Mental health, community health, social	CCG			NHS Community Provider	Minimum NHS Contribution	£29,422	Existing

7	Adult Cardiorespiratory Enhanced +	ACERS Respiratory Service is a 7 day service, that provides care and	Community Based Schemes	Multidisciplinary teams that are supporting		Other	Works across Primary and Secondary Care	CCG			NHS Acute Provider	Minimum NHS Contribution	£22,094	Existing
8	Bryning Day unit/Falls Prevention	The Bryning Unit is a multidisciplinary team running a weekly	Prevention / Early Intervention	Other	Physical health and wellbeing	Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£13,771	Existing
9	Asthma	Supports those living with Asthma, who are either admitted with an	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Acute		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£1,364	Existing
10	St Joseph's Hospice	Community-based and inpatient palliative care services	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£82,240	Existing
11	Paradoc	The service provides an urgent GP and paramedic response	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			NHS Acute Provider	Minimum NHS Contribution	£20,348	Existing
12	Adult Community Rehabilitation Team	To provide specialist inter-disciplinary and uni disciplinary	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£87,718	Existing
13	Adult Community Nursing	To provide an integrated, case management service to	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£210,876	Existing
14	Pathway Homeless Hospital Discharge Team - HH	Multidisciplinary hospital discharge team for homeless individuals.	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£3,518	Existing
15	Pathway Homeless Hospital Discharge Team -ELFT	Multidisciplinary hospital discharge team for homeless individuals.	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£2,646	Existing
16	Pathway Charity Franchise Fee	Direct Support from central Pathway Teams Support Service	Enablers for Integration	Workforce development		Other	charity	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£600	Existing
17	DES supplementary care homes	GP enhanced services within older adults care home.	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£5,475	Existing
18	GP out of hours home visiting service	Primary Care out of hours for patients requiring home visits.	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£12,599	Existing
19	System Pressures	Money to support system pressures	High Impact Change Model for Managing Transfer	Other	Unknown	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£23,611	New

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

City of London

8.1 Avoidable admissions

Indicator value (See Guidance) >> link to NHS Digital webpage (for more detailed guidance)	2021-22 Q1		2021-22 Q2		2021-22 Q3		2021-22 Q4		Rationale for how ambition was set	Local plan to meet ambition
	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan		
	Indirectly standardised rate (ISR) of admissions per 100,000 population	46.9	56.3	56.3	9.4	9.4	56.3	56.3		
Indicator value	73	122	130	138						

8.3 Discharge to usual place of residence

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	2021-22 Q1		2021-22 Q2		2021-22 Q3		2021-22 Q4		Rationale for how ambition was set	Local plan to meet ambition
	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan		
	Quarter (%)	91.0%	91.4%	92.1%	92.1%	90.3%	90.3%	93		
Numerator	91	117	105	105	93	93				
Denominator	100	128	114	114	103	103				
Quarter (%)	93.2%	91.7%	92.8%	92.8%	92.4%	92.4%				
Numerator	96	66	64	64	61	61				
Denominator	103	72	69	69	66	66				

8.4 Residential Admissions

Long-term support needs of older people (age 65 and over) met by admission to residential and care homes (100,000 population)	2020-21		2021-22		2022-23		Rationale for how ambition was set	Local plan to meet ambition
	Actual	Plan	estimated	Plan	Plan	Plan		
	Annual Rate	635.5	730.4	0.0	300.5	300.5		
Numerator	11	12	0	5	5	5		

	1,731	1,643	1,643	1,664	for some people entering residential or nursing care at an advanced age but staying
Denominator					

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/release/subnational/population/projectionsforenglandand2018based>

8.5 Reablement

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2020-21	2021-22	2021-22	2022-23	Rationale for how ambition was set	Local plan to meet ambition
	Actual	Plan	estimated	Plan		
Annual (%)	100.0%	85.0%	100.0%	90.0%	We have high rates of success from our reablement service which is now provided by an external provider. The measure includes people who have died so we aim high with our ambition but do not aim for 100% as we cannot control this and the	Continued delivery of reablement service
Numerator	2	9	6	9		
Denominator	2	10	6	10		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for Residential Admissions and Reablement) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for Residential Admissions) have been calculated from a ratio based on the 2020-21 estimates.

Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
<p>Has a plan, jointly developed and agreed between ICB(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	<p>Yes</p>	<p>Narrative slide 4</p> <p>Narrative is combined report for City of London and London Borough of Hackney; however the template are separate with income, expenditure and metrics provided.</p>		
<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. <p>The area will need to also take into account priorities and operational guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS.</p>	<p>Narrative plan</p>	<p>Yes</p>	<p>Narrative slide 12-21</p> <p>Narrative slide 36-39</p>		
<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home?</p> <ul style="list-style-type: none"> • In two tier areas, has: <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? 	<p>Narrative plan</p> <p>Confirmation sheet</p>	<p>Yes</p>	<p>Narrative Slide 32</p>		
<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?</p>	<p>Auto-validated on the planning template</p>	<p>Yes</p>			
<p>Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?</p>	<p>Auto-validated on the planning template</p>	<p>Yes</p>			

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Checklist
Complete:
Yes
Yes
Yes
Yes

<p>Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time?</p> <ul style="list-style-type: none"> • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM? 	<p>Narrative plan</p> <p>Expenditure tab</p> <p>C&D template and narrative</p> <p>Narrative plan</p> <p>Narrative template</p>	<p>Yes</p>	<p>HICM Narrative Slides 25-28</p>		
--	--	------------	------------------------------------	--	--



<ul style="list-style-type: none"> Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) Has the area included a description of how BCF funding is being used to support unpaid carers? Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? 	<p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plan</p> <p>Narrative plans, expenditure tab and confirmation sheet</p>	<p>Yes</p>	<p>Carers Narrative Slides 29-31</p> <p>Narrative Slide 8 NHS contribution funding of Care Act; Carers and Reablement</p>		
<ul style="list-style-type: none"> Have stretching ambitions been agreed locally for all BCF metrics? Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> the rationale for the ambition set, and the local plan to meet this ambition? 	<p>Metrics tab</p>	<p>Yes</p>			

Yes

Yes

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Committee(s): Health and Wellbeing Board - For Information	Dated: 16092022
Subject: Pharmaceutical Needs Assessment 2022	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Dr Sandra Husbands, Director of Public Health	For Information
Report author: Andrew Trathen, Consultant in Public Health	

Summary

The Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. The current deadline is 1st October 2022, and the PNA has now been produced and published in advance of this date.

The report has identified no gaps in pharmaceutical services for the City of London.

Recommendation(s)

Members are asked to:

- Note that the PNA report has been produced and published, meeting the Health and Wellbeing Board's statutory obligation to produce the Pharmaceutical Needs Assessment by 1st October 2022.
- Note that the report has identified no gaps in pharmaceutical services for the City of London.

Main Report

Background

- 1.1 The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). This includes stakeholders from neighbouring areas outside the City of London. The report also

includes a range of maps that are produced from data collected as part of the PNA process.

- 1.2 The PNA Steering Group had its first meeting on 7th October 2021. In November 2021, the Health and Wellbeing Board formally delegated authority to the steering group to produce the final report.
- 1.3 The provider produced a full draft of the PNA in April 2022. Following this, the draft was put out for public consultation for 9 weeks between 9th May and 11th July. Comments received were then reviewed and addressed by the provider as appropriate, and included in a revised draft.
- 1.4 The steering group met for the final time in July 2022 to review and approve the revised draft, prior to Soar Beyond submitting the final version in August. The final version contains a full account of the process undertaken to produce the PNA.
- 1.5 Key findings from the City of London PNA include:
 - The City of London has 14 community pharmacies (as of January 2022) for a population of around 10,238, and a daytime worker population of 522,000 (prior to the COVID-19 pandemic). Provision of current pharmaceutical services and locally commissioned services are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.
 - Using current population estimates, the number of community pharmacies per 100,000 population for City of London is currently 137.0, which has decreased from 211.8 in 2018.
 - The majority (93%) of community pharmacies in the City of London are open weekday evenings (after 6 pm) and on Saturdays (36%).
 - A number are open on Sundays (21%), mainly in shopping areas. There is a much higher than national ratio of multiples to independent, providing a good choice of providers to local residents.
- 1.6 The PNA will shortly be published on the City of London website. It will be maintained with updates should circumstances change throughout the life of the document by the public health team. The next PNA will be due for publication by October 2025.

Proposals

- 2.1 The board is asked to note that the PNA has now been produced and the statutory duty to publish this document by 1st October 2022 has been met (Appendix 1).
- 2.2 The board is also asked to note that the PNA has identified no gaps in pharmaceutical services for the City of London.

Corporate & Strategic Implications

3.1

- Strategic implications – none.
- Financial implications - none
- Resource implications - none
- Legal implications - none
- Risk implications - none
- Equalities implications – An equalities impact assessment was produced by the provider, and identified no equalities impacts nor any gaps in services.
- Climate implications - none
- Security implications - none

Conclusion

4.1 The City of London has met its statutory obligation to produce the PNA, which will be maintained for the three years until the next PNA is due.

Appendices

- Appendix 1 – City of London Pharmaceutical Needs Assessment 2022

Report Author

Andrew Trathen
Consultant in Public Health, City and Hackney

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Committee	Dated:
Health and Wellbeing Board	16/09/2022
Subject: Suicide prevention in the City of London Annual Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Sandra Husbands, Director of Public Health	For Information
Report author: Claire Giraud, Senior Public Health Practitioner	

Summary

In 2017, the City of London Corporation established a multi-agency suicide prevention group, in accordance with best practice recommendations, and published a Suicide Prevention Action Plan containing numerous initiatives aimed at reducing the number of suicides in the Square Mile. This report provides an update on the suicide prevention action plan as well as on the number of attempted suicides and suicides occurring in the City of London.

Suicide figures for the City should be interpreted with caution, as they are extremely low – this means that any variations may not be statistically significant (i.e. the figures may be due to chance fluctuation); and additionally, recording practices have changed during the reporting period, which may impact upon the figures.

Recommendations

Members of the Committee are asked to:

- Note the progress made on the Suicide Prevention Action Plan
- Note the most recent data for suicide in the City of London

Main report

Background

1. Suicide is the act of intentionally ending one's own life. It is often the end result following a complex range of risk factors, mental illness and significant negative life events; however suicide is preventable, rather than an inevitable event. In the UK, suicide is one of the most common causes of death in people under the age of 50, with 5,691 reported people dying in this way in 2019. It is estimated that each suicide further impacts between 6 and 60 people. Within the UK, suicide shows significant gender and social inequalities, and is associated with stigma for families affected by it.
2. Over the last 8 years, a number of key policies and reports have been published to improve suicide prevention nationally and locally. In the City, a local audit, suicide prevention action plan and multi-agency suicide prevention group was established in accordance with best practice recommendations.
3. Public Health England (PHE) recommended several priority action areas to include in local suicide prevention plans:
 - Reducing risk of suicide in men
 - Preventing and responding to self-harm
 - Mental health of children and young people
 - Treatment of depression in primary care
 - Acute mental health care
 - Reduce suicides at known 'high risk' locations
 - Reducing isolation
 - Bereavement support for those affected by suicide

Overview for the City of London

4. Between 1st of April 2021 to 2nd of September 2022, there has been less than 5 suicides, with a total of 193 attempted suicides.
5. Between 1st of April 2021 to 2nd of September 2022, there had been a total of 186 incidents whereby the subject had contemplated suicide or had suicidal

thoughts.¹

6. The Mental Health Street Triage responded to 496 incidents that were potential incarcerations under section 136 from March 2021 to 31st of July 2022. As a result, an estimated 78% of S136 detentions were avoided. From October 3 2022, the new longer core hours of the service 3pm to 3 am will start.

Emerging Trends throughout 2021

Timing and Location

7. Data from the City of London refers to events occurring within its geographic area. The majority of incidents will therefore involve individuals resident elsewhere in London and the country.
8. Over 60% of the attempted suicides occurred during the night and the peak days were Wednesday, Saturday and Sunday. It would appear that there was an increase of attempted suicides during March, June, July and October 2021.
9. Bridges remain the most common location type for suicide attempts within the City, with 87% attempted suicides occurring on bridges. The second most common location was on the street (7%).
10. The qualitative analysis shows that 37% of individuals had a direct journey from their home address to the incident location, meaning it only required one mode of transport and one direct route.
11. The analysis also demonstrated that two of the individuals stated they worked in the City; however for 93% of individuals this was either not known or not recorded.

Demographics at the end of 2021

12. Data from the City of London Police is provided in the table below, and covers the period subsequent to the previous City Suicide Prevention Annual Report in 2021. The data covers both completed and attempted suicides. Please note that the most recent data from the coroner was not available for this report.
13. **Age range:** Unlike in 2018, in 2019, 2020 and 2021 there was a mixed aged range (between 13 and 78), highlighting that there is not a particular age group at risk.
14. **Gender:** Males represented 56% of attempted suicides, females represented 43% and trans represented 1%.
15. **Home Address:** The majority of individuals travelled into the City from their home address where suicide was completed or attempted.

¹ We have yet to achieve consensus on the definitions of these terms, creating a challenge for interpreting these data. The City of London suicide prevention steering group have identified this as an issue and aim to achieve consistency in future.

Summary for Period January 2020- 2 September 2022

Month	Attempt			Contemplating			Complete suicide		
	2020	2021	2022 to date	2020	2021	2022 to date	2020	2021	2022 to date
Jan	6	< 5	8	5	< 5	9	0	< 5	0
Feb	7	< 5	7	7	7	7	0	0	0
Mar	< 5	16	7	5	< 5	14	0	0	0
Apr	11	9	6	< 5	9	5	0	< 5	0
May	8	11	8	< 5	9	10	< 5	0	0
Jun	7	17	13	< 5	19	16	0	< 5	0
Jul	8	17	13	7	15	11	0	0	0
Aug	12	12	18	7	9	16	0	0	0
Sept	9	10	<5	7	15	0	0	< 5	0
Oct	11	13		6	6		0	< 5	
Nov	< 5	11		< 5	11		0	0	
Dec	10	11		5	12		< 5	0	
Total	98	127	>80	56	119	88			

*data up to September 2nd 2022

16. Increases in suicide rate are associated with periods of economic and political uncertainty.² This could explain why the City of London saw a corresponding rise in 2021. However, the impact of national lockdowns may hide the true extent of the issue and we must remain alert to the possibility of unusual levels of activities in the medium to long term. Alongside our immediate response to incidents in the City of London, a preventive approach that recognises the social and economic challenges of the pandemic has been captured by the refreshed suicide action plan.

² De Bruin et al, 2019. *New insights on suicide: uncertainty and political conditions*. Applied Economic Letters. doi.org/10.1080/13504851.2019.1686453

Action Plan Progress Summary

17. Overall, 61 actions have commenced since the launch of the action plan, of which 10 are completed, 51 are in progress.
18. Following a review of the action plan by the Suicide Prevention Steering Group in early 2022, a refresh of the plan has retained the majority of previous actions as they remain relevant to long term prevention efforts. Given the changing context post-pandemic, 8 new actions have been added to the plan and commenced.
19. Some of the new actions added to the plan since the last annual update include:
- The children and young people's bereavement service at St Joseph's hospice.
 - A study by the University College London on the pattern of movement of suicidal people which should hopefully help us determine why people come to the Square Mile to make attempts.
 - CoLp is exploring the possibility of a network of safe places in the City to take people in mental health crisis.
20. Significant milestones include:
- Training in Suicide Awareness and Prevention of City workers through the Business Healthy network still sees high uptake, with 126 people trained in the last 3 years, an additional 4 sessions are planned for 2022-23 to empower even more City workers to be the eye and ears of the emergency services.
 - The planning guidance note advising on how to mitigate suicide risk in high location was adopted in June 2022 by the Planning and Transportation committee. The CoL is the second local authority in Great Britain to adopt such guidance and numerous other boroughs in London are wanting to adapt the COL planning guidance note for their area. Planning officers are now requiring developers to demonstrate how suicide prevention has been integrated into the design of new development and how risks are being mitigated. Additional training for planning officers on suicide risk mitigation is currently being developed by the Public Health Team and Environmental Health officers.
 - The Secure City Programme's Vulnerable People workstream, which looks at technological solutions to improve spatial awareness in high risk locations, has made good progress with several solutions commissioned for field trials, this project once again puts the CoL ahead of many other areas in terms of innovation in keeping its residents and visitors safe.

RAG Status Key and Summary

Status of Actions	
Major Problems	0
Minor Problems	6
In Progress/ongoing	44
Completed	10

21. The majority of actions are green, either underway or on track to deliver. One action that has progressed but with delay (thus is amber) is mobilising the Bridge Watch programme patrols by summer 2022. The process to secure funding is taking longer than expected, but several programme development meetings have taken place and both charities leading the project (Royal National Lifeboat institute and Ascension Trust, as well as partner organisations such as Port of London, beachy heads chaplaincy, etc) are working hard to stand everything up should funding be granted.
22. No actions have failed to progress as originally envisaged (aka Red rating)

Conclusion and Recommendations

23. The past year has seen significant progress in the area of suicide prevention across the Corporation and its partners. The action plan has moved forward since its review, new actions have been added and many of the older actions are either complete or in progress.

Appendices

Appendix 1 – Suicide Prevention Action Plan for 2022–25

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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 and women							
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	old updates	most recent update	
1.1.3	Train barbers in the City of London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	Feb-22	ongoing	· Number of barbers who undertake training · Feedback from barbers on how this is perceived and used · Exposure of campaign	Public Health CCG	Amber	20% of the Square Mile's barbers were trained on 14/09/19 by the lions b	July 2022 A training was planned for barbers and beauticians on June 23rd alas only one person signed up so it was cancelled, engaging these professions is very hard and we may need to recommission some training via the lion barbers collective who are better at creating interest	
1.1.4	Provide suicide prevention training to primary care professionals	Feb-22	ongoing	· Number of practice nurses who have had mental health training	CCG	green	As of March 2020 meeting Free ASIST training is available locally through NEL STP and should be taken up, but needed follow up as to whether or not CCG staff are attending training. Fawzia to attend next meeting 28/9 - may be good to get an update then. The CCG previously arranged training during MH awareness week for GPs on prevention, would be good to check to see if this is also scheduled for this year as well. 15 Feb 2022 : suicide prevention was again a mandatory hour GP training 21/22, 68 people attended/watched our suicide training, which included a special feature on men. Mostly GPs but some nurses- we don't ask for status but ALL practices have to attend and disseminate.	4 May 2022 : This is from TH CEPN who organise all the suicide training so you could get C&H figures directly from them in future. MHFA 2022 (April only) 15 so far Suicide FA 21/22 56 attendances Asist 21/22 15 attendances Asist/ASK 2019 28 attendances cannot say if these are people from primary care/community services etc and no breakdown into City or Hackney. We will not be doing a formal suicide update for GPs but have all the links to courses including all the above on the GP intranet along with the last recorded webinar	
1.1.6	Approach taxi companies to train the drivers in spotting the signs of suicidal behaviour in their passengers and notifying the police	Feb-22	should be ongoing but has not started yet	number of drivers trained in suicide awareness	CoL Public Health	amber	CG approached a charity in Ireland who trains taxi drivers on spotting the	march 22 - CG made contact with TFL and Tim Herbert is working toward	
1.2	City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	Feb-22	ongoing	· Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses and refer TP service users to MH services as appropriate	Turning Point, prospects, young Hackney, etc	green	WDP have updated their training to increase focus on MH and suicide pre	Feb 2022 - Turning point staff has been trained in suicide awareness thro	
1.4	continue implementing the Mental Health Street Triage service: Mental Health clinicians to accompany the City of London Police on callouts	Feb-22	Ongoing	· reduced incarceration rates under s136, reduced suicide incidents, systemic savings as per 2022 evaluation	ELFT/CCG City of London Police	Green	Street Triage Evaluation: Public Health was going to supervise this, and the	June 2022 a new model for the MHST is being proposed to DCCS committee in July 2022, the proposed model would be from 3pm to 3am increasing the core ten hours by two hours, this would facilitate recruitment of mental health clinicians and ensure that the period of high activities are covered	
1.5	CoL, LBH and ELFT joint suicide audit	Feb-22	Dec-22	audit completed and shared with members of the steering group and stakeholders	ELFT/ Public Health	Green	ELFT Audit: AH confirmed ELFT has raw data, but the audit hasn't yet been completed. Was supposed to be ready in August but are delayed due to the massive surge in mental health presentations to their services and preparing for the next wave of Covid - so this continues to take a back seat. The City of London Corporation, Hackney and ELFT have decided to do a joint audit by the beginning of 2022. Feb 2022 the MHST evaluation is finalised and has found that since 31/05/2017 the presence of MHST prevented 709 s136 saving 1.4 million for the health and care system	June 2022 The City and Hackney suicide audit is due by the end of 2022,	
1.6	Explore the possibility of a network of safe places in the City to take people in MH crisis	Feb-22	Feb-22	network with security staff present in 5+ locations nearby frequently used location	PH and CoLp	green	CG found several potential locations (salvation army headquarter, London Bridge train station, chaplaincy of Rvd Hedderly but these sites had no security staff present and so the safety person accompanying the individual in MH crisis could not be guaranteed Feb 2022 CoLp have been approached by the worshipful company of security professionals and they are working with CoLp to create a network of hub in the City manned by security professionals	July 2022 David Ward [consultant] remains our point of contact. It is anticipated that so called "Safe Havens" will be overlaid on CoLp's 'new' intel/information sharing platform (Zinc). Further conversations are being had concerning legal, training etc.	

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:	RAG rating	old updates	most recent update	

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 · teachers · clinicians · Social Workers · police · probation staff · school staff · community workers.	Feb-22	Ongoing (annual updates)	· Number of practitioners to have been offered mental health first aid training · Number of practitioner to have taken up mental health first aid training	Public health	green	Health and Education unit will commission youth MH first aid training for	feb 2022 Papyrus offered a range of free training to schools and frontline CYP staff in december 2021, there was also an offer from the NEL SP group which was promoted to Aldgate school and the relevant city frontline staff, numbers for NEL training 44 participants from City and Hackney for MHFA and 23 for SFA
2.2	Improve mental health among specific groups through the implementation of the Mental Health Strategy	Feb-22	Ongoing (annual updates)	· Annual progress of the mental health action plan.	Public Health/CCG	amber	Completed an update in May- over 90% of actions are green. The Me	15/02/2022 : we have mainly concentrated on BME groups and MH treatment access rather than specific groups at risk of suicide. We are developing a PD pathway in primary care in the transformation team so that people with PD (increased suicide risk) can more easily get treatment. Street outreach team have a dual diagnosis worker I think. We have increased access to health for vulnerably housed through increased staff in the outreach team- another group with increased suicide risks. Kept on with the street pilot in CoL. Other groups at risk are single men over 40, LGBTQ+ so we need to consider what we should be offering them although we do have James place Since last April they have received 98 referrals in total for men over 40. Some would have been poor referrals, and many would have been safety netted, assessed and referred to other services or into the crisis pathway. James place went on to work directly with 38 men over 40.
2.3	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	Feb-22	Ongoing (annual updates) MOVE TO ONGOING	· Every Looked After Child who needs it has a suicide prevention plan.	City of London Children's Social Care	green	It is standard procedure for every child who needs a suicide prevention plan	March 2022 the City MH alliance has produced this guidance which we are promoting https://citymha.org.uk/Resources/Parents-Toolkit
2.5	Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	Feb-22	Ongoing (annual updates)	· Enhanced mental health service commissioned for Looked After Children and Care Leavers	City of London Children's Social Care	green	The enhanced mental health service is in place, 12/18 we continue to provide	FEB 2022 a lot of work has been done around migrant mental health after the CoL welcomed hundreds of Afghan refugees
2.6	Student mental health - ensure HEIs staff are trained and can signpost students	Feb 22	ongoing	· at least one staff in City HEI campus trained	PH	green	March 2022 Papyrus has offered free training to HEIs all over london and this has been promoted, CoL PH is also helping james' place engage with HEIs to make sure there are tailored services	July 2022 - Over the last year James place have been delivering a pilot project. The two partners James Place are working most closely with are Queen I

Priority:	Reduce access to the mean of suicide							
Objective (if applicable):	Reduce the opportunities people have to suicide in the City of London							
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	old updates	most recent update
3.3	maintain the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'	Feb-22	Dec-22	· New signs on bridges	RNLI , PLA City of London Built environment	green	There is an issue with the signage on the tower of london wharf, english he	March 2022: PM inspection of the belts and their housing is regular, the information supplied on City maintained belt housings is consistent in approach and at all locations including the bridges. The belt housings that fall within the Tower of London footprint/ownership on the riverside are different in colour "black" and the info is not the same. The wording/figures on the City maintained housings was developed with the RNLI with the hope of providing constancy with all parties along the river as a whole, the RNLI were going to, or have, engaged with those responsible at all sites to try to get the same message
3.4	install and maintain cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	Feb-22	Dec-22	· Cameras on bridges	One Safe City/ Secure City	amber	Update 18/11 from Ian Hughes: Under Secure City Programme umbrella w	July 2022, the project is on track and has received full funding approval. New cameras have been installed on London and Millennium Bridges, detailed planning for upgrades on Tower Bridge is nearing completion and detailed designs for Southwark and Blackfriars Bridges are underway. In parallel, the new video management system to enable the cameras is being implemented.
3.5	mobilize bridge watch programme patrols	Feb-22	ongoing	install infra red beams on bridges	CoL Police and CoL	amber	infra red beams on bridges were proposed as a solution to see where people jumped	June 2022 Bridgewatch still has not secured funding due to BHT being very thorough in its due diligence we are hoping for mobilization by end of 2022 or spring 2023
3.9	Implement the vulnerable People And Bridges Security Project within the Secure City Programme.	Feb-22	Mar-24	bridges are monitored 24/7 and intervention is faster and easier	CoL Police and CoL	green	We are now at the scoping and feasibility stage of the project. Work previously done	July 2022, the project is progressing. Field validation trials were held

3.11	Continue to engage with the Tidal Thames water safety forum and input into the action plan of the Tidal Thames: drowning prevention strategy	Feb 22	ongoing	Partners share knowledge and learning about safety on the Thames	RNLI , PLA, community safety, port health, public health City of London Built environment	green	in 2019 several partners and agencies across London developed the Tidal	Feb 2022 partnership working is still ongoing, the TTWSF is currently writing to westminster council to tell them not to remove PRE, TTWSF has helped rule out nets for the feasibility study of the bridges (see action 3.12)
3.12	commission a feasibility study of physical measures on the bridges	Feb-22	December 22	final answer on what physical measures can be implemented on the 5 city bridges	PH, BHE, Town clerk, Paul Monaghan (chief engineer), Ian Hughes	green	Feb 2022 the technical questions and specifications for the tender pack have been written, the tender is due to go live wednesday 10th of february with appointment of a consultancy on april 10th, work should be completed by august 2022 with a report going to the elected members in september/october 2022	June 2022 the feasibility study is progressing, the consultancy has engaged

Priority:	Those who are bereaved or affected by suicide to feel informed and supported throughout their experience							
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:	RAG rating	old updates	most recent update
4.5	contact funeral parlors in the city/used by city residents to ensure they are aware of bereavement services for those affected by suicide	Feb-22	ongoing	number of funeral parlors aware of the bereavement services	strategy officer public health	amber		CG has compiled a list of the funeral parlors but still needs get in touch with them, delayed by covid and the work on the bridges
4.6	promote training around bereavement	Feb-22	ongoing			green		promotion of NEL training as well as cruse offer
4.7	Bereavement support for children who have lost a parent or carer	Feb-22	ongoing			green		feb 2022 The children and young people's bereavement service at St Joseph's hospice is now accepting referrals for young people who have lost a parent, carer or significant person in their life due to a bereavement of any kind (this was previously covid-related bereavements only).

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:	RAG	old updates	most recent update
5.2	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	Feb-22	Jun-20	Evidence of challenge of harmful or inappropriate material	City of London Corporation	Green	We have offered our support to the samaritans and NSPA in their ca	June 2022 Suicide prevention lead officer has met with Hull university to help in their research project of unhelpful online content when it comes to suicide prevention
5.3	Promote the samaritans communication toolkit to encourage the use of positive appropriate language in all communications and during purdah	Feb 22	ongoing	change in language, successfully, commit, are no longer widely used	CoL	Green		ongoing work: we have consulted the samaritans about potential press queries about the public tender for the feasibility study of physical measures on the bridges, we are also working with them on some proactive appropriate comms ahead of the usual spring increase in incidents

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:	RAG	old updates	most recent update
6.1	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	Feb 22	Ongoing (annual updates)	Shared with relevant partners	ALL	green	on-going, shared through suicide audit. 8/19 The City Corporation's Public Health and Business Healthy has delivered presentations at conferences hosted by St John Ambulance (Dec-18), the National Suicide Prevention Alliance (Feb-19) and a Revo suicide prevention steering group meeting (Mar-19), sharing local learnings with stakeholders and partners. it also presented a poster on local suicide prevention approaches at the PHE Annual Conference in Sep-18. STP and Thrive london are closer to implementing a pan london data sharing agreement (see action 6.3) April 2021 : the thrive real time surveillance data base is now live, however definitions of contemplating, attempted need to be agreed amongst all the partners, as well as definitions on self harm (It is unclear if self harm should include eating disorders or substance misuse for example). March 2022 : PH is working with CoLp and ELFT to develop better data collection for the Mental Health Street Triage service as well as regular reporting to commissioners , CoLp has also shared suicide data with UCL to help with a study around the pattern of crimes and pattern of behavior of suicidal individuals	July 2022 update awaited from CoLp especially around MHST data
6.2	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	Feb 22	Ongoing	Joined up working and information sharing between the coroner and public health	Public Health Port Health and Public Protection	green	the coroner is very busy due to COVID-19 so this is progressing slow	March 2022: the coroner has shared data with PH in time for the suicide audit of 2022
6.3	work with NHS England on the Child Protection Information System CP-IS	Feb 22	ongoing	health alert system includes details of children in care or subject to cp plans.	CHSCP	green	april 2021 : CHSCP following up with NHS England lead for the Child Protection Information System (CP-IS - this is a health alert system that includes details of children in care or subject to cp plans. We are advocating this be extended to include vulnerable adults too based on the learning from one of these cases (note: this issue isn't included in the audit)	19 April : this was escalated to NHS England. It confirmed its intention

6.4	Participate in the Thrive London Database	Feb 22	ongoing	input into the database and use it to inform intervention	all	green	The City of London has joined the Thrive LDN real time surveillance database, this innovative suicide surveillance system is designed for use by multi-agency group, allowing councils, police, mental health services, suicide prevention groups to share real time surveillance data and coordinate responses. The system	as recording suicide attempts and contemplation, this involves a lot of work in t
6.5	CoLp to share real time surveillance data with UCL in order for them to analyze the patterns of movement and why people come to the square mile to attempt suicide	Feb 22	Feb 24	study with recommendation produced	CoLp	green	CoLP shared data with UCL in October 21 and are now waiting	June 2022 no update was provided from CoLp
6.6	Resolve issues with receiving feedback from hospitals regarding the outcome of the mental health assessments after S136. The City Police Suicide Profile of 2020 recommends that "an Information Sharing Agreement with the NHS should be established so that requests can be submitted to hospitals which request the outcome of assessment for any individual taken to hospital. This should be completed for every individual that attempts suicide; to ensure that all risk information is shared and appropriate safeguarding measures completed."	Feb 22	Feb 23	information sharing agreement with NHS in place	CoLp	amber		July 2022 information management team in Force is checking if CoLp can have that information under the DPA

Ref:	Action:	Start:	End:	Measure/ outcome:	Lead officer/ partner:	Update	RAG rating	COVID response
C 2.7	Adapt the Public Health England document 'Identifying and responding to Suicide Clusters and Contagion' so shapes a local response.	Jun-17	May-19	· Document produced	CHCSB	12/19 the first document was completed and circulated to the members of the group but there is now a new one Revised guidance if not already circulated - here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf Operationally, there is confidence that contagion / cluster is being considered as part of Joint Agency response meetings under new child death review arrangements - guidance is being used in this context	Complete	
C 3.2	Evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	Apr-17	Sep-17	· Evaluation to Health and Wellbeing Board	Public Health	The evaluation draft document is being to members of the working group for their feedback. 13/5/19 the document is now finalised and Nicole Klynman has asked Rory McCallum to share learnings and findings with the members of the suicide prevention group.	complete	
C 3.6	Put RNLI signs on embankments to contain the message 'dial 999 and ask for the Coastguard'.	Jun-17	Jun-18	· Signs on embankment	RNLI Public health	Complete	Complete	
C 3.8	Work with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges	Apr-17	Apr-18	· Signs on Tower and Southwark bridges.	Public health	Signs are up on Tower Bridge and Southwark bridge.	Complete	
C 4.6	Create and send the bereavement support pack to stakeholders, residents and partners	2020	ongoing	bereavement pack sent to city VCS and partners	Public health and comms	The pack is finalised, it contains a bereavement video from LBH, bereavement leaflets from Hackney (60 copies have already been sent to LBH VCS)	complete	
C 4.6	Promote Public Health England 'Help Is At Hand' document to key partners and make available in City libraries	Jun-17	Jul-17	· Help is at hand document readily available in libraries.	Public Health	Done	Complete	

C 5.2	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	Jun-17	Jun-20	· Number of organisations aware of the Samaritans media guidelines	The Samaritans	The guidelines have been shared	Complete
C 5.4	Promote Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network	Jun-17	Jun-20	· Posts on the Business Healthy website/ newsletter/ social media (World Suicide Prevention day - 10 September 2017) · Include as a resource in training packs	Business Healthy Public Health	Done	complete
C 6.2	Develop the mechanisms for evaluating local suicide prevention work	Jun-17	Oct-17	· Evaluation of 'the Bridge Pilot'	Public Health	See action 3.2	complete
C 6.5	Develop an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of London Police and the City Corporation.	Jun-17	Dec-17	· Data sharing agreement in place and signed by all partners	One Safe City	The legal agreement had been drafted however progress on this has stalled since the one safe city project ended as there is no permanent resource within the Corporation to oversee cross agency information sharing. One safe city no longer exists, Jon Avern, David McIntosh, Claire Giraud and Nicole Klynman still responsible for creating the agreement with legal because Tower Hamlet and Southwark are not partners in the agreement for crime data sharing, CG is enquiring with legal at the moment. 18/01/19 After consulting legal, it has been established that the safe city data sharing agreement is applicable to suicide prevention because it mentions the care act. there is thus no need to create a new data sharing agreement.	completed

Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	old updates
1.1.1	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, suicide awareness, suicide intervention to help them engage men and women in conversations about - Wellbeing and mental health - Accessing appropriate information/self-help support - suicide	Feb 22	Ongoing (annual updates)	<ul style="list-style-type: none"> · Number of frontline staff trained · Training material · Promotion of training · Examples where training has been used to good effect 	Public health	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness event as part of Thrive in the City for the Emergency Services (Apr-18), which is a day-long London-wide programme of events (CoLP, Met Police, LFB and LAS in attendance). Tizzy Keller and Sgt Mark Montgomery led the session. A 2 day session is planned in January 2019, 8 spaces are available for frontline staff and commissioned providers (possibly police, schools, RNLI?). MHFA Adult 2-day training delivered free-of-charge to frontline staff of commissioned services in Jan-19. There were 15 attendees, MHFA children 1 day training to school staff on May 5th 2019 with 16 attendees, half day suicide prevention training to school staff and police on 9/10/19 20 attendees; Business Healthy have also hosted multiple Suicide Prevention Awareness Sessions with the Samaritans and the City Police for 2020 (Feb, July, November) aimed at HR, frontline staff, and security sector.
1.1.2	Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	Feb 22	Ongoing (annual Updates)	<ul style="list-style-type: none"> · Information relevant to suicide on the Business Healthy resource pages · Number of Business Healthy members 	Public health Business Healthy	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness training in October 2018 in Canary Wharf where they shared best practices and learning, there was a session in February 2019 which was very successful. (Also see 6.1). Information about suicide prevention and mental ill-health more widely is shared on an ongoing basis through the Business Healthy network (newsletter and website). The network continues to grow - there has been a 58% increase in members between Sep-18 and Sep-19. 82% of member organisations in the City of London are SMEs. Dragon Cafe in the City has secured funding to run fortnightly (Jan-19 to April-21), feedback from visitors (Jan-Aug19) showed that 92% of participants (who gave feedback) strongly agree/agree that the cafe helped to improve their mental wellbeing; Hosted SPA with the Samaritans 7/2/20, 24/7/20, and upcoming session 9/10/20. Very positive feedback, even with the July session being virtual. July session also geared toward "hidden workforce" and security sector. Next session in November 2020.
1.1.5	Approach security firms to train security guards in spotting suicidal behavior and having the confidence to intervene	Feb 22	ongoing	number of security guards trained in suicide awareness	CoL Public Health	This was also discussed in SPA session with Samaritans 24 July 2020. Update as of June 2020 tying in patterns and existing risk as well as direct impacts of COVID-19, some particular areas to look at in terms of CoL workforce and those coming into the City who can't work from home, are the routine manual service workers, lower income roles and roles like construction workers. Pre-lockdown, the CIOB and Samaritans released reports that highlighted an increased risk in lower income roles, primarily men, who are affected by having to come in.

1.2	Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent's Release the Pressure campaign).	Feb 22	Initial 4 week push then ongoing (update to HWBB September 2017)	<ul style="list-style-type: none"> · Tube/rail and digital adverts (June – 17th July) · Number of clicks onto website · Follow up survey (September 2017) 	Public Health	<p>Campaign seen a total of 30 million times across the four-week initial campaign (Tube, rail and digital ads alone, not including press coverage, etc. 10x increase of visits to the MH webpage of the CoLC website during the campaign. NK to ask Fawzia 12/18 RtP is an ongoing campaign and has also been continued through Dragon Café in the City's promotion and branding. January 2019 : New Website Offering Support to People at Risk of Suicide www.StayingSafe.net added to www.cityoflondon.gov.uk/releasethepressure. 08/19 Promotion of Release the Pressure is ongoing across digital channels and the London-wide "Good Thinking" tools and associated support has been promoted to City workers and residents. The campaigns materials are available to download from the Business Healthy website. PHE's Every mind matters campaigns pushes the release the pressure message, it is a good thinking tool.</p>
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter award and also to comply with HSE Stress Management Standards and NICE Guidance	Feb 22	Ongoing (annual updates)	<ul style="list-style-type: none"> · Number of businesses which have achieved the London Healthy Workplace Charter 	CoL Port health and public protection Business Healthy	<p>Dragon Café in the City has been running since Feb-18, was being evaluated against CoLC and other objectives. BH continues to promote the LHWC and HSE mental health-related information and resources. The dragon café pilot finished and the feedback was that visitors were city workers, middle age men and that once they had been to the cafe they were more inclined to engage with mental health services, also 2/3 of participants said they noted an improvement in their wellbeing after attending the session. Funding for a second year was secured at the beginning of 2019. The Charter underwent rebranding in 2019 and was re-launched as the London Healthy Workplace Award. Between Oct-18 and Sep-19, 18 City firms have registered interest in the Award and a further 6 have been accredited</p>
1.8	Street Pastors to be positioned at high risk locations in the City at high risk times.	Feb 22	To begin by June 2018 and ongoing	<ul style="list-style-type: none"> · Street Pastors regularly patrolling the City. 	City of London Police	<p>The police and street pastors working every weekend with 2 teams of 3 street pastors they are now including high risk locations in their patrols. Suicide prevention training for street pastors planned for 2018. It is hard to find a convenient time to train all the pastors at the same time. 13/12/18 The City Pastors have had at least one team patrolling every weekend since the launch in July 2017. This is generally on Friday night but on occasions Thursday and/or Saturday. At the commencement of each patrol the team contracts the control inspector and patrol sergeant seeking directions of where to patrol. Whilst the general request is to focus on the Bishopsgate corridor to patrol London Bridge, or other bridges is also often requested. Most patrols will visit one of the bridges at least once during a night's patrol. During this period the volunteers have not had any significant interventions.</p> <p>On one occasion there was a specific request to attend London bridge as police had received advanced information that someone was attending who was threatening suicide. The team attended and remained on the bridge for an hour but the person did not arrive.</p> <p>The force training section is preparing a training course for the volunteers on aspects of vulnerability including potential suicides. It is anticipated that this training will be delivered in February 2019. 12/19 this is up and running and being utilised Friday nights, over the Christmas period it will be Thursday to Saturday and they will call into the police control room to know where the footfall is, they will talk to and guide people, they are incorporating the bridges into their patrol, Mark Montgomery to contact Tony to get an update</p>

2.4	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))	Feb 22	Ongoing (annual updates) MOVE TO ONGOING	· E-training module for parents to be disseminated to schools.	CHCSB	The training module has been developed and disseminated to schools. 12/18 The E training module runs by the CHCSB and we continue to provide the enhanced mental health service for LAC and care leavers. The roll out of the Safer Schools App for both professionals and parents / carers contains substantial awareness raising material and training content about online safety and building resilience in young people. The App continues to be promoted in the City of London.
2.6	Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	Feb 22	Ongoing (annual updates)	· Promotion of CCG lead five to thrive campaign - dissemination of video	CCG	The five to thrive steering group is established. The principles have been further embedded in psychological services and GP depression reviews. All pharmacies can access FTT leaflets to distribute to patients. NK to ask Dan and Fawzia for updates. 8/19 A CoL video promoting the 5 ways to wellbeing is in development for digital communications purposes. 12/19 the steering group met recently, the website is being updated, we are trying to make sure social workers use/promote five to thrive, also a video is being developed by comms and should be launched mid jan, Xenia Koumi will share and it will put it out through the MH alliance and business healthy channels
3.1	Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	Feb 22	Jan-19	· Suicide considerations in standard risk assessment/health and safety tick box template. · Suicide considered in Health Impact Assessments	CoL Planning and Port Health and public protection	CoL health and safety team see all planning apps and give comments where appropriate. Comments are picked up by the planning committee who are aware of suicide prevention work. 12/19 CG has written guidance to developers and architect on how to mitigate suicide risk that are to be included in the long term plan, once they are finalised she will share them with LBH and STP. Feb 2022 the planning department is working to have suicide risk mitigation as a standing paragraph in the planning committee report template, the guidance for risk mitigation in high buildings is due to be adopted in June 2022
3.2	Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	Feb 22	Ongoing	· Relationship to be built between City of London public health and TFL/BTP/network rail	Public Health	In June 2020 confirmed communications for mental health support are not suicide prevention specific but more focused on signposting individuals to support. Number of suicides/ attempts has gone back to normal since pre-COVID-19 level. There was previous discussion around potentially utilising What3Words, however, XK confirmed group's concerns and that a decision had been taken at the previous meeting to not take this any further for the time being, because of concerns around having to rely on a third-party commercial app, barriers to access, etc. GA also commented that the concern is that it shouldn't turn into steps, when can call 999, however it has not been ruled out on signage.
3.3	Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	Feb 22	Ongoing (annual updates)	· Number of people trained · Examples where training has been used to good effect	Public Health CoLP	Business Health and the Samaritans team have developed a sustainable model of delivery. See action 1.2 for more detail. 8/19 Since Sep-18, 3x Suicide Prevention Awareness sessions have been delivered to the City's business community, and an additional one is planned for Oct-19. Across the three sessions, 54 people have attended and an average of 98% of attendees reported that attending the session has helped them to feel more confident in identifying and approaching someone who is at crisis point and who might be considering suicide
3.ten	Share guidance with the relevant stakeholders	Feb 22	ongoing	guidance is shared as widely as possible	all	Public health is sharing guidance with developers, constructi

4.1	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	Feb 22	Ongoing (annual updates)	· Number of primary care staff who have received training	CCG City of London Coroner	CCG trained their primary care staff in suicide prevention work on 1 December 2017. 40 Gps attended this training. awaiting on update from CCG. 4 hours Mandatory MH training now includes Suicide Prevention. 32 people attended stand alone suicide prevention training at Homerton hospital on the 1st December 2017. Advertisement of local offer on MHFA/Suicide training circulated through CHCCG networks. The Coroners office is routinely supporting families and providing information on their needs. Two new coroner officers have been appointed and are undergoing appropriate training. Senior coroner is introducing new processes to ensure this continues as routine procedure.
4.1.1	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.	Feb 22	Ongoing	· Follow up with businesses who have undergone training · Promote the suicide prevention agenda within City business groupings such as the City Mental Health Alliance and “This Is Me – In the City” (Lord Mayor’s Appeal)	CoL Health and Safety Business Healthy	Ongoing efforts through Business Healthy and "Release the Pressure Campaign." High priority as many are still working from home with the Covid-19 pandemic. Ongoing Suicide Prevention Awareness sessions hosted with Business Healthy and the Samaritans (currently virtual) every 3 months.
4.1.2	Risks to be assessed by the City Corporations Health and Safety Team following on from any suicides in public/the workplace and any preventative /remedial measures are identified for action	Feb 22	Ongoing (annual update) MOVE TO ONGOING	· Number of risk assessments undertaken by the CoL Health and Safety team following suicides in City of London businesses	CoL Health and Safety	The CoL health and safety team follow-up with workplaces where suicide occurs and work with colleagues to support them where appropriate. There have been no suicides in the City where there has been a breach of health & safety legislation or good practice. business as usual 12/18. 12/19 CG going to safeguarding meeting at Saint Paul to advise after the incident in March 2019
4.2	Provide accessible, concise information on the processes and standards in a Coroner’s inquiry to family members	Feb 22	Ongoing (annual updates) MOVE TO ONGOING	· Number of families given information	The Coroner	This is standard procedure by coroners office. This is ongoing on a separate action log. A new standard of proof for suicide is under appeal at the moment, it will lead to less open verdicts because it is more clear cut, it will give families more clarity and make dealing with families more straightforward and be good for the next suicide audit.
4.3	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	Feb 22	Ongoing (annual update)	· Proportion of families who are referred to bereavement services	CoLP	The FLO’s should advise them to what is available to them, the FLO’s would do their own research and find specific contacts for them to use.

4.4	Offer those bereaved as a result of suicide signposting to bereavement services	Feb 22	Ongoing (annual update)	<ul style="list-style-type: none"> Number of people offered bereavement support 	CoLP and coroner	Recent Update with regard to bereavement: awareness and capacity needs are to be looked at from STP level. Currently working on resources based on staff feedback to provide updated guidance for staff if they experience bereavement. They are asking to share this with other organisations who can benefit from that information as well. This will help outline things to do, be aware of, other resources. Also working on content for frontline staff who may need to support someone who has experienced bereavement. Written guidance but also short training video in terms of how to speak to someone and what advice to give, rather than staying silent, which can be worse. They also have created resources for non-frontline staff that can be used across organisations and residents. MindEd is a free educational resource on children and young people's mental health for all adults, and St Joseph's Hospice has just launched a support service for CYP and families who have been bereaved as a result of COVID-19. Information about this service and other local bereavement support is available on the CoL website (under the heading "Bereavement counselling services")
5.1	<p>Ensure that local/regional newspapers and other media outlets:</p> <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 	Feb 22	ongoing	<ul style="list-style-type: none"> All suicides reported on in a sensitive and appropriate way 	City of London Corporation and CoLP media Teams	The media guidelines have been shared. Media outlets don't always follow them but the CoLP and COLC media teams follow up with them when they don't.
5.3	tell the samaritans and NSPA about harmful	Feb 22	ongoing			
6.3	support the development of a pan london	Feb 22	ongoing (annual updates)	ent in place and data bei	coroners, MET police, CoL police	by the director of public health. 1/20 we have been given log in details for th
6.4	Routinely collect data on attempted suicide in the City from Section 136 booklets	Feb 22	Ongoing	<ul style="list-style-type: none"> S136 data to be collected by the City of London Police and shared with public health 	City of London Police	s136 data is routinely collected and sent to PH team

most recent update	RAG rating
Feb 2022 - training is promoted as soon as it is available to CoLp, Frontline staff (education, social care, etc), park guards etc	ongoing
<p>Business healthy ran two fully attended t</p> <p>2021: 4 x SPA 11 + 12 + 42 + 8 = 73</p> <p>2022: 2 x SPA 14 + 12 = 26</p> <p>Total: 27+73+26 = 126</p>	ongoing
feb 2022 - the worshipful company of security professionals has approached the SPSG members to see where joint working could be done, they are going to help us develop a network of safe heavens/hubs where the MHST staff can take individuals in crisis	ongoing

<p>February 2022 : Public health just promoted children mental health week and the "Talking Changes Things" campaign</p>	<p>ongoing</p>	
<p>14 february 2022 we continue to promote the GLA's Good Work Standard, which is the main accreditation now. While it incorporates element of the Healthy Workplace Award and has a good focus on mental health, as far as I can see there's no specific reference to suicide prevention: https://www.london.gov.uk/sites/default/files/mayors_good_work_standard_employer_guidance_00.pdf</p>	<p>ongoing</p>	
<p>Feb 2022 we made contact with the street pastors in the summer of 2021 and they offered to help with bridge patrols but said they had a limited number of volunteers due to Covid. After that we lost touch with them but we are hoping they will make themselves available to bridge watche</p>	<p>ongoing</p>	

<p>March City MH alliance has created this guidance https://citymha.org.uk/Resources/Parents-Toolkit which is being promoted , partners do not think there is much more to do - the release of the City Safer Schools App is available for parents - continues to be promoted.</p>	<p>ongoing</p>	
<p>May 2022 - The five to thrive website is due for a redesign, budget has been approved and the FTT team promotes Suicide awareness and Mental health literacy trainings regularly as well other wider MH campaigns</p>	<p>ongoing</p>	
<p>The planning guidance was adopted by the planning and transportation committee in June 2022, The CoL is the second local authority in the UK to adopt such guidance and numerous other boroughs in London are wanting to adapt the COL planning guidance note for their area. The city of London suicide prevention lead officer is now regularly contacted by developers about suicide mitigation risks tailored to their project. Additional training for planning officers on suicide risk mitigation is currently being developed by the Public Health Team and environmental Health officers.</p>	<p>ongoing</p>	
<p>feb 2022 - we are currently engaging with TFL to see if we can make suicide prevention training compulsory for the obtention of a taxi license, we engaged with NR in the summer of 2021 to ask them if we could have a hub at london bridge station to take people in crisis there and they agreed but then we realized a train station may not be the best place to take someone in crisis, also we had no way of ensuring the safety of the person who took the individual in mh crisis there</p>	<p>ongoing</p>	
<p>The mental health street triage service, operated by ELFT MH clinicians, is still operating in the square mile (its hours of operations were expanded in july 2021 for 12 months and an evaluation of the service has found that it saves a lot of money at the system level by reducing s136), the bridge watch program should be mobilized by summer 2022 and CoL has commissioned a feasibility study of the bridges. Samaritans are still delivering Business Health suicide awareness training to workers near the river</p>	<p>ongoing</p>	
<p>March 2022 This work is ongoing, PH and BH regularly s</p>	<p>ongoing</p>	

<p>March 2022 : The Hackney bereavement pack which raises awareness and gives technique on how to support someone who has been bereaved has been largely promoted to NEL CCG City and Hackney CCG frontline staff and will soon be adapted for the CoL in order to be promoted to CoL specific staff</p>	<p>ongoing</p>	
<p>14 february 2022 : In terms of the RtP campaign, it's no longer being proactively promoted, other than via the SPA sessions, though the materials are still available on the BH website for businesses to download.</p>	<p>ongoing</p>	
<p>feb 2022 CG discussing with planning on how to make suicide risk mitigation a standing item on planning report template and at pre application meetings</p>	<p>ongoing</p>	
<p>ongoing</p>	<p>ongoing</p>	
<p>ongoing</p>	<p>ongoing</p>	

ongoing	ongoing
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feb 2022 we have developed a briefing for media enquiry around the feasibility study of physical measures on the bridges in case any media outlet notices the tender and asks questions + are preparing proactive comms ahead of the usual spring increase in incidents	Green
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feb 2022 we have needed to do this since the unfortunate events	ongoing
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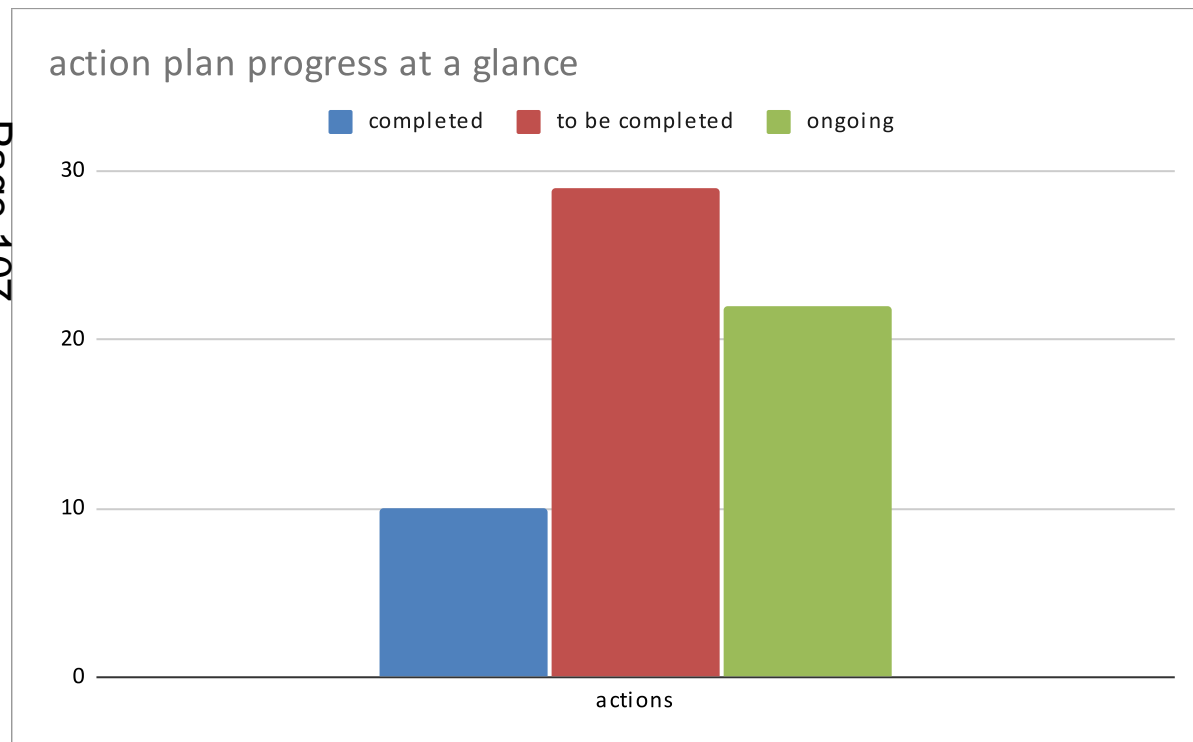
Feb 22

ording suicide attempts and contemplation, this involves a lot of work	Green
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	Green
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Feb 2022 the evaluation of the MHST found that since 31/05	
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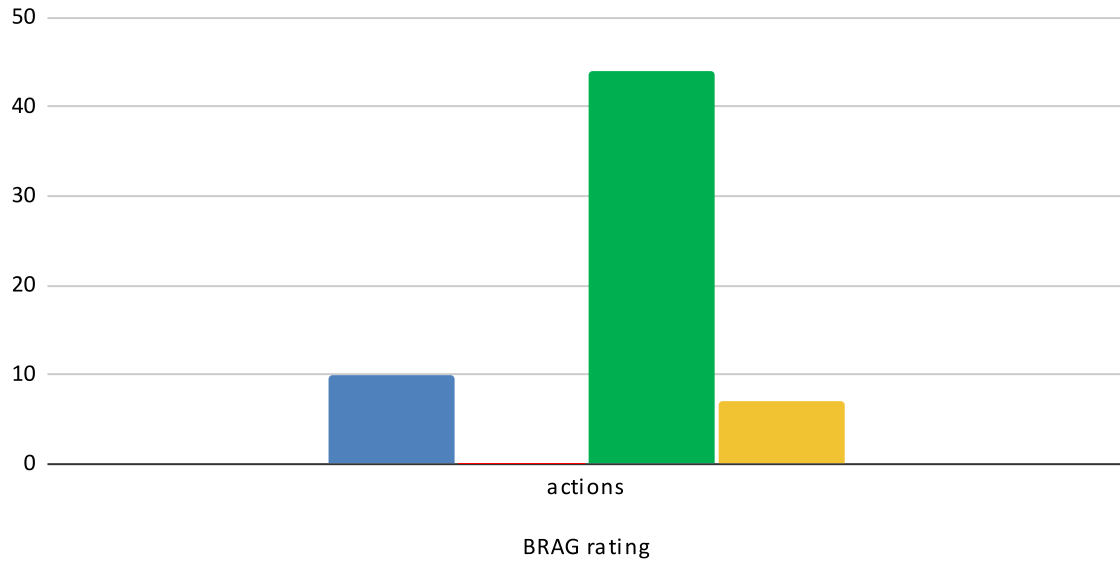
Name:		Suicide Prevention Action Plan	
Duration:		2022-25	
Relevant strategies:		Joint Health and Wellbeing Strategy, Mental Health Strategy	
Board responsible for monitoring action plan:		Suicide Prevention Steering Group, Health and Wellbeing Board	
Owner:		Andrew Trathen/ Claire Giraud	
Review date:	Feb-22	Frequency of monitoring/reporting:	annual



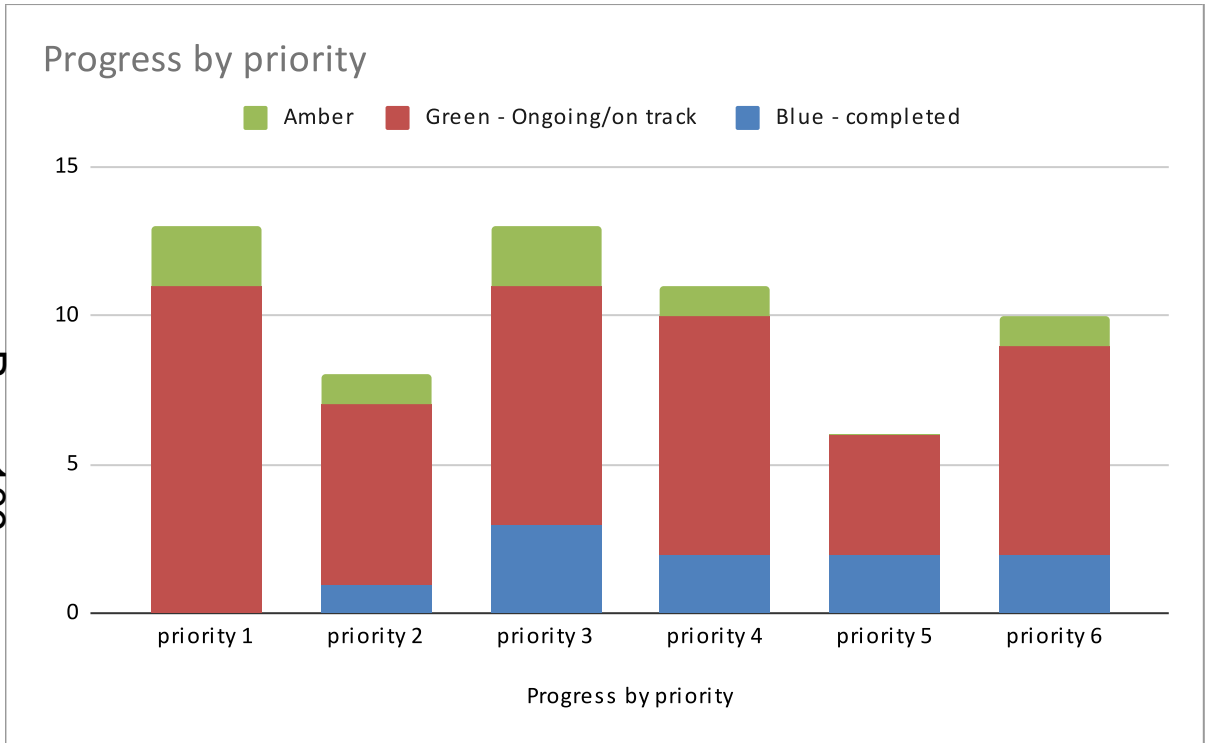
	completed	to be completed	ongoing
actions	10	29	22

BRAG rating of all actions

■ Blue - completed ■ Red ■ Green - ongoing/on track ■ Amber



BRAG rating	Blue - completed	Red	Green - ongoing/on track	Amber
actions	10	0	44	7



Progress by priority	Blue - completed	Red	Green - Ongoing/on track	Amber
priority 1			11	2
priority 2	1		6	1
priority 3	3		8	2
priority 4	2		8	1
priority 5	2		4	0
priority 6	2		7	1

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