Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 19 FEBRUARY 2021**

Time: **11.30 am**

Venue: **VIRTUAL MEETING (ACCESSIBLE REMOTELY)**

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

Enquiries: **Leanne Murphy, tel. no.: 07546524565**
leanne.murphy@cityoflondon.gov.uk

Accessing the virtual public meeting

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John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

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

3. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on 20 November 2020.

For Decision
(Pages 1 - 8)

4. **ANNUAL REVIEW OF THE BOARD'S TERMS OF REFERENCE**
Report of the Town Clerk.

For Decision
(Pages 9 - 10)

5. **CITY OF LONDON JOINT HEALTH AND WELLBEING STRATEGY REFRESH - UPDATE AND PROPOSED NEXT STEPS**
Report of the Director of Community and Children's Services.

For Decision
(Pages 11 - 22)

6. **HEALTH IMPACT ASSESSMENT GUIDANCE NOTE**
Report of the Director of the Built Environment.

For Decision
(Pages 23 - 42)

7. **CITY & HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019/20**
Report of the City & Hackney Safeguarding Children Partnership.

For Information
(Pages 43 - 44)

8. **DIRECTOR OF PUBLIC HEALTH REPORT FOR 2019/20**
Report of the Director of Community and Children's Services.

For Information
(Pages 45 - 70)

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch City of London.

For Information
(Pages 71 - 76)

10. **MENTAL HEALTH AND ROUGH SLEEPING**
Report of the Director of Community and Children's Services.

For Information
(Pages 77 - 80)

11. **REPORT OF ACTION TAKEN**
Report of the Town Clerk.

For Information
(Pages 81 - 82)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 20 November 2020

Minutes of the virtual meeting of the Health and Wellbeing Board held on Friday, 20 November 2020 at 1.45 pm

Present

Members:
Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Randall Anderson, Chairman of Community & Children's Services Committee Jon Averns, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Chief Superintendent Steve Heatley, City of London Police
Andrew Carter, Director of Community and Children's Services
Sandra Husbands, Director of Public Health
David Maher, NHS City and Hackney CCG
Jeremy Simons, Deputy Chair of Port Health and Environmental Services Committee

In Attendance

Tom Sleigh	-	Chair, Barbican Centre Board
Tim Jones	-	Culture Mile Manager
Paul Coles	-	Healthwatch
Rhiannon England	-	NHS City and Hackney CCG

Officers:

Chris Lovitt	-	Deputy Director of Public Health
Kate Smith	-	Head of Corporate Strategy & Performance
Chris Oldham	-	Corporate Strategy and Performance Officer
Leanne Murphy	-	Town Clerk's Department
Raynor Griffiths	-	City and Hackney Safeguarding Adults Board
Xenia Koumi	-	Health and Wellbeing Team
Ellie Ward	-	Community and Children's Services Department
Chandni Tanna	-	Town Clerk's Department

1. **APOLOGIES**

Apologies were received from Deputy Joyce Nash, Natasha Brady and Dr Gary Marlowe.

The Chairman welcomed Chief Superintendent Steve Heatley, the new Wellbeing and Welfare Champion for the City of London Police (COLP), to the Board. It was confirmed Chief Superintendent Heatley would be the COLP representative and the Chairman thanked Natasha Brady for all of her hard work whilst on the Board.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were none.

3. **MINUTES**
The public minutes and non-public summary of the meeting held on 18 September 2020 were approved.

Matters arising

The Chairman confirmed that a letter was drafted to go out to all hotels regarding defibrillators, but action was held off due to the second national lockdown. Letters would be sent in the New Year.

4. **SPORTS AND PHYSICAL ACTIVITY STRATEGY**
The Board received an oral update from the Head of Corporate Strategy & Performance concerning the Sports and Physical Activity Strategy.

Members were provided with a pre-Covid recap that an ambition statement went to the Policy & Resources Committee in February and Officers made a commitment to review the existing provision and undertake stakeholder research and a commercial valuation of assets. This was paused in March as a result of the first lockdown as critical services and resources were redeployed. The Officer Group restarted work in September and were meeting regularly to review work under the new Covid context.

It was noted that three delivery areas were supporting this work and updates were provided: 1) DCCS were working on a capital bid in December; 2) Open Spaces - toilets and playgrounds at the Corporation's Open Spaces remained open to the public but everything else was shut; 3) Sports Business Engagement - the UK Active National Summit will be held online and colleagues were encouraged to register for the virtual conference.

It was noted that public consultation was taking place to explore the future of activity in the City as a worker destination. This was separate from the Square Mile Running track consultation being led by a Member and Officers confirmed a running track is not currently planned and all parties would be consulted on any proposals.

Members were provided with headlines from the Sport England report which included £9.5 billion in physical and mental health impact generated, 285k jobs supported and an overall impact of £13.8 billion. This highlighted the importance of the partnerships working together. It was also confirmed that Officers were responding to the current Sport England consultation.

Members voiced concern regarding the effect of Covid on the high number of indoor private gyms in the City which were now in peril. A Member felt that this would not be easily resolved as gyms relied heavily on workers in the City and footfall was unlikely to increase anytime soon. It was confirmed that business

closures were being seen and Officers were reviewing how the stoppage to business support by the Government was contributing to these closures.

In response to a query concerning potential obstacles faced by the BAME community in accessing sport and physical activity and the subsequent impact on health inequalities, Officers stated that different groups faced different obstacles which would be investigated by the joint City and Hackney Health Inequalities Steering Group and wider research was being undertaken to address the barriers.

5. **CULTURE MILE PRESENTATION**

Members received a presentation concerning the future of Culture Mile 2021-23 and the following points were made:

- The Culture Mile Manager stated that Culture Mile would be making recommendations to the Corporation in the New Year on how the cultural district could be used as a vehicle to support communities and recovery post-Covid through a cultural revitalisation. The importance of culture in all forms was highlighted as a catalyst for cohesion and invaluable to societal health and wellbeing.

- The creative sector in London has been the hardest hit by the pandemic with this “cultural catastrophe” leading to mass unemployment in the sector.

- The five thematic areas of focus were a mixed economy model, creative livelihoods, creative spaces, creative communities and a skills-building agenda. It was hoped that civic, cultural and commercial sectors could be brought together through a mixed economy model to make the City an attractive destination for culture and commerce.

- A Health and Wellbeing approach for 2021-23 was also presented as a vision for the area to create a visitor, cultural and learning destination that is safe and welcoming to all. Culture would be used as an active tool to promote social mobility, addressing inequalities and supporting vulnerable communities.

- A skills-building agenda through the expertise of the cultural partnership was in development whereby fusion skills could be developed for 21st century employment.

The Chair of the Barbican Centre Board was present and recognised a huge cross over with the Health & Wellbeing Board in terms of physical and mental health work and possible collaborations. The Member highlighted that the GVA contribution to the economy from the creative sector was one of the highest and the Culture Mile initiative was hugely important in rebuilding the economy.

A Member was interested in how this initiative would benefit City workers and residents in terms of physical and mental health and wellbeing and recommended that Culture Mile work with Healthwatch. The Culture Mile

Manager welcomed liaison and hoped that they could come together to improve arts and health collaborative practice and opportunities which had been sporadic to date and highlight the role of culture in health outcomes.

The Director of Community and Children's Services confirmed work was happening between Culture Mile and DCCS since the pandemic while people were isolated and highlighted the Culture Mile's daily local radio show as a particularly invaluable tool at this time. It was acknowledged that getting people together over a joint interest such a culture was more effective in connecting people.

Members recognised the importance of the arts and culture for all and applauded the initiative and the City Corporation for continuing to work in this area at a time when the creative industries are suffering.

A Member queried if an affordable space could be made available for residents/artists that could not afford a space in London which could also be used to offer art therapy. Members supported the need for outlets in the City for creative offerings for residents, artists, businesses and schools.

In response a query concerning how attitudes could be changed for those that viewed culture as a white, middle class and expensive experience and what drivers and engagement could be brought in, Members were advised it was a priority for Culture Mile to produce varied, culturally enriched, free events in the City that spoke to wider audiences of all backgrounds, e.g. the Smithfield Street Party. It was noted that initiatives such as the Fusion Prize encouraged innovation, skills development, cultural learning and social mobility for London and had supported non-traditional cultural events showing a clear shift for the City.

A Member noted the decline of culture, music and the arts in the curriculum of UK state schools which was negatively impacting the current generation and adding to views of cultural elitism in the UK.

The Chairman noted that Culture Mile's activities focussed primarily in and around the Barbican Centre and encouraged use of other spaces to bring in talent and engage diverse groups elsewhere in the City (e.g. the East). Members were advised that the footprint of this district focussed on Smithfield and the Barbican and meant that public realm transformative investment concentrated here as it was seen strategically as the principal visitor destination in the City for culture by visitors. However, the Culture Mile Manager confirmed that community projects and engagement was happening throughout the City and beyond this footprint. It was recommended that the Culture and Visitor Service Team be invited to present other activities being organised across the City outside of Culture Mile.

The Chair of the Barbican Centre Board agreed that now more than ever it was important to identify and engage with all populations in the City that were able to walk to culture events. It was noted that 26 March 2021 marked the 50th anniversary of the independence of Bangladesh and there were communities in

and around the City that would welcome events. Another key upcoming event was the 40th anniversary of the Barbican Centre being built and was seen

A Member noted wider partnership opportunities beyond Culture Mile with fringe Boroughs and it was confirmed that cultural partnerships were being developed with the Heads of the local Boroughs and groups. Members agreed to share their contacts to develop these partnerships within and beyond the City.

6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD STRATEGY 2020/25 AND ANNUAL REPORT 2019/20**

Members received a report of the Independent Chair of the City and Hackney Safeguarding Adults Board presenting the City and Hackney Safeguarding Adults Board Strategy 2020/25 and Annual Report 2019/20

Members were advised that the City and Hackney Safeguarding Adults Board had three statutory functions: 1) to develop and publish a strategic plan outlining how the Board will meet its objectives; 2) publish an annual report detailing the safeguarding achievements for that financial year; and 3) commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria.

Keys achievements from the 2019/20 annual report included publication of two SARs whereby the individuals sadly died in both cases, publication of work concerning transitional safeguarding with the City and Hackney, the launch of the first Safeguarding Adult Week, and developments in service adults engagement and standard practice including workshops and newsletters. In response to the Covid pandemic, monthly meetings were arranged with Partners and responses to Covid-19 have been audited in relation to safeguarding and produced materials for the public.

With regards to the Strategy, consultation took place with Covid service users and 130 responses were achieved from residents and professionals living in the City and Hackney. The three areas of focus responders asked to concentrate on were awareness raising, community engagement and homelessness and safeguarding. These priorities will be reviewed annually.

It was noted that the two SARs highlighted the importance of this work and for people to understand safeguarding concerns and how to report them. The Chairman thanked the team for their work and welcomed further progress on the strategy in the future.

RECEIVED.

7. **CITY AND HACKNEY: COMMITMENT TO REDUCING BAME HEALTH INEQUALITIES IN MENTAL HEALTH**

Members received a presentation from the NHS City and Hackney Clinical Commissioning Group concerning the City and Hackney's commitment to reducing BAME health inequalities in mental health. The following points were made:

- The Board, and the wider City Corporation, were asked to sign up to Synergi's National Statement of Intent which was a commitment to address serious BAME health inequalities.

- Members were informed that the Synergi collaboration was a national initiative including service users, commissioners, policy makers and politicians. This was agreed by the CCG and Hackney Health & Wellbeing Board and it was hoped the whole of City and Hackney would join as a collaborative.

- For Hackney, issues with BAME focussed primarily on access and outcomes for Afro-Caribbean groups whereas in the City there were vulnerabilities identified for asylum seekers who were mostly from BAME backgrounds. Initiatives were in place targeting both identified vulnerable groups.

- Toolkits have been created to ensure BAME inequalities are being identified and will be incorporated into the City & Hackney's integrated system. An Equality & Diversity Group has also been set up to address these issues.

- In response to a query concerning what systemic interventions would be used, training and possible use of Eye Movement Desensitisation Reprogramming (EMDR), Members were advised that whilst services had a prescribed list of treatment, they did not currently take different ethnic groups and their different responses to treatments into account. Synergi were exploring these differences in a report as it was felt that having the correct treatment for the person was key.

- Officers confirmed that BAME mental health inequalities would also strongly feature as part of commenced work between the City & Hackney around health and inequalities to develop the Health and Wellbeing Strategy.

- Members were very supportive of Synergi's work and agreed to sign up to the National Statement of Intent.

8. **COVID-19 UPDATE**

The Board received an oral update from Officers relating to issues and matters concerning the Covid-19 pandemic.

Members were informed they had entered a new period of increased community transmission for Covid. Since the last Board, cases had increased to 119 in the City and the R-value for London was estimated as 1-1.2. The majority of cases in the City were people under the age of 40 years so were at less risk.

Officers confirmed that the Guildhall Testing Centre was now open and was classified as one of the top 10 testing centres in London with good capacity and

access. With regards to performance on contact tracing, it was noted that the national system was achieving nearly 100% (well above the 80% target) in contacting cases in the City.

The City of London Police (COLP) confirmed that since Covid, the command structure (Gold, Silver, Bronze) were operating daily, weekly and operational role meetings in line with the four E's approach: Engage, Explain, Encourage, Enforce. The COLP have issued 8 FNP tickets in the current lockdown and 39 desist and go home approach. It was noted that community engagement had been largely good with only one £10k fine issued to a premises in the City. The Director of Markets & Consumer Protection confirmed that Environmental Health and Licensing were assisting with enforcement of Covid-19 measures at licensed premises and that compliance had been high to date.

In response to a question regarding the position of the new lockdown on 2 December 2020, Officers noted the Government's position to review the impact on the NHS and services and awaited discussions next week. The options were to remain under the current lockdown guidelines or move back to a regionally determined Tier system. In terms of London specifically, Boroughs were moving in different directions and discussions were happening through the London SCG and Public Health England to keep the region together as one tier.

A Member noted that the existing statutory instruments for the three tiers ended on 2 December 2020 meaning the Government had options to bring in a completely new system. Officers confirmed new legislation would need to follow following Government approval.

The Chairman thanked all Officers for their continued hard work.

9. **INTEGRATED CARE IN THE CITY OF LONDON UPDATE**

The Board received a report of the Director of Community and Children's Services providing Members with an update on the recent developments in integrated care (health and social care) locally and some of the wider changes in governance and planning structures for these services.

Highlights included the merger of the Clinical Commissioning Groups (CCGs) in North East London to form one North East London CCG which would be formally implemented in April 2021 and supported by governance changes.

Officers were working with Tower Hamlets on integrated care models with relation to the City's residents registered with the Tower Hamlets CCG to map the different pathways in the sector and ensure the colleagues understood the services available and make the right offer.

In response to a query regarding measuring success, Members were informed that a framework was in place to collect baseline data which would be measured against the outcomes.

Healthwatch welcomed links and integration with Tower Hamlets to ensure these residents and services were not forgotten. Members were supportive of this joined up approach.

RECEIVED.

10. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
The Board received a report by Healthwatch City of London providing an update on the continuing development of Healthwatch City of London (HWCoL) in quarter 2.

The Chair of Healthwatch City of London confirmed there had been good progress in the last few months with lots of work developed to help residents understand the changes going on as a result of Covid in simple language and the impacts.

Future aims included more focus on mental health and better helping those residents not digitally connected plus how to better capture their views and inform them. There were also issues with non-face-to-face meetings and offering digital appointments.

Members commended the ongoing work of HWCoL and ensuring resident's voices were heard.

RECEIVED.

11. **REPORT OF ACTION TAKEN**
The Board noted a report of the Town Clerk updating Members on action taken by the Town Clerk under urgency or delegated authority in consultation with the Chairman and Deputy Chairman since the last meeting of the Board, in accordance with Standing Orders No. 41 (a) and (b).

RECEIVED.

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There were no items.

The meeting ended at 3.11 pm

Chairman

Contact Officer: Leanne Murphy

Committee:	Dated:
Health & Wellbeing Board	19 February 2021
Subject: Terms of Reference Annual Review	**Public**
Report of: Town Clerk	**For Decision**
Report author: Leanne Murphy – Town Clerk's Department	

Summary

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

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

Recommendations

It is recommended that:

- the terms of reference of the Board, subject to any comments, be approved for submission to the Court of Common Council in April, and that any further changes required in the lead up to the Court's appointment of Committees be delegated to the Town Clerk in consultation with the Chairman and Deputy Chairman; and

- Members consider whether any change is required to the frequency of the Committee's meetings.

Appendices

- Appendix 1 – Terms of Reference

Leanne Murphy
Committee and Member Services Officer
Town Clerk's Department
T: 020 7332 3008
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RUSSELL, Mayor	**RESOLVED:** That the Court of Common Council holden in the Guildhall of the City of London on Thursday 16th July 2020, doth hereby appoint the following Committee until the first meeting of the Court in April, 2021.

HEALTH & WELLBEING BOARD

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

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

3. **Membership 2020/21**

2 (2) Mary Durcan *for two years*

7 (3) Joyce Carruthers Nash, O.B.E., Deputy

4 (1) Marianne Bernadette Fredericks

Together with the Members referred to in paragraph 1 above.

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

4. **Terms of Reference**
To be responsible for:-

a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-

i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and

ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

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

b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and

c) appointing such sub-committees as are considered necessary for the better performance of its duties.

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

Committee:	**Dated:**
Health and Wellbeing Board	19/02/2021
City of London Joint Health and Wellbeing Strategy refresh – update and proposed next steps	**Public**
Contribute to a flourishing society ● People are safe and feel safe ● People enjoy good health and wellbeing ● People have equal opportunities to enrich their lives and reach their full potential ● Communities are cohesive and have the facilities they need **Support a thriving economy** ● Businesses are trusted and socially and environmentally responsible ● We have access to the skills and talent we need **Shape outstanding environments** ● We are digitally and physically well-connected and responsive ● We have clean air, land and water and a thriving and sustainable natural environment ● Our spaces are secure, resilient and well-maintained	**1, 2, 3, and 4** **5 and 8** **9, 11 and 12**
Report of: Andrew Carter, Director of Community and Children's Services	**For Decision**
Report author: Zoe Dhami, Strategy Officer	

Summary

The report outlines the proposed next steps in the development of City of London's Joint Health and Wellbeing Strategy (JHWBS). The report includes a proposal to deliver a development workshop for the City Health and Wellbeing Board and a JHWBS priorities workshop with both the City and Hackney Health and Wellbeing Board members. Finally, the paper provides an update from City and Hackney's Health Inequalities Steering Group (HI Steering Group) and how the work of this group will support the development of the new JHWBS.

Recommendation(s)

The Board is asked to:

- consider the need for a 'Health in all Policies' approach workshop for members.
- consider and approve the proposal of a joint City and Hackney workshop in developing the JHWBS priorities.
- consider and approve associated timelines for the development of the JHWBS.
- to note the progress update from City and Hackney's Health Inequalities Steering Group.

Main Report

Background

1. In September 2020, the Health and Wellbeing Board (HWBB) endorsed the recommendation to use the King's Fund population health framework to support co-ordinated local action to tackle health inequalities, and to guide the development of the JHWBS. Further, it was endorsed that a 'health in all policies' approach should be adopted to help inform the priorities for the 2021–24 JHWBS.

2. An engagement session was held with the HWBB on 10 November 2020. The outcomes from the session were:

    - agreement to extend and align the sign-off date with Hackney's JHWBS development (November 2021)
    - agreement to co-ordinate and work with Hackney on engagement and key areas of crossover between the two JHWB strategies
    - consensus that engagement for the strategy must be far-reaching, ensuring that methods are used to engage with hard-to-reach groups.

Current Position

'Health in all policies' approach

3. Hackney Public Health team are proposing the delivery of an externally facilitated development workshop for the Hackney Health and Wellbeing Board members to ensure that an agreed set of local principles and vision are established for the Board to develop its wider remit to address the wider determinants of health within a population health framework.

4. The workshop would provide a space for members to consider how they will work together as a board, and with wider partners, to further embed a Health in all Policies approach to improve population health and tackle health inequalities at a local level.

5. This report would ask the members to consider if it would be of value to undertake a City HWBB development workshop.

Proposals for developing the new JHWBS

Joint prioritisation workshop – April 2021

6. This report is proposing the delivery of a joint workshop to bring together members from both the City and Hackney's Health and Wellbeing Boards, plus key stakeholders (including C&H Health Inequalities Steering Group members), to agree on a strategic framework for improving population health through two new JHWBS's.

7. Prior to this workshop, the Health and Wellbeing Advisory Group (the working group) will review the local, regional and national data on health inequalities, as well as evidence on effective interventions for reducing inequalities through local action (in collaboration with City and Hackney Health Inequalities Steering Group). The working group will also review existing community and resident insight in relation to health inequalities in City, including insight gathered throughout the current pandemic. This insight and intelligence will be presented to delegates at the prioritisation workshop.

8. Using this information as a starting point, the workshop will focus on developing draft priorities for both City of London and Hackney JHWBS's.

Table 1: Proposed prioritisation workshop overview

Workshop attendees	Hackney Strategy Working Group members Health and Wellbeing Advisory Group (City) Health and Wellbeing Board members (City and Hackney) City and Hackney Health Inequalities Steering Group members +Others TBC
Proposed facilitator	Kings Fund (potentially with support from HI Steering Group members)
Proposed timing	April 2020
Workshop objectives	1. Review local, regional and national evidence against the four pillars of the population health framework 2. Review relevant community and resident insight 3. Agree a strategic framework and specific priorities in relation to the JHWBS (City and Hackney split for this part of the workshop)
Anticipated outputs	Strategic framework developed Two sets of draft priorities for City and Hackney Health and Wellbeing Strategies

Table 2: Draft workshop agenda

Timings	Outline
10 minutes	Welcome from Chairs of City and Hackney's Health and Wellbeing Boards
10 minutes	Introduction to workshop • Purpose and aims • Anticipated outputs of workshop
30 minutes	**City and Hackney Health and Wellbeing Strategy** • Health and Wellbeing Strategy overview. • Previous strategy priorities that City and Hackney have focused on. • City and Hackney's JHWBS project plan. **City and Hackney Health Inequalities Steering Group** • HI Steering Group to present work to date, and how this links in with JHWBS development.
1 hour	**Reviewing the local and national evidence** • Presentation of data and insights from evidence synthesis
15 minutes	Break
30 minutes 1 hour 10 minutes	**Kings Fund presentation** • Overview of Kings Fund Population Health Framework • Using the framework as a tool for developing strategy priorities **Exercise (split in City and Hackney groups)** • Development of draft priorities using the Kings Fund Population Health Framework *Reconvene as a full group* • Review priorities and agree strategic framework • Stakeholder mapping (draft stakeholder map shared, ask members if any missing) Next steps • Agree next steps for strategy progress

Engagement – Summer 2021

9. After the initial draft priorities have been defined through the workshop and early stakeholder engagement, work will begin with local communities to develop an agreed set of priorities. We will begin this process by working with communities and stakeholders to review the evidence and refine the draft priorities and possible actions related to these priorities together.

10. City of London's strategy working group will work within the principles of the City and Hackney Co-production Charter to design the engagement framework, deliver resident and stakeholder engagement activity, and collaborate in refining the strategic priorities.

11. Strategy engagement work will build on existing assets and resident engagement/involvement mechanisms (e.g., Neighbourhood conversations, HCVS networks, Integrated Care Communications and Engagement Enabler Group).

12. We anticipate that these engagement activities will be delivered over the summer months through face to face and online activities, as COVID-19 guidelines allow.

Draft strategy writeup- August 2021

13. After the engagement phase ends, City of London officers will write and design the draft strategy. It is anticipated that it will take one month to write the draft strategy. We will work with the community and stakeholders to ensure that the draft strategies are reflective of the community conversations that took place during the engagement phase. Completed draft strategies will be presented to HWBB members for sign off. Final amendments will be made to the draft strategy before formal consultation, based on feedback received.

Formal consultation- September- October 2021

14. The formal consultation of both JHWBS's will take place over a two-month period, it is anticipated that this will take place in September and October 2021. A consultation communication plan will be developed in advance of this timeline and shared with the members of the HWBB.

15. Virtual methods of consultation and engagement are likely to be used as part of developing the strategies. The scale of virtual consultation will depend on the COVID-19 guidance at the time . However, the working group will ensure that there are a range of inclusive ways for local people to get involved in developing the strategy, wherever possible.

16. Consultation responses will be collected and analysed by the working group, and where appropriate, the strategies will be amended to incorporate the feedback provided after the consultation period ends.

Final writeup and sign off - November 2021

17. Both strategies will be edited in early November 2021 and sent for final approval to the Director of Public Health, the HWBB members, and relevant committees.

City and Hackney Health Inequalities Steering Group - progress update

18. The HI Steering Group has been convened to provide a focal point for collective, system-wide action to address health inequalities that have been starkly exposed by the coronavirus pandemic. A briefing note summarising the remit and membership of the Steering Group is attached as appendix 1.

19. The draft objectives of the steering group are to:
    - collect and monitor information about health inequalities in the City and Hackney and the actions being taken to address these
    - help prioritise further measures needed to prevent, and reverse existing, health inequalities (in the short and long-term)
    - mobilise local action by working in partnership to influence decisions and empower others to act
    - use our collective resources to support the effective delivery of priority actions to reduce health inequalities.

20. The HI Steering Group's immediate priority is to mitigate further health inequalities impacts of COVID-19 through coordinated local action. Longer-term priorities for tackling health inequalities will be developed in partnership with the HWBB. The HI Steering Group will work closely with the working group to support the strategy development process, for example by sharing relevant resources:
    - an up-to-date evidence base of health inequalities in the City and Hackney (the COVID-19 inequalities evidence pack has recently been updated and is available on request)
    - a framework for meaningful resident engagement and involvement (building on the Co-production Charter), currently in development
    - expert facilitation support engaged to shape the local response to tackling health inequalities (e.g. from the LGA and The King's Fund).

21. The HI Steering Group has met twice so far - the inaugural meeting took place in early November 2020, and a part 1 prioritisation and action planning workshop was held in mid-December. A part 2 workshop is scheduled for early February to finalise the work plan for the HI Steering Group for the next 9-12 months.

22. Regular updates on the work of the HI Steering Group will be presented to the HWBB. It is anticipated that the work of the HI Steering Group and the HWBB will increasingly align over time, and the scope and remit of the HI Steering Group will need to be kept under constant review in light of this.

Corporate & Strategic Implications

23. The JHWBS aligns with and will support the following outcomes of the Corporate Plan:

    Contribute to a flourishing society
    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

Support a thriving economy
5. Businesses are trusted and socially and environmentally responsible
8. We have access to the skills and talent we need

Shape outstanding environments
9. We are digitally and physically well-connected and responsive
11. We have clean air, land and water and a thriving and sustainable natural environment
12. Our spaces are secure, resilient and well-maintained

Equalities implications

24. The JHWBS will be developed through an explicit inequalities lens – to ensure that sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (for example, linked to ethnicity and deprivation), and that our plans are broadened to directly address the needs of vulnerable groups that have not been prioritised previously (such as people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services).

25. The JHWBS will have strategic support from the City and Hackney Health Inequalities Steering Group and an Equalities Impact Assessment will be undertaken.

Conclusion

26. Members are asked to consider whether it would be of value for the City HWBB to set up a development workshop – in line with the one planned for the Hackney HWBB. Further, members are asked to consider and approve the joint City and Hackney workshop in developing the JHWBS priorities, and the proposed timeline for development.

Appendices

- Appendix 1: Tackling health inequalities in the City and Hackney – Briefing note November 2020

Zoe Dhami
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Tackling health inequalities in the City and Hackney
Briefing note November 2020

Context

Health inequalities are avoidable and unfair differences in health outcomes between groups of people or communities. Taking action to reduce health inequalities is a matter of social justice.

Health inequalities are defined according to a number of different, and inter-related, dimensions

- *protected characteristics*: age, disability, sex, gender reassignment, ethnicity/race, religion or belief, sexual orientation, marriage and civil partnership
- *social inequalities*: poverty, housing, education, unemployment, etc
- *geographical inequalities*: urban vs rural, local area deprivation, etc
- *vulnerability*: carers, rough sleepers, care leavers, people with no recourse to public funds, etc

Health inequalities are not new. It is well-documented that life expectancy follows a 'social gradient' – the more deprived the area, the shorter the average life expectancy. Nationally, this gradient has become steeper over the past 10 years; in other words, social inequalities in life expectancy have increased. These inequalities are also played out locally. Between 2003 and 2018, an estimated 4,000 premature deaths in City and Hackney residents were attributed to socioeconomic inequality.

Underpinning these stark figures are multiple, inter-related factors that combine to create poorer health outcomes for many vulnerable and disadvantaged people and families. For example, some chronic conditions are much more prevalent in ethnic minority communities, carers are more likely to experience a range of physical and mental health problems, and the average life expectancy of learning disabled people is 20 years shorter for women and 13 years for men. The average age of death of rough sleepers is even lower (44 years for men and 47 years for women).

The impact of COVID-19

COVID-19 has had a profound effect in exacerbating pre-existing health inequalities. As we move into a 'second wave', and restrictions start to be reimposed, there is a significant risk that these inequalities will re-emerge or deepen. Action is needed <u>now</u> if we are to better understand and seek to minimise long-term future impacts.

The ***direct*** health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions (especially those with multiple conditions), care home residents and staff, those working in other public facing occupations, as well as individuals and families living in socially deprived circumstances.

Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The ***indirect*** health impacts of service reprioritisation, lockdown, social distancing and the longer-term economic consequences of the pandemic will continue to affect some of our

most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds.

There is emerging evidence that women have been more likely to be furloughed or lost their jobs following the lockdown. And the longer-term social and economic impacts on already disadvantaged children and young people are also expected to be significant.

Taking action in the City and Hackney: a new Health Inequalities Steering Group

The breadth and depth of the impacts of COVID-19 emphasise the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. This includes (but is not limited to) more effective targeting and tailoring of existing services, support along with responses to COVID; strengths-based models of care that meet people's wider (social) needs; action to tackle race inequalities and systemic racism head on; and enhanced system capacity and capability to embed health equity in all policies and practice.

COVID-19 is acting as a catalyst for local action to tackle long-standing health inequalities, with a huge amount of work already underway across the City and Hackney to mitigate the inequalities impacts of the pandemic, as well as longer-term plans to improve the wider social and environmental influences on health. We are establishing a new steering group to provide a focal point for this work, to ensure our collective efforts have maximum impact and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership.

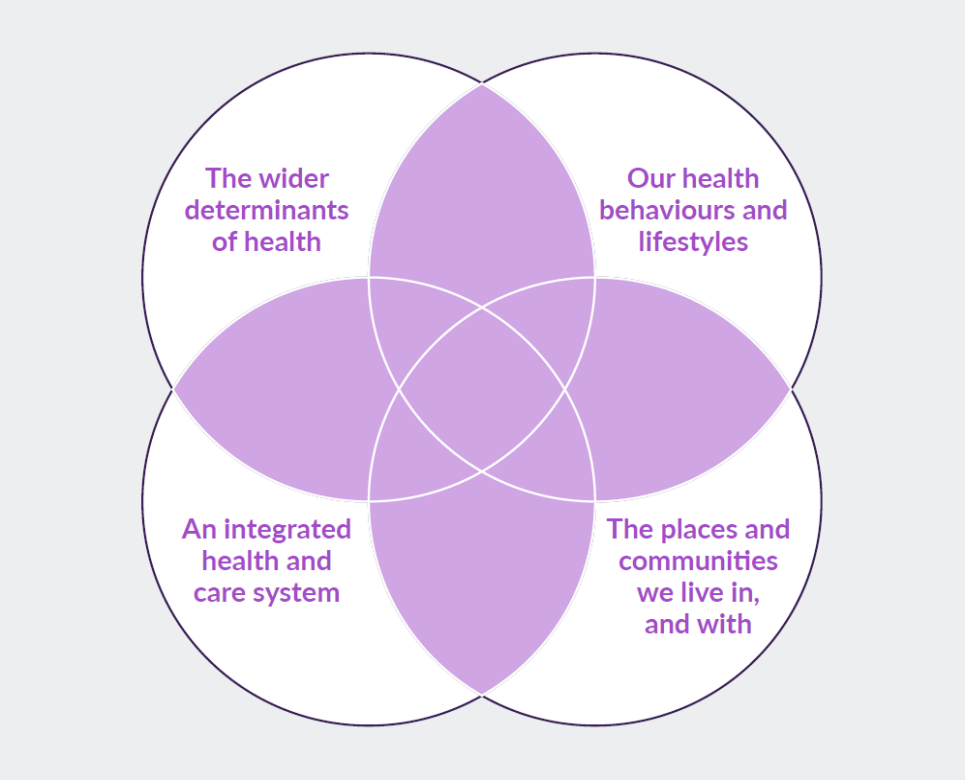
The role and purpose of the steering group will be to advise, prioritise, authorise, coordinate and mobilise local action as part of a system-wide health inequalities plan for the City and Hackney. It will ensure alignment of local action to reduce health inequalities with wider local authority strategies, Neighbourhood population health plans, North East London priorities and regional/national policies.

Membership of the steering group is drawn from across the two local authorities, the voluntary sector, NHS (CCG, Homerton, Barts Health, ELFT, Primary Care Networks) and both City and Hackney Healthwatch. It is chaired by Dr Sandra Husbands, Director of Public Health.

As system leaders, members of this strategic group will influence, collaborate and pool resources to embed actions to tackle health inequalities in their own organisations, wider strategies and practice.

Working in partnership

The work of the steering group will be guided by the same population health framework recently adopted by both City and Hackney Health Wellbeing Boards and the City & Hackney Integrated Care Board (ICB).



Source: The King's Fund

This framework emphasises the need for action across all four 'pillars' of a population health system to effectively tackle health inequalities. The greatest opportunities for impact lie in the areas of overlap and intersection of the four pillars, through coordinated system-wide action. Steering group membership is designed to ensure representation across all four pillars.

It is intended that the steering group will report into and support both Health and Wellbeing Boards, and the ICB. It will provide expert advice and input to the development of the two new Health and Wellbeing strategies, as well as a population health delivery plan for City and Hackney's integrated care partnership.

The steering group will work closely with, and provide support to, other delivery and strategic groups with the relevant expertise and levers to define and deliver our shared plans.

Finally, and importantly, the steering group is committed to working in partnership with residents to shape our local plans to reduce health inequalities across the City and Hackney.

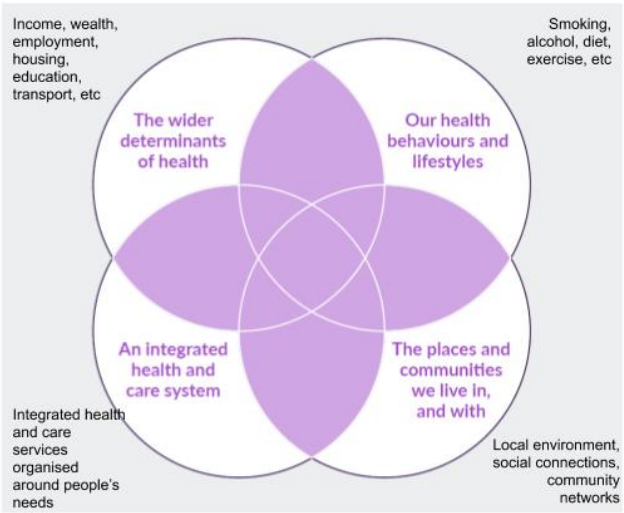
APPENDIX A: Steering Group initial membership

	Position and organisation	**Role/population health system pillar representing**
Sandra Husbands	Director of Public Health, LB Hackney and City of London Corporation	CHAIR, Public Health leadership of population health agenda
Malcolm Alexander	Chair, Hackney Healthwatch	Places and communities pillar
Angela Bartley	Consultant in Population Health, ELFT	Integrated health and care system pillar

Ian Basnett	Director of Public Health, Barts Health	Integrated health and care system pillar
Gail Beer	Chair, City of London Healthwatch	Places and communities pillar
Nick Brewer/Jenny Darkwah (shared)	PCN Clinical Directors	Integrated health and care system pillar
Jane Caldwell	CEO, Age UK East London	Places and communities pillar
Jake Ferguson	CEO, Hackney CVS	Places and communities pillar
Anna Garner	Head of Performance & Integrated Commissioning Alignment, City & Hackney CCG	Integrated health and care pillar
Claire Hogg	Director of Strategic Implementation & Partnerships, Homerton Hospital	Integrated health and care pillar
Sonia Khan	Head of Policy & Strategic Delivery, LB Hackney	Wider determinants & places/communities pillar
David Maher	Managing Director, City & Hackney CCG	Integrated health and care pillar
Kate Smith	Head of Strategy & Performance, City of London Corporation	Wider determinants pillar
Jayne Taylor	Consultant in Public Health, LB Hackney and City of London Corporation	Operational lead (PH health inequalities portfolio lead)
Resident representation - TBC		**Places and communities pillar**

APPENDIX B: KING'S FUND POPULATION FRAMEWORK

Using the King's Fund Population Health Framework to guide our actions



Action to tackle health inequalities is required across all four 'pillars' of a population health system.

The greatest opportunities for impact lie in the areas of overlap and intersection (the 'rose petals').

Where (else) can we effectively take action as a partnership to maximise opportunities for **coordination** and **collaboration** within the 'rose'?

Committee(s)	**Dated:**
Health and Well-Being Board	19 February 2021
Subject: Health Impact Assessment Guidance Note	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4,5,6,11,12
Does this proposal require extra revenue and/or capital spending?	**No**
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: Director of the Built Environment	**For Decision**
Report author: Lisa Russell, Department of the Built Environment	

Summary

This report presents for approval a guidance note advising developers how to carry out Health Impact Assessments on developments within planning applications.

Recommendation(s)

Members are asked to:

- Approve, subject to the incorporation of any changes sought by this Committee, the Health Impact Assessment Guidance Note (Appendix 1).

Main Report

Background

1. There is an increasingly widespread view in society that more has to be done to improve health and wellbeing and reduce health inequalities through tackling the root causes of illness and health inequality. This means addressing many issues like poverty, social exclusion, crime and disorder, transport and air pollution, issues which are beyond the control of health services. Many aspects of planning can have a significant impact on health. In particular: good quality housing; a well-designed public realm, sustainable transport; employment and training opportunities; and access to leisure, cultural activities and green space.

2. Health Impacts Assessments (HIAs) provide a systematic approach for assessing the potential impacts of development on the social, psychological and physical health of communities. Ensuring issues are considered at an early stage in developing planning proposals can lead to improvements in both the physical and mental health of the population. HIAs are designed to consider whether a development proposal might reinforce health inequalities and inadvertently damage people's health, or actually have positive health outcomes for the local community.

3. The draft City Plan 2036, which contains policies guiding decisions on land use in the City, has a policy which requires HIAs to be carried out on larger developments.

   Policy HL9: Health Impact Assessment (HIA)

   The City Corporation will require development to deliver health benefits to the City's communities and mitigate any negative impacts by:

   1. ***requiring all major development, and developments where potential health issues are likely to arise, to submit a Healthy City Planning Checklist;***
   2. ***requiring a Rapid or Full HIA to be submitted for larger-scale development proposals.***

   The scope of any HIA should be agreed with the City Corporation and be informed by City Corporation guidance on HIA. The assessment should be undertaken as early as possible in the development process so that potential health gains can be maximised, and any negative impacts can be mitigated.

4. The purpose of this guidance is to establish a clear and transparent process for screening a development proposal's possible impacts and identify where a full Health Impact Assessment may be required for major developments. The checklist in Appendix 1 of this guidance is based on the NHS London Healthy Urban Development Unit's (HUDUs) HIA methodology but has been adapted to address City specific issues.

Corporate & Strategic Implications

5. **Strategic implications-**This Guidance Note will support the delivery of the Corporate Plan by ensuring that land-use decisions fully incorporate measures to improve the health of the City's communities through the planning system (Corporate Plan, Outcome 2: People enjoy good health and wellbeing).

6. **Financial implications-** There are no financial implications arising from this report.

7. **Resource implication-** There are no resource implications arising from this report.

8. **Equalities implications-** Health Impact Guidance will contribute to the delivery of the City Corporation's Public Sector Equality Duty 2010 by improving health and wellbeing outcomes for all people who are protected by existing equalities legislation.

9. **Climate implications-** Health Impact Guidance will contribute to the delivery and success of the City's Climate Action Strategy.

10. **Legal implications-**There are no legal implications arising from this report.

11. **Risk implications -** There are no additional new risks arising from this report.

12. **Security implications -** There are no security implications arising from this report.

Conclusion

13. This report presents the draft Health Impact Assessment Guidance Note for approval.

Appendices

- Approve, Appendix 1- Health Impact Assessment Guidance Note.

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Health Impact Assessment (HIA) Guidance Note

January 2021

Introduction

1. There is an increasingly widespread view in society that more has to be done to improve health and wellbeing and reduce health inequalities through tackling the root causes of illness and health inequality. This means addressing many issues like poverty, social exclusion, crime and disorder, transport and air pollution, issues which are beyond the control of health services. Many aspects of planning can have a significant impact on health. In particular: good quality housing; a well-designed public realm, sustainable transport; employment and training opportunities; and access to leisure, cultural activities and green space. These factors are known as the "wider determinants of health".

2. Health Impacts Assessments (HIAs) provide a systematic approach for assessing the potential impacts of development on the social, psychological and physical health of communities. Ensuring issues are considered at an early stage in developing planning proposals can lead to improvements in both the physical and mental health of the population. HIAs are designed to consider whether a development proposal might reinforce health inequalities and inadvertently damage people's health, or actually have positive health outcomes for the local community.

3. The purpose of this guidance is to establish a clear and transparent process for screening a development proposal's possible impacts and identify where a full Health Impact Assessment may be required for major developments. The checklist in Appendix 1 of this guidance is based on the NHS London Healthy Urban Development Unit's (HUDUs) HIA methodology but has been adapted to address City specific issues.

   HUDU Healthy Urban Planning Checklist

Policy Context

4. National policy:

   Government Guidance requires public health to be taken into account in accordance with guidance outlined in the National Planning Policy Framework (NPPF). This document is produced by the government to guide decisions regarding land use in the U.K, which all local and unitary authorities must take into account when developing local planning policies. Paragraph 91 of the NPPF in "Section 8: Promoting Healthy and Safe Communities" requires:

   "planning policies and decisions to aim to achieve healthy, inclusive and safe places which promote social interaction, that are safe and accessible, and enable and support healthy lifestyles, especially where this would address identified local health and well-being needs".

   National Planning Policy Framework

5. Regional policy:
   The Mayor of London produces the London Plan, which is a strategic document to guide decisions regarding land use in London. The 33 London Boroughs and the City Corporation must take the London Plan into account when formulating planning policies that guide land-use decisions in their local area.

   The London Plan advises in "Policy GG3; Creating a Healthy City" that:
   "those involved in planning and development must assess the potential impacts of development proposals on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments".
   Intend to Publish London Plan 2020

6. The Mayor of London has also published supplementary planning guidance which offers further guidance on the development of HIAs; Social Infrastructure SPG 215.
   Mayor of London's Social Infrastructure SPG 2015

7. Local policy:
   Each local and unitary authority in the U.K must produce a local plan which sets out planning policies determining decisions on land use. The City Plan 2036 recognises that health issues underly all policies in the Plan and contains strategic and local policies on health issues. Policies in the Plan on health are informed by the City of London Joint Health and Well-being Strategy which prioritises good mental health, a healthy urban environment, health and social integration and health behaviours in the City's communities.
   City of London Joint Health and Well-Being Strategy 2017-2020

8. The City Plan 2036 contains a policy on HIAs as follows:

Policy HL9: Health Impact Assessment (HIA)
The City Corporation will require development to deliver health benefits to the City's communities and mitigate any negative impacts by:

1. *requiring all major development, and developments where potential health issues are likely to arise, to submit a Healthy City Planning Checklist;*
2. *requiring a Rapid or Full HIA to be submitted for larger-scale development proposals.*

The scope of any HIA should be agreed with the City Corporation and be informed by City Corporation guidance on HIA. The assessment should be undertaken as early as possible in the development process so that potential health gains can be maximised, and any negative impacts can be mitigated.

Draft City Plan 2036

Reason HIAs are required

9. The City of London is a densely built up central urban location. The scale of development, the busy and congested streets and pavements, limited open space and large numbers of workers can impact on people's physical and mental health.

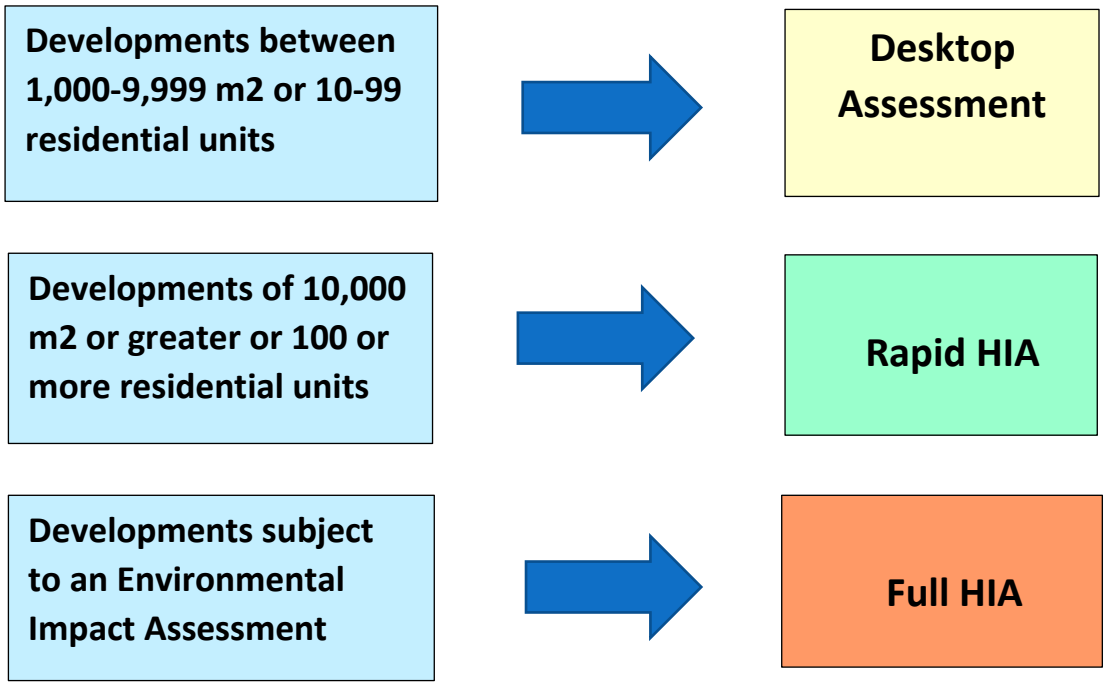
10. Major development can impact on health in a variety of ways including through noise and pollution during the construction phase, increased traffic movements and greater competition for limited open space. Equally, development can deliver improvements such as improved access by walking, cycling and public transport and the provision of opportunities to access open and green spaces, exercise facilities, cultural and community facilities and healthy food outlets.

11. HIAs provide a systematic framework to identify the potential impacts of a development proposal on the health and well-being of the population and highlight any health inequalities that may arise. HIAs can highlight mitigation measures that may be appropriate to enable developments to maximise the health of communities.

12. Appendix 2 provides a review checklist for applicants to ascertain whether their HIA structure and content is robust.

The HIA process

13. Developers will be expected to identify potential impacts on health resulting from all major developments in the City. In line with the Mayor of London's Social Infrastructure SPG, the level of HIA required will depend upon the scale and impact of the development.



Desktop assessment

14. This draws on existing knowledge and evidence, often using published checklists which provide a broad overview of potential health impacts. The City Corporation has prepared a Healthy City Planning Checklist for this purpose in Appendix 1.

15. The Healthy City Planning Checklist should be submitted with planning applications for developments of between 10 and 99 dwellings or between 1,000m^2 – 9,999m^2 of commercial floorspace. It will also be required for developments considered to have particular health impacts, including those involving sensitive uses such as education, health, leisure or community facilities, publicly accessible open space, hot food take away shops, betting shops and in areas where air pollution and noise issues are particularly prevalent.

Rapid HIA

16. This would require a more focused investigation of health impacts which would normally recommend mitigation and/or enhancement measures. The City Corporation will adapt the London HUDU Rapid HIA Tool to reflect the City's circumstances and will expect this to be used for developments of 10,000m^2 or greater commercial floorspace or 100 or more residential units.

Full HIA

17. This involves comprehensive analysis of all potential health and wellbeing impacts, which may include quantitative and qualitative information, data from health needs assessments, reviews of the evidence base and community engagement. A full HIA will be required on those developments that are subject to an Environmental Impact Assessment and could be included within the Environmental Statement to avoid duplication.

18. HIAs must look at the issue of health comprehensively, and not focus solely on access to health services. Where significant impacts are identified, measures to mitigate the adverse impact of the development should be provided as part of the proposals or secured through conditions or a Section 106 Agreement.

19. HIA is commonly defined as "a combination of procedures, methods, and tools by which a [development] may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population."

20. It is important that the applicant leads on the HIA as this is more likely to create ownership of the process as well as raising awareness of health impacts and how they can be mitigated or enhanced at an early stage of the development process. Whilst HIAs can be conducted prospectively, concurrently or retrospectively, the latter are not able to identify any changes to a proposal that

may enhance positive health impacts or mitigate negative impacts. It is recognised that developers have incurred significant costs at the point that a planning application is submitted to the council.

21. Early, prospective assessments of a planning proposal are fundamental to ensuring that planning proposals are not advanced to a stage at which it is uneconomical or unrealistic for a developer to modify that proposal. Where a HIA is needed this will be submitted as part of the pre-application documentation so as to allow maximum scope for the health issues to be identified and addressed in the proposed scheme. The timescales for the HIA will be agreed with the case officer.

22. There is no one definitive methodology for HIA although several “toolkits” have been developed which may be helpful. A useful source for guides, examples of completed HIAs and a directory of HIA practitioners can be found on Public Health England’s HIA gateway site.
Health Impact Assessment in Spatial Planning

23. The aim of the assessment is to identify all the potential health impacts based on evidence and to recommend measures to enhance positive impacts and mitigate adverse impacts, building on the screening exercise. This will involve examining the key elements of the proposal, considering their relationship to the range of wider determinants of health and inequality, and deciding which impacts might require further assessment. Proposals may require a HIA that looks at specific potential impacts raised during the screening process or, if there is significant scope for health impacts to arise across a broad spectrum of determinants, a comprehensive HIA may be required.

24. Where a potentially significant health impact is confirmed, detailed actions that will be taken to mitigate adverse impacts should be submitted. Mitigation will only be required where evidence supports a potential and significant adverse impact on health. The planning case officer will offer support and advice in such instances.

25. HIA involves an evaluation of the quantitative evidence where it exists but importantly also recognises the importance of qualitative information. This may include the opinions, experience and expectations of those people who are potentially the most directly affected by a development. Therefore, HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of “stakeholders”, who are involved throughout the process. These may include professionals with knowledge relevant to the issues being addressed, relevant voluntary organisations and, perhaps most importantly, representatives of the communities whose lives will be affected by the development.

26. Recommendations arising from the HIA should aim to mitigate any adverse health impacts arising from the proposed development and enhance any potential beneficial impacts on health. A record of changes made to a development proposal as a result of an HIA should be made in the HIA report. At application stage a short statement is expected explaining the key health issues identified in the HIA and how they have been addressed. The original screening, and HIA should be appended to this for reference.

Contacts

For further information and advice on Health Impact Assessments and the planning process please contact Lisa Russell:

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City of London Health and Population Information:

City of London Corporation Joint Health and Wellbeing Strategy 2017-2020
https://www.cityoflondon.gov.uk/assets/Services-DCCS/health-wellbeing-strategy.pdf

City of London Resident Estimates and Projections 2020
https://www.cityoflondon.gov.uk/assets/Services-Environment/planning-emp-and-pop-stats-resident-estimates-and-projections-2020.pdf

City of London Resident Population Indices of Deprivation 2019
https://www.cityoflondon.gov.uk/assets/Services-Environment/planning-emp-and-pop-stats-indices-of-deprivation-2019.pdf

City of London Open Spaces and Recreation Audit 2020
https://www.cityoflondon.gov.uk/assets/Services-Environment/planning-land-use-report-open-spaces-audit-2020.pdf

City of London City Plan 2036 Draft Infrastructure Plan 2020
https://www.cityoflondon.gov.uk/assets/Services-Environment/infrastructure-delivery-plan-march-2020.pdf

Other resources:

Active Design (Sport England)
http://www.sportengland.org/facilities-and-planning/active-design/

Healthy New Towns Programme (NHS/TCPA)
https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Creating Healthy Places (Design Council)
https://www.designcouncil.org.uk/what-we-do/built-environment/creating-healthy-places

Healthy High Streets (PHE)
https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urbansetting

Creating Health Promoting Environments (TCPA)
https://www.tcpa.org.uk/tcpa-practical-guides-guide-8-health

Secured by Design
https://www.securedbydesign.com/guidance/design-guides

Appendix 1: Health Impact Assessment Checklist

This checklist has been designed to support an HIA. It provides questions to consider when assessing a proposal and examples to support implementation. The questions are not exhaustive, and not all questions will be of relevance to all proposals.

Topic	Issues to consider	Further points to consider/examples	Applicant response	
			Achieved	Not applicable
Engagement	Has engagement and consultation been carried out with the local community and voluntary sector?	• Public website		
		• Consultation events		
		• Identifying relevant communities and stakeholders		
		• Identifying difficult to reach groups/addressing language barriers		
Active lifestyles	Does the proposal promote cycling and walking?	• Well-located, secure cycle storage		
		• Workplace cyclist facilities e.g showers		
		• Protection of existing cycle routes		
		• Accessible building entrances		
		• Easily navigable/legible routes		
	Does the proposal consider the safety of pedestrians and cyclists, including vulnerable road users?	• Safe access • Lighting • Passive/natural surveillance • Separate cycling and walking routes • Children, older people and disabled people road safety considerations • Dementia-friendly paving		
	Is the public realm connected to pedestrian, cycle and public transport networks?	• Well connected, attractive, safe, and legible streets, footpaths and cycle network. • Public realm linked to existing networks		
	Does the public realm allow all people to move easily between buildings and places?	• Step-free level access • Inclusive design • Legible pathways • Clear entrances to buildings		
	Does the proposal minimise the need to travel and support sustainable travel?	• Walkable neighbourhoods • Co-location of services and facilities • Parking for car-clubs • Car-free proposal • Cycle storage • Links to public transport and pedestrian network • Links to surrounding facilities		

	Does the proposal retain, provide or improve any type of open space?	• Provision of open space on-site • Communal open space • Improved access to open space off-site		
	Does the proposal provide open space for children and young people?	• Formal and informal play areas • Natural play • Open space accessible to all children		
	Does the proposal provide or improve indoor/outdoor sports facilities?	• Leisure facilities • Improved access to playing fields or other facilities off-site		
	Does the layout and design promote opportunities for active lifestyles?	• Provision of open space (where relevant) • Pedestrian and cyclist priority • Walkable communities • Co-location of services and facilities • Internal design to encourage activity, e.g. stairs well-located to encourage walking over use of lift		
Healthy environment and design	Does the layout and design maximise accessibility and inclusivity?	•Easy to navigate around different elements of a site • Walking routes with dropped kerbs and clear signage • Step free level public realm		
	Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	• Installations to guide traffic for maximum safety to pedestrians • Reducing vehicle movements through Deliver and Management Service Plans • Visibility surrounding servicing areas		
	Does the proposal minimise construction impacts for those living or working in the vicinity?	• Considerate Constructers scheme • Dust impacts • Noise impacts • Visual Impacts including light • Odours and exhaust fumes • Construction/Demolition Environmental Management Plan		
	Does the design minimise exposure to sources of air and noise pollution for future and existing inhabitants?	• Indoor/outdoor air quality • Site layout and design • Avoidance of “street canyons” • Proximity of habitable rooms from roadside • Electric vehicle charging infrastructure • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation		
	Does the proposal maximize available BREEAM health and wellbeing credits?	• Lighting • Sound insulation • Avoiding Volatile Organic Compounds • Inclusive design • Ventilation		

	Does the proposal provide any green infrastructure and conserve and increase biodiversity?	• Green roofs, green walls, trees, planting • Water features • Gardens		
	Does the proposal include appropriate toilet provision?	• Publicly accessible toilets at ground level • Accessible toilets and changing Place facilities • Community Toilet Scheme		
	Does the proposal reduce the risk of flooding from all sources?	• Site sequential design • SUDS, such as permeable paving • Green infrastructure		
	Is the proposal designed to avoid internal and external over-heating?	• Passive cooling • Shading in public realm • Green infrastructure		
	Does the proposal include opportunities to increase access to healthy food?	• Access to free drinking water • Avoiding clusters of hot-food takeaways • Community/communal kitchen space		
	Does the proposal provide opportunities for food growing?	• Provision of food growing space/roof gardens e.g raised beds or gardens • Incorporation of fruit and/or nut trees (edible landscaping) • Incorporation of allotments/food growing space		
	Does the proposal take into account age/Alzheimer friendly design?	• Clear signage and access routes • Slip resistant surfaces • Defined edges		
	Does the proposal include design elements to minimise the risk of suicide?	• Barriers around public rooftop areas • Planting near rooftop edges to deter access to the edge • Barriers or netting on bridges		
	Does the proposal include attractive, flexible public spaces, streets and buildings that provide opportunities for social interaction?	• High quality materials • Benches • Shading • Communal areas		
	Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures?	• Ventilation • Shading • Landscaping		
Healthy Housing	Are the dwellings accessible and adaptable?	• Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Future-proofed to accommodate changing needs • Lifts/accessible stairways • Adaptable homes (Building Regulations M4 (2))		
	Are any of the dwellings suitable for occupation by a wheelchair user?	• Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Entrance-level bedroom and living space		

		• Building Regulations M4 (3)	
	Do the dwellings meet nationally described internal space standards and have access to natural light, especially to habitable rooms?	• Adequate bedroom sizes, storage, ceiling heights and level access • Natural daylight	
	Do the dwellings include any private outdoor amenity space, or communal outdoor space where applicable?	• Private balcony, patio, roof terrace • Shared amenity space • Space for sitting, drying clothes, and storage	
	Is a mix of types, tenures and sizes of dwellings provided?	• Proportion of unit size mix to meet local needs • Mix of market and affordable housing • Flatted and non-flatted • Family homes • Starter homes • Build to rent	
	Are a proportion of the dwellings provided affordable?	• Onsite provision where required • Integrated throughout the scheme • Mix of tenures • Proportion of unit size mix to meet local needs	
	Are the dwellings energy efficient?	• Passive design and orientation; maximising natural light • High fabric performance • Low carbon, low-emission solutions/technologies • Connection to existing/future decentralised energy schemes	
	Indoor air/noise quality – is exposure to sources of air and noise pollution minimised?	• Site layout and design • Proximity of habitable rooms from roadside • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation	
Safe & vibrant neighbourhoods	Does the proposal consider measures to reduce the risk of terrorism?	• Sufficient space for escape routes • CCTV • Planters/bollards to prevent hostile vehicles	
	Has the potential for impact on health and social care services been considered?	• Impacts on GPs, dentists, pharmacists, hospitals, A&E, community health services, mental health services and social care. • Health facility in scheme where appropriate	
	Does the proposal provide any community facilities and encourage social inclusion by allowing people to interact?	• Community centre • Community/communal kitchen space • Accessibility of space • Co-location of facilities • Public realm space for cultural and community events	
	Does the proposal incorporate features to help deter crime and promote safety?	• Clearly defined boundaries • Appropriate mix of land uses	

		• Passive/natural surveillance • Lighting • High quality materials • Secure by Design	
Access to work and training	Does the proposal provide opportunities for local employment or training, including temporary construction and permanent 'end-use' jobs (Jobs created within one year of completion)?	• Local Employment Scheme • Training and apprenticeships • Non-construction jobs for local people via local procurement	
	Does the proposal provide childcare facilities?	• Public or private childcare • Employee childcare	
	Does the proposal include managed and affordable workspace for local businesses?	• Affordable rents • Subsidised space for start ups	
	Does the proposal encourage supply chain opportunities for local businesses through the construction and post-construction phase?	• Local sourcing of materials •Local procurement of ongoing products and services	
	Does the proposal encourage educational opportunities?	• Indoor space and facilities for school groups •Public realm art/interpretation boards/historical and social context	

A

Appendix 2: Review checklist of HIA

This review checklist is intended to be a tool for applicants to check their HIA has covered the necessary elements and for officers to check the submitted HIA's are robust.

1.0	**Context**	
1.1	**Site description and policy framework**	
	The report should describe the physical characteristics of the project site and the surrounding area	
	The report should describe the way in which the project site and the surrounding area are currently used.	
	The report should describe the policy context and state whether the project accords with relevant policies that protect and promote wellbeing and public health and reduce health inequalities.	
1.2	**Description of project**	
	The aims and objectives and final operational characteristics of the project should be described.	
	The estimated duration of construction and operational phases should be given (and decommissioning if appropriate).	
	The relationship of the project with other proposals should be stated.	
1.3	**Public health profile**	
	The public health profile should establish an information base from which requirements for health protection, health improvement and health services can be assessed.	
	The profile should identify vulnerable population groups and describe, where possible, inequalities in health between population groups and should include the wider determinants of health e.g social, cultural, economic and environmental factors that influence the health status of individuals or populations.	
	The information in the profile should be specific about timescales, geographic location and population groups.	
2.0	**Management**	
2.1	**Identification and prediction of health impacts**	
	The report should describe the screening and scoping stages of the HIA, and the methods used in these stages.	
	A description of how the quantitative evidence was gathered and analysed, where appropriate.	
	A description of how the qualitative evidence was gathered and analysed, where appropriate.	
2.2	**Governance**	
	The terms of reference for the HIA should be available and the geographical and population scope explained.	
	Any constraints or limitations in preparing the HIA should be explained e.g resources, accessibility of data.	
2.3	**Engagement**	
	The report should identify relevant stakeholder groups responsible for enabling health and well-being in the area which should be involved in the HIA.	

	The report should identify vulnerable population groups which should be involved in the HIA.	
	The report should describe the engagement strategy and consultation methods for the HIA.	
3.0	**Assessment**	
3.1	**Description of health effects**	
	The potential beneficial and adverse health effects of the project should be identified, including timescales.	
	The identification of potential health impacts should consider wider health determinates e.g socioeconomic, physical and mental health factors.	
	The causal pathway leading to health effects should be outlined, and underpinning evidence explained.	
3.2	**Risk Assessment**	
	The nature of the potential health effects should be detailed.	
	The findings of the assessment should explain the level of certainty or uncertainty of predictions of health effects.	
	The report should identify and justify any standards and thresholds used to assess the significance of health impacts.	
3.3	**Analysis of distribution of effects**	
	The affected populations should be explicitly identified.	
	Inequalities in the distribution of predicted health impacts should be investigated & any effects of the inequalities stated.	
	Effects on health should be examined based on the population profile and particular demographic or vulnerable groups.	
4.0	**Reporting**	
4.1	**Discussion of results**	
	The report should describe how the engagement undertaken has influenced the results, conclusions or approach taken.	
	The report should state the effect on the health and wellbeing of the population of any considered options or alternatives.	
	The report should justify any conclusions reached and justify if some evidence has been afforded more weight.	
4.2	**Recommendations**	
	There should be a list of recommendations to facilitate the management and enhancement of beneficial health effects.	
	The level of commitment of the project proponent to the recommendations and mitigation methods should be stated.	
	There should be a plan for monitoring future health effects by relevant indicators and a suggested process for evaluation.	

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Committee: Safeguarding Sub-Committee Health and Well-Being Board	**Dated:** 8 February 2021 19 February 2021
Subject: City & Hackney Safeguarding Children Partnership Annual report 2019/20	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**1**
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: The City & Hackney Safeguarding Children Partnership	For Information
Report author: Jim Gamble QPM Independent Child Safeguarding Commissioner, CHSCP	

Summary

In line with statutory guidance (Working Together 2018) and in order to bring transparency for children, families and all practitioners about the activity undertaken, safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice. The City & Hackney Safeguarding Children Partnership (CHSCP) annual report for 2019/20 provides an overview on the effectiveness of safeguarding arrangements in the City of London and the London Borough of Hackney. It sets out the following:

- The governance and accountability arrangements for the CHSCP. This section covers details about the new safeguarding arrangements in the City of London and Hackney, progress made, and the immediate actions taken following the Covid-19 lockdown in March 2020.
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The priorities going forward and the key messages for those involved in the safeguarding of children and young people.

Recommendation:

1. Members are asked to note the contents of the report, in particular the sections setting out progress on implementation of the new arrangements, Covid-19 and the strategic priorities of the CHSCP going forward.

Appendices:

Appendix 1 - CHSCP Annual Report:
http://www.chscb.org.uk/wp-content/uploads/2021/01/CHSCP_Annual_Report_2019-20-2.pdf

Jim Gamble QPM
Independent Child Safeguarding Commissioner, CHSCP

Committee(s): Health and Well Being Board- for information Community and Children's Service Committee- for information City of London Police Authority Board- for information Licensing Committee- for information	**Dated:** 19th Feb 2021 5th March 2021 25th March 2021 28th April 2021
Subject: Director of Public Health Report for 2019/20	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 5, 12
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, Community & Children's Services	**For Information**
Report author: Sandra Husbands- Director of Public Health; Chris Lovitt- Deputy Director of Public Health	

Summary

The Director of Public Health annual report (DPHAR) for 2019/20 has now been published. The Health and Wellbeing Board (HWB) is requested to consider and respond to the recommendations within the report. The 2020/21 report will focus on the health impacts of the economic recession and how these can be mitigated.

Recommendation(s)

The Health and Wellbeing board is requested to note and comment on i) the recommendations within the DPHAR and ii) stakeholders to be involved in producing the response to the recommendations to be published as a follow up report.

Main Report

Background

1) The annual report from the Director of Public Health provides an opportunity to assess the local population's health and, as appropriate, make recommendations to address identified need.[1]

2) The report for 2019/20 was delayed due to the need to respond to the COVID pandemic but has now been finalised.

3) The report details what is known about substance use, including alcohol, and the health harms cause by misuse using information provided by Public Health England based upon uptake of services, primary care and hospital data[2].

4) The impact of COVID is not yet fully known but where it possible to quantify the effect or early indications this is described.

5) The recommendations to address the needs identified have been developed from the National Institute for Health and Clinical Care Excellence (NICE) guidelines on addressing alcohol[3] and substance misuse[4].

6) Key stakeholders and service providers will be engaged to respond to the report and recommendations during January and February 2021.

7) Stakeholders will be requested to detail where they are already addressing the issues raised, sharing best practice and how they would be able to further strengthen their service provision to better address the recommendations. These will then form part 2 of the DPH report to be published in early 2021 collating their responses.

8) In the summer of 2021 a service user engagement exercise is proposed to report back on the DPH report, responses and provide a user perspective on the process and outcomes.

9) The proposed theme for the DPH report for 2021/ 22 is how to mitigate the health and wellbeing impacts of a recession and a scoping document will be presented detailing the proposed process in due course.

Appendices

Annual Report of the Director of Public Health 2019/2020

Chris Lovitt
Deputy Director of Public Health
E: chris.lovitt@cityoflondon.gov.uk

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1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf

2 https://fingertips.phe.org.uk/profile/local-alcohol-profiles

3 https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol

4 https://www.nice.org.uk/guidance/health-protection/drug-misuse

Substance misuse in the City of London and Hackney

Annual report of the Director of Public Health for City and Hackney 2019/20

CITY OF LONDON

Hackney

Foreword

Dr Sandra Husbands
Director of Public Health for
City and Hackney

I have chosen to focus on substance misuse, both alcohol and drug use, for my first report as the joint Director of Public Health for the City of London and Hackney. This is in order to highlight not just the many harms caused by alcohol misuse and illicit substances but also to call for a greater focus on the actions that can be taken to address these harms. No one agency can effectively prevent or provide services to our residents who are experiencing the wide-ranging health and social impacts of substance misuse.

The impacts of Covid-19 continue to be felt across all aspects of our communities, services and businesses. The extent to which the pandemic continues to change society is still evolving and this is also the case for substance misuse. Supply of both alcohol and illicit substances was significantly disrupted along with treatment services - rapid changes needed to be implemented to ensure substitute prescribing could be safely maintained and services shifted online.

Fear, stress and worry are all normal responses to the unknown and have been heightened throughout the pandemic compounded by far reaching effects on every aspect of daily life. The short, medium- and long-term effect of the pandemic and its interrelationship with substance misuse and mental health is only now starting to be understood. For some people, the disruption has led to a reduction in harmful behaviours. For others, increased mental health stresses have led to increased substance misuse.

For too long the combined challenges of a so-called dual diagnosis, of both a mental health condition and substance misuse, has made accessing treatment and care for either or both more difficult. Services have not always worked together as needed to ensure there is no wrong door into services and to start the journey to recovery.

In my report I describe the need, harms and local responses to substance misuse, and I call for the adoption of six principles that should underpin our approach, rooted in evidence-based interventions and recognised good practice.

The common factor uniting these principles is the need for partnership working. In recognition of this, I will be seeking feedback and advice on these recommendations prior to the production of a supplementary second part to this report, to be published in the new year.

In developing these principles by incorporating the views of political representatives, service users and those within the local health system, I aim to assure their success through consensus building and shared ownership. This should ultimately allow us to review the full scope of services and public health interventions and agree where we should focus our attention as the system responds to the challenges brought about by the pandemic.

Executive summary

Substance misuse creates harms for the individual, their families, and the wider community. To effectively address substance misuse, a partnership approach is required across the widest range of organisations and society to not only support people into effective treatment, but also strengthen protective factors and address the root causes. This partnership needs to reflect the interrelatedness of the risk factors which make people more vulnerable to problematic use of drugs and alcohol.

Drug and alcohol misuse contribute towards a wide range of physical and mental health conditions, increasing the risk of illness, hospital admissions and premature death. Furthermore, drug and alcohol misuse are often associated with poverty, insecure housing, homelessness and unemployment. It can negatively impact on friends and family, as well as having negative social consequences such as crime, anti-social behaviour and economic costs. These are not issues that can be remedied by either the public health or medical professions working in isolation. Addressing them requires a broad coalition of partners such as probation services, the police, the education sector, adult social care and mental health providers among others. This needs to be underpinned by strong political support and advocacy.

In Hackney and the City approximately one third of adults are estimated to drink more than the recommended low risk limit (14 units of alcohol per week). Only a minority of those with alcohol dependency are receiving treatment.

Just over 4,000 16-59-year olds in Hackney and around 100 in the City of London are frequent drug users. In Hackney only 44 % of the estimated number of residents using opiates, and 10 % using non-opiate/crack, are accessing treatment. These figures indicate a high level of unmet need.

Priority local issues that need to be addressed include:

- The reducing number of residents with alcohol dependence accessing treatment services, especially given local high alcohol related hospital admissions and death rates
- An ageing cohort of opiate and poly-drug users, with significant physical and psychological health needs
- The number of residents with both mental health conditions and substance misuse who are not currently receiving any mental health support
- Increasing inequalities locally and nationally, including for health, housing, employment, education and income
- The impact of the coronavirus crisis locally, including the additional negative impacts this is having on mental health and inequalities
- Significant improvement in equity of access to a full range of drug and alcohol treatment interventions through the newly commissioned Hackney and the City integrated service.

The basis of our response to these issues must be prompt identification and effective prevention of substance misuse and related harm.

This includes preventative measures, such as education and information provision; early intervention and brief advice; and specialist treatment, including in-patient care. From October 2020 Hackney and the City has had

a single integrated drug and alcohol treatment service. This will build on the successes of the previous service, but it has also been designed to address the gaps identified above. If we are successful with this approach, it should lead to a greater level of resilience to substance misuse in both the individuals at risk and our community more broadly.

Six core principles should underpin this response. Achieving them requires commitment from all stakeholders, and so consensus building will be key as we chart a path forward.

1) **Prevent:** reduce the availability of alcohol and illicit substances, increase price and restrict marketing especially where viewable by children.

2) **Assess:** Universal use of assessment tools to identify children and adults at risk of substance misuse harms, including both use and dealing especially so called "county lines". These tools need to be implemented across all services who come into contact with residents including education, housing, social care, health and criminal justice settings.

3) **Dual Diagnosis:** All clients accessing health or social care services with a suspected or confirmed mental illnesses are assessed for substance misuse at least every 12 months and an up to date dual treatment plan is recorded where a need is identified.

4) **Inform:** Provide locally relevant information on the effects of substance misuse and where to get support, treatment or to exit illicit dealing/supply-ensuring information is widely known and all practitioners are confident to make an effective referral to local services.

5) **Refer:** Where either a vulnerability or existing substance misuse need is identified an effective referral is made within the last 12 months, documented and follow up enquiry made with the client.

6) **Excel:** A renewed local focus on helping people into effective treatment and ensure treatment outcomes including reductions in drugs overdoes, abstinence or harm reduction and successful blood borne virus outcomes are amongst the best in country.

Contents

1. Background

Alcohol and drug use occur in all sections of society across England, but the nature, extent and acceptability varies significantly with culture and religion. The majority of people do not use illicit drugs or drink above the recommended limits. However, a significant number do, and this can have a serious negative impact on their physical and mental health, social relationships, economic circumstances and lifestyle choices, in addition to wider family, environmental and economic impacts.

In Hackney and the City of London, we are committed to reducing the harm associated with drugs and alcohol. We will do this not only by providing up to date and accurate information on the risks of substance use (allowing local people to make an informed decision about their choices) but also by providing excellent and effective treatment and support to those who are affected by substance misuse. Importantly, individuals struggling with substance misuse will be fully involved in the decisions made about their treatment journey.

However, providing information and services in itself is not sufficient. To effectively address substance misuse there must be ongoing partnership work to address the root causes and ensure that the treatment system is trusted and easily accessible. Outcomes should not only focus on harm minimisation, recovery and abstinence but also ensuring clients are able to address housing, employment and wider health issues. All agencies across the private, voluntary and statutory sector must work together to ensure effective identification of need, referral and ongoing support for residents who would benefit from accessing treatment services. We recognise the importance of behavioural science and continue to look at opportunities to embed behavioural insight-led approaches into our work.

2. Substance misuse and its impacts

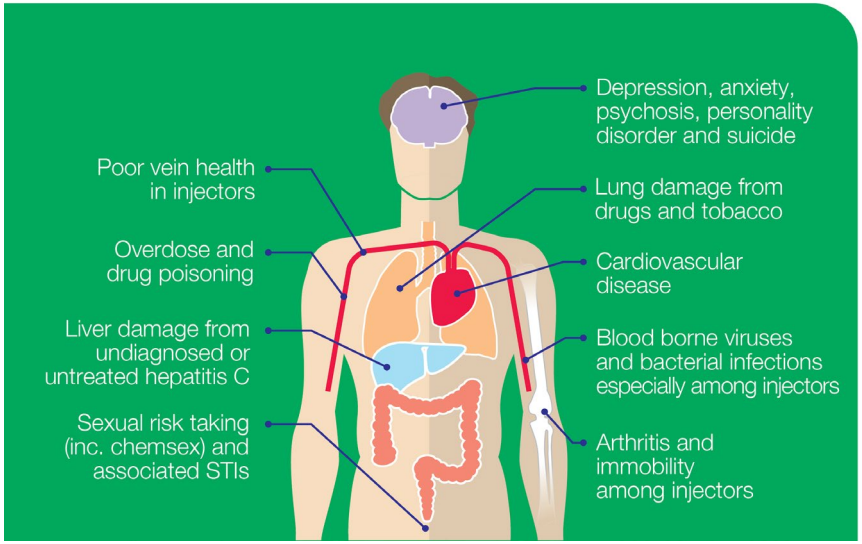
Physical and mental health

Physical health

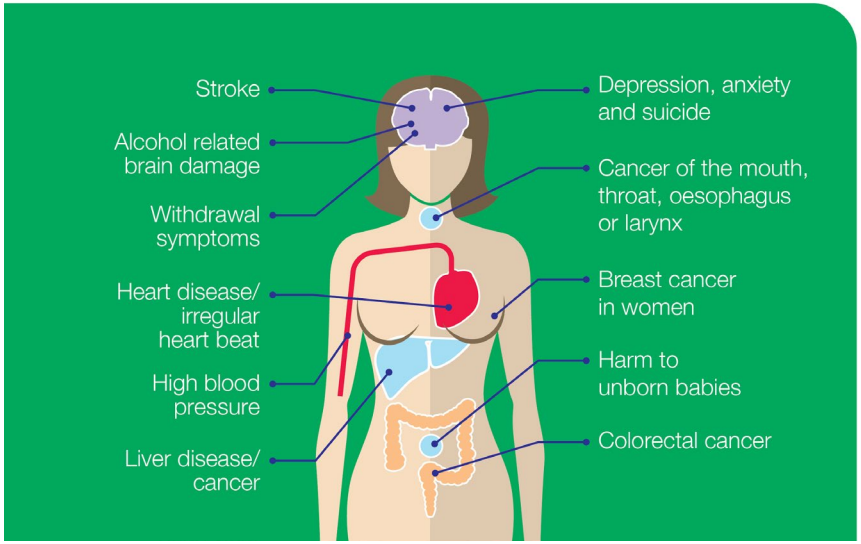
Alcohol and drug misuse are associated with a wide range of negative physical health outcomes. In the short-term this can include indigestion, nausea, diarrhoea, changes to appetite, heart rate, wakefulness, blood pressure, and mood changes. Individuals can also overdose from substances which can lead to death. In the longer term, it can also increase the risk of a wide range of long-term physical health conditions, including stroke, cardiovascular disease, cancers, psychosis and brain damage. Some of the longer-term health risks associated with alcohol and drug misuse are outlined in the images on the right-hand side of the page, **courtesy of Public Health England**. [1]

Public Health England

Drug misuse damages health



Alcohol use damages health

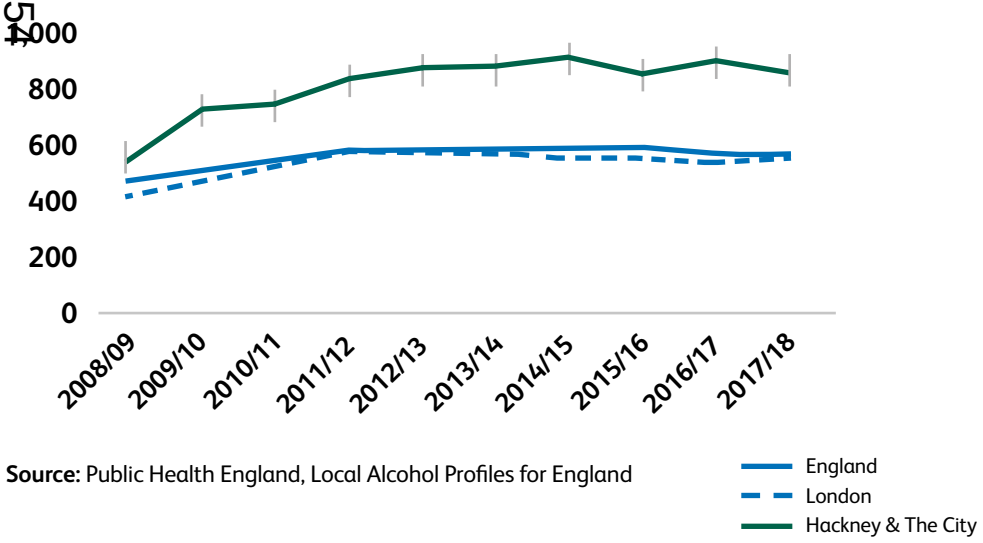


Local health data

The rate of drug related deaths in Hackney[1] has consistently been greater than both the England and London average recent years. Between 2015 - 2017, there were 50 recorded drug related deaths in Hackney equating to 6.4 deaths per 100,000 population, compared to 3.0 for London. Although this reduced to 44 for 2016-18, 5.4 deaths per 100,000, this remains above the rate for London at 3.1 per 100,000, or England at 4.5 per 100,000.

Alcohol is the leading risk factor for ill health, early death and disability among people aged 15-49 years in England and the 5th leading risk factor for these areas across all age groups. [2]. In terms of hospital admissions, alcohol has a significant impact locally, as seen in Figure 1. This is for adults only, for under 18s the figure is lower than England and London averages.

Figure 1: *Rates of alcohol-specific hospital admission episodes (all ages, directly age standardised rate per 100,000 of population, 2008/09 to 2017/18)*



Source: Public Health England, Local Alcohol Profiles for England

[1] Data not available for City of London due to small numbers

Mental health

Poor mental health can be both a cause and a consequence of substance misuse. Compared with the general population, people addicted to drugs or alcohol are approximately twice as likely to suffer from mood and anxiety disorders and, similarly, people with mental health problems are more likely to be dependent on drugs and/or alcohol. [3] Evidence indicates that alcohol use causally increases the risk of depression, however, there is also evidence that many people in the UK drink alcohol in order to help them cope with emotions or situations that they would otherwise find difficult to manage. [4] [5] Over 40 % of new presentations to the local drug and alcohol treatment service in 2017/18 self-reported a concern with mental health and asked for support.

Socioeconomic impacts

The importance of partnership working becomes clear when we consider the range of wider socioeconomic issues that have a reciprocal relationship with substance misuse. Issues that are strongly associated include poor housing, social deprivation and unemployment. These can only be tackled in the context of the wider system, necessitating the involvement of multiple agencies. One of the key roles of Public Health is to facilitate this kind of partnership working, by developing professional relationships, helping colleagues understand what the data is telling us, and creating opportunities for partners to develop system-level solutions. This should all be rooted in an empathetic, strengths-based approach that recognises the value of the individual.

This kind of attitude is exemplified by MEAM, making every adult matter. This framework is used by local partnerships across England to develop a coordinated approach to tackling multiple disadvantage in their local area. Locally, our STEPS (Supporting Transitions and Empowering People Service) program provides numerous examples of how powerful this can be. A case study is provided in **Appendix B**.

Poor housing and Homelessness

Drug and alcohol problems can be both a cause and a symptom of homelessness, with substance use being recognised locally as a key driver for rough sleeping. [6] In 2019/20, 275 and 434 rough sleepers were identified in Hackney and the City of London respectively, a large increase of 112 people in Hackney and a small reduction of 7 people in the City of London since the previous year. Of rough sleepers assessed across London during this time period, 77 % reported using drugs, alcohol and/or having a mental health need, demonstrating that substance use and mental health are significant risk factors within the local homeless population.

Rough sleepers are among those most vulnerable to the risks of coronavirus, and given the impact coronavirus is having on employment and the wider economy it is likely that more people will become homeless over the coming months. In response to the needs of this high risk group, in line with the wider government initiative, Hackney Council and the City of London Corporation worked to find appropriate accommodation for everyone sleeping rough, or in a shelter, in Hackney and the City during lockdown. This has provided an opportunity for the council/corporation, local health trusts and voluntary sector and community organisations to engage the homeless population and provide wraparound support in a way that was not previously possible.

The *Covid Homeless Rapid Integrated Screening Protocol* (CHRISP) conducted by clinicians from University College London Hospital (UCLH), following the 'Everyone In' initiative to protect the homeless during the pandemic, provided a health assessment for 140 rough sleepers in Hackney. CHRISP data found 51 % of rough sleepers met clinical thresholds for a diagnosis of depression and/or anxiety, with a further 25 % suffering from a severe mental health condition, such as bipolar disorder or psychosis. A further 17 % were dually diagnosed, meeting the clinical thresholds for daily injecting drug use and severe mental health.

Importantly, this focus on delivering health and wellbeing interventions to recently housed rough sleepers includes testing for Covid-19, alongside the screening of blood borne virus, tuberculosis, and physical and mental health. The Covid-19, Homeless, Rapid, Integrated, Screening Protocol survey is being carried out by UCLH's Find and Treat team. Findings from CHRISP will inform a local needs assessment of this population to further inform local pathways, service delivery and the identification of appropriate move on options for longer term sustained housing.

Deprivation

People living in more deprived areas live, on average, shorter and unhealthier lives. [7] Deprivation is linked to almost all health outcomes. In terms of substance misuse, there is an association between deprivation and prevalence of opiate and crack cocaine use, and also an association with poorer treatment outcomes. The Index of Multiple Deprivation (IMD) is a combination of a number of indices: income deprivation; employment deprivation; health deprivation and disability; education skills and training deprivation; barriers to housing and services; living environment deprivation; and crime. [8] In 2019, Hackney was ranked[2] the 22nd most deprived local authority in England and the City of London was the 135th out of 149. Hackney continues to rank poorly in areas such as income, crime, barriers to housing and services and has over 30% of the lower super output areas ranked as being in the most deprived 10% nationally.

Employment

Drug and alcohol use and misuse is known to have an impact on employment, and other areas that support employment such as education and training programmes.

For example, alcohol misuse has been estimated to cost £7billion in lost productivity across the country. [10] In addition, the majority of individuals engaged in drug and alcohol treatment report they are unemployed. Effective treatment services work to support service users back into employment or other kinds of meaningful activities. Employment and recovery from drug and alcohol misuse are mutually reinforcing.

[2] Rank of Extent

Friends and family

Drugs and alcohol can also have a negative impact on friends and family. A recent national survey in England found that one in five adults had been harmed by the drinking of another person in the previous 12 months. [11]

Parental drug and alcohol misuse can also have a detrimental effect on the health and wellbeing of children. The Department for Education's (DfE's) **Characteristics of children in need** showed that in 2016 to 2017, drug use was assessed as a factor (either parent or child-related) in 19.7 % of cases and alcohol use was a factor in 18 %. It is associated with an increased likelihood of the children partaking in risk-taking behaviours, reduced educational attainment and earlier uptake of drugs or alcohol. Alcohol during pregnancy also creates a risk of Fetal Alcohol Spectrum Disorders (FASD), causing neurodevelopmental problems that impact on the life chances of those affected.

In 2017/18:

- 11 new presentations to drug and alcohol treatment across Hackney and the City of London were pregnant women, equating to 5 % of all new presentations
- 14 % of new presentations for alcohol misuse and 12 % of new presentations for drug misuse were living with children in 2017/18 (their own or others)
- However, in Hackney it is estimated that only 16 % of alcohol dependent residents and 55 % of opiate dependant residents living with children are receiving drug and alcohol treatment, demonstrating a notable unmet need. Numbers in the City of London are too small for meaningful analysis. [12]

Hackney and the City's Pregnancy Multidisciplinary Team (MDT)

Since 2018 Hackney Recovery Service's offer to pregnant women has improved significantly in response to this unmet need. The Pregnancy MDT was also established in response to the specific needs of pregnant and perinatal women in Hackney and the City, which included greater co-occurring mental health issues in this population:

- The pregnancy and perinatal MDT consists of the consultant psychiatrist, families worker, midwife, recovery workers, and the health visitor.
- The MDT occurs every two weeks, via Microsoft Teams.
- The focus of the MDT is around holistic assessment of substance misuse difficulties, diagnosis of comorbid mental health difficulties, psychosocial planning, communication and feedback from midwives, MDT planning, sharing of information, and referral to mental health perinatal services if required.

Outcomes from this innovative partnership working include; increased referrals to Mother and Baby Units, with treatment being prioritised for pregnant women through referrals to detox units and rehabilitation facilities, the MDT has been able to advocate for women and identify additional needs such as complex PTSD, social and general anxiety and bipolar disorder. Women have successfully been referred to Hackney's Orbit service to continue learning about how substance misuse impacts upon theirs and their babies' health and wellbeing and to learn parenting and self-care skills.

Wider society

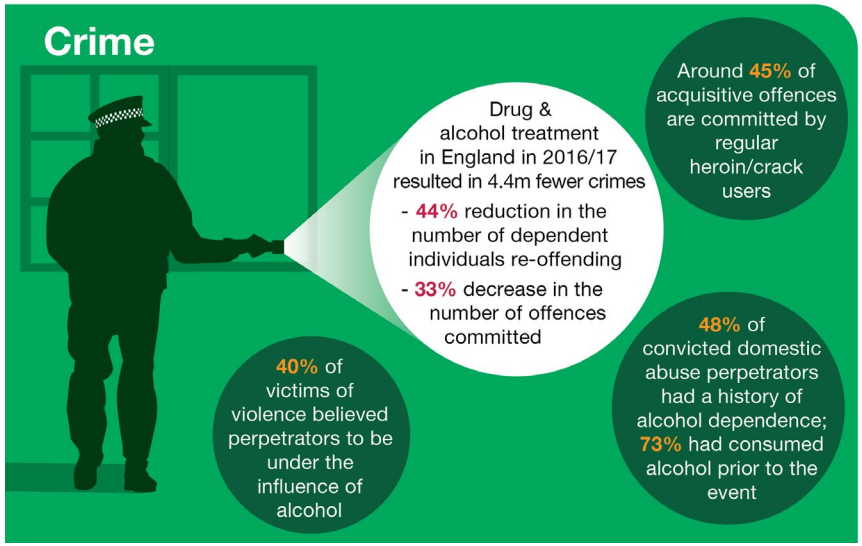
Crime

Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Up to 80 % of weekend arrests are alcohol related and over half of violent crime is committed under the influence of alcohol. [13] Furthermore 45 % of all acquisitive offences (for example theft, burglary, and robbery) are committed by regular heroin or crack cocaine users. [14]

Local data across the City of London and Hackney echo the above statements with ambulance dispatches for alcohol assaults increasing at times and on days where alcohol is more likely to be consumed. It is important to note that Hackney and the City's night time economy is attractive to visitors, so the increase may not wholly relate to the residents.

Drug and alcohol treatment have a proven track record of reducing crime.

Drug and alcohol misuse harms communities*



Annual costs of drug misuse and alcohol related harm*

Economic costs

The costs associated with drug and alcohol use, and their associated harms, are substantial. They include costs associated with deaths, NHS treatment, crime, policing and lost productivity in the workplace. [1]

The evidence shows us that alcohol and drug treatment helps people to recover and is value for money. Treatment is associated with immediate and long-term savings to the public purse, e.g.
every £1 spent on drug treatment, saves £2.50

* * Courtesy of *Public Health England*

Public Health England

3. Prevalence of substance misuse in the City and Hackney

It is challenging to estimate how many people use substances within a local area. This is partly due to the hidden nature of substance misuse, possibly linked to the legal status of many substances, or potential feelings of shame or embarrassment. Many people also underestimate the risks associated with their lifestyle choices; for example, underestimating their alcohol consumption by as much as 40 %, and how risky their drinking patterns are. [15]

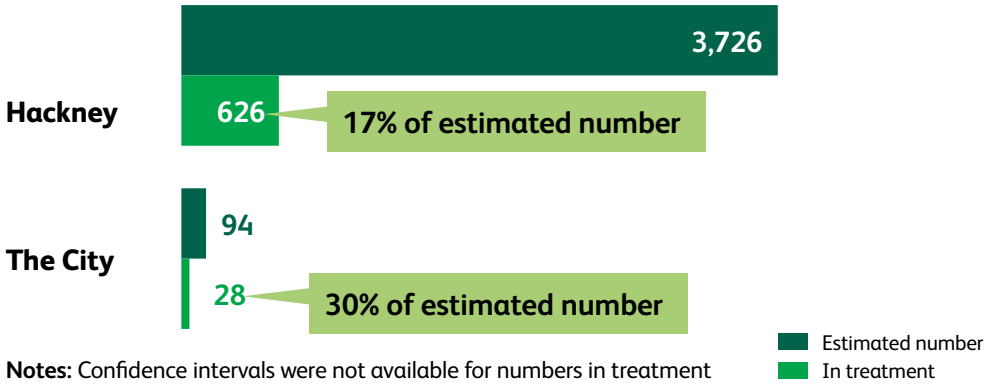
However, there are some estimation tools available that give local authorities and other services (e.g. healthcare) an idea of the amount of substance misuse occurring in a local area, and therefore, the support and treatment needed.

Alcohol

About one third of adults in Hackney are estimated to drink more than 14 units of alcohol per week (commonly agreed to be the lower risk limit for alcohol consumption) but around one fifth of residents abstain from alcohol completely. [16] A local survey in 2019 suggested that some people may not have good insight into their drinking habits, with over 70 % of those who thought they did not drink to excess being assessed as 'high-risk' drinkers using the AUDIT-C tool.

Public Health England estimates that nearly 4,000 residents across the City and Hackney are dependent on alcohol, with 83 % of those adults in Hackney and 69 % in the City not receiving treatment for this. [18]

Figure 2: Estimated number of Hackney and City of London residents with alcohol dependency (age 18+, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



Notes: Confidence intervals were not available for numbers in treatment

System wide approaches to prevention can help our community to reduce levels of harmful drinking, and multidisciplinary alcohol care teams linking primary care, secondary care and the community are very effective in reducing alcohol harms and costs to the health system and wider society.

Cross-sectional data extracted from primary care records on 1st April 2018 showed that 16 % of City and 6 % of Hackney residents registered with a GP aged 18 and over had completed an AUDIT-C assessment. Of these, nearly 500 City residents and 5,475 Hackney residents aged 18 and over had an AUDIT-C score of 5 and above indicating increasing or higher risk drinking (8 % and 2 % of the resident adult population respectively). Brief advice and screening such as this are essential to a systems wide approach to the identification and prevention of substance misuse.

Drugs

The 2017/18 Crime Survey for England and Wales (CSEW) gives an estimate of the prevalence of people using drugs in London. We can use this prevalence estimate by applying it to our local population data. This crudely predicts the number of people using drugs in Hackney and the City (Table1). The CSEW also estimates that around 2.1 % of 16-59-year olds nationally are frequent drug users[3]. [19] Applied locally to 2018 population projections, these estimates suggest that just over 4,000 16-59-year olds in Hackney and around 100 in the City of London are frequent drug users.

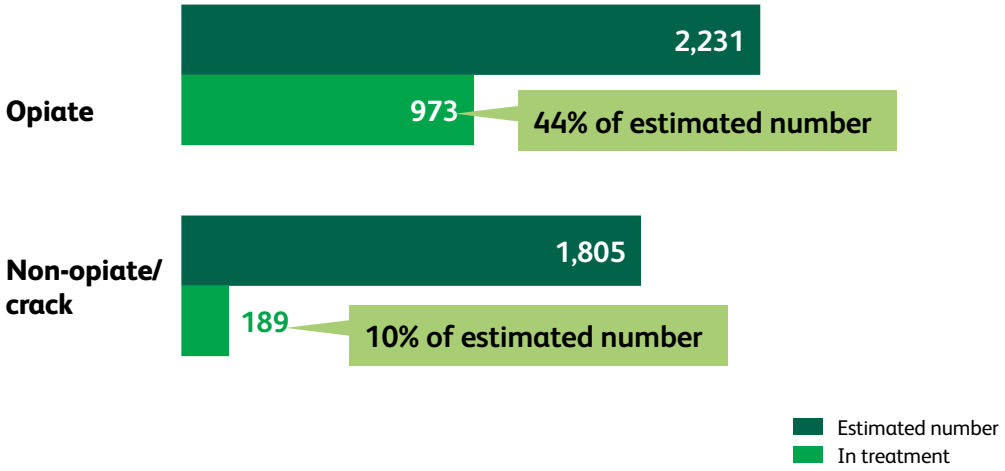
Table 1: Local estimates of Hackney and the City residents using drugs in the last year by type (age 16-59, 2017/18)

Substance type	National prevalence England	Regional prevalence London	Hackney estimated No.	City of London estimated No.
Any Class A drug[4]	3.5 %	3.3 %	6,387 (2.2 %)[5]	165 (1.9 %)[6]
Any drug[7]	9.0 %	9.3 %	18,001 (6.4 %)	466 (5.6 %)

Source: Home Office, CSEW 2017/18, [18]

Public Health England uses a tool developed by Liverpool John Moores University to estimate the prevalence of opiate and/or crack cocaine use in local areas. [20] This tool suggests there are approximately 2,880 residents across Hackney and the City using opiates and/or crack cocaine. As with alcohol, there is a high level of unmet need, with over half of those estimated as dependent on opiates and/or crack cocaine not receiving treatment for this.

Figure 3: Estimated number of Hackney residents using opiates and/or crack cocaine (age 15-64, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



[3] Frequent use refers to use of any drug more than once a month in the past year.
[4] Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.
[5] Based on the 2018 mid-year population estimate of 279,700
[6] Based on the 2019 mid-year population estimate of 8,700
[7] Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills/powders/drugs smoked, ketamine, methamphetamine and mephedrone.

4. Emerging issues

Mental health and Dual Diagnosis

Unfortunately, due to continually increasing health inequalities, a deteriorating economy and the coronavirus crisis, prevalence of mental health problems in the City and Hackney are likely to increase over the coming months and years. Mental health thus needs to be a high priority to strengthen prevention efforts with substance misuse, as in 2019/20, 56 % of substance misuse treatment service users had a mental health treatment need identified.

Published guidance emphasises that an integrated approach to treatment and support is essential. Yet, a quarter of all new presentations to Hackney and the City's treatment system in 2019/20, with a self-disclosed mental health issue, were not receiving any support or treatment for their mental health.

However, work is underway in Hackney and the City to review and improve the pathways and partnership working between substance misuse and mental health services, so that service users receive more joined up care going forward. In North East London, a novel approach to mental health service provision is emerging, focusing on blended teams that draw on a wide range of partners to meet the needs of our community. Our new substance misuse provider is becoming more engaged with this promising neighbourhoods model, enabling service users to have a package of support that is tailored to their specific needs. Along with this additional capacity to bring drug and alcohol treatment into the community to better tailor the recovery journey to the individual's need, the new substance misuse service will provide a Dual Diagnosis post to lead on evidence based, best practice for substance misuse to complement the work of the new blended mental health teams.

Increasing inequality

The recently published report: Health equity in England: *The Marmot Review 10 years on*, [22] found that inequalities in the UK have continued to increase across a wide range of domains, including health, education, housing, employment and income. This is likely to be at least partly a consequence of the last decade of austerity, including factors such as the closure of children's centres; declines in education funding; an increase in precarious work and zero hours contracts; a housing affordability crisis and a rise in homelessness; more people with insufficient money to lead a healthy life and resorting to food banks; and ignored communities with poor living conditions and little reason for hope.

These increasing inequalities are likely to directly and indirectly led to increased levels of substance misuse. Often, inequalities are interrelated and can have a compounding effect. For example, low income is a risk factor on its own but children living in poverty are also more likely to be exposed to adverse childhood experiences. These experiences in turn elevate the risk that children and young people will experience negative health and social outcomes across the life course, including higher risk of substance misuse. The more adverse childhood experiences, the worse the outcomes are likely to be. For example, where children have four or more adverse childhood experiences, they are five times more likely to use illicit drugs and seven times more likely to be addicted to alcohol than children who have not. [23]

The effect of inequalities is being magnified by the coronavirus pandemic, and regardless of how quickly we can overcome the virus, these impacts are likely to be felt for a long time to come.

Many people have experienced trauma as a result of the crisis, including frontline workers, people who have lost loved ones, those who were seriously ill but recovered and those who struggled to feed or look after themselves and their families during the crisis. Economic inequalities have increased, with the least affluent struggling more than ever with debts, housing, employment and health. Children from the most deprived families are also most likely to have had their education negatively impacted by lockdown restrictions, which will have long-term effects on their opportunities in life.

All these issues create risk factors for substance misuse. How we respond to coronavirus therefore has significance far beyond the direct effects of the virus; it will determine the future of our community and our ability to build an environment that is conducive to lowering the risk factors for harmful use of alcohol and drugs.

Changes in the City of London

The Covid-19 pandemic and the introduction of strict social distancing measures, combined with "lockdown" in March 2020 and move to Tier 2 and 3 Covid restrictions, has led to a huge shift in the daytime population in the City of London. With the vast majority of City workers and other desk-based workers in central London working from home and the likelihood that this will remain the case in at least the short- to medium-term, this brings about significant changes to the Night Time Economy (NTE) in the Square Mile. These changes will, in turn, have a large impact on the "social" use of alcohol and substances among City workers and visitors to the City's NTE; the effects of which it is too early to confirm. Most cocaine use among City workers has typically been in combination with alcohol consumption.

In addition, increased working from home has necessitated different approaches in terms of supporting City employers to share messages about alcohol and drug related harm and harm reduction with their workforces, such as through virtual channels and signposting to digital resources. This is not necessarily the case with regards to the City's "hidden" workforce (such as security guards and cleaners), who continue to travel into the Square Mile and work on-site.

5. Conclusion and recommendations

The challenges that substance misuse creates for individuals and families in our community are only likely to increase as the broader social impacts of the pandemic become apparent. The current pattern of need across the City and Hackney highlights how important it is for us to ensure our treatment services are able to deliver for those affected, and our approaches to prevention must take in to account the wider determinants of health and focus on reducing health inequalities between different groups in our population.

None of this can be achieved by single measures that tackle isolated problems. We need the entire system to respond, and partners must work together to achieve this. As such, any recommendations should be made in the spirit of collaboration and consensus. I therefore propose the following six principles that should underpin partnership working. We will seek feedback from these partners to agree on how these principles should be employed and developed in response to the increasing need we are likely to see in the coming months and years.

Prevent

Reduce the availability of alcohol and illicit substances, increase price and restrict marketing especially where viewable by children.

A fundamental component of our approach to reducing the harms of substance misuse is creating an environment that is less conducive to it. For alcohol, Shoreditch and Dalston are already Special Policy Areas, creating a presumption that new licencing applications will be refused; more generally, we advocate to continually seek appropriate and effective opportunities to discourage excessive consumption, through reducing 'special offers' and price reductions.

Our new service provider is obliged to support and promote local and national campaigns (e.g. Dry January, Alcohol Awareness Week), in an effective and strategic manner. The City and Hackney should use these opportunities to support national efforts to reinforce messaging around alcohol consumption, in particular zero alcohol during pregnancy; Fetal Alcohol Spectrum Disorders increase the future risks of substance misuse for those affected, and prevention is thus crucial to breaking recurrent cycles of alcohol misuse across generations.

Assess

Universal use of assessment tools in all agencies to identify children and adults at risk of substance misuse harms, including both use and dealing especially so called "county lines".

Consistent application of assessment frameworks must be a cornerstone of our approach to substance misuse. We need all professionals to be confident in applying these, such as the AUDIT-C framework for alcohol, and tools such as DAST for illicit substances, and to have clear subsequent referral pathways and mechanisms. Our new service provider is working closely with GPs to ensure a seamless transition of referral pathways, and this needs to be the case for all partners in the health system and social care.

Application of assessment frameworks also underpins our ability to recognise young people at risk of exploitation. The incentives for young people to become involved in gangs and "county lines" can be powerful, and we need a multiagency approach to supporting parents and carers to overcome these. Appropriate assessment forms the basis of this approach.

Dual Diagnosis

All clients accessing health or social care services with a suspected or confirmed mental illnesses are assessed for substance misuse at least every 12 months and an up to date dual treatment plan is recorded where a need is identified.

The interrelationship between mental health and substance misuse creates challenges in delivering services for people with the most complex needs. Joined up services which seek to eliminate the walls between interventions for mental health and substance misuse require good record keeping and dual treatment plans, designed to allow people to reconnect with services if treatment is halted prematurely.

Inform

Provide locally relevant information on the effects of substance misuse and where to get support, treatment or to exit illicit dealing/supply - ensuring information is widely known and all practitioners are confident to make an effective referral to local services.

All partners in the health, social care and education sectors need to be confident and aware of the services we are providing, with the opportunity to develop relationships with providers and develop an understanding of the services offered. Open days and networking meetings should be encouraged and can be facilitated by the Public Health team. Public Health in conjunction with our new service provider Turning point will also aim to develop our approach to Shared Care among GPs.

Refer

Where either a vulnerability or existing substance misuse need is identified, an effective referral is made within the last 12 months. This must be documented and a follow up enquiry made with the client.

Consistency and quality of referrals from the health, social care and education providers must be continually reviewed, alongside a recognition that making a referral does not represent the end of our duty to the individual. Follow up is required to ensure treatment commences and results in a successful outcome. This often requires sensitivity to individual circumstances, for example the observation that many people referred for support with alcohol misuse find services that also tackle other types of substance misuse unacceptable.

Excel

A renewed local focus on helping people into effective treatment and ensure treatment outcomes including reductions in drugs overdoes, abstinence or harm reduction and successful blood borne virus outcomes are amongst the best in country.

We must draw on all the evidence available to us to provide the best service. This starts with our communities and service users; sharing of experiences through stories and user representation in decision making forums is an opportunity for all partners to take ownership and responsibility for substance misuse. Regular focus on NDTMS metrics and reflection on how we can improve upon them should similarly be a collaborative effort.

6. Appendix A: Related Policy Documents

National policies and recognised guidance

National Drug Strategy (2017) - Sets out the Government's partnership approach to tackle drug misuse at a local, national and international level. It is focused on reducing demand, restricting supply, building recovery and global action. [26] This expands on the aims of the previous strategy in 2010, namely to provide additional focus on reducing illicit drug use and increase the rate of people recovering from addiction and/or dependence on substances.

Drug misuse and dependence: UK guidelines on clinical management (2017): These guidelines, commonly known as the 'Orange Book', provide information for clinicians and commissioners on evidence-based pharmacological and psychosocial treatments, ensure safe clinical and prescribing practices within specialist drug and alcohol services, and other clinical environments such as hospitals, custody settings and GP practices. [27]

The National Institute for Health and Care Excellence (NICE) Guidelines: Commissioners and substance misuse services will comply with NICE guidelines on managing alcohol use disorders and drug misuse to ensure high quality practices for alcohol and drug use prevention, identification, assessment and treatment. [28]

Local Policies

Hackney's Alcohol Strategy (2017-2020): This local alcohol strategy is the result of a consultation process with residents and partners aiming to reduce alcohol-related harm in Hackney. [29] It is based on four core principles:

- encourage healthier drinking behaviours
- commission appropriate and responsive services
- support families, carers and young people affected by alcohol misuse
- promote responsible drinking environments.

Hackney Community Safety Partnership Strategic Assessment (2018-2019): This strategy focuses on tackling crime and disorder in Hackney and has three strategic priorities linked to alcohol and drug misuse:

- gangs, youth crime, youth victimisation and engagement
- alcohol related crime, licensing and safer socialising
- substance misuse, treatment and drug dealing.

City's Draft Alcohol Strategy (2019-2023): This strategy is currently in consultation with residents and workers of the City of London, but it stands on three main outcomes:

- people being informed about the risks of alcohol-related harms
- people being and feeling safe in the night-time economy
- people having the support they need to access services.

7. Appendix B: Case Study

The following case study has been provided with the permission of S. His story highlights the problems that people encounter dealing with a system where the parts do not always work together well. His engagement with the Multiple Needs Service shows how effectively partners from different agencies can be when they collaborate to overcome the problems to allow those with substance misuse problems to flourish.

S is a 50 year old male who was diagnosed with clinical depression, bi polar and personality disorder at a young age but his mental health worsened when his dad died unexpectedly. S was first introduced to class A drugs when he was an inpatient in a mental health hospital by other patients and his drug use, crack and heroin, continued after he was discharged. S was last sectioned in December 2015 for two months following an overdose as a deliberate serious suicide attempt.

S has a history of offending including charges for possession and shoplifting. Prior to his hospital admission S was homeless so on discharge he was placed in a hostel for ex-offenders in Stoke Newington by Probation.

S was referred to the Multiple Needs Service, MNS, in August 2016 by his keyworker at Hackney Recovery Service (HRS). S had been a client at HRS and prescribed 45mls of methadone since May 2016. S scored high on the Chaos Index at 39 out of 48 as he had support needs in all four key areas, mental health, substance use, criminal justice and unstable housing. S was on a methadone script but continued to use crack and heroin on a weekly basis, he was no longer being supported by mental health services but was compliant on medication prescribed by GP for clinical depression and bi-polar and he continued to attend probation.

When S was first referred to MNS he didn't know how the team could support him and asked to 'take it slow' as he didn't want to feel overwhelmed, but after the first few meetings he started to open up and spoke about his family and his mental health and substance use. S wasn't feeling supported at the hostel and there were concerns about issues he was having with the other resident in his flat and there was no 'move on' plan in place. This was impacting his mental health, in particular when he experienced bi-polar low moods he was finding it difficult to keep himself safe in his environment. S was expressing suicidal ideation and at times he considered hospital admission. MNS were active in coordinating and attending case management meetings with S, the hostel, HRS and Probation in order to develop a shared support plan.

Whilst putting a move on plan in place we were informed by the hostel that S had accrued almost £3000 rent arrears that he needed to pay off first. There appeared to be a short fall in housing benefit of around £50 per week, S wasn't in a financial position to cover this and pay off arrears so MNS took the lead on finding a solution. Through investigation, MNS were informed that this was an error as the hostel were classed as supported accommodation, so therefore a benefit cap does not apply. During this process, MNS discovered that S was registered for council accommodation and with the rent arrears now cleared, he was eligible to bid. MNS supported S to bid on properties and used their knowledge of Hackney to ensure they were in areas that suited his needs. Within a few weeks of bidding S was invited to view a property, MNS supported him to attend, he accepted the property and collected the keys and signed the tenancy agreement that same day.

The hostel supported S to move from the hostel into the flat three weeks later,

and allowed him to take the single bed and a small table from his room as he had no furniture of his own. In addition, the hostel and HRS applied for funding from various sources to help furnish the flat, enabling S to buy a fridge freezer and washing machine and in addition MNS Service bought him a microwave. MNS supported S with a PIP application which was successful and he used this to buy a cooker, double bed frame and put £200 towards a sofa and the other £250 was paid for from the Sherriff's Fund. A year later, because S had been unable to save for a double mattress, MNS team bought him one to celebrate maintaining his tenancy for one year and his 50th birthday.

Once settled in a safer environment and engaging well with MNS and HRS support, S wanted to access services to support his mental health. HRS contacted his GP who referred S to The Therapeutic Outreach Service (TCOS), a service for people with personality disorder and MNS referred S to the Wellbeing Network. MNS supported S to attend his assessment for TCOS and he was accepted for the 8 week Group Introduction programme and whilst he waited to start he attended some group sessions at the Wellbeing Network and continued to attend the peer led weekly SMART group.

S went on to complete the introduction programme at TCOS but found it challenging so felt unable to continue with the Wellbeing Network as well. When he was invited back to TCOS to discuss his progress and the next stage of treatment, S asked MNS to go with him and when asked, how MNS Team support him, he replied by saying, 'they saved my life'. S has been accepted for the next stage of treatment at TCOS but was advised there is a 9 month wait to start and is currently still waiting. In the meantime he is encouraged to check in with TCOS if needed but is otherwise supported by HRS and MNS.

S continues to attend the SMART group and HRS and has reduced his methadone dose by more than half to 20mls. He had managed to reduce his dose to 5mls but at that point he experienced symptoms of withdrawal and bought street methadone to prevent him from using heroin over a weekend. S initiated a joint meeting with MNS and his keyworker at HRS to discuss what happened and together we decided it was best for him to go back up to 20mls as he'd also had some disruption with the medication prescribed by his GP. In joint meetings since then S has explored residential detox as an option and after attending several pretox groups and further discussion, has decided he is ready. There is a plan in place and funding agreed for S to attend 3 weeks residential detox to be followed by a 12 week abstinence day programme at HRS.

In recent weeks, a number of other service users and professionals have commented on the way S contributes during group sessions and how well it supports his peers. He has been exploring with MNS ways he could develop his skills and is considering an NVQ in Advice and Information with a view to facilitating his own peer led groups. Most recently he attended a MEAM learning hub where he contributed well and was proud to tell people he is an MNS service user.

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Committee: Health and Wellbeing Board - For Information	**Dated:** 19 February 2021
Subject: Healthwatch City of London Progress Report	**Public**
Report author: Paul Coles, General Manager	**For Information**

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Three (appendix 1). The report provides members with information on proposed activities during Quarter Four of 2020/21.

Recommendation

Members are asked to: Note the report.

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

HWCoL is funded by the City of London Corporation and has been in existence since 2013. The current contract for HWCoL came into being in September 2019. HWCoL was entered on the Charities Commission register of charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL's vision is for a Health and Social Care system truly responsive to the needs of the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

Current Position

1. As previously reported the work of HWCoL continues to be delivered remotely by staff, Trustees, and volunteers.

2. During Q3 the majority of HWCoL's work has been focussed on providing information and support to City residents regarding the pandemic. These include:

    - Continuing to publish Bulletins and Newsletters on a weekly basis providing up to date information on Covid-19 with a particular emphasis on accessing the local and national vaccination programme. The bulletins are very well

regarded, and the information is often adopted and used by other groups to provide information to City residents. The bulletin now has a wide reach across the City.

- Increasing the reach of the website with 2,428 users accessing HWCoL's website generating 3,008 sessions in Q3. The increased usage has been driven by people accessing the site for Covid-19 information, demonstrating HWCoL is a trusted source of information.
- Undertaking a series of focus groups with Carer's, partnering with City Connections and Independent City Carers. The focus groups provide HWCoL with an understanding of Carers experience of health and social care services during the pandemic, enabling us to provide informed insights to providers of services.
- Holding a successful Mental Health focus group, via Zoom, to understand the impact of Covid-19 on the mental health of City residents. Partnering with East London Foundation Trust and City and Hackney Mind all participants attending obtained insight on the impact of Covid-19 on residents and their support requirements. We were able to share with East London Foundation Trust and City and Hackney Mind of the need to provide mental health support via visual platforms and not just telephone support.
- Increasing the use of Social media, particularly Twitter, as a source of information for residents. Promoting sessions at the Dragon Café, HWCoL Board meetings in public, HWCoL focus groups and links to our Community Insight surveys.
- Carrying out a series of surveys to understand the impact of Covid-19 on residents. These included building on an earlier survey on access to dental services to better understand the state of care locally since the end of the first lockdown. In September dentists in the City of London opened to existing patients only. One of the objectives of the survey is to confirm the availability of NHS and private dentists to new patients with findings being available in Q4 and shared with Healthwatch England.
- To understand the impact of Covid-19 on services during Q3 HWCoL undertook a mystery shop of Patient Advice and Liaison Services (PALS) available to City residents. PALS deal with health-related questions and help resolve concerns or problems patients have with the NHS including complaints. The project will identify the accessibility of services for Patients to raise concerns regarding their treatment during the pandemic. The report will be published in Q4.
- A staff member from HWCoL has completed the Covid-19 Community Champions training.

3. Achievements in this period include:
   - The recruitment of a resident of Petticoat Tower as a new Trustee. They will help focus attention on issues in the East of the City and enable HWCoL to deliver its objectives particularly, with regards to services delivered by Tower Hamlets.
   - Attended two volunteer recruitment fairs at the London School of Economics and London Metropolitan University. Recruiting seven volunteers to assist with six projects.
   - HWCoL has been awarded three grants:

Covid- 19 Information -Successful application to Hackney Giving Covid-19 Information Grants programme for a contact point grant. As a contact point HWCoL will disseminate information on the Test and Trace system, the Covid-19 vaccination programme and work closely with Public Health to identify and feedback issues that arise including misinformation.

PCN Patient Engagement- partnering with Healthwatch Hackney and the Shoreditch Park and City Primary Care Network (PCN) on a programme of patient engagement to assist them with establishing the vision and direction for the PCN. Support the PCN to establish a PCN Patient Participation Group ensuring that the opportunity to join is widely promoted within the City. The project is being promoted by a leaflet delivered to residents and text messages from the surgeries. The project's first activity is to conduct a patient survey followed up with focus groups. The report from patient engagement will be available in Q1 of 2021/22.

Community Insights - partnering with Healthwatch's in North East London on a Covid Community Insights project. During Q4 of this year and Q1 of the next financial year, HWCoL will be holding a series of focus groups and one to one interview's with people who have physical or sensory disabilities with the objective of capturing their experiences during the pandemic. The project will enable HWCoL to identify any issues meeting the health and social care needs of residents with disabilities during the pandemic.

The additional funding for HWCoL to deliver these projects has enabled HWCoL to employ an Administrator for two days a week for a year to assist with the delivery of the projects and support additional activities to increase HWCoL's work.

4. The Q3 Performance Report for Commissioners (appendix 1) provides evidence of continuing improvement. Of the 25 Key Performance Indicators HWCoL have achieved or exceeded the target in 16; rated green in the report. Of the nine areas of underperformance six are rated amber and three rated red.

4a. Areas in the Performance Framework which are rated green.

- In Q3, 2,428 users accessed HWCoL's website. The numbers for October and November show a gradual increase, with 523 users in November. In December, the website had 1,359 more than double the previous month's users and more than the total for the previous two months. This is largely due to accessing information about Covid 19.
- The number of responses to surveys will exceed the annual target of 60, with 59 responses recorded in Q3. HWCoL will be reviewing response rates to all surveys to identify the key components for a successful survey. These lessons will be incorporated into HWCoL's surveys in the financial year 2021/22.

4b. Underperforming areas in the Performance Framework rated yellow:
Since the Q2 report the areas of underperformance (rated yellow) are all showing steady improvement and HWCoL see no reason to change current plans to meet the target. These include:

- Numbers of people signed up to receive Newsletters, Twitter, and social media,
- Use of Twitter; analytics show a small increase in signed up members for the quarter, increasing by eight in December. Twitter impression numbers were 1,253 with the top tweet being Healthwatch's December Newsletter.
- Attendance at On-line Board meetings in Public. HWCoL made a concentrated effort to increase the number of attendees for the Annual General Meeting. Total attendance now stands at 28 and attendance has varied with new people joining at each meeting. HWCoL will continue to try and attract more attendees by making the agenda more relevant, advertising meetings so that local people don't feel intimidated or anxious.

4c. Underperforming areas in the Performance Framework rated red:

- The number of followers of the HWCoL Facebook page. A review of social media platforms will be carried out during the Quarter 4 with a decision on continued use of Facebook following the review.
- Subscribers to HWCoL email bulletins are recorded as an area of significant under performance.as result of an uplift of the target in Quarter 1 the current action plan is delivering the required rate of increase.

5. Planned Activities in Quarter 4

- Communications will focus on the Covid vaccination programme, ensuring residents have up to date information on vaccination centres and which of the nine priority groups are being currently vaccinated.
- A Webinar on the vaccination programme for residents, panel to include Dr Sandra Husbands, City and Hackney Public Health.
- Scrutiny of the development of the new Integrated Care Partnership for City and Hackney. Providing opportunities for City residents to be informed of progress and question whether the partnership is meeting their needs. More
- Scrutinising the development of St Leonard's hospital, attending project management meetings, and planning a public meeting in partnership with Healthwatch Hackney on the future development. An Enter and View is also planned when restrictions are lifted.
- Increasing engagement with Tower Hamlet's CCG and East London Foundation Trust, enabling residents to participate in developments in health and social care and for greater scrutiny of service provision.
- Reviewing the Engagement and Communication strategy to ensure there is greater focus on:
  - Engagement with residents in the East and South of the City,
  - Providing updates on the development of the New Goodman's Field Health Centre, Leman Street by Tower Hamlet's CCG in there
  - Social Care provision for City residents.
- Work with partners to provide up to date information on the delivery of acute elective and urgent care post pandemic and scrutinise the delivery of those services ensuring they meet the needs of local residents.
- Successful delivery of the three grant funded projects.
- To increase opportunities for City residents to engage with HWCoL it is proposed to provide monthly drop-in surgeries, initially on-line but face to face

when able and in strategic locations in the City thereby raising visibility and accessibility.

- Exploring the possibility of establishing a young people's Healthwatch.
- Considering a research project with 2020Health, a social enterprise think tank working to improve the public's health through evaluation, research, and relationships, on the digitalisation of healthcare. HWCoL objective is to produce a final report with recommendations on digital delivery for both our local health partners and nationally.
- Strategic review of the Business plan to agree HWCoL's priorities for the financial year 2021/22.
- Providing greater scrutiny of the delivery and impact of the CoL's social care strategy.

6. Risks

HWCoL regularly reviews its risks and issues log. The Risk Log has been updated to recognise the impact on HWCoL's mission from the merger of the three Clinical Commissioning Groups (CCG)'s in North East London. Mitigating action include HWCoL working with partners to ensure that the needs of City of London residents are not marginalised as a consequence of the merger.

HWCoL will continue to inform residents on the development of the North East London CCG and the Integrated Care Partnership for City and Hackney. Providing opportunities at Public Board meetings and other fora, for residents to scrutinise the development of both the North East London CCG and the Integrated Care Partnership for City and Hackney. We will make sure that this not a reactive exercise, but actively engage with partners to ensure the City voice is heard and recognised at all levels of Governance.

7. Conclusion

In conclusion Healthwatch City of London is making good progress towards meeting all the contracted targets. The usage of the website is evidence that HWCoL has established itself as a trusted source of information for residents. But recognises further work is required to increase reach. The new projects highlight HWCoLs success in working with partners to make sure the City voice is heard in key developments in health and social care and will seek to increase that reach. During Q4 HWCoL will focus on increasing opportunities for engagement with City residents; scrutinising the development of Health and Social Care Governance for City and Hackney; and the successful delivery of the grant funded projects.

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Appendix 1
Performance Framewo

Committee:	**Dated:**
Homelessness and Rough Sleeping Sub-Committee Health and Well-Being Board	01/12/2020 19/02/2021
Subject: Mental Health and Rough Sleeping	**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**
Report of: Andrew Carter, Director of Community and Children's Services	**For Information**
Report author: Kirsty Lowe, Rough Sleeping Service Manager, Department of Community and Children's Services	

Summary

This report presents the mental health support needs of the City of London's (CoL's) rough sleeping community and how the Rough Sleeping and Mental Health Programme (RAMHP) has already made significant improvements to the health and wellbeing of CoL rough sleepers.

The RAMHP works closely with the CoL Outreach team, supporting a personalised response to rough sleepers with the aim to increase the number of individuals engaged with health and wellbeing services.

Recommendation

Members are asked to note the report.

Main Report

Background

1. Mental health is the most prevalent support need among CoL rough sleepers and has been the highest recorded support need over the past five years. The Combined Homelessness and Information Network (CHAIN) Annual Reports from 2015–2020 show a consistent number of CoL rough sleepers who have been assessed by homelessness services as having a mental health support need, averaging 56%. This percentage is a mix of known mental health diagnosis, self-disclosure and worker's assessment of someone's needs.

2. In 2019/20, 55% of rough sleepers were recorded as having a mental health support need. Further to this, 45% of assessed CoL rough sleepers in 2019/20 were identified as having both substance and mental health support needs.

3. To date 2020/21 CHAIN data shows a similar figure of 57% of CoL rough sleepers recorded as having a mental health support need.

4. Prior to March 2020, the CoL's mental health provision consisted of a practitioner nurse through the East London NHS Foundation Trust (ELFT). The practitioner nurse was a shared resource, and so scope to support the CoL Outreach team was limited. The nurse attended one joint shift a week with the CoL Outreach team, providing professional guidance and support and carrying a small caseload. The nurse's time focused on identifying individuals who required a Mental Health Act assessment and sectioning. The practitioner nurse is now part of the new RAMHP team where their expertise and knowledge of the CoL and CoL rough sleepers can be shared.

5. Over the past five years, CoL has witnessed a consistently high number of CoL rough sleepers in need of mental health intervention. In 2017/18 CoL through a spot purchasing arrangement commissioned the Enabling Assessment Service London (EASL) to provide mental state assessments to rough sleepers who were initially engaged through the CoL Pop-up Hubs. EASL were an additional resource to the work being carried out by ELFT. EASL were able to guide outreach workers and provide a qualified assessment of a client's behaviour and confirm whether this was linked to a person's mental health. In several cases these assessments confirmed the outreach workers' concerns, leading to further mental health intervention for individuals.

6. The work carried out by EASL was particularly valuable to the CoL's Homelessness team as it provided evidence of the need for more access to lower-threshold health services for rough sleepers.

Current Position

7. The RAMHP is a Greater London Authority (GLA) funded two-year pilot programme, which began in March 2020.

8. There are four London RAMHP teams who work directly with local authority outreach teams. The ELFT provides the RAMHP in a consortium serving CoL, and the London Boroughs of Hackney, Tower Hamlets and Newham.

9. The RAMHP connects the mental health sector and homelessness sector by supporting outreach workers to engage rough sleepers to come off the streets, support individuals to navigate the health system and ultimately increase rough sleepers' engagement with mental health services.

10. The East London RAMHP team consists of a full-time manager, three full-time practitioners, and one practitioner and one consultant who both work one day a week. There is a varied skill set within the team, including social workers, nurses and occupational therapists.

11. Partnership work is key to the success of the project. The RAMHP works closely with the City Outreach team and CoL homelessness officers attending the quarterly Rough Sleeping Strategy meeting and fortnightly CoL Task and Action meetings.

12. The programme is holistic, person-centred and guided by people with lived experience of sleeping rough and having mental health needs. The RAMHP's Co-design Advisory Group of experts by experience will influence at a service and programme level throughout the pilot.

13. The RAMHP promotes a culture of learning and improving. A Community of Practice will be developed by and for the RAMHP team members, giving them a space to share their experiences from the four different regions, and to encourage best practice.

Key Data

14. In 2019/20 the ELFT practitioner nurse had a caseload of 20 rough sleepers and carried out 46 joint shifts with the CoL Outreach team. As part of the COVID-19 response, the nurse also provided all physical and mental health triage assessments for all CoL clients accommodated in the GLA emergency hotel accommodation.

15. The RAMHP has assisted a total of 45 CoL rough sleepers since March 2020. The RAMHP is currently working with 33 CoL rough sleepers: 12 have been discharged, meaning that these individuals have either been referred on to another health service or have left the East London area.

16. The RAMHP has performed well against their commissioned targets and recently reported that they have achieved or exceeded all their key performance indicators:
    - 75% of referred clients are assessed within 28 days
    - 90% of clients have a care plan complete
    - 50% of clients have accessed and maintained accommodation after discharge from the service
    - 90% of clients experience an improvement in their health and wellbeing at the point of discharge.

Corporate & Strategic Implications

17. There are no strategic or financial implications directly related to this report.

Conclusion

18. The ELFT has worked alongside the CoL Outreach team to provide a service to CoL rough sleepers for more than five years. More recently, this has been provided through the new RAMHP. In this time, the RAMHP has mobilised a fully operational team, and has integrated well with CoL homelessness support services, and is already making a positive impact on the lives and wellbeing of many CoL rough sleepers.

Appendices

- None

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Committee: Health & Wellbeing Board	**Date:** 19 February 2021
Subject: Report of Action Taken	**Public**
Report of: Town Clerk	**For Information**
Report author: Leanne Murphy, Town Clerk's Department	

Summary

This report advises Members of action taken by the Town Clerk under urgency or delegated authority in consultation with the Chairman and Deputy Chairman since the last meeting of the Committee, in accordance with Standing Orders No. 41 (a) and (b).

Recommendation:

- That Members note the report.

Main Report

Urgency - Pan-London commissioning support [29.01.21]

1. The initial response to the Covid-19 pandemic in London saw an unprecedented effort to accommodate those sleeping rough in the capital. To address the complex needs of this cohort, a pan-London Homeless Drug and Alcohol Service was commissioned to co-ordinate and provide support for substance misuse issues.

2. In October 2020, approval was given for the City Corporation to be named as the lead commissioner for pan-London drug and alcohol services in a number of bids to Public Health England (PHE). The services would include in-patient detox (IPD) provision for those with complex drug and health needs. The Corporation is recognised as having a track record in the successful delivery of pan-London services and, subsequently, the bids were successful, and work is now underway to commission these vital services.

3. On 21 January 2021, Public Health England's Regional Team asked the City of London Corporation to consider an extension to the remit originally approved. As part of a wider funding announcement by government, they are seeking an expansion of the IPD provision. This supply would be linked to crime reduction and not exclusively rough sleeping.

4. Action taken: The Town Clerk, in consultation with the Chairmen and Deputy Chairmen of the Policy and Resources Committee, Health and Wellbeing Board and the Community and Children's Services Committee, agreed to an extension to the original remit approved on 9 October 2020 in order to expand the IPD provision as part of a wider funding announcement by government. The

intention to allocate an additional £1m to the City Corporation was also noted which would include funding for any costs we may incur in delivering this role

Conclusion

5. Background papers for Members are available from Leanne Murphy on the email address provided below.

Leanne Murphy
Town Clerk's Department
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