



Health and Wellbeing Board

INFORMATION PACK

Date: FRIDAY, 11 JULY 2025

Time: 11.00 am

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

10. *** ADULT SOCIAL CARE STRATEGY 2025-29**

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

For Information
(Pages 3 - 58)

11. ***ADULT SOCIAL CARE SELF-EVALUATION FRAMEWORK 2024-5**

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

For Information
(Pages 59 - 146)

12. ***COMMERCIAL ENVIRONMENTAL HEALTH SERVICE PLAN 2025-26**

Report of The Executive Director, Environment.

For Information
(Pages 147 - 158)

13. ***PORT HEALTH FOOD SAFETY ENFORCEMENT PLAN AND PORT HEALTH SERVICE PLAN 2025/26**

Report of the Executive Director, Environment Department.

For Information
(Pages 159 - 188)

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Committee(s): Community & Children's Services Committee - For Decision Health and Wellbeing Board – For Information	Dated: 30/04/2025 - CCS 11/07/2025 - HWBB
Subject: Adult Social Care Strategy 2025-29	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	Diverse engaged communities Providing excellent services
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: Judith Finlay, Executive Director – Community & Children's Services	For Decision – CCS For Information - HWBB
Report author: Scott Myers, Strategy & Projects Officer, Community & Children's Services	

Summary

This report presents the City of London Corporation's draft Adult Social Care Strategy 2025-29 for approval.

The draft strategy went through a period of public consultation between September 2024 and March 2025.

The draft strategy sets out our vision and commitments for Adult Social Care over the next 4 years.

Recommendation(s)

Members are asked to:

- **Approve/note the Adult Social Care Strategy 2025-29 set out in Appendix 1.**

Main Report

Background

1. The Adult Social Care service at the City of London Corporation is undergoing a process of reform and improvement, focusing on our strength-based practice and working with residents to maximise their independence and improve the quality-of-care provision.

2. This process of service improvement also supports the assurance process relating to the new inspection programme introduced by the Care Quality Commission in 2023.
3. The development of this strategy aligns with our statutory responsibilities under the Care Act 2014 and reflects the unique challenges and opportunities of providing Adult Social Care in the City of London.

Current Position

4. The draft Adult Social Care Strategy 2025-29 has been developed through collaboration with community groups and stakeholders, our own staff and service users and their carers, incorporating their feedback and priorities.
5. The strategy went through a public consultation period from September 2024 to March 2025. Full details of consultation activity and response to the consultation, as well as our response has been included in appendix 2.
6. The strategy identifies four key commitments:
 - a. Helping individuals meet their own needs and aspirations in a safe and supportive way.
 - b. Providing a skilled, supported, and adaptable workforce dedicated to delivering high quality care.
 - c. Working collaboratively with partners to provide the right support, in the right place, at the right time.
 - d. Providing a range of high quality, accessible care options to meet diverse needs.
7. These commitments are underpinned by a Strengths Based Approach and anti-racist practice, which form the core of our Adult Social Care model.
8. The strategy acknowledges the City of London's unique position as the smallest local authority in London, with specific challenges including:
 - Limited physical space within the City of London to develop place-based support services.
 - No residential care home within the City's boundary.
 - The need for effective collaboration in spot purchasing care and support.
 - Demands on a small social care workforce.
 - Challenges in co-designing services with a small resident population.
9. Despite these challenges, the City of London has several strengths, including:
 - An experienced and knowledgeable workforce with good staff retention rates.
 - A coordinated, multi-agency approach to assessment and support.
 - A strong hospital discharge model.
 - Well-established integrated care models and relationships with health and voluntary sector organisations.
 - Robust safeguarding responses.
 - Strong political engagement and commitment.

10. The strategy outlines specific focus areas for each commitment, including:
- Increasing the use of Direct Payments.
 - Improving the 'front door' service for information and guidance.
 - Expanding the use of technology-enabled care and social prescribing.
 - Developing a dedicated Adult Social Care Workforce strategy and training plan.
 - Strengthening collaboration with health providers and social housing providers.
 - Working with care providers to ensure cultural awareness and service quality.
11. The strategy aligns with and supports the delivery of other key City Corporation strategies, including the Corporate Plan 2024-29, Our People Strategy 2024-29, the Carers Strategy 2023-27, and the Joint Health and Wellbeing Strategy 2023-27.
12. Implementation of the strategy will be supported by the Adult Social Care Action Plan 2025-29, which will be reviewed on an annual basis and remain responsive to changing needs and circumstances.
13. The strategy includes measures of success for each commitment, which will be used to monitor progress and impact over the four-year period.

Corporate & Strategic Implications

Strategic implications – This strategy aligns with the City Corporation's Corporate Plan for 2024-29, particularly in supporting diverse, engaged communities, and providing excellent services. It also supports the objectives of the City Corporation's People Strategy to deliver a strong and stable workforce.

Financial implications – This strategy will be delivered within existing budgets.

Resource implications – None identified.

Legal implications – The strategy has been developed within the scope of the City of London Corporation's statutory duties under the Care Act 2014.

Risk implications – None identified.

Equalities implications – The strategy promotes inclusivity considering the diverse needs of the City of London's population. It emphasises anti-racist practice and cultural sensitivity being the cornerstone of our service delivery.

Climate implications – None identified.

Security implications – None identified.

Conclusion

14. The draft Adult Social Care Strategy 2025-29 provides a framework for the continued improve of our social work practice by focusing on empowering individuals, developing the workforce, strengthening partnerships, and ensuring high-quality care options.

15. By approving this strategy, it will enable the City Corporation to move forward with the strategies implementation and to improve outcomes for adults and their carers who need care and support in the City of London.

Appendices

- Appendix 1 – Draft Adult Social Care Strategy & Action Plan 2025-29
- Appendix 2 – Public consultation report
- Appendix 3 – Equality Impact Assessment
- Appendix 4 - Adult Social Care Strategy - Action Plan

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Our Strategy for Adult Social Care

– Living well, aging well

2025-2029

Status: Approved 30/04/2025

1. Introduction

This strategy sets the direction for Adult social care in the City of London. The core purpose of this strategy is to ensure that our residents can lead healthy, safe and independent lives, supported and empowered by an experienced adult social care workforce.

Our ambition for adult social care is:

To enable residents in the City to live and age well in the City, leading healthy, independent lives, supported at the right time by a compassionate and inclusive workforce.

The delivery of this ambition is underpinned by **four strategic commitments** through which we will:

- 1) help people meet their own needs and aspirations in a safe and supportive way
- 2) provide our communities with a skilled, supported, and adaptable workforce dedicated to delivering high-quality care
- 3) work collaboratively with our partners to provide people with the right support, in the right place at the right time
- 4) provide a wide range of high-quality, accessible care options to meet people's needs.

These commitments provide the framework for our strategy to deliver better outcomes, with more efficient and effective services. The commitments will be supported by a strategy delivery plan and supported by an Adult Social Care Service Development Plan which will be continuously refreshed, so that it remains responsive to emerging needs, as well as political, policy and economic change.

2. Strategic Context

This strategy sits within the context of national and regional policy, as well as a range of City Corporation strategies and responsibilities.

National

The delivery of adult social care is underpinned by a range of policies, legal responsibilities, and strategic initiatives designed to support a diverse and aging population, and strengthen the collaboration of local authority, and health services.

For adults in need of care and support, social care delivery is rooted in key legislative acts, primarily the Care Act 2014. This act mandates local authorities to assess individuals'

needs, determine their eligibility for support, and arrange appropriate care services. It emphasizes the importance of promoting well-being, safeguarding adults at risk, and supporting people to maintain their independence.

A significant focus of national policy is the integration of health and social care services. The Better Care Fund, introduced in 2015, encourages collaboration between local authorities and the National Health Service to deliver joined-up care.

The future delivery and resourcing of adult social care services remains a challenge for government and has been the subject of successive reviews. While future policy direction continues to be debated and shaped, local authorities remain at the forefront of delivering this critical service.

Regional

Adult social care in London faces its own specific challenges and possibilities:

- **Younger but ageing:** While London's population is younger than England overall, it still has a growing number of older adults who need care.
- **High cost of living:** The high cost of living in London makes it harder to provide services, and for residents to afford care themselves.
- **33 local authorities:** London's division into 32 boroughs and the City of London requires close cooperation between them to ensure smooth care services across boundaries.
- **Integrated Care Systems (ICS):** London is divided into regional Integrated Care Systems for health and social care to deliver a partnership approach to deliver joined-up care based on local need. The City of London is part of the North East London integrated care system.

Local

At a local level, our ambition and objectives are shaped by the City Corporation's *Corporate Plan 2024-2029*. It recognises that supporting people to live healthy, independent lives and achieve their ambitions is dependent on excellent services – the provision of which is one of six key objectives.

Providing excellent services is a key driver of this strategy. It will also support and deliver in conjunction with key local strategies including the City Corporation's *Carers Strategy*, *SEND Strategy*, *Joint Health and Wellbeing Strategy* and *Homelessness and Rough Sleeping Strategy*.

The delivery of adult social care sits within the Department of Community and Children's Services. The Department is committed to being anti-racist in everything we do ensuring equity and inclusion are at the forefront of our services.

At a service level, our Adult Social Care model of practice is based on a strengths-based approach which shifts the focus from an individual's limitations to their abilities, skills, and resources.

Our delivery is shaped, strengthened and supported by close collaboration and partnership with neighbouring local authorities. We share a Safeguarding Adults Board with the London Borough of Hackney. We are part of the North East London Integrated Care Partnership, and the City & Hackney Placed Based Partnership - delivering the latter's strategic commitments to ageing well, living well and mental health.

The strategy is supported by excellent partnerships and the ambitions we share with key partners who play a role in a wide range of areas including support in employment, education, housing, health, children's social care, early help and community connectedness.

This national and local context has shaped this strategy and the ambition and commitments it sets out and will inform its delivery.

3. Background

The City of London is unique in its size and position; 8,600 residents living in the Square Mile that is surrounded by seven local authorities. The number of residents in the City of London has increased by 16% since 2011. The majority are working age but there are 1200 people (14%) who are aged 65 and over. Although the percentage of population aged over 65 has stayed the same between the censuses, the actual number of people has increased. Just over half (51%) of households in the City of London are single person households.

The City's population is diverse – with 42% from a black or global majority background. While it is associated with the wealth of the financial centre, there are pockets of affluence and deprivation in the Square Mile, particularly in the East of the City. Our adult social care users are predominantly White-British, comprising 53% (157 users). The second-largest group is White-Other at 13% (39 users), followed by Asian (12%), Black (5%), Other (2%), and Mixed (1%) – with a further 14% (41 users) who have chosen not to disclose their ethnicity.

Life expectancy in the City of London is better than both the London and England average - with females having a life expectancy of 90.7 and males 88.8 years.

The City of London experiences a high level of street homelessness – with 656 different people recorded sleeping rough across 2023/24.

Within the Square Mile there is only one NHS GP Practice – the Neaman Practice – where 75% of residents are registered. A further 20% are registered in the London Borough of Tower Hamlets.

There are no residential, nursing or supported living facilities within the City of London's boundaries.

Adult social care needs in the City of London

Key points:

- **133 new requests:** In 2023/24, we received 133 new requests for help, compared to thousands in larger boroughs.
- **Changes in demand:** Requests rose by 6% in the four years from 2019/10 to 2022/23, and by 73% among those over 65; however the headline figure fell 19% from 165 in 2022/23 to 133 in 2023/24.
- **Long-term service users:** 109 adults were receiving long-term service at 31 December 2024.
- **Types of care:** In 2023/24, 24 residents were placed in residential care and 69 received care at home. Almost half of those receiving long-term care were of working age.
- **Supporting carers:** We supported 34 unpaid carers at the end of December 2024.
- **Safeguarding adults:** 19 safeguarding enquiries in the City of London during 2023/24
- **Commissioned Services:** We commission 24 Adult Social Care services with an annual cost of just under £1 million, with 8 of them being from the voluntary sector.

Adult social care strengths

- An experienced and knowledgeable workforce, with good rates of staff retention, and a workforce who know our residents well and develop positive relationships.
- A Strengths Based Approach Practice model.
- Being strongly anti-racist in everything we do.
- A coordinated, multi-agency approach to the assessment and support of our residents.

- A strong hospital discharge model.
- Agile and flexible commissioning approach with the ability to spot purchase to meet needs.
- Well established integrated care models locally and established relationships with health, voluntary and community sector organisations.
- Robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses.
- Strong and stable political leadership and engagement across the City of London Corporation, underpinned by robust and effective financial management.
- Clear visibility and access of senior management within the Department.
- Listening to service user views.

Adult social care challenges

- The diversity and range of need and the size of the City of London's population means there is not sufficient demand to develop a residential and /or nursing home.
- The City of London has no supported living placements within its boundary.
- Spot purchasing small amounts of care and support requires effective collaboration, to ensure value for money and quality.
- The size of the City Corporation's social care workforce, and the smaller demand for our services we respond to, does not allow for specialism of social work staff seen in other local authority structures.
- The small resident population of the City of London provides challenges of opportunity for co-design of services.

4. Developing this strategy

A core principle for the Adult Social Care service is to work collaboratively with residents and carers, to make sure how we work and what we do is shaped by the experiences and view of people who will use the services.

We have developed this strategy through the voice of those who use our services, through our commissioned services and community groups who work within the City of London.

To achieve this, a series of visits to community groups were arranged to listen to what was important to the attendees, both for the approach to co-production and to contribute to the development of this strategy. The information shared during these meetings with community groups has been incorporated into this strategy.

We will look to further co-production with residents and carers as we deliver the strategy

through the introduction of an Adult Social Care service user advisory group.

5. Our commitments

Commitment one: Help people meet their own needs and aspirations in a safe and supportive way.

The City of London Corporation believes in people's right to live their life the way they want. We are here to support those in our communities in leading a safe, healthy, and fulfilling life by putting their needs and goals first. We aim to prevent and delay the onset of care needs, with our communities empowered to remain independent or return to independence.

Our strengths-based approach means we focus on abilities and work with people in our communities to find solutions that fit their unique situation. This can include:

- **Direct Payments:** giving people the freedom to choose and manage their own care and support.
- **Technology:** using the latest care technology to improve people's quality of life in a way that suits them best
- **Housing adaptations:** to help people live as independently as possible in their own home, or in a home that best suits them.
- **Local community:** linking people with their local community so they can be actively involved and contribute to society.

To deliver this we will:

- Continue to promote a Strengths Based Approach across all our practice.
- Maintain the high levels of Direct Payments used to provide greater choice.
- Review our 'front door' service to deliver the right information and guidance from first contact.
- Build on our approach to severe weather guidance so people can stay safe and well
- Improve our progression pathways for children with learning disabilities from Children Social Care to Adult Social Care.
- Provide technological solutions that enable remote monitoring, telecare, and virtual consultations, allowing individuals to receive support and care in their own homes.
- Further expand the use of social prescribing to connect individuals to local community resources.
- Collaborate with individuals to co-create plans that reflect their unique circumstances and desired outcomes and regularly review and update these plans in response to changing needs.

- Offer a wide range of choice and control of placements wherever possible and ensuring access to information and advocacy services so that individuals and families can make the right choice that is best for them.
- Explore alternative approaches to managing personal budgets, including the opportunity to pool budgets.
- Always acknowledge the differences between people and treating people's values, beliefs, cultures, and lifestyles with respect.
- Work with our commissioned providers and engage with non-commissioned providers to share and develop best practice approaches and support in the delivery of care to City of London residents.

Measures of success:

- The percentage of Direct Payments being issued to eligible individuals year-on-year remains consistent and does not decrease.
- Reduction in the average time it takes for clients to receive a comprehensive assessment and personalised care plan after initial contact.
- Expand on the number of community groups that we socially prescribe people to.
- Increased variety of care technology being used to support individuals and families with their needs.
- Increase in the number of referrals made to social prescribing programs and the percentage of individuals who report positive outcomes from their participation.

Case study - Rough Sleeping Social Worker

An adult was rough sleeping in and around the City of London prior to the Coronavirus pandemic. They made a claim for asylum, but this was declined.

The Adult was experiencing a mixture of mental and physical health problems and was assessed as having care and support needs under the Care Act (2014), and that the local authority had a responsibility to offer support under the Human Rights Act (1998). Following an Occupational Therapy assessment, temporary accommodation was organised.

The adult had a care package of support, which over time was reduced and later discontinued, as they readapted to living independently and their mental and physical health improved.

Our Strengths Based Practitioners supported the adult over time, building their confidence and relationship within the local community and with services.

The strengths-based practitioner helped them look into aspirational training courses which they had identified, such as security and forklift driver, following this lead to help them work out what they can and can't do rather than shutting doors. They also encouraged them to attend the local library to use their computers, so that they can do their own research.

Commitment two: Provide our communities with a skilled, supported, and adaptable workforce dedicated to delivering high-quality care.

We know that our dedicated team is at the heart of everything we do. To provide people with the best possible care, we are committed to supporting our staff through ongoing training and developing an environment that allows them to provide the best possible care. This means:

- **Skilled and knowledgeable staff:** Our team is equipped with the latest knowledge and skills to meet people's diverse and changing needs.
- **Compassionate care:** We believe in treating people with dignity and respect, and our staff and services provide an excellent standard of support.
- **Valued and motivated staff:** By valuing our team, we ensure they are engaged and fulfilled in their roles, leading to better care for those in our communities.

Investing in our staff is not only the right thing to do, it is also essential for ensuring that people receive the highest quality of care, now and in the future.

To deliver this we will:

- Deliver the Adult Social Care Workforce strategy.
- Develop a dedicated Adult Social Care training plan for all our Social Care staff.
- Implement mentorship and coaching programmes where experienced staff guide and support student Social Workers and agency staff to foster knowledge transfer and professional development.
- Create clear career progression paths within the service offering opportunities for advancement and specialisation.
- Support ongoing social work learning through workshops, conferences and professional qualifications to keep staff up to date with the latest practices and research.
- Promote critical analysis and reflective practice to create space to explore experiences, intuition and ways of knowing to enable learning to help transform our practice.
- Provide a positive workplace culture that values staff contributions, encourages open communication, and provides opportunities for feedback and recognition.
- Collaborate between different health and social care disciplines (such as social workers, nursing staff and occupational therapists) to provide a holistic approach to care and maximise positive outcomes for individuals.

Measures of success:

- Completion of a comprehensive workforce strategy, including clear goals, times, and assigned responsibilities.
- Increase in staff completing specialised training courses.
- Increase in the percentage of staff promotions, new specialisms or role changes into higher level of specialised positions within the City Corporation.
- Increase in the number of staff obtaining relevant professional qualifications or certifications.
- Improved staff satisfaction scores (via staff survey or other mediums)
- Our adult social care workforce remains stable whilst benefiting from fresh perspectives and new ideas from new members of staff.

Case study

We have a full-time stand-alone post of Principal Social Worker, and our Senior Occupational Therapist is a member of Principal Occupational Therapists Network. These practitioners enable local and national networking, share policies and guidance, and make improvements to our processes and practice.

We also have a “Staff Suggestions digital box” system, where our staff can make positive suggestions and share their views, and we learn from our exit interviews, which are reviewed by the Principal Social Worker.

We invite external guests and speakers to our events, to boost our engagement in the ASC national and local agenda, such as at World Social Work Day or visit by the previous Chief Social Worker, Lyn Romeo.

Staff feedback: “I think there is a well-balanced understanding of case workload and stress. I feel listened to and understood, for example if I ask for a little space/time to finish off work before new cases are allocated.”

Commitment three: Work collaboratively with our partners to provide people with the right support, in the right place at the right time.

We know that providing the best possible support means working together collaboratively. That is why we collaborate with a range of organisations, including:

- **Healthcare providers:** Ensuring smooth transitions between health and social care, such as when people are discharged from hospital.
- **Community and voluntary groups:** Connecting you with local resources and networks that can enhance your wellbeing and independence.
- **Other key partners:** Working together to tackle important issues like safeguarding and keeping people safe and protected.

By sharing knowledge and resources with our partners, we can understand people’s needs and provide support better than we can do alone. The services we provide you can be tailored to meet people’s unique circumstances and are delivered in a joined-up approach, regardless of which organisation they reach out for support in the first place.

To deliver this we will:

- Strengthen collaboration between health, children’s social care and social care providers to ensure seamless transitions and coordinated care pathways.

- Build on our strong partnerships with local GPs, community nurses, and other healthcare providers to ensure a joined-up approach to preventive care.
- Work with social housing providers to ensure that homes are safe, accessible, and adapted to meet the changing needs of residents.
- Work with our care providers to focus on the upcoming themes and trends related to the quality of care to enable us to identify issues at an early stage and share learning.
- Work with our neighbouring local authorities to deliver consistency in quality monitoring methods and improve good practice and avoid duplication.
- Maximise the use of community and voluntary groups to provide information and advice to service users.
- Work with partners across North East London Integrated Care System to deliver a systemwide approach to address health inequalities.
- Continue to work in partnership with unpaid carers in the City of London to deliver the Carers Strategy.
- Deliver new models of integration through the City & Hackney Strengths Based Partnership.

Measures of success:

- Delayed transfers of care between health and social care settings kept as low as possible.
- Increase in the number of individuals receiving preventative care interventions based on referrals from health partners.
- Increase in the number of adaptations carried out within homes to adapt them to resident needs.
- Increase in number of service users accessing information and advice through community and voluntary groups or commissioned local services.
- Reduction in health inequalities amongst specific target populations within the Northeast London Integrated Care System.
- Increase in the number of unpaid carers accessing support services and reporting improved well-being.
- Increase in number of referrals to social community groups and voluntary organisations.
- Positive feedback from our partners and local community groups.

Case Study – Hospital Discharge, Care Navigator

The Care Navigator from Age UK worked with an Adult in hospital who had been struggling at home for some time but had been reluctant to ask for help and to share information. However, working with the Care Navigator, the individual wanted to be fully involved in their discharge planning but had a difficulty hearing, so by using email, they were able to provide more information about needs and requirements to help with the discharge home.

The Care Navigator acted as a bridge to adult social care to create positive outcomes for the adult by ensuring equipment such as key safe and pendant alarm were in place to prevent delays and ensure a safe discharge. Finally, the Care Navigator ensured relevant details were shared with the GP including the arranged outpatient appointments.

Commitment four: Provide a wide range of high-quality, accessible care options to meet people's needs.

We are committed to building a strong and diverse care system that can meet the needs of everyone in our communities. This means commissioning the right care providers who can offer people different options for high-quality care and support, whenever and wherever they need it.

Our strong care system benefits people in several ways:

- **More choices:** People will have more options to find care that suits their individual needs and preferences.
- **Better quality:** Commissioned care providers are monitored to constantly improve their services.
- **Prepared for the future:** Our diverse care system will be more adaptable to changes in the population and unexpected challenges, ensuring long-term access to care.

As a smaller local authority, we carefully choose the best care providers and options to ensure you receive the most suitable and cost-effective care possible.

To deliver this we will:

- Work in partnership with local care providers to ensure we have a social care market that can meet the needs of City of London residents.

- Spot purchase care provision using commissioning arrangements that provide the best value and the right support.
- Work with providers to develop and test emergency plans for situations such as pandemics and unexpected closures to ensure continuity of care.
- Require providers to demonstrate cultural awareness so that they provide services that respect the diverse backgrounds, beliefs and preferences of service users.
- Update our market sustainability plan and market position statement on a regular basis to ensure we have the correct support available based on local need.
- Explore how we can maximise diversity in the care market through the development of new and innovative care models.
- Continue to undertake fair cost of care exercises and review the rates we pay care providers to make sure they are sustainable but also provide optimum value for money.

Measures of success:

- Increase in the number of commissioned care providers with fully developed and tested emergency plans, including contingency plans for alternative care arrangements in case of disruptions.
- Percentage of service users reporting satisfaction with the cultural sensitivity and responsiveness of care providers, based on regular feedback surveys.
- Yearly review and update of the City Corporation's market sustainability plan and market position statement.
- Increase in the number of new and innovative care models piloted or implemented within a specified timeframe, increasing the range of care options available to residents.
- Positive feedback from service users reported to us through the Adult Social Care Advisory group.
- Feedback from service users through the regularly commissioned questionnaires.

6. Implementation

This strategy has been developed amidst ongoing reforms to the adult social care sector and its funding landscape. It serves as a cornerstone for the City of London Corporation to achieve the objectives outlined in its Corporate Plan, working in synergy with the implementation of both the City Corporation's Carers Strategy and Health and Wellbeing Strategy. This approach ensures a comprehensive and integrated support system for individuals in need of care.

The strategy will also be implemented by promoting its priorities with our partners, our workforce and with City of London residents.

This strategy also aligns and delivers priorities identified within the City of London Corporation's Corporate Plan for 2024-29 and supports the objectives of the City Corporation's People Strategy to deliver a strong and stable workforce. Additionally, the strategy also aligns to the City Corporation's Adult Social Care Development Plan 2023-28, which is the main vehicle of delivery of the strategy's five identified priorities.

Oversight and accountability for the Adult Social Care Strategy rests with the City Corporation's Community & Children's Services Committee, which is responsible for its approval, renewal, and ongoing monitoring to ensure its continued relevance and effectiveness in addressing the evolving needs of the community. This dynamic framework allows the strategy to adapt and respond to emerging challenges within the sector, while maintaining a focus on person-centered care, strong partnership working, safeguarding the most vulnerable and promoting proactive and preventative approaches.

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Adult Social Care Strategy 2025-29

Consultation Activity and Response

Introduction

1. This paper provides a concise overview of the consultation activities undertaken regarding the new draft Adult Social Care Strategy.
2. An online public consultation survey was conducted between September 2024 and March 2025. Promotion included internal communications to all staff, targeted outreach to over 50 key stakeholders (including commissioned providers, NHS partners, and City Advice), and dissemination at an Adult Social Care partners event where attendees received copies of the draft strategy.
3. All social care clients (or their nominated carers where appropriate) were informed via letter about the strategy and consultation, with offers of support from their social worker or via telephone to facilitate participation.
4. In collaboration with Healthwatch City of London, a 'Patient Panel' session was held. This event was open to all residents and attracted eight attendees. The session involved a presentation of the draft strategy, followed by a discussion focused on adult social care within the City of London and specific feedback on the proposed strategy.
5. Internal staff engagement was facilitated through dedicated discussions during monthly team meetings. Staff were invited to provide feedback on the draft strategy, specifically concerning its overall vision and priorities.
6. Feedback during the consultation was also received from the Adult Social Care Management Team, the Adult Social Care Assurance Board and from the City & Hackney Place Based Partnership.

Feedback from consultation survey

7. The following summarises the feedback received from the online consultation survey.
 - 100% of respondents agreed with our vision statement
 - No respondents believed that there was something missing from our vision statement
 - 100% of respondents stated that 'providing a wide range of high-quality, accessible care options' was the most important priority in the strategy, and 100% of respondents stated that 'help people meet their own needs and aspirations in a safe and supportive way' was their least important priority.
 - 100% of respondents said that there was nothing missing from the priorities

- No respondents said that there was anything missing from the identified priorities
- One respondent stated: ‘as a voluntary sector provider I hope you will deliver the promises around expanding social prescribing’.
- One respondent stated they were a resident of the City of London and are receiving support from Adult Social Care, and one respondent was a professional working in social care.

Feedback from the Patient Panel event

8. On the 28th of November 2024, we held a Patient Panel in collaboration with Healthwatch City of London, to present the Adult Social Care Strategy to attendees and take part in a discussion about Adult Social Care and their thoughts on the strategy.
9. A total of 8 attendees attended the event, and key feedback themes emerged from the Patient Panel discussion.
 - Regarding Service Delivery and Resources, comments included concerns about long-term financial sustainability despite current resourcing levels, the need for greater clarity on how outsourced services are monitored, ensuring adequate support mechanisms for individuals with no recourse to public funds, the requirement to include advocacy within the strategy, evaluating the current shopping service provision, and addressing digital inclusion training needs.
 - Under Prevention and Support, attendees strongly advocated for prevention to be a core strategic element, building upon existing successful services like City Connections. There was also a request to reinstate the voluntary befriending service active during the pandemic period and a call for improved awareness regarding safeguarding reporting procedures.
 - Integration and Partnership discussions highlighted the importance of aligning the Adult Social Care Strategy with other key City Corporation initiatives, including the Barbican transformation programme, the transport strategy (particularly concerning blue badge spaces), and the policing strategy (referencing Operation Pegasus). The inclusion of grants and funding streams within the strategy, alongside clarification on hospital discharge pathways and care navigator service accessibility, were also raised.
 - Finally, Environmental and Access Concerns were noted, emphasising consideration for the environmental realm and physical spaces within the City of London. Addressing barriers to service access, which can include residents' fear of engaging with statutory services, was deemed important, whilst acknowledging the value of current commissioning arrangements that include outreach and wellbeing support.

Feedback from Adult Social Care staff

10. Staff feedback on the adult social care strategy highlighted key areas of consideration. There were concerns regarding the frequent use of the word 'care' and the 'retail' tone of the vision statement, with suggestions for alternative language.
11. Whilst safety is a priority, our staff emphasised client empowerment and independence as being a strong theme. Effective information sharing and strategic alignment with other Corporation strategies were noted, alongside a recommendation to strengthen diversity and inclusion throughout the document.

How we have responded to consultation feedback

12. We have used the consultation feedback received to further refine the draft Adult Social Care Strategy. As a result of feedback, the following changes have been made:
 - A brand new vision statement, setting the overall ambition for the service
 - Amendments to the wording of the four 'commitments' to reflect comments made regarding the use of the word 'care'
 - Development of a dedicated action plan of delivery
 - A new, distinct introduction section to the strategy. This section defines the purpose of adult social care services and clearly identified an overarching ambition for the strategy.
 - A more clearly structured 'strategic context' section, explicitly divided into National, Regional, and Local sub-sections
 - Greater detail on national policy, mentioning the Better Care Fund and acknowledging the ongoing challenges and reviews concerning future policy and funding.
 - Stronger links to other key City Corporation strategies, including the Carers Strategy, Joint Health and Wellbeing Strategy and the Homelessness and Rough Sleeping strategy.
 - Improved statistical information about our resident population, such as age breakdowns, household composition, service user ethnicity, life expectancy figures and other key data points to strengthen the overall picture of the City of London from a social care perspective.
 - Improved statistical information relating to service specific information, relating to reviews and assessments, safeguarding concerns and carer support.

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EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Adult Social Care Strategy

Date

April 2025



What is the Public Sector Equality Duty (PSED)?

The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010 (s.149). This requires public authorities, in the exercise of their functions, to have 'due regard' to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and Foster good relations between people who share a protected characteristic and those who do not

The characteristics protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

What is due regard?

- It involves considering the aims of the duty in a way that is proportionate to the issue at hand
- Ensuring real consideration is given to the aims and the impact of policies with rigour and with an open mind in such a way that it influences the final decision

The general equality duty does not specify how public authorities should analyse the effect of their business activities on different groups of people. However, case law has established that equality analysis is an important way public authorities can demonstrate that they are meeting the requirements.

Case law has established the following principles apply to the PSED:

- **Knowledge** – the need to be aware of the requirements of the Equality Duty with a conscious approach and state of mind.
- **Sufficient Information** – must be made available to the decision maker.
- **Timeliness** – the Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken not after it has been taken.
- **Real consideration** – consideration must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient information** – the decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Equality Duty.
- **No delegation** – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
- **Review** – the duty is not only applied when a policy is developed and decided upon, but also when it is implemented and reviewed.

- Due regard should be given before and during policy formation and when a decision is taken including cross cutting ones as the impact can be cumulative.

What is an Equality Analysis (EA)?

An equality analysis is a risk assessment tool that examines whether different groups of people are, or could be, disadvantaged by service provision and decisions made. It involves using quality information, and the results of any engagement or consultation with particular reference to the protected characteristics to understand the actual effect or the potential impact of policy and decision making decisions taken.

The equality analysis should be conducted at the outset of a project and should inform policy formulation/proposals. It cannot be left until the end of the process.

The purpose of the equality analysis process is to:

- Identify unintended consequences and mitigate against them as far as possible, and
- Actively consider ways to advance equality and foster good relations.

The objectives of the equality analysis are to:

- Identify opportunities for action to be taken to advance quality of opportunity in the widest sense;
- Try and anticipate the requirements of all service users potentially impacted;
- Find out whether or not proposals can or do have any negative impact on any particular group or community and to find ways to avoid or minimise them;
- Integrate equality diversity and inclusion considerations into the everyday business and enhance service planning;
- Improve the reputation of the City Corporation as an organisation that listens to all of its communities;

However, there is no requirement to:

- Produce an equality analysis or an equality impact assessment
- Indiscriminately collect diversity data where equalities issues are not significant
- Publish lengthy documents to show compliance
- Treat everyone the same. Rather, it requires public bodies to think about people's different needs and how these can be met
- Make service homogenous or to try to remove or ignore differences between people.

An equality analysis should indicate improvements in the way policy and services are formulated. Even modest changes that lead to service improvements are important. In it is not possible to mitigate against any identified negative impact, then clear justification should be provided for this.

By undertaking an equality analysis officers will be able to:

- Explore the potential impact of proposals before implementation and improve them by eliminating any adverse effects and increasing the positive effects for equality groups
- Contribute to community cohesion by identifying opportunities to foster good relations between different groups
- Target resource more effectively
- Identify direct or indirect discrimination in current policies and services and improve them by removing or reducing barriers to equality

- Encourage greater openness and public involvement.

How to demonstrate compliance

The Key point about demonstrating compliance with the duty are to:

- Collate sufficient evidence to determine whether changes being considered will have a potential impact on different groups.
- Ensure decision makers are aware of the analysis that has been undertaken and what conclusions have been reached on the possible implications.
- Keep adequate records of the full decision making process.

In addition to the protected groups, it may be relevant to consider the impact of a policy, decision or service on other disadvantaged groups that do not readily fall within the protected characteristics, such as children in care, people who are affected by socio-economic disadvantage or who experience significant exclusion or isolation because of poverty or income, education, locality, social class or poor health, ex-offenders, asylum seekers, people who are unemployed, homeless or on a low income.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Deciding what needs to be assessed

The following questions can help determine relevance to equality:

- Does the policy affect service users, employees or the wider community, including City businesses?
- How many people are affected and how significant is the impact on them?
- Is it likely to affect people with particular protected characteristics differently?
- Is it a major policy, significantly affecting how functions are delivered?
- Will the policy have a significant impact on how other organisations operate in terms of equality?
- Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?
- Does the policy relate to an area with known inequalities?
- Does the policy relate to any equality objectives that have been set?

Consider:

- How the aims of the policy relate to equality.
- Which aspects of the policy are most relevant to equality?
- Aims of the general equality duty and which protected characteristics the policy is most relevant to.

If it is not clear if a policy or decision needs to be assessed through an equality analysis, a Test of Relevance screening tool has been designed to assist officers in determining whether or not a policy or decision will benefit from a full equality analysis.

Completing the Test of Relevance screening also provides a formal record of decision making and reasoning. It should be noted that the PSED continues up to and after the final decision is taken and so any Test of Relevance and/or full Equality Analysis should be reviewed and evidenced again if there is a change in strategy or decision.

Role of the assessor

An assessor's role is to make sure that an appropriate analysis is undertaken. This can be achieved by making sure that the analysis is documented by focussing on identifying the real impact of the decision and set out any mitigation or improvements that can be delivered where necessary.

Who else is involved?

Chief Officers are responsible for overseeing the equality analysis proves within departments to ensure that equality analysis exercises are conducted according to the agreed format and to a consistent standard. Departmental equality representatives are key people to consult when undertaking an equality analysis.

Depending on the subject it may be helpful and easier to involve others. Input from another service area or from a related area might bring a fresh perspective and challenge aspects differently.

In addition, those working in the customer facing roles will have a particularly helpful perspective. Some proposals will be cross-departmental and need a joint approach to the equality analysis.

How to carry out an Equality Analysis (EA)

There are five stages to completing an Equality Analysis, which are outlined in detail in the Equality Analysis toolkit and flowchart:

2.1 Completing the information gathering and research stage – gather as much relevant equality-related information, data or research as possible in relation to the policy or proposal, including any engagement or consultation with those affected;

2.3 – Developing an action plan – set out the action you will take to improve the positive impact and / or the mitigation action needed to eliminate or reduce any adverse impact that you have identified;

2.4 Director approval and sign off of the equality analysis – include the findings from the EA in your report or add as an appendix including the action plan;

2.2 Analyse the evidence – make and assessment of the impact or effect on different equality groups;

2.5 Monitor and review – monitor the delivery of the action plan and ensure that changes arising from the assessment are implemented.

The Proposal

Assessor Name:	Scott Myers	Contact Details:	Scott.Myers@cityoflondon.gov.uk
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1. What is the Proposal

Adult Social Care Strategy 2025-29

2. What are the recommendations?

A five-year strategy to set strategic priorities for the Adult Social Care service as well as a dedicated action plan to deliver these priorities.

3. Who is affected by the Proposal? Social Care staff, adults with care and support needs, their carers and families.

Page 2

Check this box if NOT applicable ☐

Age - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

Age is a highly significant factor in the need for and access to adult social care services. National data indicates higher usage among older adults. For example, the King's Fund highlights around twice as many people aged 65+ receive council-funded long-term care compared to working-age adults (18-64). This impact is particularly pronounced for those aged 85+, who represent a large proportion of care home residents nationally. With the UK population ageing, demand for services, particularly for older people, is projected to intensify significantly.

The City of London has a relatively young population profile compared to England, with a median age of 37 in 2021. Approximately 14% of residents were aged 65+ in

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The draft Adult Social Care strategy recognises that age is a significant factor in how adults' access, experience and benefit from social care services. With targeted interventions and a focus on prevention, the strategies priorities consider all age groups while actively promoting equality across generations.

To mitigate potential negative impacts, the strategy puts an emphasis on a strength-based approach to care and support of individuals to make sure that regardless of age, a person's strengths are promoted to support them with their care and support needs.

<p>2021 (around 1,200 people), with the largest proportions in the 25-34 and 35-49 age bands, according to Census 2021 data.</p> <p>Despite the younger resident profile, there has been a 73% increase in requests from over-65s between 2019/20 and 2022/23. Significantly, almost half (49%) of residents receiving long-term care were of working age (18-64) in 2023/24. This highlights the importance of meeting the needs of working-age adults alongside the growing needs of older residents.</p> <p>Providing effective support for young people transitioning from children's to adult social care services (typically around age 18-25) is crucial to ensure continuity of care and support independent living.</p> <p>The adult social care workforce nationally has an average age of 45, with nearly a third (29%) aged 55 or over and potentially nearing retirement, posing future capacity challenges. Those under the age of 25 are underrepresented in the sector.</p>	<p>The strategy prioritises the development of our workforce and includes a focus on improving our training offer available to social care practitioners that will equip staff to further challenge aged, based assumptions and stereotypes, whilst developing cultural competence in working with people across all age groups.</p> <p>Engagement also plays a significant part in mitigating any potential negative impacts regarding this protected characteristic. The strategy emphasises a co-production approach with adults, carers, their families and professionals, in service design and evaluation. This co-production approach ensures that diverse perspectives are incorporated into service development, whilst working in partnership with organisations will strengthen the understanding of varied needs amongst different age groups.</p> <p>Additionally, information about services is provided in accessible formats suitable for different age groups, recognising that communication preferences and digital skill levels may vary significantly across different generations.</p>
<p>Key borough statistics:</p> <p>The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 955 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London age profiles from the 2011 Census can be found on our website.</p>	<p>A number of demographics and projections for Demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:</p> <ul style="list-style-type: none"> • Population projections <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Disability - Additional Equalities Data

What is the proposal's impact on the equalities aim?

According to the 2021 Census 11.8% of residents in the City of London reported that their day-to-day activities were limited 'a little' or 'a lot' by a long-term health problem or disability. This was the lowest proportion among local authorities in England and compares to the England average of 17.7%. Analysis also suggests that within the City of London, around 31% of disabled people report their day-to-day lives are limited 'a lot'. It is important to note the City's unique demographic profile and small population size (approx. 8,600 residents).

The Strategy notes that in 2023/24, 133 new requests for help were received. At that time, 24 residents were placed in residential care and 69 received care at home. Almost half (49%) of those receiving long-term care were of working age (18-64). Data on ethnicity indicates adult social care users are predominantly White-British (53%).

The Strategy highlights that there are no residential, nursing, or supported living facilities within the City of London's boundaries, meaning placements are typically spot-purchased out-of-borough.

The small size of the social care workforce means less opportunity for staff specialisation compared to larger authorities.

National and London-wide challenges faced by disabled people accessing social care include financial pressures due to care charging and cost of living, difficulties navigating complex systems and challenging decisions, accessing suitable information and advocacy, physical and digital accessibility barriers, securing appropriate housing, and sometimes encountering attitudinal barriers.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Overall, the Strategy has the potential to positively impact on the aim of advancing equality for disabled people, particularly through its strong emphasis on personalisation, choice and control, independence, and strengths-based practice. However, the positive impact is contingent on effectively managing the inherent challenges related to the City's small scale, reliance on external markets, and ensuring genuine accessibility and co-production.

The Strategy reinforces key principles aligned with disability rights, such as promoting independence, choice and control (Direct Payments, co-created plans), community connection, and using enabling technology. Commitments to workforce development and partnership working aim to improve service quality and coordination.

The continued commitment to a Strengths-Based Approach and anti-racism, coupled with the aim to respect individuals' values, beliefs, cultures, and lifestyles, should help reduce discriminatory assumptions based on disability or other characteristics. Requiring commissioned providers to demonstrate cultural awareness further supports this. Providing access to information and advocacy services is intended to support informed choices.

While the Strategy aims to provide technological solutions, a significant shift towards digital interactions without robust, equally accessible non-digital alternatives could inadvertently discriminate against disabled people with limited digital access, skills, or specific sensory/cognitive impairments. The effectiveness of ensuring providers are culturally aware relies heavily on monitoring and enforcement.

Commitment one strongly emphasises empowering individuals through promoting Direct Payments, exploring pooled budgets, using technology to support independence, supporting housing adaptations, and offering choice and control over placements where possible. Collaborating with individuals to co-create and review plans and linking people with community resources via social prescribing aim to

	<p>enhance participation and wellbeing. Improving pathways for young people with learning disabilities transitioning to adult services addresses a specific potential inequality. The focus on integrated working (Commitment 3) with health, housing, and voluntary sectors aims to provide more joined-up support.</p> <p>The reliance on spot purchasing care due to the lack of provision within the City of London could limit choice or consistency for individuals with complex needs if suitable providers are scarce or unwilling to engage at fair cost. While the Strategy aims for high-quality options, market pressures and the small scale could pose challenges in securing highly specialised support. Ensuring the workforce has the skills (Commitment 2) to support diverse and complex needs, despite the lack of specialism opportunities noted as a challenge, will be critical. The success of co-production depends on meaningful engagement with a diverse range of disabled residents, which is noted as a challenge due to the small population size.</p>
<p>Key borough statistics:</p> <p>Day-to-day activities can be limited by disability or long term illness – In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (66%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Additional information on Disability and Mobility data, London, can be found on the London Datastore.</p>	<p>The 2011 Census identified that for the City of London’s population:</p> <ul style="list-style-type: none"> • 4.4% (328) had a disability that limited their day-to-day activities a lot • 7.1% (520) had a disability that limited their day-to-day activities a little <p>Source: 2011 Census: Long-term health problem or disability, local authorities in England and Wales</p> <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Gender Reassignment

Check this box if NOT applicable ☒

Gender Reassignment - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

No identified impact.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

No identified impact.

Key borough statistics:

- [Gender Identity update 2009 - ONS](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Pregnancy and Maternity

Check this box if NOT applicable ☒

Pregnancy and Maternity - Additional Equalities Data (Service Level or Corporate)

<p>What is the proposal's impact on the equalities aim?</p> <p>No identified impact.</p>	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p> <p>No identified impact.</p>
<p>Key borough statistics:</p> <p>Under the theme of population, the ONS website has a large number of data collections grouped under:</p> <ul style="list-style-type: none"> • Contraception and Fertility Rates • Live Births 	<p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Race

Check this box if NOT applicable ☐

Race - Additional Equalities Data (Service Level or Corporate)	
<p>What is the proposal's impact on the equalities aim?</p> <p>The City of London has a diverse population. 42% of residents are from a black or global majority background. This aligns with broader London data showing significant ethnic diversity across the city.</p> <p>Data within the strategy shows Adult Social Care users in 2023/24 were predominantly White British (53%), with 13% White Other, 12% Asian, 5% Black, 2% Other, 1% Mixed, and 14% undisclosed. Comparing this to resident demographics suggests potential underrepresentation among some ethnic minority groups in accessing services, or variations in need across groups.</p> <p>Structural racism is recognised as a key driver of ethnic inequalities in London, impacting health, housing, employment, and poverty, which in turn affect social care needs and outcomes. Evidence indicates that people from global majority backgrounds may face barriers accessing social work (e.g. lack of information,</p>	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p> <p>The strategy explicitly states that the City Corporation and Department of Community & Children's Services is "committed to being anti-racist in everything we do ensuring equality and inclusion are at the forefront of our services".</p> <p>The explicit anti-racist commitment and the aim to respect diverse cultures, values, and lifestyles directly target the elimination of racial discrimination. Requiring cultural awareness from commissioned providers further supports this. A strengths-based approach can help challenge stereotypes. However, if the requirement for provider cultural awareness is not robustly monitored and enforced, services delivered via spot purchasing could vary significantly in quality and appropriateness for diverse ethnic groups, leading to indirect discrimination. Generic processes (e.g., assessments, 'front door' service) could disadvantage individuals if they do not adequately account for language needs or cultural differences in expressing need.</p>

language barriers, professional assumptions) and can report poorer experiences or outcomes compared to those of the White ethnic background. Additionally, the Equalities and Human Rights Commission have stated that within the workforce, global majority staff nationally report disproportionately higher levels of discrimination and face barriers to career progression.

Actively working to address health inequalities through the North-East London Integrated Care System could disproportionately benefit ethnic groups known to experience poorer health outcomes. Ensuring access to information and advocacy can empower individuals from all backgrounds. The focus on co-production, if successful in reaching diverse groups, can ensure services better meet varied needs.

Challenges in co-production due to the small population might make it harder to ensure representation from smaller minority communities. However, to address this we have set up a dedicated ASC Advisory Group that will look to represent the communities we provide services for.

To further challenge the career progression and workplace discrimination barrier the workforce strategy could further improve opportunities for staff for progression and developing new experiences essential for successful career progression, as well as a raining plan and components for further promoting anti-racism, cultural competence and tackling workplace discrimination.

The main risks lie in the effective implementation and monitoring of these commitments. Ensuring genuine cultural competence from providers, equitable access regardless of language or digital skills, meaningful co-production with diverse groups, and addressing potential workforce inequalities are crucial. Without robust action and monitoring, disparities could persist or widen, particularly given the reliance on external providers.

Key borough statistics:

Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White-Other at 19%.

The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.

See [ONS Census information](#) or [Greater London Authority projections](#).

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Religion or Belief

Check this box if NOT applicable ☒

Religion or Belief - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

No identified impact.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

No identified impact.

Key borough statistics – sources include:

The ONS website has a number of data collections on [religion and belief](#), grouped under the theme of religion and identity.

[Religion in England and Wales provides a summary of the Census 2011 by ward level](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Sex

Check this box if NOT applicable ☐

Sex - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

Click or tap here to enter text.

What is the proposal's impact on the equalities aim?

Life expectancy in the City of London is higher for females (90.7 years) than males (88.8 years), according to Census 2021 data.

According to the LGA, nationally women make up most adults accessing long-term social care support (approx. 56%), particularly in residential and nursing settings (around 60%). This reflects higher female life expectancy and potentially higher rates of conditions associated with older age, such as dementia.

Across England and Wales, women are significantly more likely to provide unpaid care than men (10.3% vs 7.6%), especially those aged 55-59. Men are more likely to provide care only in the oldest age groups (80+), according to Census 2021 data. The

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The commitment to person-centred care driven by individual needs, culture, and context aims to prevent assumptions based on sex or background. The strengths-based approach promotes fairness and ensures that an individual's strengths and independence are at the forefront of the support they receive.

The focus on supporting unpaid carers and delivering the Carers Strategy is likely to disproportionately benefit women, given they constitute most unpaid carers nationally and locally. Services or support mechanisms might be less attuned to the needs of male carers if assumptions are based on female caring roles. Men may face different barriers to accessing support or may present with different types of needs which could be overlooked if services are not tailored to their specific needs.

<p>Strategy notes that 34 unpaid carers were supported in the City of London as of December 2024.</p> <p>The adult social care workforce survey states that nationally and in London, the adult social care workforce is predominantly female (around 79-82%) Men are underrepresented, particularly in direct care roles. This statistic is reflected within our own social care workforce.</p>	<p>Efforts to improve and promote prevention and delay care needs could particularly benefit women due to their longer life expectancy.</p> <p>The workforce strategy must consider potential gender-specific issues such as flexible working needs (often, but not exclusively, impacting women), pay gaps, progression barriers, and health issues like menopause support, to ensure equality for the largely female workforce.</p>
<p>Key borough statistics:</p> <p>At the time of the 2011 Census the usual resident population of the City of London could be broken up into:</p> <ul style="list-style-type: none"> • 4,091 males (55.5%) • 3,284 females (44.5%) 	<p>A number of demographics and projections for demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:</p> <ul style="list-style-type: none"> • Population projections <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Sexual Orientation

Check this box if NOT applicable ☒

Sexual Orientation - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?
No identified impact.	No identified impact.
Key borough statistics: <ul style="list-style-type: none">Sexual Identity in the UK – ONS 2014Measuring Sexual Identity - ONS	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Marriage and Civil Partnership

Check this box if NOT applicable ☒

Marriage and Civil Partnership - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?
No identified impact.	No identified impact.
Key borough statistics – sources include: <ul style="list-style-type: none">The 2011 Census contain data broken up by local authority on marital and civil partnership status	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Additional Impacts on Advancing Equality and Fostering Good Relations

Check this box if NOT applicable ☒

Additional Equalities Data (Service Level or Corporate)

Are there any additional benefits or risks of the proposals on advancing equality and fostering good relations not considered above?

None identified.

What actions can be taken to avoid or mitigate any negative impact on advancing equality or fostering good relations not considered above?

None identified.

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims.

In addition to the sources of the information highlighted above – you may also want to consider using:

- Equality monitoring data in relation to take-up and satisfaction of the service
- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

Additional Impacts on Social Mobility

Check this box if NOT applicable ☐

Additional Social Mobility Data (Service level or Corporate)

Are there any additional benefits or risks of the proposals on advancing Social Mobility?

None identified.

What actions can be taken to avoid or mitigate any negative impact on advancing Social Mobility not considered above?

None identified.

This section seeks to identify what additional steps can be taken to promote the aims or to mitigate any adverse impact on social mobility. This is a voluntary requirement (agreed as policy by the Corporation) and does not have the statutory obligation relating to protected characteristics contained in the Equalities Act 2010. Analysis should be based on the data you have available on social mobility and the access of all groups to employment and other opportunities. In addition to the sources of information highlighted above – you may also want to consider using:

- Social Mobility employment data
- Generic or targeted social mobility consultation results or research that is available locally, London-wide or nationally
- Information arising from the Social Mobility Strategy/Action Plan and the Corporation's annual submissions to the Social Mobility Ind

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.

If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.

If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.

Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.

Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that ...

Click or tap here to enter text.

Outcome of analysis – check the one that applies

☒ Outcome 1

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

☒ Outcome 2

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustment will remove the barriers identified.

☐ Outcome 3

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

☐ Outcome 4

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director: *Click or tap here to enter text.*

Name: *Click or tap here to enter text.*

Date *Click or tap to enter a date.*



Adult Social Care Strategy 2025 - 2029 Action Plan

The action plan

- The strategy and action plan relates to adults who live in the City of London and have care and support needs.
- This version of the action plan was developed alongside the strategy during 2025 and presents thinking at the time, also informed by the learning from a Peer Review in 2023. Most of the actions and success measures focus on year 1 as these will inform future actions.
- Lead teams have been identified for each action. For many actions there will be other partners involved in delivery of the actions.

Governance and review

- The Adults Senior Management Team will hold responsibility for the Strategy and Action Plan with additional oversight by the City of London Adults Assurance Board and an Annual Report to the Community and Children's Services Committee.
- A full review of progress against the action plan will be undertaken on an annual basis where leads for each priority will report into the Assurance Board. ASC service users will be invited to be part of the review process.
- At each annual review, there will be consideration as to whether actions and/or key success measures need amending, for example in response to progress made, external factors such as inspection findings or changes in national policy that have implications for local delivery. An updated version of the action plan will be produced at each annual review point.

Equality impact assessments

An equality impact assessment (EIA) was completed as part of the strategy development. Where appropriate, each individual initiative or service that emerges from the actions within this plan will have its own EIA completed.

Contents – click the link to take you to the relevant section

- [Commitment 1 - Help people meet their own needs and aspirations in a safe and supportive way](#)
- [Commitment 2- Provide our communities with a skilled, supported and adaptable workforce dedicated to delivering high-quality care](#)

- Commitment 3 - Work collaboratively with our partners to provide people with the right support, in the right place, at the right time
- Commitment 4 - Provide a wide range of high-quality, accessible care options to meet people's needs

Commitment 1: help people meet their own needs and aspirations in a safe and supportive way

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Enhance Strengths Based Practice					
Deliver sessions on Strengths Based Practice for teams supporting Adult Social Care	By Q3 25/26	Enhanced staff confidence in applying Strengths-Based Practice	Sessions for staff delivered and feedback demonstrates value and application	ASC	
Deliver training on Strengths Based Leadership	By Q3 25/16	Enhanced staff confidence in applying Strengths-Based Practice	Training session delivered	ASC	
Undertake annual audits of strengths-based practice and reflect any areas for further development in the Service Development Plan	Annual	Clear, evidence-based identification of specific areas requiring development, enabling targeted interventions to improve strengths-based practice	Annual audit completed and learning embedded	ASC	
Enhance support for Direct Payments					
Co-produce the new service for supporting personal budgets	New service October 2025	Development of a personal budget support service that is shaped by and responsive to the preferences of service users and carers	New co-produced service implemented	Commissioning	
Co-produce alternative approaches for managing personal budgets	Work will be ongoing towards start of new service in 2028	Development of innovative solutions, informed by lived experience, potentially leading to more efficient or	Scoping of new service underway	Commissioning	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		effective use of personal budgets			
Increase awareness amongst staff in providing support around Direct Payments	Q3 2025/26	Improved staff knowledge and confidence in accurately explaining direct payments, including eligibility, processes, benefits, and responsibilities	Increased staff confidence of staff in providing support around direct Payments	ASC	
Review internal client affairs roles and undertake a pilot	Six-month pilot beginning Q4 2025 /26	Clearly defined roles, responsibilities, and reporting lines within the client affairs function, ensuring clarity and accountability.	Six-month pilot informing the final agreed model	ASC	
Strengthen information, advice and support					
Review and update ASC information (leaflets and webpages) with service users	Quarterly reviews on different areas with Adult Engagement Group	Increased accuracy, relevance, and timeliness of publicly available Adult Social Care information across both print and digital formats	2 reviews completed and changes made to leaflets and webpages where required Service users report satisfaction with the information	ASC with Healthwatch and Adult Engagement Group	
Develop communications and engagement plan for raising adult social care awareness (to include	Plan developed by end of Q2 2025/26	A clear, strategic, and approved plan is in place, guiding coordinated communications and engagement activities to	Communication plan developed and implemented	Strategy and Performance Team with Healthwatch and Adult	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
prevention, adaptation, how to access services etc) through range of channels		raise awareness of Adult Social Care		Engagement Group	
Re-commission a City of London Care Advice to include advice around care and support information and advice	Q4 2025/26	Provision of care and support information and advice as defined by the Care Act 2014	Tender process completed and new service re-commissioned	Commissioning	
Increase use of advocacy in safeguarding and care and support	Ongoing	Strengthened compliance with statutory duties under the Care Act 2014 and Mental Capacity Act 2005 regarding the provision of independent advocacy	Advocacy use increases	ASC	
Make effective use of technology					
Train staff in technology that can be included in Care and Support Plans	By end of Q4 2025/26	Improved ability for individuals to live safely and independently for longer, supported by the effective integration of technology into their care arrangements	Scoping exercise for new technology completed	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Be strongly anti-racist and culturally competent in everything we do					
All staff undertake departmental training on anti-racism and cultural competency	Q4 2025-26	Increased staff awareness, knowledge, and skills to recognise and respond appropriately to the diverse cultural needs, values, and preferences of service users and carers	Departmental training completed	People's Directorate	
Undertake thematic reviews to assess impact of work with rough sleepers and on engagement with seldom heard groups	Ongoing	Clear identification of specific seldom heard groups within the community, the barriers to their engagement with Adult Social Care, and effective strategies to overcome these	One review completed and one started	ASC	
Publish and promote new guidance on working with people from different cultures	Q2 2025/26	Increased staff awareness and accessibility of the new guidance on culturally competent practice	New guidance developed. Staff report useful guidance	ASC	
Strengthen our assessment and review processes					
Increase the percentage of long-term support clients receiving planned or unplanned reviews within 12 months	Ongoing	Improved compliance with the statutory duty under the Care Act 2014 to review care and support plans annually	90% of plans reviewed within 12 months.	ASC	
Make the most of our Electronic Social Care Database					

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Review forms annually to assess still meeting needs of service	Annual	Increased efficiency and reduction of unnecessary duplication	Forms reviewed and any changes made	ASC and Strategy and Performance	
Update the Finance and brokerage processes on the system	By end Q2 2025/26	Strengthened management oversight and reporting capabilities related to finance and brokerage	Processes updated	ASC and Strategy and Performance	
Strengthen our adaptions offer					
Implement the Housing Assistance Policy and monitor impact	Ongoing	Successful operational delivery of the Housing Assistance Policy, ensuring eligible residents can effectively access available support for adaptations	At least 3 eligible residents use the new measures of the Housing Assistance Policy Review of impact (year 2)	ASC and Strategy and Performance	

Commitment 2: Provide our communities with a skilled, supported and adaptable workforce dedicated to delivering high-quality care

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Implement the Adult Social Care Workforce Development Strategy					
Develop partnerships and programme to have newly qualified social workers in the City of London	Programme Developed by end of 2025/26 AYSE social workers in place September 2026	Improved ability to attract and recruit NQSWs, contributing to workforce stability and minimising any vacancies within Adult Social Care	Partnership programme developed	ASC	
Develop secondment opportunities with neighbouring Local Authorities	October / November 2025	Increased cross-borough learning, knowledge sharing, and adoption of best practices between the City of London and participating neighbouring local authorities	Programme with a neighbouring local authority scoped and implemented	ASC	
Provide a robust training programme for ASC					
Provide training to staff on critical analysis and reflective practice	Q4 2025-26	Strengthened culture of continuous professional development, accountability, and evidence-informed practice within the Adult Social Care workforce	Training plan implemented Increased use of critical analysis and reflective practice within the team	ASC	
Train team in trauma informed practice and	By end of Q4 2025/26	Better outcomes for, service users affected by trauma,	Team trained and framework developed	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
build practice framework around it		facilitated by a sensitive and responsive approach			
Make the most of technology					
Develop and implement plan for use of AI in ASC to support efficiency and allow more time for strengths-based work	Plan by end of Q2 2025/26 Implementation ongoing	Innovation in service delivery by leveraging AI technology responsibly to optimise resource allocation and enhance the focus on person-centred outcomes	Plan developed	ASC	
Foster career progression					
Develop further practice leads in the team	Ongoing	Increased capacity and availability of specialist practice expertise across a wider range of key areas within the Adult Social Care team.	New practice lead roles identified	ASC	

Commitment 3: Work collaboratively with our partners to provide people with the right support, in the right place at the right time

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Strengthen co-production and engagement					
Establish, build and empower a new service user engagement group	By Q2 2025/26	A strengthened culture of engagement and co-production embedded within ASC	Group established and 2 initial meetings held	ASC, Healthwatch and Strategy and Performance	
Co-produce commissioned services related to Adult Social Care where appropriate	Ongoing	A strengthened culture of co-production embedded within ASC	Evidence of co-production during the tendering and re-commissioning process	Commissioning	
Collaborate through the City and Hackney Public Health Resident Participation Group	Ongoing	A strengthened culture of engagement and co-production embedded within ASC	Greater evidence of engagement and co-production	Strategy and Performance	
Strengthen and raise awareness of our prevention offer					
Collaborate in the system wide prevention task and finish group	Ongoing	Increased shared understanding across the local system (e.g., NHS, Public Health, voluntary sector) of ASC's specific role and contribution to preventative approaches	Any learning applied and preventative approach strengthened	ASC	
Contribute to the system wide review of	New pathway designed by	A more seamless, integrated, and effective falls prevention	New pathway meets City of London needs	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
the falls pathway and consider how City of London needs will be met in this	December 2025	and management pathway is co-developed, improving coordination between City of London ASC and relevant partners.			
Ensure that City of London services are included in Finding Support Services or its successor Directory of Services	By end of Q3 2025/26	Residents are better empowered to make informed choices about their support needs through reliable and accessible directory information.	City of London services included in any directory	Strategy and Performance	
Strengthen collaboration with partners					
Work with domiciliary care providers to utilise and link up with their outcomes data	By end of Q3 2025/26	Improved evidence base available to ASC commissioners, demonstrating the extent to which commissioned domiciliary care services are achieving desired outcomes for individuals.	Improved used of outcomes data	Commissioning	
Implement priorities of the City and Hackney Safeguarding Adults Board	Ongoing	Active and effective contribution by ASC to the multi-agency safeguarding arrangements and strategic objectives overseen by the SAB.	Increased focus on the priorities of the SAB	ASC	
Develop a City of London Multi-Disciplinary Meeting to include primary care, social care and	Q3 2025/2026	Improved communication, collaboration, and mutual understanding between key health and social care	Multi-disciplinary meeting set up and active	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
community health services		professionals working within the City of London			
Deliver a training programme for external and internal partners on preventative services such as Making Every Contact Count and a strengths-based approach	Q3 2025/26	Enhanced knowledge, skills, and confidence among staff across internal and external partner organisations to effectively apply MECC principles and strengths-based approaches in their interactions with City of London residents.	Training programme delivered	ASC, Strategy and Performance and Public Health	
Apply learning from the Population Health Hub e.g. health literacy, prevention and health equity	Ongoing	Increased alignment between ASC's operational delivery and the broader population health management objectives of the City & Hackney Population Health Hub	Learning applied	ASC	
Agree focus for Match Project (population health initiative)	Q2 2025/26	Consensus and commitment secured from key stakeholders, including from Adult Social Care and health partners	Focus agreed amongst partners	Strategy and Performance and ASC with residents	
Maintain presence and involvement in Neighbourhood Action Group work	Ongoing	Strengthened collaborative relationships and effective partnership working between ASC, other statutory services, voluntary sector organisations, and community	Ongoing participation in this work	Strategy and Performance	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		representatives at the neighbourhood level			

Commitment 4: Provide a wide range of high-quality, accessible care options to meet people's needs

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Commission high quality accessible care and support					
Update Market Sustainability Plan and Market Position Statement in line with their review schedules	Market Sustainability Plan due for update in Q4 2025-26 Market Position Statement due for update in Q1 2027	A stable, high-quality, and diverse local care market that effectively meets the current and future needs of adults requiring care and support, improving their access, choice, and outcomes	Review and amendment of Market Sustainability Plan completed	Commissioning	
Shape the care market					
Review the uplift rates for care providers to make sure they are sustainable and offer value for money	Ongoing annually	Sustainable, fairly-priced care services are available to meet needs, ensuring continued access and	Reviews completed and uplifts applied where required	Commissioning	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		high-quality care options			

City of London Corporation Committee Report

Committee(s): Community and Children's Services Committee – for information Safeguarding Sub-Committee – for information Health and Wellbeing Board – for information	Dated: 30/04/2025 16/06/2025 11/07/2025
Subject: Adult Social Care Self-Evaluation Framework 2024	Public report
This proposal: <ul style="list-style-type: none"> • delivers Corporate Plan 2024-29 outcomes providing excellent services and diverse, engaged communities. 	
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: Judith Finlay, Executive Director of Community and Children's Services	For Information
Report author: Scott Myers, Strategy & Projects Officer, Department of Community and Children's Services	

Summary

This report presents to members the City of London Corporation (City Corporation) Department of Community and Children's Services (DCCS) Adult Social Care Self-Evaluation Framework (SEF) 2024.

The SEF sets out DCCS' assessment of the quality and impact of Adult Social Care services and areas for development over the next year. Areas for development include enhancing co-production and resident engagement, strengthening collaboration with health partners, increasing the uptake of Disabled Facilities Grants and strengthening our partnership work with the voluntary and community sector.

Overall, the City Corporation is proud of the support that it provides for people to maintain their independence at home for as long as they are able and wish to and enable them to achieve positive outcomes.

The SEF for 2024 was submitted to the Care Quality Commissioning (CQC) in February 2025 as part of the evidence base for the forthcoming Adult Social Care CQC inspection.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. The Adult Social Care SEF is completed annually. This is the first SEF that has been completed for Adult Social Care, and follows self-evaluations created for our Children and Families and Special Educational Needs and Disabilities services.
2. The SEF sets out achievements across Adult Social Care and links into all elements of our service, as well as our work with commissioned providers and community organisations. It also sets out our identified areas for development over the coming year.

Current Position

3. Our vision for adults with care and support needs and their carers is to create and sustain a compassionate and inclusive system that empowers individuals to lead fulfilling lives with independence, control, choice and dignity.
4. The City of London's high life expectancy and a high number of people who sleep rough are our key drivers for an increase in need for social care services. We recognise and respond to these challenges with practice and innovative responses which are at the forefront of our approach.
5. We utilise a strength and relationship-based approach, which is delivered by our stable, experienced, generic workforce, supported by strong partnership working across the health and care system.
6. During 2023-24, a total of 295 individuals engaged with Adult Social Care services. This includes those who received assessments, ongoing support, or other forms of assistance. There were also 109 adults receiving a long-term service as of 31st December 2024, and we supported 34 carers as of the same date.
7. There is strong satisfaction with our services. 64% of Adult Social Care services users are extremely or very satisfied with the service they receive.

8. We have a strong hospital discharge model built on a co-ordinated, multi-agency approach. Local authority delays are minimal through our agile and responsive practice.
9. There are no waiting lists for assessments, and people are seen promptly. 70% of Supported Self-Assessment were completed within 28 days (year to date), and 81% of the ongoing reviews were completed within 12 months of the previous assessment.
10. We have an effective Quality Assurance Framework that demonstrates our continuous improvement, with local well-established integrated care models with a range of partners which enhances our ability to provide holistic and effective care.
11. Stable political leadership and robust and effective financial management provide stability to our Adult Social Care service, and transparency and trust are fostered through visibility and accessibility of Senior Management.
12. We continue to strive for excellence, which means we are always looking to develop and enhance our services. These include, but are not limited to, further strengthening our partnership work, data collection, communication and co-production and engagement with residents.

Corporate and Strategic Implications

Strategic implications – the Adult Social Care SEF aligns with the Corporate Plan 2024–2029 outcomes of providing excellent services and ensuring that there are diverse, engaged communities. DCCS strategic objectives include: people of all ages and all backgrounds are prepared to flourish; people of all ages and all backgrounds can live independently, play a role in their communities and exercise choice over their services; people of all ages enjoy good mental and physical wellbeing; people of all ages and all backgrounds feel part of, engaged with and able to shape their community.

Financial implications – none.

Resource implications – none

Legal implications – none.

Risk implications – none.

Equalities implications – Equalities implications are considered within the SEF and where any new services are developed or services change, an Equalities Impact Assessment would be carried out.

Climate implications – none.

Security implications – none.

Conclusion

13. Overall, our practice and services for residents are high quality, based on a personalised approach. We are ambitious in continuing to improve the service we provide to adults with care and support needs and their carers, which leads to positive outcomes. This SEF enables us to reflect, monitor and assess progress against our areas for development, and we will carry out a six-month review against our identified areas of improvement to ensure focus remains on achieving the best for adults with care and support needs and their carers.

Appendices

- Appendix 1 – Adult Social Care Self Evaluation Framework 2024 – redacted public version

Scott Myers

Strategy & Projects Officer
Department of Community & Children's Services

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Adult Social Care Self Evaluation Framework

REDACTED VERSION

City of London Corporation

FEBRUARY 2025

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Summary



The City of London is unique. High life expectancy and a high number of people who sleep rough are our key drivers for the need for health and social care support.

Overall, our practice and services for residents are an excellent quality, based on a personalised approach. We recognise and respond to challenges around complexity of needs with proactive and innovative responses which are at the forefront of our approach.

We are proud of the support that we provide for people to maintain their independence at home for as long as they are able and wish to and enable them to achieve positive outcomes. This is reflected in the strong feedback we receive from the people we support about our social workers and practitioners and the care and support that they provide.

Our excellent strengths and relationship-based approach is delivered by our stable, experienced, generic workforce, supported by strong partnership working across the health and care system.

Engagement and co-production is a key principle of our work but continues to be strengthened, recognising and valuing the individual, unique experiences that people bring.

Our Safeguarding practice is robust with comprehensive governance and oversight through the City and Hackney Safeguarding Adults Board and a specific City of London sub-group.

There is strong political support for Adult Social Care with governance and scrutiny provided through the City of London Corporation's (City Corporation) system of committees and boards. This political support has also protected a solid financial base for adult social care and has secured growth funding to help meet increased demand and complexity of need.

We continue to strive for excellence, which means we are always looking to develop and enhance our services. These include, but are not limited to, further strengthening our partnership work, data collection, communication and co-production and engagement with residents.

What works well



There is **strong satisfaction** with our services - 64% of Adult Social Care Service users are extremely or very satisfied with the service they receive.

Our **strengths-based approach** that focuses on the abilities and potential of our residents rather than their limitations.

Page 66 Our firm commitment to being **anti-racist in everything we do** ensuring equity and inclusion are at the forefront of our services.

An **experienced and knowledgeable workforce** with **high staff retention rates**, means we know our residents well and foster positive relationships which delivers effective support.

A strong **hospital discharge model** built on a co-ordinated, multi-agency approach. We are agile and responsive and local authority delays are minimal.

There are **no waiting lists** for assessments. People are seen promptly, 70% of Supported Self-Assessment were completed within 28 days (year to date), and 81% of the ongoing reviews were completed within 12 months of the previous one.

Partners told us...

"The Adult Social Care team knows its clients well, have a great understanding of their complex needs, and respond quickly".

What works well

We meet need effectively through an **agile and flexible commissioning model**.

Effective **Quality Assurance Framework** that reflects our **continuous improvement**.

Local **well-established integrated care models** with a range of partners enhances our ability to provide holistic and effective care.

Safe and personalised responses to our residents through robust and rapid professional responses to safeguarding.

Stable political leadership and **robust and effective financial management** provide stability to our Adult Social Care Service.

Transparency and trust are fostered through **visibility and accessibility** of Senior Management.

Shaping our services with the **engagement of residents and service users**.

"The City Corporation has developed a robust quality assurance framework and clearly welcomes independent challenge and scrutiny... There is an obvious commitment to continuous improvement and a determination to avoid complacency in a service which is already highly performing in many areas. The Board has clear priorities for development, which include strengthening the voice of the service user in assessing the quality of practice and identifying areas for improvement."

John Goldup, Chair Adult Social Care Quality Assurance Board

"It seemed fundamental for carers like me to be involved with a service which will affect us directly. I felt we raised important challenges on weighting of scores and we were able to create our own set of questions for panel interviews."

City of London carer involved in the recommissioning of the carers support service

Areas for development



Actions	Proposed Outcomes
1. Enhance co-production and resident engagement	Services meet the needs of our residents and increased residents' satisfaction on provided services
2. Communicate the prevention offer collaboratively with our partners	Our partners have a strong knowledge of the prevention pathways and empowering them to signpost to community offer
3. Develop an innovative staff development programme through partnerships with neighbouring local authorities	An enriched programme of development activity that supports all staff progression
4. Strengthen collaboration with health partners	City of London has a multi-disciplinary approach to health needs that meets the needs of its residents
5. Implement improvements in how we capture and respond to feedback from clients	Improved engagement from residents that enables us to respond to emerging themes
6. Increase uptake of the Disabled Facilities Grant	Residents who need support in their own home and allow people to support their independence
7. Enhance data quality and utilisation across partnerships	Our data and that of our partners enrich and contribute to service delivery for our residents
8. Strengthen our partnership work with the voluntary and community sector	Improved communication and collaboration channels with the community and voluntary sector
9. Expand on the places we communicate our offer in, such as libraries and other community settings	Residents are more aware of what our offer is and where they can access support
10. Improve our robust data management practices	Improvement to our recording tools that strengthen performance oversight

The City of London and the Corporation



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The City of London is the oldest and most historic part of London

The Square Mile is the financial centre of the capital

Smallest local authority area in the country at 1.12 miles

The City of London borders seven other local authorities

We have a unique system of administration with the Court of Common Council overseen by the Lord Mayor at the top

We have 100 elected Common Councillors and 25 Aldermen

Our work is overseen by the Community and Children's Services Committee

We provide local and police authority functions

There is one GP Practice in the City of London which has around 75% of residents registered (20% registered in Tower Hamlets)

Due to our size, there are no residential, nursing or supported living units in the City of London

Over 670,000 workers.
Millions of visitors each year

The City of London and the Corporation



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42% of the City of London's population is from a black or global majority background

We have 8579 residents, 14% are aged 65 and over

There is high life expectancy in the City with females having a life expectancy of 90.7 and males 88.8 years

There is a high number of rough sleepers – 656 in 2023/24

There are pockets of affluence and deprivation in the Square Mile, particularly in the East

Our Adult Social Care workforce is stable and experienced. Given our small size it is a generic service

The City Corporation



The City Corporation adopted its Corporate Plan in 2024 which sets out a series of deliverable Outcomes of focus.

Adult Social Care contributes to three of these Corporate Outcomes:

Providing Excellent Services

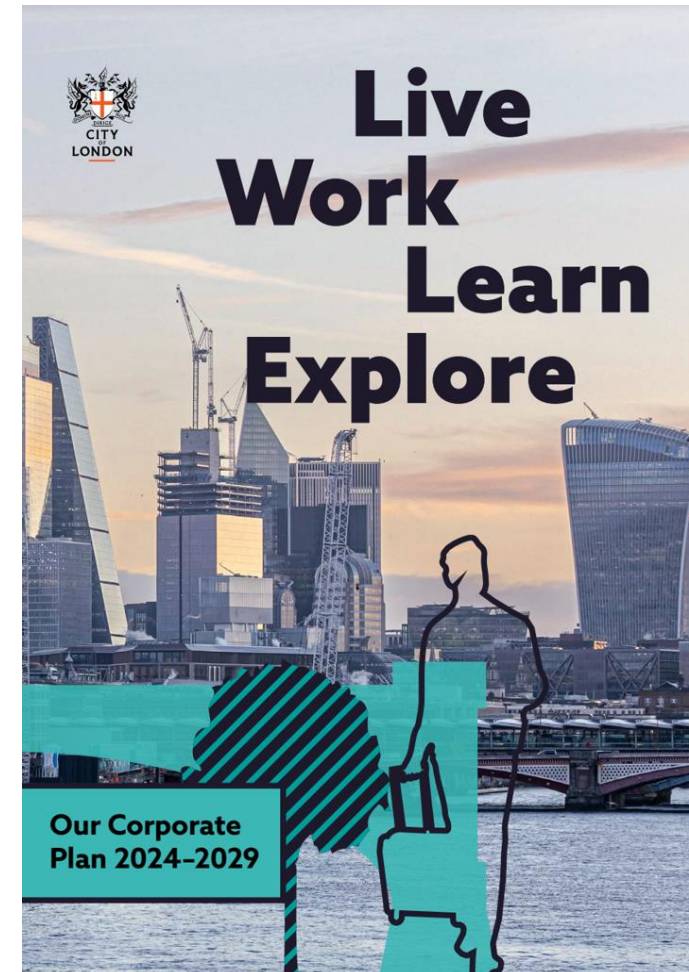
Supporting people to live healthy, independent lives and achieve their ambitions. Effective adult social care services are a vital part of this.

Diverse Engaged Communities

Everyone should feel that they belong. Connecting people of all ages and backgrounds will help build diverse, engaged communities that are involved in co-creating great services and outcomes.

Vibrant Thriving Destination

The City of London is a safe and secure location and providing the appropriate physical spaces to support people is integral to create a place where everyone prospers.



Department of Community and Children's Services



The Department of Community and Children's Services (DCCS) at the City of London Corporation is responsible for vital local authority services, including Children and Adult Social Care, Housing Homelessness and Rough Sleeping, Public Health, SEND, Libraries and Community Safety.

DCCS also shapes key strategies for Adult Social Care, SEND, Joint Health and Wellbeing, Homelessness and Rough Sleeping, and Carers .

These strategies are underpinned by our commitment to improving the lives and wellbeing of everyone who lives, works, studies or visits the City of London.

DCCS objectives

Safe: People of all ages and all backgrounds live in safe communities; our homes are safe and well maintained and our estates are protected from harm.

Potential: People of all ages and all backgrounds are prepared to flourish in a rapidly changing world through exceptional education, cultural and creative learning, and skills which link to the world of work.

Independence, Involvement and Choice: People of all ages and all backgrounds can live independently, play a role in their communities and exercise choice over their services.

Health and Wellbeing: People of all ages enjoy good mental and physical wellbeing.

Community: People of all ages and all backgrounds feel part of, engaged with, and able to shape their community.

Adult Social Care: Our ambition and aspirations

Our ambition

To create and sustain a compassionate and inclusive system that empowers individuals to lead fulfilling lives with independence, control, choice and dignity. We aim to prevent and delay the onset of care needs, with our communities empowered to remain and return to independence. A skilled workforce will provide person-centred care driven by the unique needs, culture and context of each individual, promoting their well-being and enabling them to contribute meaningfully to their communities. Excellent services - built on effective partnerships and integration – will provide better outcomes and more efficient delivery.

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Our aspirations for adults with care and support needs:

- receive the right support at the right time
- experience equity and equality
- recognise each person's self-defined strengths, preferences, and needs as the basis for providing care and support to live an independent life that is appropriate to their needs
- act in their best interests
- manage their own care through use of direct payments
- have opportunities to share their experiences and expertise to shape their lives, our services and our strategies

Our aspirations for the delivery of adult social care services:

- help people meet their own needs and aspirations in a safe and supportive way
- share a determination to evaluate and improve services based on robust evidence of need
- support a skilled, knowledgeable workforce that responds to a range of needs and opportunities
- provide clear, accessible information and processes so families know who does what and where to get the right information or access the right services
- work collaboratively and innovatively based on shared understanding, knowledge and experience of the families we work with
- make a difference to the daily lives and long-term ambitions of the people we work with

Adult Social Care: an overview

Performance Overview

Strong Satisfaction

64% extremely or very satisfied with our service

Assessments

70% completed within 28 days

DoLS referrals

11 days on average from referral to sign off YTD

Carers

91% of carers with an up to date support plan

Ongoing reviews

81% completed within 12 months

Contacts

44% of contacts and referrals are completed within 2 working days

Appeals

0 appeals YTD

Direct Payments

32% Take up rate

Mental Health Assessments

Average 2 per quarter

Hospital discharge

31% delayed discharges, 2% of these due to the local authority

Residential and nursing care

12 permanent admissions into nursing or residential care YTD

Making Safeguarding Personal

83% Fully or Partially met YTD

Rough Sleepers

90% had a review of their care plan within the last 12 months

10 adults living in nursing care

21 adults living in residential care

19 adults living in supported living

78 adults receiving community care

Adult Social Care: an overview



Adult Social Care service users



Data for 2023/24 shows that a total of 295 individuals engaged with Adult Social Care services. This includes those who received assessments, ongoing support, or other forms of assistance. Our analysis provides insights into the demographic composition of these users, including ethnicity, age, gender, and service usage patterns.

Ethnicity Breakdown: Our adult social care users are predominantly White-British, comprising 53% (157 users). The second-largest group is White-Other at 13% (39 users), followed by Asian (12%), Black (5%), Other (2%), and Mixed (1%). Additionally, 14% (41 users) have chosen not to disclose their ethnicity.

Age Trends by Ethnicity: White-British users, typically older individuals, have the highest average age at 73, followed by White-Other users at 66. Asian users, though also older, have a slightly lower average age at 60. Black users tend to be the youngest demographic, with an average age of 58.

Gender Distribution Across Services: Short-Term Support and Carer Support services have a predominantly female user base, at 72% and 67%, respectively. In contrast, Nursing Care has a higher proportion of male users, making up 64% of its user base.

Ethnicity Representation in Services: Nursing Care is exclusively used by White-British individuals (100%). Residential Care also has a high proportion of White-British users (78%), while White-Other users are most represented in Residential Care (17%) and Community services (15%). The highest proportion of Asian users is found in Carer Support services, where they make up 27% of users.

Age Distribution Across Services: The oldest user groups are found in Short-Term Support (81), Nursing Care (77), and Residential Care (78). In contrast, Community services (70) and Carer Support services (63) serve the youngest users on average.

Theme one: working with people



We are committed to empowering individuals to proactively manage their health and wellbeing, thereby enabling them to maximise their independence, exercise choice, and maintain control over their lives.

Our support aims to facilitate healthier lifestyles and, wherever feasible, reduce the future need for formal care and support services.

Supporting people to live healthier lives

Prevention

Our strategic objectives set out in the Adult Social Care Strategy are underpinned by a strength-based approach and a commitment to supporting early identification of need with a flexible, agile and person-centred response from Adult Social Care and partners.

"Oh yes, I used the shoes. They are a little bit tight, but I used them when going out, I hadn't been out of the house since being discharged from the hospital and was able to"

City of London resident, Early Intervention Scheme

Operationally this includes:

- Occupational Therapy and Trusted Assessor support. Capacity of these services has increased in recent years
- Disabled Facilities Grant and Housing Assistance Policy which aims to support disabled people to maintain their independence at home
- an innovative early intervention scheme (see next page)
- rapid response service which includes provision to prevent hospital admission and a discharge to assess scheme (see section on providing support)
- reablement, that is delivered by the same organisation that provides the rapid response service, creating the opportunity for a strong follow-on pathway
- referral to a relevant voluntary or community sector organisation
- Welfare calls and visits through Strengths-Based Practitioners.

Supporting people to live healthier lives



Early Intervention Scheme

Innovative scheme which was developed in 2022 and provides funding to empower practitioners, together with a resident, to identify and implement low-cost one-off interventions which help improve wellbeing and in turn prevent, reduce or delay needs. This has included things like a microwave so that someone was able to have hot food to eat, a dementia radio and an emergency mobile phone so that someone could contact their support network in periods of mental health crisis.

During 2023/2024 13 adults benefitted from the scheme with 24 separate purchases with a total cost of £4040. From April – December 2024 there were six interventions.

"Having the support from management to use my initiative and listen to what would actually be helpful to the service user, led to improved outcomes for clients and improved relationships. I could show to clients that we actually do want to help in a person-centred way and prioritise what they need to make meaningful change."

City of London Social Care Practitioner, 2024

Information and advice



Information and advice is a key principle underpinning our preventative approach.

[Adult Social Care leaflets](#) are available, providing residents with information on what support and services are available.

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skilled and experienced duty workers in ASC who information and advice at initial contact.

City Advice is the commissioned service which provides a wide range of advice including on social care.

Practitioners provide a range of preventative advice. For example, to a carer about registering their carer status with the GP, how to apply for carers allowance and how to access the carers support service.

Our residents tell us that...

They would like one place where they can get all information about local authority and health services, voluntary sector services and volunteering opportunities. As a result, work is underway to further develop an online directory for City and Hackney called Finding Support Services. This will be re-launched in 2025 and includes health, social care and voluntary sector services.

City Advice

City Advice is a commissioned service provided by Toynbee Hall who work alongside people facing poverty, injustice, and inequality

It provides tailored advice on a range of issues including cost of living pressures and information and accessing social care services.

In 2023/24, the service received 18 requests specifically relating to social care.

It provides a culturally appropriate service accessible to our diverse community.

Engagement and co-production

DCCS has reviewed its approach to engagement and co-production and adopted a specific co-production and reward and recognition policy.

It is also signed up to and part of system wide engagement work such as the City and Hackney health and social care co-production charter.

Adult Social Care continues to strengthen its activities, for example establishing a service user Adult Social Care Advisory Board and is aiming to increase the diversity of residents and service users engaged with.

Engagement activities informed the development of the Adult Social Care Strategy, and the [Carers Strategy 2023-27](#) was co-produced with carers who presented the strategy to Committee for approval.

"As a user of the City carers support service, I really appreciated the opportunity to use my lived experience to input into the recommissioning process. I felt my opinion was valued and helped shape the design of the new service." - City of London carer

Co-producing the carers support service

The City of London's carers support service was recommissioned in 2024. With support from the Commissioning Manager, carers:

- responded to a call for volunteers to be involved with the recommissioning process.
- reviewed the current service and co-produced the service specification to go out for tender
- completed evaluation training to support their engagement
- informed tender weighting and questions
- were part of the bid evaluation process
- co-produced tender outcome letter
- took part in a review of what went well and how the process could be improved in the future.

Plans are being put in place for carers to be involved in contract monitoring.

Tackling inequalities

A strong departmental commitment to equality, equity, diversity and inclusion (EEDI) is demonstrated through the DCCS EEDI Group which is an all-staff forum that drives the promotion and improvement of EEDI within the department.

Page 82
The Head of Service and Assistant Directors attended the Leadership in Colour Conference and reflections from this were discussed at the People's Senior Management Team meetings and the People's Equality Group.

A People's Equalities Steering Group monitors approaches in this area. Their work has included running a book club for staff to read and discuss the book 'Me and White Supremacy' and shaping the Departmental Anti-Racist Practice Standards.

Anti-racism and cultural competency training

DCCS senior managers undertook anti-racism and cultural competency training to support a shared, consistent understanding.

Two workshops were delivered between July and October 2024. 35 senior managers attended workshop 1 and 34 attended workshop 2.

Most attendees rated each workshop either good or excellent, with 3 giving neutral responses. There were no ratings of poor or very poor for either workshop.

The top words attendees used to describe the workshops included thought provoking, valuable, interesting, informative and challenging.

Attendees overwhelmingly said they enjoyed the time for discussion with colleagues, reflection and sharing personal experiences. This training will be rolled out to all staff within DCCS.

Tackling inequalities

Tackling inequalities is an integral principle of our strengths-based approach. This includes working with partners in the community to take a holistic view of the individual.

Reflection and learning on good practice around recording people's diverse needs in our Care Act Assessments were included as part of internal training on the strengths-based approach. A 2024 audit showed that a Strengths-Based Approach is now consistently included, with no cases found without SBA evidence.

Staff across the Directorate work to anti-racist practice standards which were introduced in 2023 and applied across both Adult and Children's Social Care.

Strengths Based Practitioners and the Care Navigator support people to access various services when needed which can help address barriers to accessing services.

Tackling inequalities – Culturally appropriate support

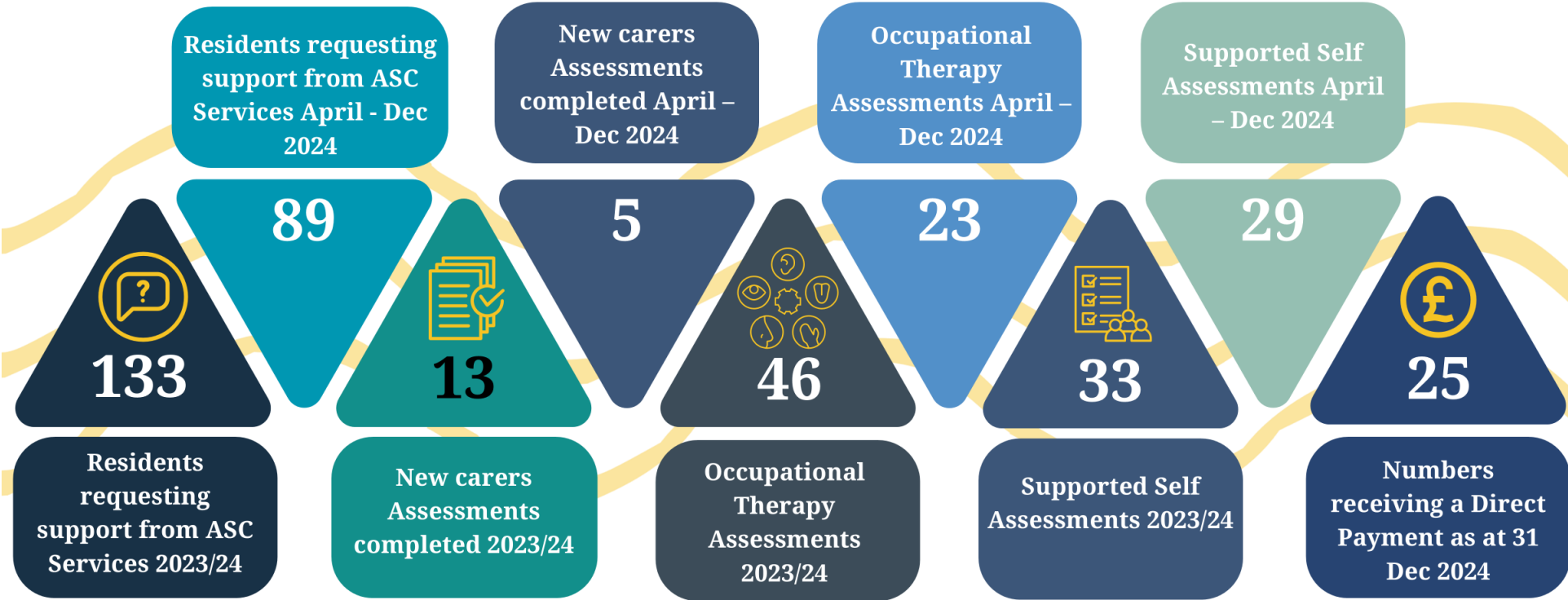
An individual [REDACTED] required Telecare services and home adaptations. Cultural sensitivity and language barriers were crucial considerations in the support provided.

Our Strengths-based Practitioner helped translate communications sent to the client which helped safeguard them from online harms. Our Practitioner also tailored their communication techniques to support the individual's language needs, as well as understanding the importance of certain religious symbols within the home when carrying out a home visit.

Working with people



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Assessing and reviewing needs

Strengths-based approach

The Adult Social Care service adopts a strengths-based approach to assessments, focusing on empowering individuals by recognising their capabilities.

A strengths-based approach supports people to maintain their independence and meet their outcomes and aspirations. It has three core-principles:

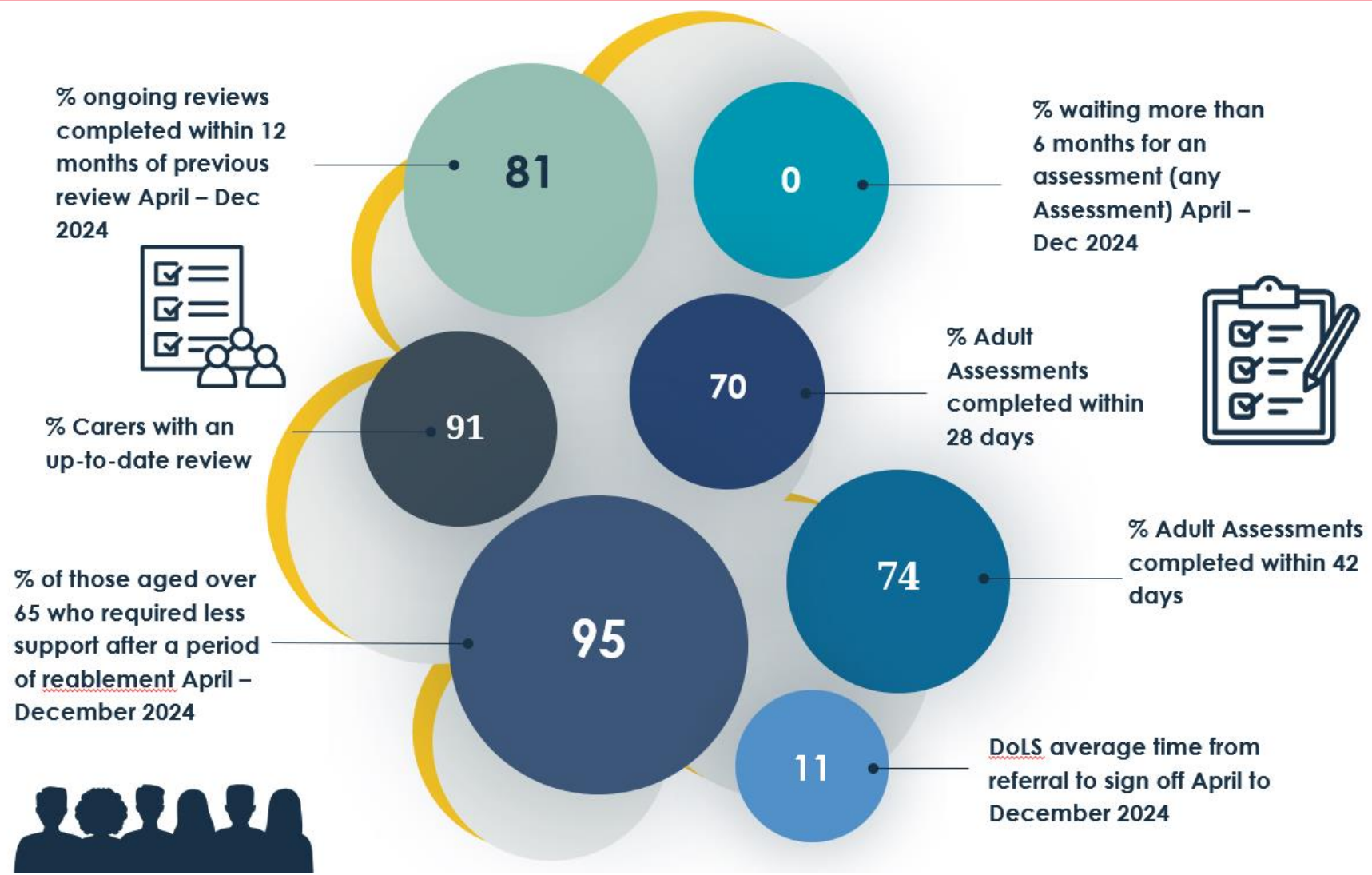
- working collaboratively on mutually agreed goals
- using the community as a resource
- having trusted and workable relationships

This approach has been embedded across Adult Social Care so that the focus is on potential rather than problems and empowers residents to take control, be able to navigate challenges and achieve meaningful goals.

“The strengths-based model focuses on building trust and functional relationships with residents, focusing on the positive elements of the person’s situation and how they have coped so far.”

Adult Social Care social worker

Assessing and reviewing needs



Assessing and reviewing needs

We do not hold waiting lists for assessments in adult social care. 44% of contacts and referrals were completed within 2 working days and a social worker is allocated at this point when required.

Page 87 Timeframes remain flexible and responsive, carefully aligned with the wishes, needs, and potential risks faced by the individual and their family. However, these timeframes can also be influenced by external factors, such as the need to facilitate the timely discharge of a patient from hospital, ensuring continuity of care and support. Carrying out a Care Act assessment with someone who is rough sleeping presents a particular set of challenges that may mean having to extend the length of time to complete.

In line with our practice standards, there is a commitment to completing assessments at a pace suitable to the adult, expected to be within a standard timeframe of 28 days in most situations. In cases where complexities arise—such as challenges in gathering the necessary information—this may extend to 42 days.

"Practitioners maintain a high-level of good practice, with some examples of excellent practice. Social workers understand the assessment process as a conversation, they co-produce outcomes with the adult/carer, empower people to lead on their care and support arrangements... Professionals can reflect upon differences between people, their values, beliefs, and lifestyles with respect and are sensitive of their basic cultural characteristics."

Internal strength-based practice
audit March-May 2024, July 2024

Assessing and reviewing needs

Assessment times form a vital part of our performance monitoring framework, ensuring we consistently deliver a service that balances efficiency with a person-centred focus. In the year to date, 19 supported self-assessments were completed within 28 days and 20 within 42 days.

A commissioned advocacy service is available for those who require it. At the end of December 2024, there were 15 open cases of advocacy support.

Page 88 Carers receive their assessments from qualified social workers. In 2023/24, 13 carers received an initial assessment and 5 between April and December 2024. Carers assessments can also have a positive impact on relationships between the carer and the cared for, for example by reducing stress.

At the end of December 2024 91% of carers had an up-to-date support plan.

Where there is an immediate need evident, a package of care would be provided whilst the assessment is carried out.

The services of the Language Shop in Newham are used to respond to requests for language interpretation services and to facilitate effective communication across multiple languages including Bengali/Sylheti, British Sign Language and Japanese. This ensures the communication needs of the City of London's diverse population are met.

Assessing and reviewing needs

Page 8
Adult Social Care is part of the transitions Forum which reviews and plans for young people with disabilities or young carers as they start to approach adulthood. From 14 years old, the Forum considers whether a young person may require support from Adult Social Care when they turn 18 and whether it would be of a significant benefit to them to conduct a transition assessment. There are currently 5 children on the register. The adult assessment will be completed by the adult social worker who is already involved in the young person's case, collaborating with other professionals and getting to know the young person over time.

In terms of reviews, there has been an improvement in performance for reviews of care and support plans within 12 months from 67% in 2023/24 to 81% between April and December 2024. At December 2024, 91% of carers had an up-to-date support plan. This is well above general performance across London and delays are often due to personal choice or circumstances of the individual concerned.

"The City of London benefits from an experienced and united team delivering occupational therapy, trusted assessment and reablement services... The uniqueness of the City of London in terms of population and workforce supports relationship-based practice... Conversations with residents confirmed they were very happy with the [service], valuing their input, often feeling more independent because of the intervention."

Independent review of the occupational therapy, reablement and trusted assessor service in the City of London, May 2024

Direct Payments



The Adult Social Care service promotes the availability of [Direct Payments](#) to support people's aspirations, their wellbeing and independence.

The take up rate of direct payments is 32% as of December 2024 highlighting the success of our approach to promoting them as a preferred option to empower people to purchase their own care.

In terms of support provided to carers, from the 30 Carers that have an active Care and Support Plan, 73% receive direct payments to meet their needs.

Quality of practice in this area is included in the annual audit schedule.

In the past year, no individuals receiving a direct payment returned to having their care arranged by the local authority other than one individual who moved into accommodation based support.

Examples of Direct Payment use includes:

- Choosing a preferred home care agency
- Hiring a Personal Assistant (PA) to help with care and support
- Gym memberships, swimming and recreational sport activities
- Training courses, such as becoming a personal trainer, how to publish a book online, and accountancy.

"I like receiving a Direct Payment as it offers me flexibility how my care arrangement is provided."

City of London Direct Payment client feedback

People's experiences and outcomes



Adult Social Care Survey 2023/24: 67.3% of service users were very or extremely satisfied with the care and support they received. No service users recorded that they were dissatisfied. The City of London is well placed on this measure, being above the mean for both London and national local authorities.

Page 9
In both this survey and the Survey of Adult Carers in England, the issue of social isolation was evident with 36.8% of social care service users and 17.6% of carers saying they had as much social contact as they would like. This is an area of focus for us and we are working with a voluntary sector organisation who have submitted a grant bid to provide a befriending service in the City of London.

In terms of service delivery, people do not have to wait for an assessment and assessments are completed promptly.



Forget Me Not Café service user

People's experiences and outcomes



In 2024, our Adult Social Care service received positive client feedback, with no negative comments received. Despite this, we established a feedback loop, which includes regular reviews, allowing us to translate this positive feedback into tangible service improvements.

Recent service improvements as a result of feedback received include:

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- briefing our Adult Social Care Team on good practice and improved information and advice as a result of findings from the audit
- improved information and advice available to residents
- updates to our website providing more information and advice in an easy to access place

As part of the continuous feedback loop, any feedback that is received is reviewed and necessary improvements are made where required.

Quality assurance



There is a strong golden thread and connection from management to operational practice with annual direct observation of practice from the Executive Director of Community and Children's Services, the Assistant Director of People and the Head of Adult Social Care.

An Adult Social Care Assurance Board, with an independent chair, provides focus and continued drive for excellence, as well as a strong and well engaged Health and Wellbeing Board.

There is a clear timeline of all quality assurance activities which facilitates the triangulation of results, including residents and staff in reviewing practice and outcomes.

Independent practice audits are commissioned when required, e.g. review of the occupational therapy, reablement and trusted assessor service. Internal audits have included management oversight and a strengths-based practice audit.

The Principal Social Worker role is designed to strengthen practice governance.

Quality assurance



Quality Assurance Framework

A Quality Assurance Framework for Adult Social Care was updated in 2024 and reviewed annually to provide a foundation for continuous improvement using a range of methods.

The Framework sets out: relevant standards; how we support our workforce to ensure good practice; expectations around evaluating the quality of practice; the quality assurance of commissioned services; the role of external and independent assurance activities and performance management.

The Framework is essential in ensuring the delivery of high-quality services. The learning cycle model used provides a systematic approach to monitoring and improving the quality of care provided, ultimately enhancing the overall experience and outcomes for those receiving adult social care services.

Recent Thematic Audits

1. **Mental Capacity Assessment (July 2024)**
2. **Management Oversight (Sept 2024)**
3. **Feedback from adults and their carers (March 24, Feb 25)**
4. **Prevention review (Feb 25)**
5. **Carers Assessment (underway) (Feb 2025)**

Theme two: Providing Support



We are committed to working in collaboratively and transparently with partners ensuring the individual's needs are central to what we do. Our stable, knowledgeable workforce delivers an asset-based approach providing holistic support to those who need it, when they need it.

Providing support



Market shaping and commissioning

Page 97

With an ageing population and greater emphasis on choice, control and community-based support, we have worked to adapt our services to this changing social care market. This includes a greater focus on home care, specialist mental health provision and supported living that enables independent living. Where those with needs require extra care and support in their daily lives, care home placements within residential and nursing settings or more complex packages of care are commissioned.

We commission 24 Adult Social Care Services which span a range of provision, including homecare, direct payments, community equipment, technology enabled care services, and early intervention and preventative services. These services are commissioned in line with our Procurement Code, and we do not block contract care arrangements due to our lower volumes of demand due to our population scale.

These services are either secured via a procurement or service level agreement, spot purchased or provided by the voluntary and community sector.

Securing a sustainable care market

We ensure that the range of diverse needs in the population are met through the specification and contract monitoring process. In commissioning its provision, the City Corporation requires a CQC rating of Good or above, compliance with the Unison Ethical Care Charter, payment of the London Living Wage and market-sustainable prices.

We are confident that the current care market position is sustainable within the City of London. Analysis of rates paid by neighbouring authorities suggests that the City Corporation pays a sustainable and fair rate especially when taking into consideration low homecare demand levels within the City of London.

Market shaping and commissioning



North-East London Integrated Care System

We are part of the North-East London Integrated Care System, which prioritises co-designing services that prioritise prevention, community-based support and seamless health and social care integration. We participate in a range of work such as developing a new continuing care model and a piece analysing bed based and home-based care usage across the whole NEL system.

Continuity of care

When provider failure occurs, we manage it through our contingency plans as we do not block book placements or commission through one individual provider. We have not experienced any provider failures or commissioning embargoes in the past 12 months. We monitor CQC safety alerts and if there were any concerns, we would work with the provider and the individual to seek assurance, develop a way forward and manage risk effectively.

Our Commissioning Approach

Commissioning and procurement strategies are developed through a comprehensive approach. This includes analysing historical and current service needs, incorporating feedback from co-production initiatives, and utilising data from sources like PANSI, POPPI, London ADASS, and the Joint Local Health and Wellbeing Strategy. Market analysis of costs and capacity is also conducted, alongside exploring collaborative opportunities with neighbouring local authorities to optimise service delivery.

Market Position Statement

Our vision is to build a person-centred care system tailored to the City of London's unique circumstances. To assist with achieving this vision, we developed a Market Position Statement which sets out our commissioning priorities to shape the social care market.

Within 2023/24, we spent just over £3.6 million on commissioned social care provision, which primarily consisted of: home care, rapid response and reablement; Direct Payments; Residential and nursing; Supported living; Community equipment; Assistive technology; Carers services; Advocacy.

Market shaping and commissioning



Home Care

Quality home care is a vital aspect of the City Corporation's aim to enable people to remain in their homes for as long as possible. These services assist people with the tasks of daily living, usually in their own homes. The City Corporation currently commissions one care home agency to provide home care to residents within their homes in the City of London and has been doing so since June 2022 following a successful market exercise. Currently 78 people receive this home care service.

Supported living

The City of London currently has 19 people living in supported living accommodation as of December 2024. The City of London has no accommodation-based support within its boundary and therefore individuals are placed based on client need and choice within the area of other local authorities mainly within the Greater London region.

Residential and nursing care home

The City of London has no residential or nursing care homes within its boundary. Therefore, residents requiring residential, or nursing care are placed in care homes situated within other London local authorities or in other areas such as Northumberland, Stockport, and Kent. This spread is driven by client needs and choices rather than market conditions. As of December 2024, there are 10 people in a nursing home and 21 people in a residential home.

Accommodation based support is all spot purchased which provides more agility to meet need and offer choice. Although there is a risk that this could increase costs, this has not been borne out unless there is a very costly package which can skew average unit cost.

Partnership working: the local health and care system



The City of London Corporation is part of the North-East London Integrated Care System and the City and Hackney Place Based Partnership. Priorities for the Place Based Partnership are built around start well, live well and age well, and include a range of activities including further embedding Neighbourhood work (see below).

Page 100 Along with Hackney, we were pioneers in establishing neighbourhood working in 2017 with eight neighbourhoods established. When Primary Care Networks were introduced, these were mapped to existing neighbourhoods.

The Shoreditch Park and City Neighbourhood covers the City of London and part of the London Borough of Hackney. This brings together local Health and service providers with residents and voluntary and community sector organisations. It aims to provide care and support closer to where people live and improve coordination between services. Resident engagement and co-design is a key principle of neighbourhood working.

We are involved with various Neighbourhood activities. For example, Adult Social Care Social Workers join multi-disciplinary team meetings to discuss complex cases which facilitates shared learning and joined-up working – see case study on page 40.



Partnership working: the local health and care system



We are also involved with Neighbourhood Forums, which facilitate networking and the sharing of ideas, and strategically in the Leadership Group. Residents and service users are involved in the Neighbourhood Forums and there is a specific City of London focused action group from the forum which is identifying areas that they would like to focus on. Current ideas include physical activity and improving mental health.

Page 100 Our Integrated Programme Board (IPB) reflects the importance of integrated health and social care in the City of London. It brings together key internal and external partners to facilitate and drive change and achieve the best possible outcomes for City of London residents. All within the unique context of the City of London and the local health arrangements. Neighbourhoods are a standing agenda item at the IPB which also acts as a space for external partners to bring ideas, debate and discussion to inform their work, ensuring City of London residents are considered and benefit from initiatives where appropriate.

The City of London Health and Wellbeing Board is a partnership that is responsible for promoting the health and wellbeing and tackling health inequalities of people who live in the City of London. The Board also sets the priorities for the Joint Health and Wellbeing Strategy, which the Integrated Care System helps deliver.



Partnership working: health



Adult Social Care have strong relationships with Health partners including the Neaman Practice and the practices in Tower Hamlets where residents (around 20%) are registered. Social workers are active members of the Multi Disciplinary Team meetings in these practices.

Mental health services are delivered by the East London Foundation Trust through the Neighbourhoods Mental Health Team. Key Mental Health Act duties are also commissioned from the Trust, including assessments, tribunal reports, and Community Mental Health framework responsibilities.

In 2024, the average Mental Health Act Assessments undertaken per quarter was 2. This was a decrease on previous years but a pattern mirrored across Hackney.

There are 37 people that we have responsibility for under s117 requirements.

Multi-disciplinary meetings enable a holistic approach to care, more responsive and proactive services tailored to individual needs, direct access to health colleagues, time efficiency, and reduced professional stress.

Feedback from a social worker emphasised that MDMs are organised, managed, and structured successfully.

"There was evidence of good multi agency working, especially with acute and intermediate care colleagues, the fire service and housing."

OT external practice audit report in May 2024

"Health, OT and physiotherapy colleagues provided critical input on equipment trials and mobility solutions. The district nursing team managed the person's wound care and pressure ulcer prevention. Communication with the GP ensured timely medical reviews and specialist referrals."

OT on partnership working

Partnership working: public health



There is a joint City and Hackney Public Health Service which includes some joint commissioning of services such as smoking cessation and weight management.

A population health hub equips partners across the system to tackle inequalities and a number of initiatives are provided such as Making Every Contact Count (MECC) all of which contribute to a preventative approach.

Our partners told us....

"There is good communication and information sharing between departments and agencies"

Public Health has supported the training of 30 adult social care staff in MECC over the past 4 years.

Two major individual risk factors for social care-related needs among adults are tobacco smoking and obesity.

Public health commissions two relevant services that contribute to both primary and secondary prevention of social care related needs:

- an integrated weight management and exercise on referral service for adults in the City
- a stop smoking service for people aged 12+ across the City (as part of a joint City and Hackney service).

Public Health also funds a falls prevention service in the City, as part of a wider falls pathway, which is currently under review to better respond to the needs of local people.

Partnership working: Healthwatch City of London and neighbouring boroughs



Healthwatch City of London

We have a mature commissioning relationship with Healthwatch City of London. The Department of Community and Children's Services facilitated and supported the establishment of the current Healthwatch in 2019. Since then, Healthwatch have taken on additional work (outside their statutory role) to support us in our co-production efforts including holding patient panels on our Adult Social Care, SEND and Carers Strategy, supporting social care users to complete a national survey of their experiences and establishing and facilitating on our behalf an Adult Social Services User Advisory Group which starts in March 2025.

Neighbouring boroughs

The City of London is bordered by seven other local authorities. We work particularly closely with the London Boroughs of Tower Hamlets (where some of our residents are registered with GPs and where residents in the east of the square mile look to for many of their services) and Hackney. Our partnership with Hackney is particularly strong and includes the sharing of a Public Health Team, being part of a joint Place Based Partnership, and delivering some services on our behalf for example the out of hours emergency duty team. There is also a joint City and Hackney Safeguarding Adults Board. These partnerships enable us to strengthen and add value to our work.

Partnership working: City of London Police



Our partnership with the City of London Police (CoLP) operates through a multi-disciplinary approach across tactical and strategic levels. We collaborate on initiatives like MARAC, Prevent, the Strategic Vulnerability Board and the Rough Sleeping Task and Action Group.

Effective collaboration enhances information sharing between partners and can reduce duplication of work by streamlining activities. This is supported by open, honest and transparent conversations which ensure all, including the resident involved, understand what is happening and any relevant outcomes.

The police are responsive to safeguarding enquiries, participating strategically in the Community Safety and Safeguarding Board and Rough Sleeping Strategy Group, ensuring coordinated multi-agency responses.

Partnership working: housing



We have social housing across two estates within the Square Mile and provide management services to Barbican residential housing. We also have 10 housing estates in six other London boroughs. There are strong working relationships with housing including a Tenancy Support Team which provides a preventative service to vulnerable people and safeguarding training is provided for all housing staff. Practitioners collaborate with housing officers in, for example, situations of high-level self-neglect - such as hoarding - to provide holistic interventions and support to the resident.

The Adult Social Care Occupational Therapy service undertakes assessments for any resident that may benefit from an adaptation or be eligible for a Disabled Facilities Grant (DFG). We have also developed a Housing Assistance Policy which aims to assist a wider range of residents who may not qualify for a DFG, helping them to achieve the home adaptations they need to maintain their independence.

The Occupational Therapy team completes housing reports with the client to support their housing needs based on their requirements of a property to increase their functioning and occupation within their homes. These can also support the medical application and impact on priority for their housing application. Occupational Therapy also supports with consulting on new build properties with regards to design and meeting resident needs where applicable.

Partnership working: voluntary and community sector



There is a small but vibrant voluntary and community sector in the City of London with a mix of commissioned, grant funded and grassroots organisations. These organisations provide important services and initiatives to promote prevention and meet a range of needs. For example, Imago is commissioned to deliver the City of London carers support service and Toynbee Hall the City Advice service.

There is no Council of VCS in the City of London, but we have recently grant funded Hackney VCS (part of the local place-based partnership) to do some support and capacity building with the voluntary and community sector organisations in the City of London to enable them to develop and bid for grants. This project also involves regular City of London coffee mornings where local organisations who are either based in the City of London, have existing links into the City of London or are exploring opportunities in the City of London - such as City and Hackney Dementia Service, Mental Fight Club (for the Dragon Café), Eat Club and Family Action - can come together to network and share ideas.

Partnership with voluntary and community sector organisations is key part of the strengths-based practice model used in the social work team. For example, referrals to City Connections for people who are lonely or looking for specific activities in the community and the Seasonal Health Intervention Network (SHINE) is a one-stop referral system to affordable warmth and seasonal health interventions for residents in the City of London.

Corporately, there is a strong grants offer including a stronger communities grant fund (for smaller projects up to £10,000) and a larger Community Infrastructure Levy Neighbourhood Fund which can provide multi-year grants up to £500,000. Several voluntary sector organisations have been funded through these funds to provides things like a toenail cutting service, an expansion of a community service to tackle social isolation and wellbeing activities for carers. There are also grants currently being considered to provide a befriending service and the expansion of a falls prevention service.

Case study: working in partnership with the voluntary and community sector



The Carer [REDACTED]

[REDACTED] They are linked in with the City Connections service commissioned from Age-UK by City of London. The Carer reports that the caring role can sometimes be frustrating, and they feel they do not have time for themselves. In addition, the Carer speaks English as a second language and can sometimes find it difficult to access services.

[REDACTED], it was important that the Carer was provided with opportunities to have breaks from their living situation by encouraging them to join as many community activities and trips as possible [REDACTED]. City connections had to consider the Carer's religion and culture when planning these with them.

The Carer took part in many of the organised trips. They said that they enjoyed the outings very much as it enabled them to see places in the City. The carer was able to go out [REDACTED] and it helped them make new friends.

[REDACTED]

City Connections linked in with City Advice, to provide an information session. This particular carer engaged with City Advice advocate coordinator, who speaks the same language, and they talk about issues with housing and the support they would like to receive.

Outcomes

By working in partnership with other organisations, key achievements included:

1. Improving the carers general wellbeing and self-confidence.
2. Showed how important multi-agencies working together is in delivering better outcomes.
3. Positive feedback from the carer about the service they received.

Workforce



We are able to build strong, lasting relationships with the people we support because of our stable and experienced workforce. We are proud of our high staff retention rates and minimal reliance on agency workers for our social worker posts. We adopt an innovative and forward-thinking approach to developing workforce capability and capacity, which is reflected in the following key areas:

Generic practitioner model: Unlike many other local authorities, our practitioners develop expertise as generic practitioners, benefiting from a breadth of skills and knowledge that enhances their professional versatility and adaptability.

Manageable caseloads: Each social worker handles fewer than 20 cases, allowing them the time and space to foster meaningful relationships with those they support.

Specialist lead practitioners: Designated lead practitioners focus on areas such as carers, transitions, and mental health. This approach promotes peer learning, encourages professional development, and ensures best practice is consistently upheld.

Dedicated Principal Social Worker: Our Principal Social Worker oversees practice governance and quality assurance while maintaining strong local and national networks that supports continuous improvement across our service.

Wellbeing support: Staff have access to the Employee Health and Wellbeing Hub and a range of team wellbeing tools to ensure they are supported when they need it most.

Workforce



Workforce overview

Between 2021 and 2023, the Adult Social Care workforce remained stable, before increasing to 25 in 2024. This figure included 17 permanent staff and 8 agency staff. Currently, there is 1 agency staff in the team covering an established social worker post.

Diversity and Representation

Women make up over 70% of the workforce, demonstrating strong female representation. The team includes 32% White British, 24% Black, 16% from Any Other White Background, and 4% Asian staff, reflecting our commitment to a diverse team.

Age Demographics and Training

The majority of the Adult Social Care workforce was aged 41 to 60 in 2021 and 2022, with an increase in this age group in 2023 and 2024. Conversely, the 21 to 30 age group saw a decline in 2024.

Our size means that we are not able to support AYSE (Assessed Year in Employment) but we are working to develop a partnership with our neighbouring boroughs to introduce a bespoke model of the programme for the City of London, as well as developing a Social Worker and Occupational Therapist apprenticeship in the future.

We currently partner with Goldsmiths University to support student social workers, and provide training for future practice educators, reinforcing a culture of learning. There are currently 2 student social workers within the Adult Social Care Team.

Our approach to providing support



Adult Social Care promote an asset-based approach to integrated care that builds on existing human, social, cultural, and environmental resources to realise the aspirations of a community. This approach centres on good partnership working with community and health professionals offering the person holistic support.

During care and support planning practitioners share information on:

- voluntary support offers
- housing services
- resources and support available in their local community

People using care and support services are enabled to build social connections and a sense of mutual support, utilising the person's identified existing support network.

Access to peer support services and opportunities for the person to offer peer support using their skills, life experience, and cultural awareness are also offered

Case study: support to transition into a care home



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Outcomes

Applied family and person-centred approaches ensured the couple had choice and control over their care. Key achievements included:

- the couple continue to live together, sharing a room in a care home
- the couple are receiving the necessary care for their respective needs.

"We're together, that's the main thing."

"I know we need to be here to get the help we need"

Providing support: carers

There are 30 carers supported by Adult Social Care with a support plan and 4 additional carers are open with ongoing work. Of those 30, 73% receive a direct payment. 91% of carers have an up-to-date support plan.

Carers are provided with support in different ways. A carer could receive direct payments which could be used to join activities to improve their mental and physical health or being signposted to the City of London carers support service or City Advice for benefits and financial advice.

Imago is a commissioned carers support service and there is also a peer support network for carers – City Carers Community - established by residents during the pandemic. Around 90 carers are supported through these groups.

All Carers assessments are undertaken by qualified social workers. We have developed an internal guide for our carers assessments, with a simple checklist for practitioners, which is being audited.

The co-produced City Corporation's [Carers Strategy 2023-28](#) sets out our vision and key priorities for identifying and supporting City of London carers.

There is an elected Member carers champion who champions the needs of carers at Committee and a social worker who is a lead practitioner for carers, sharing good practice and advice with other social workers in the team.

City of London carers support service

Imago delivers the [carers support service](#) in the City of London, supporting around 90 unpaid carers including SEND parent carers, City of London residents who may care for someone outside of City of London boundaries and young adult carers aged 16+ living in the City of London.

Imago offers a range of support including information, advice, and guidance throughout the carer journey, support to access specific advice on finance, debt, grants, and benefits, contingency planning and crisis support arrangements, weekly drop-in sessions, regular carer groups, and a range of activities both online and in person to support health and wellbeing with choice and flexibility to attend.

Imago also provides access to free training sessions, such as the Caring with Confidence programme, and support and guidance regarding statutory Carer's Assessments.

Providing support: homelessness and rough sleeping



Our Adult Social Care service provide long-term support for adults who have experienced rough sleeping and homelessness. The majority of these adults are in accommodation-based support such as supporting living schemes and care.

There are a total of 19 supported living placements across the City of Adult Social Care as of December 2024, 10 of which are for former people who sleep rough. 90% of them have a review of their care plan in the last 12 months.

As of December 2024, there were 21 permanent residential care placements open to ASC, 10 of which were for adults who previously experienced rough sleeping or homelessness. 90% of them have a review of their care plan in the last 12 months.

As part of our support to people who sleep rough, the City Corporation invested in a building for a dedicated Rough Sleepers Assessment Centre and high support hostel within the City of London, unifying this support in one physical location. This opened in March 2024. The Homelessness and Rough Sleeping Social Workers works closely with this provision.

Homelessness and Rough Sleeping Social Worker and Strengths-based Practitioner

The joint funding of the Homelessness and Rough Sleeping Social Worker (HRS) role enables the capacity and expertise to undertake work with adults at the 'edge of care' as well as those meeting the statutory criteria for support under the Care Act.

HRS social worker operates with a caseload in the region of 18 adults, half of which are likely to be with the preventative cohort, although numbers may vary with demand.

There is also a Strengths-based Practitioner who is embedded in the homeless and rough sleeping team.

Case study: homelessness



An individual had [REDACTED] being denied leave to remain in the UK they [REDACTED] were unable to obtain secure accommodation.

The primary aim was to provide stable housing, healthcare, and support for the individual, who faced homelessness and severe health issues.

The individual was admitted to hospitals for treatment [REDACTED].

The individual was provided with supported living accommodation and financial assistance.

Referred to Praxis immigration advisors and successfully obtained leave to remain in the UK.

Registered with a GP, [REDACTED] services, and provided with necessary equipment.

Outcomes

A holistic, strengths-based approach involving multiple agencies, including the City of London, healthcare providers, and immigration advisors addressed the individual's needs, including:

1. The individual's immigration status has been resolved.
2. Stable housing, financial support, and access to healthcare.
3. Renewed purpose and hope for the future.

Providing support: hospital discharge

There are between 100 and 120 hospital discharges of City of London residents each year from a range of hospitals – mainly Royal London and University College London Hospital. All community health services come from Homerton regardless of GP you are registered with or which hospital you are admitted to. With the risk of people falling between the gaps, we established an innovative care navigator role.

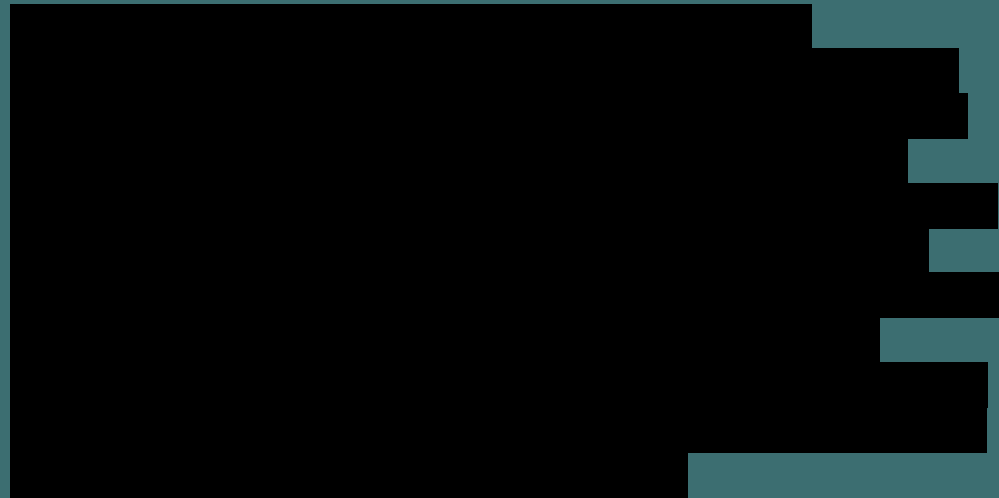
Our hospital discharge model is robust. For the first three quarters of 2024/25, 31% of discharges were delayed but only 2% of these were due to the local authority and were less than 3 days. 20% were a combination of health and the local authority.

Level of demand dictates that the model is not a 7-day model. Any planned hospital discharges over the weekend or bank holidays are dealt with during the week with capacity built into the staffing team on Fridays to ensure this can be facilitated.

Care Navigator

Our Care Navigator is an innovative role that is integral to our hospital discharge model.

The Care Navigator is funded through the Better Care Fund and facilitates safe hospital discharge and links the range of hospitals that City of London may be admitted to with GP practices and Adult Social Care to support the sharing of information to reduce risk.



Providing support: hospital discharge pathways

Pathway 0 (around 51% of cases)

People on this pathway have a supported discharge back to services they are already receiving through Adult Social Care or other arrangements of their choice.

Pathway 1 (around 37% of cases)

Occupational Therapy led reablement and discharge to assess service is provided by one commissioned provider. Between April and Dec 2024, 95% did not require further support after a period of reablement.

Pathway 2 (around 3% of cases)

Where an individual needs further bed-based rehabilitation this would be provided through a health contract. Adult Social Care facilitate short term step-down bedded care prior to reablement or rehabilitation in the community.

Pathway 3 (around 9% of cases)

All placements are spot purchased in line with the individual and family choice.

Rapid Response Service

This service is a flexible type of Early Intervention and Prevention service which aims to improve people's independence, choice and wellbeing. It is expected that a period of up to 72 hours will provide sufficient assessment of the need and care support.

The main aim of the service is to provide support to people to stay safely in their home by providing short term care at times when their support needs are deteriorating or for those most at risk of acute admission to hospital. This includes intensive home care support (e.g. live in or double up support) with an assessment of ongoing care needs. The service also supports hospital discharges (Discharge to Assess) by providing intensive home care support to accompany a person home from hospital, a care assessment in the home, care to enable a person to remain at home and care during the installations of minor aids and adaptations.

Case study: hospital discharge



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Outcomes

A strengths-based approach empowered the individual to regain independence. Key achievements included:

1. Successful discharge to their adapted home.
2. Enabled the individual to remain at home.
3. Enhanced emotional wellbeing through sustained family and community connections.

Case study: reablement

An individual [REDACTED] admitted to hospital for eight weeks, prior to which they lived an independent life at home with their partner. The individual presented with [REDACTED] increased care needs. [REDACTED]. These challenges, coupled with the physical limitations of their living environment had a profound impact on their wellbeing.

To address their increased care needs and improve their quality of life and involve them in the decision making around their care.

[REDACTED] with the aim to increase the mobility and independence of the individual.

Coordination with district nurses was introduced to ensure that wound care was adequate and conducted regularly, whilst also liaising with the individuals GP for additional medical needs.

As part of the reablement support, additional equipment was also provided to the individual to improve their posture, sleep and personal care allowing them to stay independent within their own home.

The individual was involved in all decision making about their care and equipment, making sure that their decisions were respected, which was well received. Being able to trial equipment before permanent introduction leads to improved safety and better outcomes for the individual.

Outcomes

A strengths-based approach and involving the individual in decisions about their care improved their quality of life. Key achievements included:

1. Improved mobility and safer transfers with the Sara Stedy.
2. Effective wound care and prevention of further skin breakdown
3. Enhanced living environment and care setup, reducing risks and improving safety.

Case study: visual impairment support



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Outcomes

The training empowered the individual and improved their independence. Key achievements included:

- 1. Achieved confident navigation of key routes, including their daily commute
- 2. Improved ease in completing household tasks and independently cooking meals
- 3. Demonstration of sustained motivation and self-reliance

Strength-based Practitioners



The Strengths-based Practitioner role was created to utilise reablement principles in a wider context as part of our early intervention and prevention offer.

The practitioners:

- can offer short-term support to achieve identified goals and outcomes without the constraints of traditional reablement
- are Trusted Assessors who can provide basic aids, equipment and telecare and receive professional supervision from an Occupational Therapist
- offer increased capacity and response times within the duty team carrying out welfare checks, supporting hospital discharge and undertaking joint visits with social workers
- monitor and support the delivery of reablement from a commissioned provider who gave positive feedback at a recent provider engagement event saying they were learning from them how to operate in a more strengths-based way

A similar strengths-based practitioner role has been introduced to the Homelessness and Rough Sleeping service to work alongside the Homelessness and Rough Sleeping social worker. This has led to consistent engagement with 13 adults to prevent a return to rough sleeping by supporting them to manage their health, money, living space, time and safety.

Case study: Strengths-based Practitioners



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[REDACTED]

The Strengths Based Practitioner's key objective was to put in measures that would allow the client to remain as independent as possible and support with their care needs.

[REDACTED]

The Strengths Based Practitioner's intervention was planned with the intention of re-establishing a personal care routine, support with setting up a self-funded package of care with a previous provider.

Outcomes

By embedding a Strengths-Based Approach, achievements included:

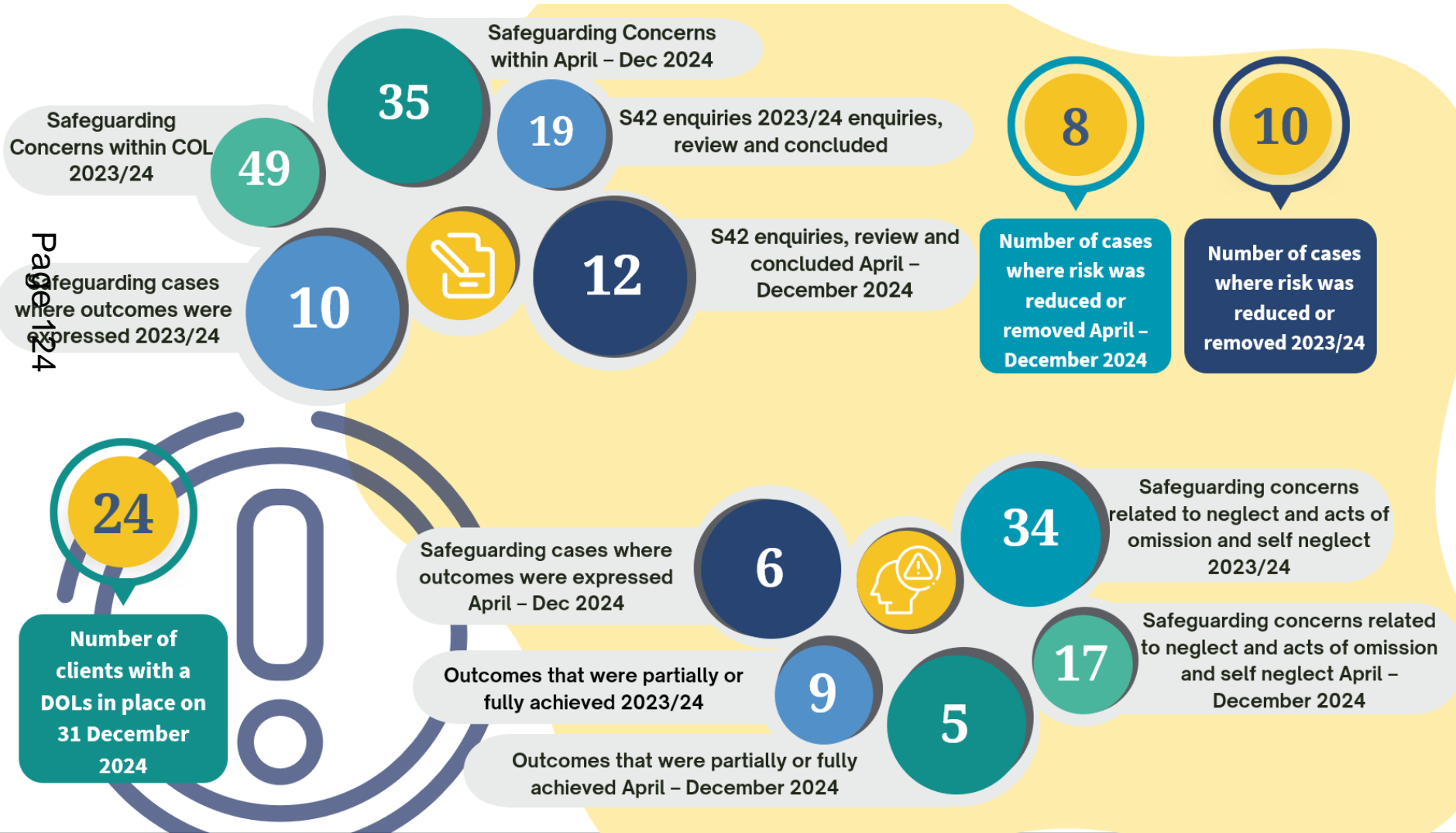
1. Improving the client's general wellbeing and self-confidence
2. Intervention visit resulted in discussing future options with a social worker, such as transition to residential care
3. Positive feedback from the client about our Strength Based Practitioner.

Theme three: Ensuring Safety



Our multi-agency commitment to safeguarding provides the foundations for a robust approach to ensuring safety is built in across the system while also allowing for a focus on the City of London.

Ensuring safety



Safeguarding



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City and Hackney Safeguarding Adults Board

The City and Hackney Safeguarding Adults Board (CHSAB) is a multi-agency partnership including statutory and non-statutory stakeholders. It ensures robust safeguarding procedures are in place. Members are committed to tackling abuse and neglect where it does occur and promoting person-centred care for all adults.

The Chair had provided consistent, strong, stable leadership for the past ten years before finishing the role in late 2024. A new Chair has been recruited.

A City of London sub-group provides focus on the City of London and provides assurance, accountability and the sharing of good practice. It considers City of London specific data and priorities in the CHSAB's workplan. The Principal Social Worker is a member of this sub-group.

The Assistant Director for People chairs the Safeguarding Adults Review sub-group.

"Colleagues from City of London Adult Social Care Services have been active and engaged participants in the work of the Board and its sub-groups. The City Corporation has been able to benefit from being part of a joint Safeguarding Adults Board with Hackney e.g. through learning from Safeguarding Adults Reviews.

The City of London Sub-Group has ensured that the unique profile, needs and voices of City of London residents have continued to be addressed Innovative practice in response to the specific needs of residents has been impressive.

Reporting outcomes of audits has provided assurance regarding the good quality and standard of safeguarding practice to the Board."

Dr Adi Cooper, independent Chair of the City and Hackney Safeguarding Adults Board 2014 - 2024

Safeguarding

City and Hackney Safeguarding Adults Board

One City of London service user has joined the London Safeguarding Voices group, which is a pan London group of people with lived experience of the adult safeguarding process, which works with the London Safeguarding Board to help improve safeguarding practices across London.

Adult Social Care proactively reviews any Safeguarding Adults Reviews from Hackney and nationally to consider and embed recommendations where appropriate.

The CHSAB provides training for professionals in three key areas: recognised safeguarding training at the required levels; specific training commissioned by the CHSAB; and Safeguarding Adults Reviews learning events.

A 47-year-old living alone in privately rented accommodation was referred to Adult Social Care by Tenancy Support following concerns around hoarding and self-neglect potentially leading to eviction. A social worker visited and determined the property to be level 5 on the clutter image rating scale. This was discussed with the individual who was struggling with his mental health and felt unable to make positive change on his own. A referral was made on his behalf to the Hoarding Self-neglect and Fire Risk panel; where a person-centred multiagency risk plan was put in place involving Social Care, London Fire Brigade, Tenancy Support, Mental Health services and Environmental Health. Under the individual's direction, a blitz clean was undertaken and fire detection equipment installed. A full Care Act assessment was completed with the individual, and ongoing weekly specialist autism support was commissioned to support them in effectively maintaining their home environment.

CHSAB Annual Report 2023/24

Safeguarding



Learning from safeguarding reviews

Following two Safeguarding Adult Reviews in Hackney, a panel was established to provide a person-centred, timely and effective multi-agency response to situations where the person referred has been assessed as a high level of risk because of complex self-neglect, fire risk or other high-risk issues. The aim of the panel is to ensure that all relevant agencies work together to provide a co-ordinated and accountable response to the person's presenting issues and risks and to focus on the outcomes the person wants to achieve to the greatest extent possible given individual circumstances and risks.

The panel has strong representation from partners and oversees a whole range of interventions from long term therapeutic work with adults with hoarding disorder to short term preventative measures.

For example, in 2023/24 £1,225 was spent on fire prevention equipment for adults in the City of London, this included replacing fan heaters or other high risk portable heating devices with safe electric oil filled radiators, replacement of multiplugs with fused power boards, and provision of fire-retardant bedding.

The Chair of the panel (Head of Adult Social Care) also attends the City and Hackney Safeguarding Adults Board SAR group creating strong links between both groups and the Adult Social Care service. A SAR referral was made following a fire leading to the death of a resident in March 2022. While the referral was not adjudged to meet the SAR criteria, and the Coroner concluding the death to be the result of an accident, it has been agreed with the CHSAB independent chair to hold a discretionary learning review to examine how services across the City of London may be able to learn and improve from this, with the findings due in May 2025.

Safeguarding



Discretionary Safeguarding Adults Review – City of London

The City and Hackney Safeguarding Adults Board commissioned a discretionary Safeguarding Adults Review following the death of Daniel who was sleeping rough in the City of London in May 2020.

The discretionary review made 13 recommendations for partners and the Safeguarding Board developed a robust and detailed multi agency plan that has supported sustained improvements across the Rough Sleeping and Safeguarding system.

This includes:

- Adult Social Care Discharge Model reviewed and updated to reflect learning from the review
- The review was embedded into Level 3 mandatory safeguarding training as a case study
- Homeless Link undertaking and independent review of multi-agency working – recommendations were adopted by the Rough Sleeping Strategy Group
- New processes embedded for involvement of the Rough Sleeping Mental Health Team in wider rough sleeping meetings

Safeguarding



Adult Social Care has a personalised approach to safeguarding alongside the assessment and mitigation of risk. These principles are applied equally to the proportionate responses taken to those concerns not meeting S42 enquiry criteria.

London Safeguarding procedures are applied. Transitional Safeguarding and Joint Working with Children guidance is applied to support a smooth transition to adulthood.

All social workers complete mandatory safeguarding training that is relevant to their job role and responsibilities. We have 100% attendance, which includes refresher training every 2 years.

Social workers are qualified to undertake Mental Capacity Assessments and the AMPH service, provided by the East London Foundation Trust, carries out any necessary Mental Health Act Assessments. To date in 2024/25 the average number of Mental Act Assessments per quarter is 2. This is a decrease on previous years but mirrors a pattern seen across the London Borough of Hackney. We have S117 aftercare responsibilities for 37 individuals.

Mental Capacity Assessments and safeguarding are included in the internal annual audit schedule.

Best Interest Assessments are spot purchased from an independent provider although several social workers are trained in this to ensure an understanding within the service and a link to the commissioned provider.

An independent review of safeguarding carried out in 2023 recognised good practice within the team and suggested some areas of further development. The Principal Social Worker has taken forward an action plan on these areas and all have been completed.

"Work in the City regarding safeguarding people who sleep rough has been groundbreaking and influenced national policy and practices. The local Daniel SAR and other reviews have provided opportunities to improve local multi-agency arrangements, practice and protocols to promote better outcomes for people experiencing homelessness."

Dr Adi Cooper,
independent Chair of
the City and Hackney
Safeguarding Adults
Board 2014 - 2024

Safeguarding



Making Safeguarding Personal

This is embedded into the safeguarding practice of adult social care.

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	2024-25 YTD	2023-24
Total MSP Asked (with and without outcomes expressed)	7	15
Cases where outcomes were expressed	6	10
Adult at risk felt Involved in Safeguarding Process	6	9
Fully achieved	4	3
Partially achieved	1	6
Not Achieved / Not applicable (includes those who were not asked)	7	7
Percentage which were Fully and Partially met	83%	90%

Safeguarding



Deprivation of Liberty Safeguards

The City of London Corporation has excellent performance on Deprivation of Liberty Safeguards (DOLs). Requests are dealt with promptly without any waiting lists. Across the year, DOLs were processed in an average of 11 days from application to approval.

	2024/25 YTD	2023 / 24
No. of clients with DoLs in place at end of the reporting period	25	28
No. of Applications Received in the period	25	34
DOLs granted	20	26

A system-wide approach



The promotion of safety and the understanding and management of risk is embedded across all elements of the system, both internally and externally. This includes:

- a Corporate Safeguarding Policy which sets expectations for Members, officers and commissioned providers
- regular safeguarding reporting to the City Corporation's Safeguarding Sub-Committee
- online Safeguarding Awareness Training across the City Corporation
- an early intervention project that improves wellbeing by keeping people safe in ways defined by themselves
- a Care Navigator facilitates safe hospital discharge and links hospitals and GP practices to support the sharing of information to reduce risk
- the Adult Social Care Team Manager and Deputy Team Manager are embedded in the Neighbourhood multi-disciplinary meetings with health and voluntary sector partners
- social workers and the Care Navigator attend GP multi-disciplinary team meetings in practices where residents are registered
- cross-service meetings within the People's Directorate and joint working minimises risk and supports safer and more informed transitions between services
- close working between Adult Social Care and the commissioning team facilitates a high-quality alert process that picks up domiciliary care concerns below the level of formal safeguarding and ensures these are resolved at an early stage and prevent harm. Performance improvement letters are issued where safety or quality is a concern
- access and support to training for City Connections providers, and involving them in the City Safeguarding Sub-group

Theme four: Leadership



Strong, stable political and officer leadership is underpinned by robust and effective management and qualified, valued staff, driving the pursuit of excellence across Adults Social Care.

Management, leadership and governance

Adult Social Care benefits from strong relationships between experienced senior leaders and elected Members which provides accountability and direction.

The Community and Children's Services (CCS) Committee holds responsibility for Adult Social Care and its associated budget. The Chair of the CCS Committee also sits on the Safeguarding Sub-Committee, the Health and Wellbeing Board and the City and Hackney Health and Care Board, providing a strong cross-cutting approach to issues. These arrangements underpin strategic decision making and regular scrutiny of our performance data.

Further scrutiny of Adult Social Care is delivered through the Health and Social Care Scrutiny Committee.

There is strong corporate support for Adult Social Care – the Town Clerk (Chief Executive) has a social care background. Adult Social Care Performance and key strategies are considered by the Senior Leadership Team which is chaired by the Town Clerk.

The scope of the Department provides a breadth of accountability for senior officers. This provides benefits for residents through effective, integrated support.

Items discussed at Committees

- Health and Social Care Integration
- Hospital Discharge
- Quarterly Performance Statistics for Adult Social Care
- Neighbourhood model
- Mental Health Services
- Employment Support for people with Learning Disabilities
- Support for carers

Management, leadership and governance

There is a strong commitment both corporately and departmentally to being a Learning Organisation and as part of this have commissioned a number of peer reviews including one on Adult Social Care from the Local Government Association at the end of 2023. As part of this work, we developed a Peer Challenge Action Plan to address the points raised during the review, some of which were taken up as part of the ASC Transformation Programme.

As part of our commitment to continuously improving and growing, we established an Adult Social Care Assurance Board which mirrors an Achieving Excellence Board set up in Children's Social Care. The Assurance Board is independently chaired and provides us with external challenge on the services we deliver and how, the experience of service users and how we meet our statutory obligations.

Within Adult Social Care, senior management provide visible and supportive leadership to staff as well as in the wider health and care partnership.

Monthly Adult Social Care Management team meetings, as well as People Management team meetings, allow for cross-cutting themes and issues to be considered.

A complex needs panel exists where social workers present cases to Senior Managers and to make the case for specific packages for complex cases

Governance also happens through external mechanisms such as the CHSAB and NEL and Place Based Partnership structures

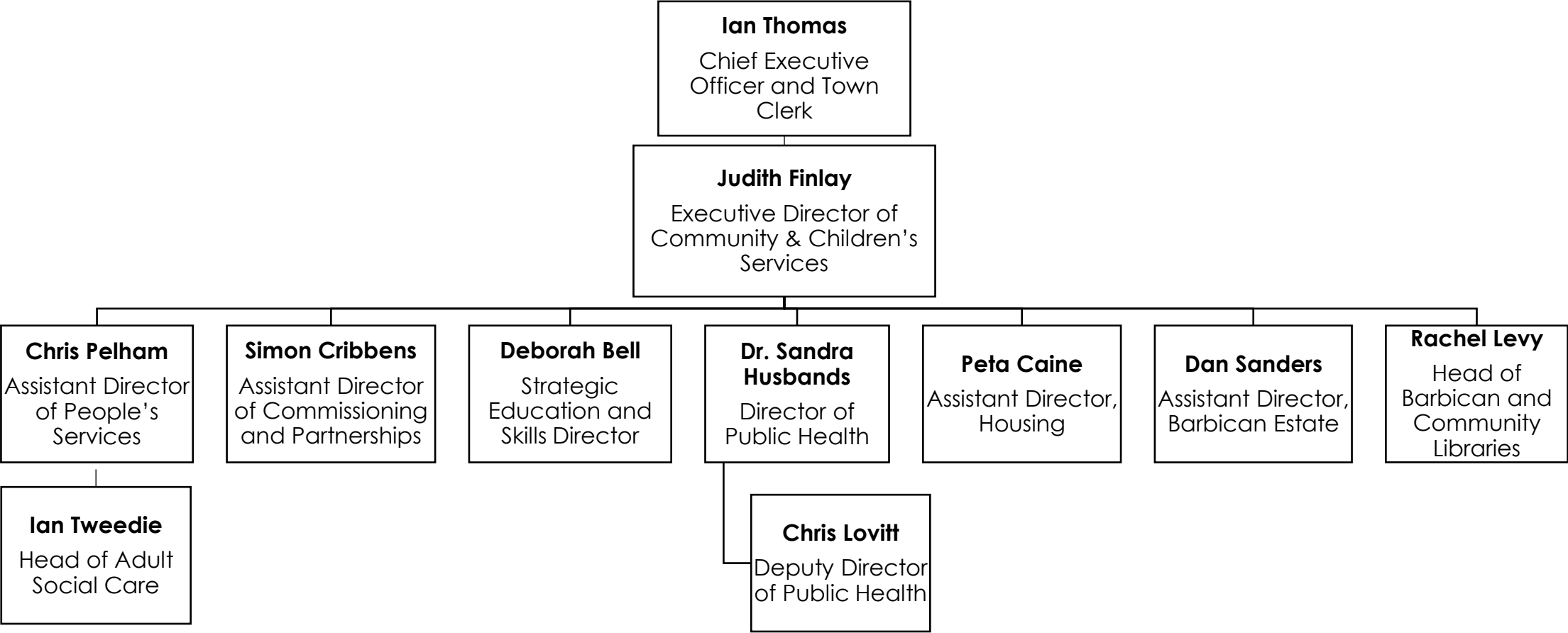
"Supervisors in Adult Social Care follow established protocols and standards... supervisors strive to continuously improve quality of management oversight records and support offered to their supervisees."

Internal decision making, recording and accountability audit and action plan (October 2024)

Department Leadership Team

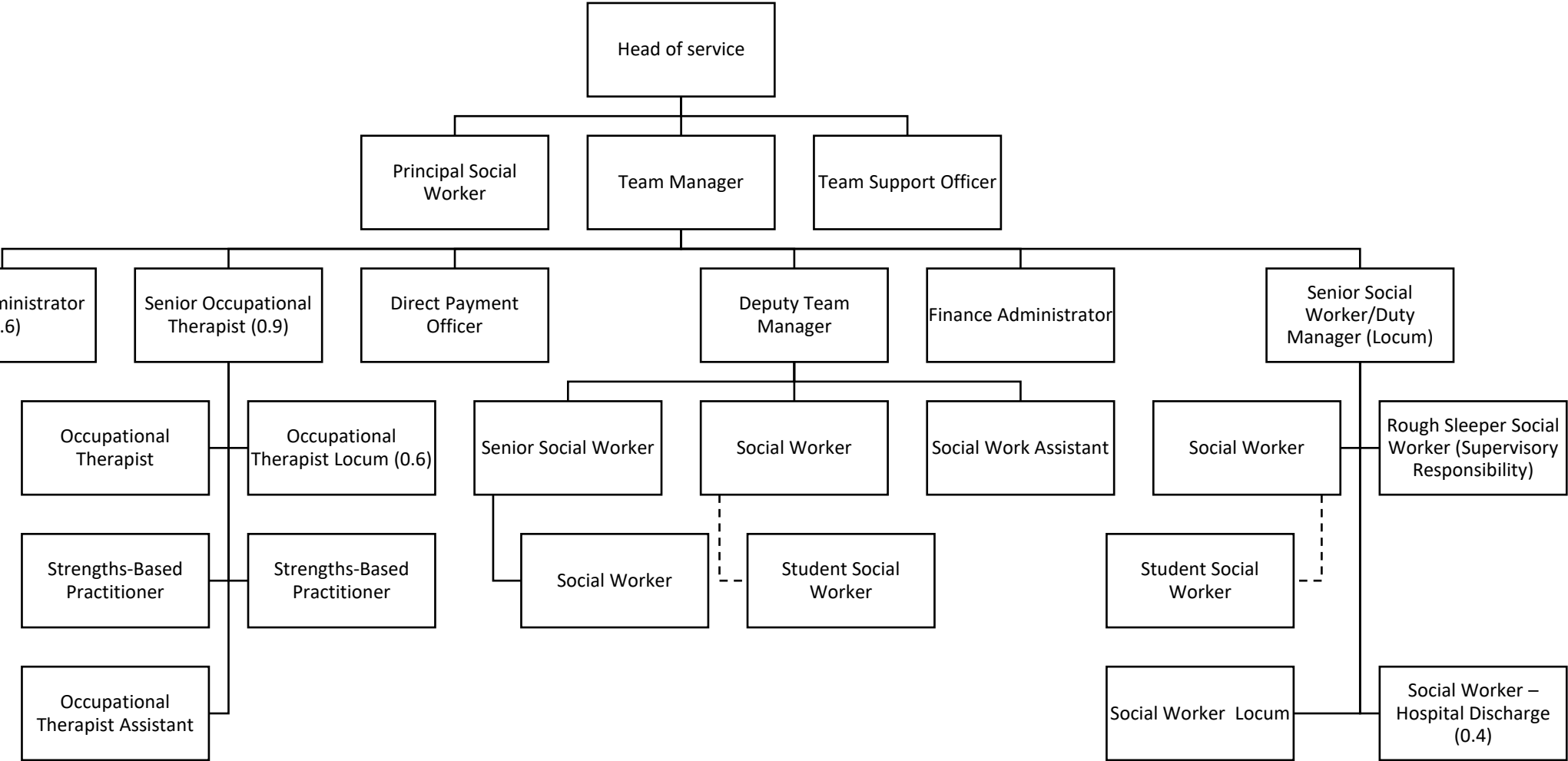


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Adult Social Care

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Management, leadership and governance



Strong political leadership and commitment has prioritised local Adult Social Care budgets. With increased demand and complexity, this political leadership secured additional growth funding for adult social care in a time of challenged resources. The commitment to Adult Social Care is also supported by the application of 1% precept on Council Tax.

The overall City Fund budget for 2025/26 is £222,341,000, of which £6,597,000 is allocated to Adult Social Care, 3% of the overall budget. This reflects that the organisation is a Corporation with local authority functions for a small resident population.

Despite financial challenges, it is expected that political leadership will continue to prioritise funding for services such as Adult Social Care at the present time.

Within the Better Care Fund we benefit from £357,283 for adult social care services from the ICB allocation against a requirement of £172,763. The Better Care Fund funds much of our hospital discharge work and the Care Navigator Role.

IBCF also plays a significant role in supporting the work of Adult Social Care.

Workforce learning and development

Our Adult Social Care staff develop expertise as generic practitioners, supported by a broad range of skills and knowledge. Activity includes:

- collaboration with Edge Training and Consultancy Ltd for comprehensive legal literacy training and use reflective practice session to implement the acquired knowledge
- City and Hackney Safeguarding Adult Board specialised training on safeguarding, domestic abuse, cultural awareness and self-neglect
- a corporate learning programme and bespoke learning opportunities including support for career progression
- completion of mandatory training is discussed during supervision and monitored by the Principal Social Worker
- membership of the South-East London Teaching Partnership (SELTP), collaborating with universities and London boroughs to train Practice Educators and host student social workers

"I feel that the training is to a good standard, and it is nice to have the training through Edge that is commissioned."

Staff survey 2024

Workforce Development Plan

Our Adult Social Care Workforce Development Plan outlines how we support a highly skilled, responsive and confident workforce able to meet our statutory responsibilities.

Development areas are legal literacy in regard to safeguarding, mental health or the Care Act 2014, strengths-based and anti-racist practice, to ensure our residents are safe, respected and are at the heart of their support planning.

All our practitioners apply critical reflection and analysis to inform and provide a rationale for professional decision-making. We do it by the use of knowledge of the law, theory and research during reflective supervision, regular reflective practice sessions and peer reflection.

Learning, improvement and innovation



Corporate Staff Survey 2024

Results showed that 80% of DCCS say that their line manager treats them fairly and with respect.

DCCS has implemented an action plan in response to the 2024 annual Staff Survey feedback. Actions include:

Working culture and relationships

- Develop a programme of inclusive departmental events, deliver more team away day and scope a work shadowing and skills development programme.

Leadership

- Use internal communications to raise awareness of actions taken as a result of the staff survey, DLT members to attend team meetings periodically to increase visibility and share updates, provide training for managers on effective appraisals and one-to-ones.

Recognising staff contributions

- Integrate recognition of staff contributions into one-to-ones and appraisals and continue to recognise staff contributions in internal communication highlights.

Wellbeing

- Wellbeing being a regular agenda item in one-to-ones and provide specific resources on managing workloads.

Learning, improvement and innovation



Adult Social Care staff said that... We have...

- | | |
|---|--|
| <p>Page 141</p> <ul style="list-style-type: none">• average rating of 7 out of 10 for the training available• development is a standing item in supervision and the Principal Social Worker provides updates and ideas of what's on training opportunities are shared by people including line managers or others in networks staff are involved with• their main barriers to learning and development are time and the right opportunities• there are a lack of leadership training opportunities | <ul style="list-style-type: none">• continued to build a SharePoint site with a new learning offer (introducing Talking Life), introduced learning bulletins and maximised learning and development information sharing• provided information on training in advance to ensure staff and managers have opportunities to plan cover, arrange workload etc• started to develop a training offer for our Business Support colleagues, including standardisation of minute taking• started to develop our Management Training Programme to include systematic supervision training, using data and performance, dynamic responsive training to use HR skills including sickness management and support and difficult conversations as a Manager• developed a Social Worker career progression pathway and continue working on clear development pathways for other job roles• agreed to establish Practice Leads, so learning can be more easily shared within the team |
|---|--|

Learning, improvement and innovation

We have strengthened our performance culture in Adult Social Care to ensure that we robustly learn from and respond to data. This includes:

- Monthly service scorecards provide senior managers and the Adult Social Care service with intelligence and performance data giving assurance that statutory obligations are being met, that any risks are identified and mitigated, targets are being met, and any emerging trends or issues are identified.
- The monthly scorecard is discussed at an officer performance meeting and a more detailed summary of safeguarding data is scrutinised quarterly at the Safeguarding Sub-Committee.
- A quarterly scorecard is considered at meetings with the Exec Director of Community and Children's Services, AD People, the Chief Executive & the People's Division Senior Leadership Team.
- Consideration of the dashboard also takes place at the Assurance Board.

Learning from peer reviews

In 2023, the Local Government Association undertook a peer review looking at our Adult Social Care Service.

Feedback was positive and noted our Strengths-based approach, strong hospital discharge model and our agility and flexibility in commissioning to meet needs.

Areas for consideration included strengthening the triangulation of quality assurance of services and strengthening feedback mechanisms



Progress on areas for development 2023/24



Actions	Progress and outcomes
1. Strengthen the triangulation around commissioned placements quality assurance	<ul style="list-style-type: none"> We have undertaken a brokerage project as part of the Adult Social Care Transformation Programme. Quality Assurance of commissioned placements are part of and aligned with the general Quality Assurance Framework.
2. Develop a strong performance culture within the service	<ul style="list-style-type: none"> We have set up a regular performance monitoring meeting, which includes server representatives and data analysts where performance is monitored, and issues are brought to the group for investigation and resolution. Ongoing training for staff on the use of Mosaic to ensure correct data is being inputted in the correct place and to improve staff confidence in using the system. The service now uses data in a much greater way, however further work is required to fully embed data use within the work of front-line staff. ASC Transformation Programme has also reviewed the reporting of our KPIs.
3. Strengthen our quality assurance	<ul style="list-style-type: none"> We now commission an external quality of practice audits, which has included Safeguarding (2023 and planned for April 2025) and OT practice (October 2024). The Quality Assurance Board now has an independent chair, and our Principal Social Worker collaborates with neighbouring boroughs on practice audit tools and quality measures.

Progress on areas for development 2023/24



Actions	Progress and outcomes
4. Improve the timeliness of review	<ul style="list-style-type: none"> We have added a traffic light system to our case management system, Mosaic to flag reviews. Adult Social Care are also working with our departmental performance team to address system issues leading to differing target dates being indicated. Additional work is underway with practitioners to ensure timeliness of reviews, and options are being explored to capture reasons for delays in reviews taking place.
5. Capture and record equalities data more effectively and use this to shape our services	<ul style="list-style-type: none"> We have reviewed our system and recording of equalities data, which identified a number of changes and improvements which were made to the overall system. Our equalities data is regularly reviewed at departmental Equality and Inclusion meetings, as well as discussion at team meetings so practitioners can have an input in the discussion and suggest areas of improvement.
6. Improve the quality and accessibility of our information offer for residents	<ul style="list-style-type: none"> The improvement of our information and a review of our front door service is an important priority within the new Adult Social Care strategy. We now have new leaflets showing how to contact and access support from our services, and our web page has been updated to allow for better access to up-to-date information. Further work is ongoing to provide more information in a greater number of languages as well as easy read versions to suit community needs.

Progress on areas for development 2023/24



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Actions	Progress and outcomes
7. Strengthen our co-production and collection of feedback and outcome impacts from adult social care service users	<ul style="list-style-type: none"> • We are developing a reward and recognition policy to award people for their time and effort in helping co-produce services with us. • In conjunction with Healthwatch City of London, we have set up an Adult Social Care User Group to collect information, feedback and to support the co-production of services with clients who are members of this group.
8. Implement robust and routine feedback from people who have been safeguarded from harm	<ul style="list-style-type: none"> • This formed part of the work of the Transformation Programme which was completed in 2024.
9. Increase diversity across the service to reflect the communities which we serve	<ul style="list-style-type: none"> • This has been taken forward as a Corporate priority and is reflected in the City Corporation's new People Strategy. Progress has been made over the past 12 months, but there is still more progress to be made. • Increasing and promoting diversity is a priority set out within the Adult Social Care strategy, as well as promoting this amongst our commissioned services to ensure that provided care is tailored to different cultural needs across our communities.

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City of London Corporation Committee Report

Committee(s): 1) Port Health & Environmental Services Committee (For Decision) 2) Health & Wellbeing Board (For Information)	Dated: 1) 02/06/2025 2) 11/07/2025
Subject: Commercial Environmental Health Service Plan 2025-26	Public report: For Decision
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:	Katie Stewart, Executive Director, Environment Department
Report authors:	Peter Brett, Commercial Environmental Health Team Manager

Summary

This report seeks approval for the Commercial Environmental Health Service Plan 2025-26 (Appendix 1).

National Codes of Practice allow local authorities flexibility over how to deliver their regulatory functions for food and occupational health and safety. Service plans set out how and at what level regulatory controls will be provided, in accordance with those Codes of Practice.

Our service plan sets out how and at what level regulatory controls will be provided and Committee approval of the plan is expected by the Food Standards Agency (FSA) and Health & Safety Executive (HSE).

Recommendation(s)

Members of the Port Health & Environmental Services Committee are asked to:

- Approve the Commercial Environmental Health Service Plan 2025-26 (Appendix 1).

Members of the Health & Wellbeing Board are asked to:

- Note the Commercial Environmental Health Service Plan 2025-26 (Appendix 1).

Main Report

Background

1. As an enforcement authority, the City Corporation has obligations for the delivery of certain food and health and safety controls arising from existing legislation, statutory Codes of Practice and related guidance. The Framework agreement sets out requirements for the planning, management and delivery of the requisite local authority enforcement services.
2. To ensure local transparency and accountability and to show our contribution to the authority's corporate plan, both the FSA and the HSE advise that service plans and performance reviews should be approved at the relevant level established for the authority. Our service plans are presented to this Committee annually.
3. The FSA's expectation is that we will deliver a programme of interventions that meets the requirements of the current Food Law Code.

Current position

4. The Commercial Environmental Health Team (the Team) continues to prioritise high risk and non-compliant establishments to ensure that City businesses in a variety of sectors, operate and remain safe for their customers.
5. In the first quarter of the reporting year (Q1 April – June inclusive) the team will focus on reducing the number of new/unrated food establishments requiring an initial inspection. Further new establishments that register during the remainder of the year will be programmed in as required.
6. The new food standards delivery model is now implemented. Plans for a corresponding new food hygiene delivery model have been postponed but the

FSA continues to develop programmes aimed at reforming controls and enforcement.

7. The detailed programme of work for the team (not just food safety and health & safety) are outlined in our Commercial Environmental Health Service Plan 2025-26 (Appendix 1).

Corporate & Strategic Implications

8. Strategic Implications - The Service Plan links to several objectives in the City Corporation's revised Corporate Plan 2024-29:
 - Providing Excellent Services
 - Vibrant Thriving Destination
 - Dynamic Economic Growth
 - Diverse Engaged Communities
9. Financial implications - None. The Service Plans will be met from within existing local risk budgets.
10. Resource implications - None.
11. Legal implications - Failure to plan and implement a programme of official food controls and health and safety interventions could result in sanctions by the FSA or HSE, in extremis taking over the operational control of the City Corporation's Food Authority and health and safety enforcing authority functions.
12. Risk implications - Potential reputational risk to the City Corporation if the above happens.
13. Equalities implications – None following a test of relevance.
14. Climate implications - None.
15. Security implications - None.

Conclusion

16. The Service Plan outlines a programme of work objectives and how these will be delivered by the Commercial Environmental Health Team. The team will ensure that their work is risk-based, supportive of businesses where they are, or seek to be compliant, providing protection to workers, consumers and the public.

17. The City Corporation will continue to meet its obligations to central Government and its agencies as outlined in the various Codes.

Appendices

- Appendix 1 – Commercial Environmental Health Service Plan 2025/26

Background Papers

None.

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Executive Summary

This Service Plan outlines our service aims, objectives, key activities, and performance measures for the upcoming year. It updates and refreshes objectives and sets out how we plan to achieve them.

We regulate food safety, occupational health and safety, and certain public health controls, adhering to frameworks set by national regulators such as the Food Standards Agency (FSA) and the Health & Safety Executive (HSE).

Our focus will remain on high-risk establishments while considering flexibilities for lower risk establishments. Interventions will be tailored to national requirements and local needs.

1. Background

1.1 Profile of the Authority and our Service

- The City of London, along with 32 London boroughs is responsible for local government services in their respective areas. The profile of our authority, our organisational structure and governance are detailed [on our website](https://cityoflondon.gov.uk/about-us/about-the-city-of-london-corporation/our-role-in-london). <https://cityoflondon.gov.uk/about-us/about-the-city-of-london-corporation/our-role-in-london>
- The Commercial Environmental Health (EH) Team operates within the Environment Department, Port Health & Public Protection Service (PHPP)

1.2 Organisational Structure of the Service

- The team is overseen by the Assistant Director (Regulation and Compliance) and managed by the Commercial EH Team Manager, with support from Lead Officers for Food Safety and Health & Safety.

1.3 Scope of the Service

- The Commercial EH Team regulates food safety, occupational health and safety and certain public health controls arising from commercial business activities.

1.4 Regulation Policy

- Focus on high-risk establishments and adapting to evolving regulatory frameworks.
- PHPP has a [documented enforcement policy](#).

2. Overall Aims & Objectives

2.1 Aims

- We promote and support a risk based, goal setting regulatory regime developing our service to contribute to the improved management and control of risk, sharing our knowledge.
- Work with others to make workplaces safer and healthier. We help ensure higher risk activities are properly managed, and employers committed to developing healthier workplaces., providing a level playing field for responsible employers by advising, promoting, and where necessary, enforcing good standards of risk control.
- We help ensure Food is hygienically prepared, safe to eat and what it says it is; safeguarding food safety and public health by implementing effective regulatory measures and enforcement actions.
- We regulate in a way that supports businesses to comply and where necessary evolve, whilst not losing sight of the integrity and assurance of safe food for consumers and safe workplaces needing to be at the heart of what we do.
- Sharing our knowledge and continuing our dialogue with stakeholders to improve services, always looking to provide simple, pragmatic advice and support
- Ensuring our workforce is adequately resourced and experienced, enabling the service to fulfil the objectives set in the Department's Business Plan and this local Plan.

2.2 Links to Corporate Objectives and Plans

- Our Service Plan aligns with the City Corporation's [Corporate Plan 2024-29](#), [Health and Wellbeing Strategy](#), [People Strategy](#), and [Digital, Data and Technology Strategy](#) as well as the [Environment Department's High Level Business Plan 2025-30](#).
 - We contribute to corporate outcomes such as providing excellent services, promoting a vibrant and thriving destination, and ensuring dynamic economic growth.
-

3. Resources, Review & Service Delivery

3.1 Resource: Financial and staffing allocation

- We aim to maintain a competent and adequately resourced workforce. The team comprises 8.2 Full-Time Equivalent (FTE) Officers, with an additional 0.3 FTE for allied food control work in Port Health. Contractors are utilised to cover staff absence and assist with additional work.

3.2 Review: Against the 2024-25 Service Plan

- Our food intervention plans were reviewed to incorporate the Action Plan agreed with the FSA Performance Team and addressing intervention backlogs. We completed focused intervention programmes for D-rated and E-rated premises and aimed to update interventions for other risk categories by year-end. New/unrated establishments will be prioritised in Q1 of 2025-26.
- Table 1 shows the food hygiene interventions we completed in the year

Table 1 Intervention Programme Category¹		Interventions done
		2024-25
Inspections & audits (*by food hygiene risk category, below) Total		693
A	7	
B	55	
C	203	
D	217	
E	63	
New/unrated	148	
Verification & surveillance visits		504
Sampling visits		14
Advice & education visits		19
Information & intelligence gathering visits		194
Total		1424

- Key statistics:
 - 96.1% of food businesses were broadly compliant (an FHRS of 3 or better) at year-end.
 - 100% premises in hygiene risk categories A to D received an appropriate intervention.
 - 97.92% of interventions due or overdue in category E premises were completed.
 - We have noted a marked increase in the number of food businesses registering with a business churn of around 20%.
 - We received 96 complaints about food or food premises.
 - 10 premises accepted voluntary closure to effect immediate improvements and to protect the public
 - 25 food businesses applied for and received an FHRS rerating in the period. All but one improved their rating; twenty-one were given a 5 rating.

- We are now implementing the food standards delivery model. Significant preparation was required, including ongoing training for all Officers and work with our Management Information System (MIS) provider.
- In 2023-24, we introduced a new MIS. Officers were involved in its development to meet data and reporting need. In 2024-25 we had to consider implementation of the new FSA food standards model. MIS revisions to the food standards risk matrix and migration of old data to new were finally incorporated in April 2025; this enabled the model's implementation, including revised data capture for reporting and KPIs.
- We completed our cooling tower intervention programme, targeting inspections based on risk rating data from previous interventions and any further intelligence received.
- We continue to manage our Primary Authority Partnerships, focusing on occupational health and safety. This includes audit work across the UK for a high street retailer and developing (and auditing) advice for a national gym company regarding an unstaffed model of work.
- We completed a programme of interventions in establishments with massage and special treatment licences.
- We actively take part in SAG activity as necessary and reviewed an additional 59 event applications to City of London in relation to health and safety matters this year.
- A number of outbreaks and incidents were followed up in the year with our colleagues in UKHSA.

3.3 Service Delivery: 2025-26

- We will continue to prioritise high-risk and non-compliant establishments, deliver planned interventions, prioritising new premises, investigate complaints, support businesses through the Primary Authority scheme, and implement a risk-based sampling programme. We will respond promptly to food safety incidents and collaborate with other authorities to ensure consistent enforcement. We will investigate notifications of illness, disease outbreaks and food-related infectious disease in partnership with the UK Health Security Agency (UKHSA) and the City & Hackney Public Health Teams.
- Our overall Food Establishment Profile is detailed in **Table 2** below.

Table 2	
Establishment profile by Intervention rating (risk) category	Total Number of establishments
A	9
B	57
C	305
D	788
E	400
Unrated	197
Other category (e.g. Approved premises)	65
Total	1756

- Specific planned interventions, controls and activities are detailed in the section on the services objectives and activities. The number of food hygiene interventions that are due are detailed in Table 3; these include businesses that registered on or before 1st April

2025 and still require an initial inspection. Our intervention programme will also include any further new establishments that register in the course of 2025-26; this figure is likely to be significant.

- Details of our service delivery points are explained on our website [here](#).

4. Quality Assessment

4.1 Quality Assessment and Internal Monitoring

- We have measures to assess officer performance and are developing systems to accurately depict service demands in real time, enabling us to target resources more effectively. Our enforcement activity and key performance indicators (KPIs) are reported to the Port Health & Environmental Services Committee.

Objectives and Activities

1: Deliver a Targeted Programme of Official Food Controls

We will meet service delivery expectations for Local Authorities in the Food Law Code, prioritising high-risk and non-compliant establishments. We will manage the transition to the new food standards delivery model and undertake proactive surveillance to maintain an accurate business landscape.

This table shows the proactive hygiene inspections that are scheduled for 2025-26.

Food Hygiene Intervention Rating		Table 3
Risk Category, (interval)	Interventions due in 2025-26	
A (6 months)	7	
B (12 months)	57	
C (18 months)	155	
D (2 yearly)	361	
E (3 yearly)	77	
Unrated	197	

2: Maintain Support for the National Food Hygiene Rating Scheme (FHRS)

We will support FHRS and ensure the credibility and objectivity of the scheme. Our intervention work will establish compliance even in lower-risk premises, and we will support re-rating visits as outlined on our website.

Distribution of FHRS ratings.

FHRS Rating	Number premises (04-2025)	Category, %	Table 4
0	2	Non-compliant,	

1	17	3.3 %
2	39	
3	39	Broadly compliant, 2.6 %
4	109	Compliance Good or better, 93.5 %
5	1279	
Unrated/outside program	265	
Total	1750	

3: Appropriate food standards interventions are completed using the new food standards risk rating model (FSDM)

Our regulatory work remains a targeted (risk-based) intervention program developed to ensure businesses meet key requirements in both food hygiene and food standards. The food standards interventions due in 2025-26 are in Table 5 below

Food hygiene and appropriate food standards interventions are combined in new/unrated establishments.; We also anticipate that the majority of the food standards interventions required can be managed through the food hygiene program as they were in the previous system. Priority food standards interventions will be appropriately managed.

Food Standards Intervention intervals (in months)		Table 5
		Interventions due in 2025-26
3		0
6		8
12		17
24		161
36		157
48		58
60		275
72		116

4: Develop and Implement a Risk-Based Food Sampling Programme

We have a [Sampling Policy](#) and we participate in relevant regional/national studies. We will exchange intelligence on sampling results to maintain a robust system of Official Food Controls.

5: Ensure Adequate Arrangements for Health and Safety Regulation and Enforcement

We will focus on high-risk duty-holder businesses and activities, undertaking targeted initiatives based on local intelligence and evidence of risk. In setting our priorities we will utilise HSE LAC 67-2- Setting Local Authority Priorities and Targeting Interventions for 2025/2026. Our programme will include interventions focusing on duty-holders management of legionella in cooling towers. We will promote proportionate health and safety through business engagement and partnership working.

6: Promote Workplace Health and Wellbeing

We will align our work with the evolving public health agenda, encouraging the development and use of good practice frameworks for workplaces. We will raise awareness of work-related stress and mental health campaigns.

7: Develop Primary Authority Partnership Work

We will pursue ongoing Primary Authority Partnership (PAP) work, providing assured and tailored advice to businesses. We aim to improve support for businesses and economic growth, ensuring progress towards the Government's better regulation agenda. Currently we have seventeen PAP agreements Details are available on the [GOV.uk website](https://www.gov.uk),

8: Further Develop the Commercial EH Team

We will focus on our people, producing training and development opportunities, and aligning with the City Corporation's People Strategy. We will enhance the competency of our frontline professionals and develop suitable training arrangements.

9: Develop IT and Information Management Systems

We will work collectively to embed and develop Uniform to match business processes, develop Power BI data reporting, and improve our digital customer services. We aim to streamline internal and external processes, reducing administrative burdens and improving information and intelligence gathering.

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Committee: 1) Port Health & Environmental Services Committee (For Decision) 2) Health & Wellbeing Board (For Information)	Dated: 1) 02/06/2025 2) 11/06/2025
Subject: Port Health Food Safety Enforcement Plan and Port Health Service Plan 2025/26	Public For Decision
This proposal: <ul style="list-style-type: none"> • delivers Corporate Plan 2024-29 outcomes • provides statutory duties 	<ul style="list-style-type: none"> • Providing Excellent Services • Diverse Engaged Communities
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:	Katie Stewart, Executive Director, Environment Department
Report authors:	Tim Bage, Assistant Director – Port Health

Summary

This report seeks approval for the Port Health Service Food Safety Enforcement Plan 2025/26 (Appendix 1).

National Codes of Practice allow local authorities flexibility over how to deliver their regulatory functions for food and occupational health and safety. Service plans set out how and at what level regulatory controls will be provided, in accordance with those Codes of Practice.

Our service plan sets out how and at what level regulatory controls will be provided and Committee approval of the plan is expected by the Food Standards Agency (FSA) Recommendation(s)

Members of the Port Health & Environmental Services Committee are asked to:

- Approve the Port Health Service Food Safety Enforcement Plan 2025/26 (Appendix 1).
- Note the Port Health Service Plan 2025/26 (Appendix 2).

Members of the Health & Wellbeing Board are asked to:

- Note both the Port Health Service Food Safety Enforcement Plan 2025/26 (Appendix 1) and Port Health Service Plan 2025/26 (Appendix 2).

Main Report

Background

1. As an enforcement authority the London Port Health Authority (LPHA) has obligations for the delivery of certain food and standards controls.
2. In the case of the LPHA, Articles 3 and 4 of The London Port Health Authority Order 2024 and associated the Schedules, make provision as to the jurisdiction and the functions that the port health authority is to exercise as regards the London port health district, which includes food safety and standards controls within ports falling under its jurisdiction, and the River Thames.
3. To ensure local transparency and accountability and to show our contribution to the authority's corporate plan the FSA advise that service plans and performance reviews should be approved at the relevant level established for the authority. Our service plans are presented to this Committee annually.

Current Position

Port Health Food Safety Enforcement Plan 2025/26

4. LPHA has 160 food premises registered, in total. 141 are within the Ports/River area and 19 in the London Gateway Logistics Park (inspected under the S.101 agreement with Thurrock Council). These fall within the full range of FSA categories, requiring inspection from every 6 months to 3 years.
5. In 2024/25, 60 food hygiene inspections were carried out during the period. Only 1 was not broadly compliant (falling below FSA expected standard). 10 food standards inspections were carried out.
6. The detailed programme of work for the Port Health Service are outlined in Port Health Service Food Safety Enforcement Plan 2025/26 (Appendix 1).

Port Health Service Plan 2025/26

7. The Port Health Service has focused its attention on undertaking border controls on food and feed under the new Border Target Operating Model (BTOM); a high-level plan that outlines the new regime for Sanitary and Phytosanitary (SPS) checks on all food and feed entering the UK from both the European Union(EU) and the Rest of the World (RoW).
8. The plan outlines a comprehensive approach to managing and monitoring public, animal and environmental health at the ports and surrounding areas. The plan details the responsibilities and activities of the Port Health Service, which includes controlling food and feed imports, food standards, food safety, water quality, infectious disease control, civil contingencies, ship sanitation, environmental protection, and shellfish control. By implementing these

measures, the Service aims to protect and enhance public health, prevent the spread of diseases, and ensure the quality and safety of food and water supplies.

9. The Port Health Service is responsible for compliance checks for all food and feed imports from the EU and the rest of the world, ensuring that these imports meet the necessary standards and regulations. This is particularly important as the ports are the first point of entry into the UK, and any issues with imported food and feed can have significant implications for the biosecurity of the UK.
10. Moreover, the plan highlights the Service's commitment to delivering a high-quality, accessible, and responsive service. It details how the service has reacted to the new BTOM Model by extending operating hours, restructuring into multidisciplinary teams, and investing in professional and personal development, the Service aims to be the fastest processor of imported food and feed consignments in the UK while maintaining robust biosecurity measures at the border. This not only ensures the efficient and effective delivery of services but also supports the growth and development of the ports, contributing to the economic prosperity of the region.
11. The detailed programme of work for the Port Health Service are outlined in Port Health Service Plan 2025/26 (Appendix 2).

Corporate & Strategic Implications

12. Strategic Implications - The Service Plans link to a number of the objectives in the City Corporation's revised Corporate Plan 2024-29:

- Providing Excellent Services
- Dynamic Economic Growth

13. Financial implications - None. The Service Plans will be met from within existing local risk budgets.

14. Resource implications - None.

15. Legal implications - Failure to plan and implement a programme of official food controls could result in sanctions by the FSA, in extremis taking over the operational control of the LPHA Food Safety and standards, enforcing authority functions.

16. Risk implications - Potential reputational risk to the LPHA and thus the City Corporation, if the above happens.

17. Equalities implications – None following a test of relevance.

18. Climate implications - None.

19. Security implications - None

Conclusions

20. The LPHA will continue to meet its obligations to the Food Standards Agency in respect of food safety and standards in the ports, river and Logistics Park.

21. The Port Health Service Plan outlines a programme of work objectives and how these will be delivered. LPHA will continue to ensure our work is risk-based in line with the BTOM, targeting non-compliance whilst facilitating the smooth passage of goods through our ports for compliant businesses to ensure a level playing field of regulation.

Appendices

- Appendix 1 – Port Health Food Enforcement Plan 2025/26
- Appendix 2 – Port Health Service Plan 2025/26

Background Papers

None

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Port Health - Food Safety Law Enforcement Plan 2025/26

Service Aims and Objectives

Through this plan, the London Port Health Authority (LPHA) aims to ensure compliance with legislation related to imported food and animal feed to protect food safety and animal health. Deliver a high quality, accessible and responsive service to protect, enhance, and improve public, environmental, and animal health throughout the London Port Health district

This Plan aims to ensure that our enforcement remains targeted, proportionate, consistent and transparent, and sets out the framework for its delivery. It has been prepared as required by the Food Standards Agency (FSA) and the content of this Plan provides the basis upon which the LPHA will be monitored and audited by the FSA.

In this context the LPHA also has responsibility for Food Hygiene and Standards, Imported Food Sampling, Animal Feeding Stuffs and Shellfish Classification.

Food Hygiene and Food Standards Inspections

The Port Health Service undertakes food hygiene and food standards inspections of premises within the Port domain, including Approved premises. The Port is also responsible for the inspection of some fixed craft and moving vessels serving food and drink on the tidal Thames. Food premises airside at London City Airport also come under the Port. LPHA currently regulates 160 food businesses, of which 1 is non-compliant at the start of 25/26.

The number of Food Hygiene/Food Standards inspections undertaken in 2024/25 were 160 for Food Hygiene (including Alternative Enforcement Strategy) and 10 Food Standards.

The City has also entered into a Local Government (Miscellaneous Provisions) Act section 101 agreement with Thurrock Council to exercise Thurrock's functions under the feed and food laws in a section of the Logistics Park **Alternative Enforcement Strategy**.

LPHA received 9 food complaints in 24/25 – 7 for the River/Airport and 2 for the Logistics Park.

The LPHA has also exercised the advice in the Food Law Code of Practice (COP) which allows for an alternative enforcement strategy (AES) for low-risk premises, i.e. Food Hygiene category E based on the COP risk rating.

For 25/26 the Port Health Team have 57 inspections due for Food Hygiene and 13 for Food Standards.

All new registrations will have an initial formal inspection and if rated as an E they will then come under the AES. Under the AES the premises will be due an intervention every 3 years and the intention is that a physical inspection will be carried out every 9 years.

Premises and vessels under the AES will receive a specific questionnaire which will be scrutinised by a competent officer to assess if enough information has been obtained. A follow up telephone call may be necessary. Some premises will receive a follow up visit to

verify information on the questionnaire and visits, if necessary, will take place following complaints, ID notifications, changes of activity/management or non-return of questionnaire.

It is the intention that the larger E rated premises within the Port, which have comprehensive HACCP documentation, such as large-scale storage facilities and milling plants will still have a visit at each due intervention which has resulted in another area of responsibility for LPHA.

Feed and Food Complaints

The Service follows corporate policy in relation to any complaints and we aim to provide a same day response to all consumer complaints on food matters.

Home Authority Principle and Primary Authority Scheme

It is our policy to contact the Primary Authority when we become aware of an importer not conforming with the relevant import regulations. We also try to identify and contact Primary Authorities following adverse sample results.

The Primary Authority database is always examined to check for any partnerships in relation to any food premises that face interventions.

We also provide updates on current issues and offer advice and support in the use of electronic systems such as the IPAFFS system.

Food and Feed Sampling

All samples in respect of Imported Food are taken in accordance with Port Health's Sampling Policy. Details regarding the selection, procurement and preparation of samples are contained in the Service's Sampling Plan.

The main aim of our sampling programme is to proactively detect foods outside specific regulation which may be a threat to public or animal health. In addition, we monitor and sample on a risk basis having regard to information from a range of sources including Border Notifications, FSA / Defra intelligence, previous adverse sample results, new products and random sampling.

POAO is checked at the frequencies set by the Border Operating Model.

Sampling plans will change throughout the year to reflect emerging issues and evidence.

This has resulted in further formal action, including detention and/or destruction of the consignment, for adverse chemical and biological results. Labelling issues are referred to the responsible Trading Standards service at consignment's destination.

Selection of Consignments

The requirement and selection of a consignment for routine sampling is decided officers either during the documentary check process or at the time of the physical examination of the product. Officers can subject any consignment at any stage of the checks to any sampling and laboratory tests if it is considered necessary to ascertain that the consignment meets the import requirements. Officers are either a qualified Chartered/Environmental Health Practitioner or Official Veterinarian.

Information that can be used to help identify and prioritise risks includes:

1. Intelligence obtained from different national and international databases: IPAFFS, EWS
2. Specific priorities and alerts issued by the different Regulators.
3. Local intelligence/professional expertise from results from previous years and type of imports.

The information sources listed above can be used to assess risks. The risk assessment is likely to be a combination of data, judgement and expert knowledge.

The plan specifies the types of products, origin of the products (if relevant) and the analysis or exam required. The sampling plan aims to proactively detect food or feed which may be a danger to public or animal health and to ensure compliance with food standards and relevant legislation. The sampling plan covers food and feed of POAO or NAO. The plan is not fixed, but is reviewed at regular intervals during the year, to adjust it to the fluctuations in trade and the on-going assessment of the existent and emerging risks.

Officers will undertake sampling in accordance with the standards required in the various Codes of Practice, and in compliance with any methodology when specified in the Regulations:

New products should be sampled if possible or where the AO suspects the consignment does not comply with the import conditions.

Feed, Food Safety and Standards promotional work, and other non-official controls interventions

Regular stakeholder events are held to update the trade and discuss current issues. This opportunity is taken to promote the use of Information Technology to speed clearance times.

Feed and Food Safety Incidents

LPHA are committed to responding promptly to all food or feed safety incidents. The Service has arrangements in place to ensure that it is able to respond to Food Alerts issued by the

FSA. Warnings are received electronically, and all urgent Food Alerts receive immediate attention and action where necessary. Out of hours arrangements are in place.

Border Notifications issued by the European Commission are sent to a designated Officer of the GB Competent Authority who is responsible for their distribution amongst LPHA Officers involved in Imported Food Enforcement. LPHA's database, Port Health Interactive Live Information System (PHILIS) can be used to issue reminders when specific products are subject to control.

Organisational Structure

The LPHA employs a range of roles within the Port Health Service, these are outlined below with the numbers on establishment also provided; this might be different at the number employed in those roles at any one time.

- 1 Assistant Director
- 5 Managers
- 9 Team Leaders
- 9 Port Health Officers
- 8 Official Veterinarians
- 10 Senior Port Health Technical Officers
- 33 Port Health Technical Officers (PHTOs)
- 5 Senior Support Assistants
- 12 Support Assistants
- 2 Assistant Accounts Receivable Officers
- 2 Apprentices
- 6 Launch Crew
- 1 Compliance Officer
- 1 Training Officer

2025/26 Sampling Plans

Sampling Plan 25/26 - Products of Animal Origin and Non-Animal Origin (Food & Feed)

The purpose of the plan is to specify the imported Products of Animal Origin (POAO) and Non-Animal Origin (NAO) food/feed that should be sampled for examination and analysis each year.

The plan is devised using a risk-based approach when deciding which tests and products to be sampled, balanced with the requirement of randomisation in the selection of consignments.

The LPHA Imported Food Sampling Policy allows sampling of food and feed to be decided on a local basis according to product type, local knowledge, seasonal variation and historical import records at each individual port.

Deviations from the sampling protocol are permitted to take account of an importer's history of non-compliance with legislative requirements, previous adverse sample results

and intelligence received, for example, from inland local authorities, importers and consumer complaints. Sampling plans are provided in the appendices to this service plan.

NAO Sampling

Appendix 1 provides the plan for NAO food and feed samples being taken this year.

POAO Sampling

Appendix 2 provides the plan for POAO food and feed samples being taken this year.

Fishery Products

Appendix 3 provides the plan for fishery products being taken this year.

Shellfish Sampling

Appendix 4 provides the plan for locally sourced samples of shellfish from the Thames Estuary performed as part of official shellfish controls.

FSA Food Sampling Survey

There is an additional FSA Food Sampling Survey to be carried out for this period, where funding is obtained directly from Central Government. The purpose of this survey is to supplement Local Government food sampling with specific priorities, so foods of national concern can be tested.

Laboratories used by Port Health are listed below:

1. Food Water and Environmental Microbiology Laboratory London 61 Colindale Avenue, London, NW9 5EQ

Telephone: 02083276550

Email: FWEM@ukhsa.gov.uk

2. Kent Scientific Services

8 Abbey Wood Road, Kings Hill, West Malling, Kent ME19 4YT Telephone 030004151000

Email : kss@kent.gov.uk

3. Public Analyst Scientific Services (Eurofins UK)

i54 Business Park, Valiant Way, Wolverhampton. WV9 5GB

Telephone 01902627200

Email: info@publicanalystservices.co.uk

4. Centre for Environment, Fisheries and Aquaculture Science (CEFAS) Pakefield Road, Lowestoft, Suffolk, NR33 0HT

Telephone 01502562244

Email : www.cefasc.co.uk/contact-us

Results

When the results are received, they are entered in the City's database Port Health Interactive Live Information System (PHILIS) and UK databases, where appropriate.

For unsatisfactory results, officers will instigate further action which includes:

1. Notifying the food/feed business operator of the failure and issue the appropriate notifications to reject the consignment if still not released for import (for instance in the case of suspicious consignments). The possible options will be destruction or re-export, depending on the assessment of the risk posed by the failure.
2. Notifying the Local Authority of the premises of destination when the consignment was released pending the results, to allow them to take appropriate action for the non-compliant product in circulation.
3. Depending on the failure IPAFFS might trigger the issuing of an emergency notifications.

Appendix 1 - Proposed Imported FNAO NMP – sampling priorities table for 25/26 for food not of animal origin

High priority
Medium priority
Low priority

[Text Wrapping Break]

Nuts & seeds products

Priority Ranking	Product Category	Hazard	Specific sampling guidance
High	Nuts & seeds products	<i>E. coli, Salmonella, Listeria monocytogenes</i>	Potentially ready-to-eat commodities: fresh coconut, nut spreads, sesame seeds, cumin seeds; alfalfa sprouts, all bean sprouts, other sprouted seeds, tahini & halva (from Syria)
High	Nuts & seeds products	<i>Aflatoxins</i>	Almonds (including ground/flour), groundnuts (including spreads/flour), Brazil nuts, pistachios, hazelnuts, walnuts, other tree nuts and mixed nuts, nut spreads and butters, melon seeds (egusi), chia seeds
Medium	Nuts & seeds products	<i>Cyanide (hydrocyanic acid)</i>	Apricot kernels, bitter almonds
Medium	Nuts & seeds products	<i>Undeclared allergens</i>	Nut spreads and butters
Medium	Nuts & seeds products	<i>Pesticide residues</i>	Bean sprouts (mung beans)
Low	Nuts & seeds products	<i>Undeclared sulphites</i>	Coconut (desiccated, dried, flour)

Herbs & spices

Priority Ranking	Product Category	Hazard	Specific sampling guidance
High	Herbs & spices	<i>Salmonella</i> , <i>Shiga toxin producing E. coli</i> (STEC), <i>Listeria monocytogenes</i>	Potentially ready-to-eat commodities: paan (betel) leaves, coriander leaves and other herbs (fresh or dried); pepper (black, pink & white), paprika powder, chilli powder, spice mixtures
High	Herbs & spices	<i>Aflatoxins</i>	Nutmeg (whole & ground), paprika, chilli powder
High	Herbs & spices	<i>Sudan dyes</i>	Turmeric (from Bangladesh), crushed pepper (from China), paprika (from Russia), spices and sumac (from Turkey)
Medium	Herbs & spices	Undeclared allergens, colours/dyes or sulphites	Spice mixtures, curry powder
Medium	Herbs & spices	<i>Pyrolizidine alkaloids (PAHs)</i>	Cumin, oregano (from a number of countries)
Medium	Herbs & spices	<i>Pesticide residues</i>	Tea leaves (especially from India); ginger, coriander roots & leaves, paprika, chilli powder; herbs (from Israel and Cambodia)
Low	Herbs & spices	<i>Benzo(a)pyrene (BaP)</i>	Ginger, oregano

Fruit & vegetables

Priority Ranking	Product Category	Hazard	Specific sampling guidance
High	Fruit & vegetables	<i>Salmonella</i> , <i>Shiga toxin producing E. coli</i> (STEC), <i>Listeria monocytogenes</i>	Potentially ready-to-eat commodities: e.g. peppers (sweet or bell), salad leaves, prepared fresh vegetables, enoki mushrooms (especially from China)
High	Fruit & vegetables	<i>Aflatoxins</i>	Dried figs, chilli peppers (fresh or dried)
Medium	Fruit & vegetables	<i>Pesticide residues</i>	Dried beans (from any non-EU country), beans (fresh), yardlong beans, okra, peppers (sweet or bell), chilli peppers (fresh or dried), spinach, vine leaves (from Egypt). Vine fruits/raisins, pomegranates, citrus fruits, mangoes (fresh or dried), prepared fresh fruit, dried dates, bananas (from Ecuador), apples (from India)
Medium	Fruit & vegetables	<i>Norovirus / Hepatitis A</i>	Frozen sweetcorn, frozen raspberries, other small fruit & berries
Low	Fruit & vegetables	<i>Ochratoxin A</i>	Vine fruits/raisins, dried figs
Low	Fruit & vegetables	<i>Cadmium</i>	Avocados & asparagus (from Peru)
Low	Fruit & vegetables	<i>Undeclared sulphites</i>	Dried apricots, dried dates, other dried or candied/mixed fruits
Low	Fruit & vegetables	<i>Iodine</i>	Seaweed and kelp (from China, Japan & Korea)

Other FNAO products

Priority Ranking	Product Category	Hazard	Specific sampling guidance
High	Edible oils	<i>Sudan dyes</i>	Palm oil (from Ivory Coast)
High	Grain products	<i>Sudan dyes</i>	Couscous (from Lebanon), fruit bars (from USA)
Medium	Edible oils	<i>3-MPCD & Pyrrolizidine alkaloids (PAHs)</i>	Palm oil
Medium	Grain products	<i>Pesticide residues</i>	Rice (from India)
Low	Grain products	<i>Ethylene oxide</i>	Noodles (from Vietnam)
Low	Food supplements	<i>Ethylene oxide</i>	Various food supplements (from India)

Appendix 2 - Proposed Imported POAO NMP – sampling priorities table for 25/26 for products of animal origin

This is pending a review by the Food Standards Agency in conjunction with LPHA. This aspect of the service plan will be populated when this work is completed.

**Appendix 3 - Proposed Imported POAO NMP – sampling priorities table for 25/26 for
Fishery Products Monitoring Plan**

<u>Priority</u>	<u>Hazard</u>	<u>Sampling Guidance</u>	<u>Total Samples</u>
High	Salmonella, Vibrio, Listeria monocytogenes	Cooked crustaceans	2
High	Listeria monocytogenes, Clostridium botulinum	Smoked fish	2
High	Veterinary medicine residues	Fish and crustaceans	10
Medium	<i>Cadmium</i>	Fish – wild sardines	1
Medium	Mercury (total mercury and methylmercury)	Fish – wild	6
Medium	<i>Histamine</i>	Fish associated with histidine	5
Medium	<i>Lead</i>	Fish – wild sardines	6
Low	E. coli, Staphylococcus aureus	Imitation crab claws	1
Low	<i>Dioxins/PCBs</i>	Oily fish only.	2

Total Samples: 35

Appendix 4 - Proposed Shellfish Sampling Plan for 25/26

Sample Site	Species	No of samples	Purpose	Sampled for	Laboratory	Chargeable to LPHA
Brandy Hole	Pacific Oyster	12	Classification	Micro	Colindale	Yes
Paglesham Pool	Pacific Oysters	4	Declassified Dec 2024 quarterly sampling for 2 years	Micro	Colindale	NA
Barling Hall	Pacific Oysters	12	Classification	Micro	Colindale	Yes
Paglesham	Pacific Oysters	12	Classification	Micro	Colindale	Yes
Paglesham	Hard Clams	12	Biotoxin	Biotoxins	CEFAS	No
Rushley Island	Pacific Oysters	12	Classification	Micro	Colindale	Yes
Off Rochford Outfall	Pacific Oysters	12	Classification	Micro	Colindale	Yes
Crouch Approach	Cockles	12	Classification	Micro	Colindale	Yes
Crouch Approach	Cockles	4	Biotoxin	Biotoxins	CEFAS	No
East of Havengore Creek	Cockles	12	Classification	Micro	Colindale	Yes
East of Havengore Creek	Cockles	4	Biotoxin	Biotoxins	CEFAS	No
Phoenix	Cockles	12	Classification	Micro	Colindale	Yes
Phoenix	Cockles	4	Biotoxin	Biotoxins	CEFAS	No
East of Shoebury Buoy	Cockles	12	Classification	Micro	Colindale	Yes
Barton Point	Mussels	12	Classification	Micro	Colindale	Yes
Leigh Foreshore	Cockles	0	Declassified 2024	Micro	Colindale	NA
West of Southend Pier	Pacific Oysters	12	Classification	Micro	Colindale	Yes
West of Southend Pier	Pacific Oysters	8	Biotoxin	Biotoxins	CEFAS	No
East of Southend Pier	Pacific Oysters	12	Classification	Micro	Colindale	Yes
Southend Leisure Centre	Mussels	12	Classification	Micro	Colindale	Yes
Barrow Deep	Native Oysters	12	Classification	Micro	Colindale	Yes
Black Deep	Razor Clams	12	Classification	Micro	Colindale	Yes
Total		228				



Port Health Delivery Plan 25/26

Service Profile

As the London Port Health Authority (LPHA), the **Port Health Service** is responsible for a district extending for 94 miles along the River Thames from Teddington to the outer Estuary. The area includes the London Gateway port as well as the ports of Tilbury, Tilbury 2, Purfleet, Thamesport and Sheerness. The area also includes London City Airport as well as the various docks and dockland areas which have now been redeveloped.

The Service aims to deliver a high quality, accessible and responsive service to protect, enhance, and improve public, environmental, and animal health by controlling food and feed imports; food standards, food safety and water quality; infectious disease control; civil contingencies; ship sanitation; environmental protection and shellfish control.

The control of imported food and animal feed is an important requirement as the checks take place at ports that are first point of entry into the United Kingdom.

Last financial year saw significant changes in the way in which the Service was delivered. The imposition of checks to imported food and feed entering from the EU was brought alongside existing checks on food and feed from the rest of the world (RoW) through the Border Target Operating Model.

The service significantly restructured to form 4 groups – each a multidisciplinary team of technical and professional officers, managed by a group manager and two team leaders each. A further team managed by a Business Manager provides Technical Administration Support to the 4 groups. Operating Hours were extended by 4 hours per day, adding an extra 20 hours per week to our service coverage.

Port Health also contains the River Division with bases at Denton, Gravesend and Charlton. This team leads on ship sanitation, shellfish sampling, noise and nuisance control on the tidal Thames and ceremonial duties.

Now LPHA are responsible for compliance checks for all food and feed imports from the EU and the Rest of World (RoW) that enter via the Border Control Posts at London Gateway, Tilbury, Tilbury2, Purfleet, Thamesport and Sheerness.

The Port of London is the largest mixed cargo port in the United Kingdom. Containerized cargo continues to grow through further phased development at Tilbury and the investment in the 4th berth at London Gateway which came online in January 2025, quickly attracting a new customer base. Investment in the ports of London remains strong and underpins long term forecasts for growth.

Service Responsibilities

The main activity for LPHA is the checking of food and feed imports from all countries which includes checks on all of mainland Europe. Cargo arrives from many areas of the world including South America, Africa, Australia, New Zealand, India, East Asia, the Mediterranean, USA, and Canada.

In addition to its imported food responsibilities, LPHA also has responsibility for Animal Feeding Stuffs, Shellfish Classification, Infectious Disease Control, Pollution Control and Pest Control.

Shellfish classification forms one of the many tasks performed by the River Division; there are 17 active beds (2 declassified last year) within the Authority's area and 4 further active beds are monitored on a contractual basis for Swale Borough Council, and Thanet Borough Council plus additional samples are taken for FSA projects, as required.

Infectious disease control continues to present a significant effect on staff resource with enhanced checks of all vessel arrivals in our area. Relationships developed during the pandemic remain strong, such as those with Border Force, Port of London Authority and relevant port operators who assist in maintaining the biosecurity of the UK's borders.

Drinking water quality has remained an area of significance as vessels moor up for longer periods of in activity in the docks and surrounding areas (including the River and London City Airport).

Port Health Service Aims and Ambitions

The Port Health Service aims to:-

- Ensure compliance with legislation related to imported food and animal feed to protect public, animal and environmental health
- Deliver a high quality, accessible and responsive service to protect, enhance, and improve public, environmental, and animal health throughout the London Port Health Authority district

It is the ambition of LPHA to:

- Develop our Port Health Service to be the fastest processor of imported food and feed consignments in the UK whilst maintaining robust biosecurity measures at the border.
- At all times to seek value for money in the activities we undertake so that the highest possible standards are achieved cost effectively.

Links to City of London Corporation Plans

The Port Health Service Plans link to the Key Service Objectives set out in Port Health & Public Protection Business Plans.

 [Env Dept HLBP 2025-30 - FINAL.pdf](#)

Port Health and Public Protection High Level Delivery Plan

1. Promote and Protection Animal and Environmental Health, and Consumer Protection. The High-Level Business Plan requires us to Embed the Border Target Operating Model (BTOM) at Ports for Food and Feed.

Priority workstream and key 2025/26 deliverables	Funding allocation approx. %	People resource approx. %	Corporate Plan 2024-2029 Outcomes	Outcome focused Performance measures	Outcomes / Impacts
b) Protect and promote Public, Animal and Environmental Health and Consumer Protection					
1. Embed the Border Target Operating Model (BTOM) at the Ports for food and feed and at Heathrow for live animals (AVI). • Finalise development of the services to move to Business as Usual operations by Q3 2025/26.	4.8% (BTOM work is cost neutral)	44%	Providing Excellent Services Vibrant Thriving Destination Dynamic Economic Growth	• % of checks undertaken on low and medium risk food and feed imports.	• Provision of effective biosecurity controls at the border and promotion of animal welfare. • Realisation of new border controls for food and feed from the EU where the service is meeting demand from industry whilst providing effective public health protection.

2. Ensure Provision of Appropriate Facilities to enable delivery of services. The High-Level Business Plan requires us to Carry out a strategic review of operational facilities to ensure they are fit for purpose to enable effective, efficient and sustainable service delivery.

Priority workstream and key 2025/26 deliverables	Funding allocation approx. %	People resource approx. %	Corporate Plan 2024-2029 Outcomes	Outcome focused Performance measures	Outcomes / Impacts
c) Ensure provision of appropriate facilities to enable delivery of services					
1. Carry out a strategic review of operational facilities to ensure that they are fit for purpose to enable efficient, effective and sustainable service delivery. Review to include: <ul style="list-style-type: none"> • Cemetery and Crematorium. • Public conveniences. • Port Health Service accommodation. • Heathrow Animal Reception Centre. 	0.3%	0.5%	Providing Excellent Services	Narrative updates will be provided on progress against the actions listed.	The continued delivery of high quality statutory services to customers and stakeholders in the most efficient and sustainable manner.

3. Financial Security and development. Consider commercial development opportunities for Port Health in London and the wider area.

Priority workstream and key 2025/26 deliverables	Funding allocation approx. %	People resource approx. %	Corporate Plan 2024-2029 Outcomes	Outcome focused Performance measures	Outcomes / Impacts
d) Financial security and development					
1. Consider commercial development opportunities for Port Health and HARC across London and a wider area.	0% (cost neutral)	3%	Dynamic Economic Growth Flourishing Public Spaces Providing Excellent Services Vibrant thriving destination	<ul style="list-style-type: none"> • Provide an additional 300 lawn graves by end of Q4 2025/26. 	<ul style="list-style-type: none"> • Sustainable services delivering high quality outcomes and 'steady state' infrastructure. • Generation of additional income for the services to protect staffing levels and ensure sustainable delivery of statutory services. • Increase CoL reputation for delivery of excellent public services within the Square Mile and beyond.

Risks

Our key risks*

Our business risks are managed in accordance with the Corporate Risk Management Framework. Risks are regularly reviewed and updated by management teams in consultation with risk owners. Committees receive regular updates on the risks held by the services within their remit to provide them with necessary assurance that risks are being managed and mitigated effectively, and to enable Members to fulfil their oversight and scrutiny role.

Our key service-level risks for the Port Health and Public Protection Division and the Cleansing Service are listed below.

Risk Title	Score
Brexit – impact on Port Health and Animal Health	RED, 24
Road traffic collision caused by City of London staff or contractor who is unfit to drive while on City business	RED, 16
A major incident, such as flooding or fire, makes Walbrook Wharf unusable as a depot	AMBER, 8
Air Quality (Department-level risk)	GREEN, 3

***Risk details were correct at November 2024 but are subject to continual review and change.**

Mitigations

The Port Health Service is committed to creating aspirational roles, with career progression and job satisfaction.

A number of our team joined the service in more junior role and have developed upwards. Last year we restructured adding in some progression posts at the technical level with the aspiration of providing first line manager training, and an apprenticeship which would allow us over the long term to 'grow our own' Environmental Health Practitioners (Port Health Officers).

We have invested and will continue to invest in professional and personal development to achieve a sustainable, inclusive, resilient and agile workforce.

We are developing effective and collaborative relationships with business partners, the PH&PP team regularly meet with City Surveyors, Finance, HR and Media Teams either together or on an individual basis. A standout from last year was the multi business partner BTOM project group which oversaw the changes to the service.

Last year we implemented the Seal Check App, as part of our continued drive to develop our use of ICT, data and intelligence led solutions, and to ensure that the service is as effective and efficient as possible.

The Port Health Management team regular engage with PLA, DEFRA, FSA, Border Force, APHA and many other external stakeholders to ensure that we stay in tune with the external demands placed upon the service in the short, medium and longer term.

Scope of the Food and Feed Service

The LPHA is responsible for enforcing legal requirements relating to food safety and food standards for all food and animal feed that is imported through the ports within its area. This includes:

- Operation of the Border Control Posts at London Gateway Port, Tilbury, Tilbury 2, Purfleet and Thamesport
- Monitoring for illegal food or animal feed imports at any of the Ports within the district
- Carrying out documentary, identity and physical checks on imported consignments of products of animal origin and products not of animal origin
- Making checks of fish catch certificates to ensure compliance with regulations concerning Illegal, Unreported and Unregulated Fishing
- Sampling food and animal feed for chemical analysis and microbiological examination
- Checking consignments of imported animal feed comply with the relevant legislation
- Controls relating to Food Contact Materials
- Enforcing Contaminants in Food legislation
- Verification of Organic Produce
- Control of infectious diseases and food poisoning in liaison with UK Health Security Agency (UKHSA)
- Control of shellfish harvesting areas including sampling for classification and biotoxin analysis
- Sampling of drinking water supplied to vessels and from fixed points within the port boundary
- Food safety and hygiene inspections of premises and craft at dock locations and London City Airport
- Control of nuisance from the ports of London and regulation of premises under the Integrated Pollution Prevention and Control (IPPC) regime.

Other responsibilities that are delivered alongside the food service include:

- Enforcement of Rabies prevention legislation
- Export Health Certification as a direct result of our departure from the European Union.
- Investigating and controlling statutory nuisance including the investigation of complaints with regard

to noise and odour emissions from certain port industries

- Monitoring of waste control procedures relating to International Catering waste
- Inspection of vessels under the International Health Regulations and UK health legislation
- Liaison with Government Departments and Agencies
- Co-operate with Port Health Authorities nationally and internationally to maintain and improve service delivery.

Service Demands

Imported Food

Our main goal is to ensure that the Port Health Service is meeting its statutory obligations in relation to imported food and feed control. In doing this we aim to promote consumer confidence as a result of our work to assure the safety of the food supply chain, whilst protecting public, animal and environmental health.

Whilst meeting our statutory obligations we also have to pay attention to the principles of Better Regulation and take into account the way we deliver and enforce the legislation that we are responsible for.

LPHA has developed good working relationships with the trade using our ports by trying to understand the risks affecting businesses and dealing with consignments efficiently so as to avoid delays because of the checks we are obliged to carry out.

This understanding is an important aspect of our Service; however, there is a need to strike a balance between support for businesses, especially smaller businesses, and protecting consumers and others from fraudulent and illegal practices.

The main inspection activity for high risk non animal origin (HRNAO) and products of animal origin (PoAO) from countries outside the EU takes place at London Gateway Border Control Post (BCP) and, now to a lesser extent, Tilbury BCP.

With the implementation of EU checks we have seen a wider spread of import work geographically, which presents challenges both in terms of increased inspections, additional documentation checks, longer operating hours and increased traveling for staff – this has seen our staffing contingency grow from 50 to 105 staff within 12 months.

Changes in throughput have had a significant effect on the operation of the service. Additionally, whilst the Border Target Operating Model (BTOM) has lowered checks for most RoW countries and/or products, volumes of these imports are also predicted to increase as London Gateway attracts more business, and the associated logistics park development continues to expand. Berths 5, 6 and a second rail head are due to be delivered within the next 2 years. Failure of the Service to clear cargo swiftly will have a detrimental business effect and tarnish the reputation of LPHA and by implication, the City of London Corporation.

Throughput variations are a challenge because of numerous external factors affecting trade, including seasonal variations. This means that a flexible workforce is required to meet the fluctuations in service demand.

Under the new BTOM regime controls will be applied to goods proportionately based upon their risk categorisation:

- High risk (predominantly live animals, germinal products and goods under safeguard measures) will require pre-notification, simplified health certificates, documentary checks and a higher degree of physical and ID checks.
- Medium risk will require pre-notification, simplified health certificates, documentary checks and be subject to risk-based identity and physical checks at the border. Some will be set at 1%

physical and identity checks, although other goods will be considerably higher based on specific risks.

- Low risk will have minimal routine border controls applied. The proposal is for there to be no health certification or routine physical border checks, only a pre-notification data set and commercial documentation will be required for all low-risk animal products along with routine surveillance.

If risks increase or decrease and commodities need to move between risk categories, traders will be given 3 months' notice so they can adapt their processes as needed, unless urgent protective action is required. The ability to apply emergency control measures on any commodities which pose an imminent risk to human or animal health will be retained.

The Accredited Trusted Trader scheme is still in pilot stage. This scheme would allow frequent importers of products of animal origin and animal by-products to potentially reduce the need for routine physical checks at the Border Control Posts by taking responsibility for carrying out routine checks and sampling to ensure the protection of biosecurity, animal and public health whilst being closely regulated by government.

LPHA continues to engage with Government Departments and other Port Health Authorities to understand and influence decisions post EU Exit.

The hours of operation currently being worked are 06:00hrs to 22:00hrs Weekdays, 08:00hrs to 16:15hrs Saturdays and Sundays. The need to amend operational hours as a result of existing port operations also remains under regular review. The introduction of a nightshift is planned for 25/26 operating from 22:00 until 03:00 to assist with the EU trade.

Changes to legislation places considerable demands on the Service; often the changes can be at short notice to respond to a particular problem. In particular, problems with microbiological contamination, undeclared cargo, pesticide and veterinary drug residues continue to surface. Controls implemented at short notice may continue to operate for a long period such as those implemented following the issues with Brazilian beef and poultry and all High Risk non animal origin products.

Other emerging risks are notified by the FSA, in addition our Public Analysts circulate information to assist in determining which products may require our attention. Updates to the "High Risk" list under the UK's adopted version of Regulation (EC) 2019/1793 now take place every 6 months.

Checks of catch certificates and other documentation (including EU origin from January 2021) under legislation related to the import of illegal, unreported and unregulated (IUU) fishery products is time consuming as a considerable number of consignments have multiple certificates relating to the products being imported. The LPHA has good liaison arrangements with the UK Single Liaison Office of the Marine Management Organisation (MMO) who are responsible for this area of work. The introduction of EU sourced imports has increased the volume of checks in this area of control.

The trade expects consignments to be cleared as quickly as possible as delays result in additional costs and disruption to their business. For this reason, our Business Plans include a performance indicator to measure the time it takes to release consignments. Where containers have to be detained; queries on documentation are processed as quickly as possible; samples are submitted efficiently and there are Service Level Agreements with the laboratories to ensure delays are kept to a minimum.

Food Hygiene and Standards

A small number of food businesses remain within the docks and London City Airport, including processing plants located outside of the dock areas but within the Port of London district that require inspection, in-house expertise has been retained to carry out this work. The volume of work is likely to increase as the port logistic

centres are developed at London Gateway and Tilbury. N.b. the logistics park at London Gateway is now subject to a Section 101 agreement with Thurrock Council

Products of Animal Origin

Sampling of imported Products of Animal Origin (POAO) is carried out in accordance with detailed EU rules and an internal sampling plan related to the physical checks that are undertaken by the Official Veterinarians and Port Health Officers. The aim is to sample between 1 and 10% of all the physical exams carried out linked to a sampling matrix that is produced quarterly anticipating the number of samples required. This is reviewed quarterly in order to make the necessary adjustments in accordance with any throughput variations. Samples taken may contribute to the National Sampling Plan coordinated by the FSA.

High Risk Non Animal Origin

The legislation relating to High-Risk non-Animal Origin products (HRNAO) is now reviewed on an ad hoc basis following divergence from the EU, this can mean changing requirements for sampling. Temporary increased controls because of emerging risks or widespread non-compliance plus other emergency measures add to the rapidly changing nature of these controls. Close liaison with the laboratories is essential because of the potential impact the change will have on them. Insufficient laboratory capacity or expertise is a concern which can cause considerable delays to imports.

Shellfish

As the Food Authority for the tidal Thames, the Service has responsibility for the harvesting of shellfish throughout its area. The LPHA has a responsibility for monitoring the harvesting of shellfish throughout its area. A sampling program is in place for classification purposes and biotoxin monitoring. Sampling for Swale and Thanet Borough Councils is carried out on a contract basis, with any follow up enforcement activity being carried out by local teams.

International Health

London City Airport is within the LPHA boundary and checks are made under the Public Health (Aircraft) Regulations. The Food Safety (Ships & Aircraft) (England & Scotland) Order 2003 is in force and has implications for food safety and potable water on board aircraft. Supplies of water at London City airport are regularly sampled and analysed. In addition to the controls on water supplies, regular inspections of the outside catering units and the vehicles delivering the foods for aircrafts are performed.

Port Health Authorities have powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. This includes investigating incidents relating to foodborne illnesses in premises and on vessels and in relation to infectious disease control

LPHA officers board vessels including Cruise Liners arriving within the port to undertake inspections under the Public Health (Ships) Regulations and issue Ship Sanitation Certificates under the International Health Regulations. The Food Safety (Ships & Aircraft) (England & Scotland) Order 2003 also applies sections of the Food Safety Act to vessels arriving in port. We work closely with other Port Health Authorities to enforce standards on vessels, in particular to ensure “problematic” vessels are tracked around the UK.

In 2024/25 officers recorded 2993 vessel arrivals, boarding 61 and issuing 30 ship sanitation certificates. Our vessel arrival number includes multiple arrivals of the same vessel during the defined period.

The Service has an Infectious Disease Protocol that has been drawn up in conjunction with UKHSA. Close liaison takes place between UKHSA staff and the LPHA following the protocol to ensure control of the situation.

LPHA Approach to Enforcement

This Plan aims to ensure that our enforcement remains targeted, proportionate, consistent and transparent, and sets out the framework for its delivery. It has been prepared as required by the FSA and in accordance with their "Food Law Enforcement Service Planning Guidance" and the content of the Plan provides the basis upon which the London Port Health Authority will be monitored and audited by the FSA.

The City Corporation is committed to the principles of the Regulators' Code, a statutory code for all regulators. Port Health & Public Protection has its own Policy Statement on Enforcement which has been approved by the Port Health & Environmental Services Committee and sets out its approach to enforcement. The policy can be found [here](#).

The LPHA provides advice and support to business is in line with the FSA's Code of Practice. The Service aims to maintain and build on existing relationships to encourage businesses to meet their legal obligations and to develop best practice.

Detailed information on the Service's activities and practical advice on compliance with legislation is available on the City of London website www.cityoflondon.gov.uk/porthealth . The website is regularly updated to include any changes in legislation or procedures.

Where we cannot provide the advice sought, the enquiry will be referred direct to either a dedicated branch of the FSA, Defra or the MMO.

On a routine basis, information regarding new "controls" is sent direct to importers and agents. Where necessary, individual meetings are also held with agents, importers and other trade organisations to clarify and discuss legal issues and best practice.

We also provide updates on current issues and offer advice and support in the use of electronic systems such as IPAFFS.

Port Health Delivery Plan

Progress against the Key Performance Indicators and Key Objectives will be reported to the Port Health and Environmental Services Committee on a four monthly basis throughout the year.

The City's Corporate Plan has a number of key themes supported by the Port Health Function, these are:

Port Health Performance 2024/25

PH1	POAO <ul style="list-style-type: none"> • Documentary checks 110,290 CHEDPs were validated. • Physical checks 3683 Samples 204
PH2	PNAO <ul style="list-style-type: none"> • Documentary checks 33402 • Physical and Identity checks 5140 • Samples 1438
PH3	Number of shellfish samples collected 228
PH4	Percentage of Food Hygiene Inspections completed. 100% (160 in total (141 in LPHA area, and 19 in Logistics Park)
PH5	Percentage of operational time the Launch and ancillary craft are available. 95%
PH6	All permitted process to have 1 inspection minimum each year. 11 inspections undertaken on the permitted activities,
PH7	Number of ship boardings: 2024/25 – 61 boardings (7 of which were cruise ship inspections and 30 SSCEC renewal inspection
Notes	POAO - Products of Animal Origin PNAO - Products of Non-Animal Origin

Corporate Key Indicators 2025/26

PI 1.	Proportion of RoW imported food and feed consignments that satisfy the checking requirements cleared within five days: <ul style="list-style-type: none"> • POAO <ul style="list-style-type: none"> ○ Non-fish 85% ○ Fish 85% • PNAO - 85%
PI 10.	85% of imported food and feed consignments (PNAO) are subjected to mandatory documentary controls within five days.
Notes	POAO - Products of Animal Origin PNAO - Products of Non-Animal Origin