



## Health and Social Care Scrutiny Committee

**Date:** WEDNESDAY, 30 OCTOBER 2019  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL

**Members:** Chris Boden - Chairman  
Michael Hudson - Deputy Chairman  
Wendy Mead  
Vivienne Littlechild  
Steve Stevenson  
Deputy Edward Lord  
Steve Stevenson – Healthwatch (Co-optee)

**Enquiries:** Julie Mayer – 0207 3321410  
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**N.B. Part of this meeting may be subject to audio-visual recording.**

**Lunch will be served in the Guildhall Club at 1pm**

**John Barradell  
Town Clerk**

# **AGENDA**

## **Part 1 - Public Reports**

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**  
To agree the public minutes and non-public summary of the meeting held on 16<sup>th</sup> July 2019.  
**For Decision**  
(Pages 1 - 8)
4. **FORWARD PLAN AND POTENTIAL TOPICS - 2020**  
Members are asked to consider the Committee's Forward Plan and potential topics for meetings in 2020.  
**For Discussion**  
(Pages 9 - 10)
5. **BART'S AIR QUALITY**  
Deputy Director Estates & Facilities, Bart's Health NHS Trust to be heard.  
**For Discussion**
6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**  
Report of the Independent Chair of the City and Hackney Safeguarding Adults Board. The full Annual Report can be found at <http://democracy.cityoflondon.gov.uk/ieListDocuments.aspx?CId=120&MId=19492&Vr=4>  
**For Information**  
(Pages 11 - 22)
7. **ANNUAL ASSESSMENT OF THE CLINICAL COMMISSIONING GROUP (CCG)**  
Report of the Head of Performance, City and Hackney Clinical Commissioning Group.  
**For Information**  
(Pages 23 - 24)
8. **NORTH EAST LONDON LONG TERM PLAN SUBMISSION**  
A presentation from the East London Health and Care Partnership. The latest overall draft can be found at <https://www.eastlondonhcp.nhs.uk/ourplans/draft-response-to-the-long-term-plan.htm>  
**For Information**  
(Pages 25 - 32)
9. **DELAYED TRANSFER OF CARE (DTOC)**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 33 - 38)
10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

**12. EXCLUSION OF THE PUBLIC**

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

**For Decision**

**Part 2 - Non-Public Reports**

**13. PROPOSAL IN RESPECT OF TWO IN-PATIENT WARDS WITHIN EAST LONDON NHS FOUNDATION TRUST**

Report of the Director of Strategic Service Transformation, East London NHS Foundation Trust.

**For Information**  
(Pages 39 - 66)

**14. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

**15. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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## HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE Tuesday, 16 July 2019

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 16 July 2019 at 9.30 am

### Present

#### Members:

Chris Boden  
Michael Hudson  
Vivienne Littlechild  
Steve Stevenson  
Deputy Edward Lord – *in the Chair until agenda item 4*

#### Officers:

Simon Cribbens	- Community and Children's Services
Xenia Koumi	- Community and Children's Services
Ian Tweedy	- Community and Children's Services
Claire Giraud	- Community and Children's Services
Kyri Eleftherious-Vaus	- Markets and Consumer Protection
<u>In attendance:</u>	-
Jon Williams	- NHS Hackney

#### 1. APOLOGIES

Apologies were received from Wendy Mead.

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

Deputy Edward Lord declared a general, non-pecuniary interest in respect of Agenda Item 9, Air Quality Strategy, by virtue of his brother, Oliver Lord, being a senior member of the Mayor of London's Clean Air Team. Deputy Lord would therefore refrain from the discussion of this item, which was for information and not decision.

#### 3. ORDER OF THE COURT

Members received the order of the Court dated 25 April 2019, appointing the Committee and confirming its Terms of Reference.

#### 4. ELECTION OF CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 29

The Committee elected a Chairman in accordance with Standing Order 29. The Town Clerk advised that, in accordance with Standing Orders, the Chairman of this Committee was permitted to Chair another City Corporation Grand Committee.

RESOLVED, that – being the only Member willing to serve, Christopher Boden be elected as Chairman of the Health and Social Care Scrutiny Committee for 2019/20.

5. **ELECTION OF DEPUTY CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 30**

The Committee elected a Chairman in accordance with Standing Order 29.

RESOLVED, that – being the only Member willing to serve, Michael Hudson be elected as Deputy Chairman of the Health and Social Care Scrutiny Committee for 2019/20.

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

RESOLVED, that – Mr Steve Stevenson be appointed as the Healthwatch Co-optee for 2019/20.

7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

RESOLVED, that – The Chairman and Deputy Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee; with the Deputy Chairman being the primary representative and the Chairman deputising.

8. **MINUTES**

RESOLVED, that - the public minutes of the meeting held on 27 February 2019 be agreed as a correct record, subject to an amend removing Emma Edhem, who was is longer a Member of the Committee

**Matters arising**

The Assistant Director agreed to investigate:

- the reported complexity of the process for securing access to chiropody services at the GP practice for elderly and/or less mobile clients.
- reported difficulties in securing a timely discharge from hospital due to delays in, and the level of, Occupational Therapy service input.

Members noted there had been some lag in aligning data of resident and worker use of the Sexual Health Clinic, which had opened in 2018, with the City of London's 2018 Health Profile The officer was hopeful that this would improve in due course.

9. **AIR QUALITY STRATEGY 2019 - 2024**

Members received a report of the Director of Markets and Consumer Protection in respect of the 2019-24 Air Quality Strategy, which was being presented to the Port Health and Environmental Services Committee, for decision, on 23<sup>rd</sup> July 2019.

In response to a challenge as to whether the Strategy might lack ambition, Members noted that over 75% of PM10 and PM2.5 particle pollution, measured in the City of London, originated from outside the City of London boundary, as did approximately 40% of NO2. The City Corporation aims to meet safe nitrogen dioxide limits in 90% of the Square Mile. Despite these challenges, Members commended a thorough and objective Strategy which had been very well received by the GLA.

RESOLVED, that:

1. The content of the Air Quality Strategy for 2019-24 be noted.
2. The Committee continue to provide support for improving air quality and reducing the impact of poor air quality on public health.

**10. AIR POLLUTION AT ST BARTHOLOMEW'S HOSPITAL - UPDATE**

Members considered a report of the Director of Markets and Consumer Protection in respect of air pollution at St Bartholomew's Hospital. Members noted that in March 2019, the Chairman had written to Bart's Health NHS Trust's Chief Executive enquiring as to the hospital's plans to mitigate high levels of air pollution. The letter resulted in a site visit, which found that the combined heat, cooling and power plant (CCHP) had not been operating as expected and this was rectified in May 2019. During the site visit, officers became aware of significant fumes in the car park.

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

- Monitoring data was not currently available to establish whether the modifications undertaken had been effective in reducing levels of air pollution. The City Corporation would continue to work with Bart's in producing sound data.
- The recommended safe level for annual average concentration of nitrogen dioxide levels are 40 per cubic metre and St Barts had shown 60 per cubic metre in 2017. This increase had co-incided with the operation of a new energy centre located South West of the monitoring site. Members noted Barts was increasing further in size, with two new blocks planned.
- Chemiluminescent analysers (CLAs), which are used widely across the Square Mile, provide a much finer detail than diffusion tubes, which cannot detect peaks and troughs. Diffusion tubes are in place at Barts' and Members noted that CLAs would need to be hired and calibrated fortnightly and, therefore, they could only be installed with Barts' approval. There was a suggestion that, given that nearby business premises were likely to be affected, could they be asked to accommodate the equipment? Members noted that the equipment would need to be placed very close to the source and readings would be distorted if a premises was either up or down wind.

- Under the Medium Combustion Plant Directive, the Environmental Agency were investigating all equipment but it was not known when they would review Barts. The Local Authority can apply for an 'Empty Permit' to obtain information and Members noted that Barts had been served this notice.
- Local Authorities have the right to monitor ambient air as part of air quality management and, under the Local Government Public Health Act, the City of London Corporation has a statutory right to scrutinise the NHS and can ask Barts to attend a future meeting of this Committee.

RESOLVED, that :

1. The report be noted.
2. Officers be instructed to obtain costings for installation of CLAs and invite Bart's to attend the next meeting of the Committee.

**11. CITY WORKER HEALTH RESEARCH - PRESENTATION**

Members received a presentation on City Worker Health Research, which had also been presented to the Health and Wellbeing Board. There was a suggestion that Bloomberg be contacted to provide examples of best practice relating to the consideration of staff health and wellbeing in the design of their new City offices. Members noted the significant amount of private healthcare provided by some City businesses.

In concluding, the Chairman and Members commended an interesting and insightful presentation.

**12. ADULT SOCIAL CARE SURVEY 2018/19 FINDINGS AND CARERS SURVEY INDICATIVE FINDINGS 2018/19**

Members received a report of the Director of Community and Children's Services, which provided Members with indicative performance outcomes from the Adult Social Care Survey and Carers' Survey for 2018-19.

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

- The invaluable role of carers and their need for support and training to deliver their caring role. Officers agreed to identify what training support was currently offered.
- Members were pleased to note that overall, satisfaction levels were very high when compared with the rest of the UK.

RESOLVED, that – the report be noted.



13. **MENTAL HEALTH STRATEGY 2015-18 - IMPACT ASSESSMENT**

Members received a report of the Director of Community and Children's Services which considered the impact of the City of London Mental Health Strategy 2015-18 over its three-year lifespan. An impact assessment was provided as an appendix to the report.

Members commended a very good report and action plan, which evidenced the City Corporation's high priority for mental health services. Members also noted the Lord Mayor's Exhibition, which had opened at St Lawrence Jewry the previous evening. The Dragon Café at Shoe Lane Library was quoted as a further example of good practice, which had been extremely valued by City workers. The officer explained that the service was intended to provide support, in conjunction with the rest of the City Corporations mental health offer and other services offered at the Library. .

RESOLVED, that – the report be noted

14. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2018/19**

Members received Healthwatch Hackney's Annual Report and noted that the Chair's introduction was now available and would be circulated to Members and added to the City Corporation's web page for this Committee. Members recognised the strength of Healthwatch and thanked them for this report. The Chairman made a couple of observations and suggestions, going forward, noting that this report was a backward look:

- A balanced consideration of both residents and workers in the City.
- More focus on the East of the City. Members noted that the current City of London Healthwatch Board was being supported by the City Corporation in providing a stronger focus on the East of the City.

RESOLVED, that – the report be noted.

15. **BABYLON GP AT HAND**

Members received a report of the Public Health Consultant, which provided intelligence on the uptake of the Babylon GP at Hand – a web-based GP service. Members noted that a new interim Public Health Consultant was now in place; Andy Liggins.

During the discussion on this item, in which there was a mixture of views expressed as to the pros and cons of on-line GP consultations; Members noted that the service was more popular with men and young people, and take up within these groups had increased considerably. However, the potential impact on GPs was also noted; i.e. young people might de-register in order to use on-line services, leaving practices with an older and more expensive cohort of patients. .

RESOLVED, that – the report be noted.

16. **POTENTIAL SCRUTINY TOPICS 2019/20**

Members considered a list of potential future topics for discussion by the committee and added the following suggestions:

- The Long Term Plan submission of the North East London Sustainable Transformation Partnership.
- An issues paper considering the impact of promoting the right to choose/patients charter/patients first approach to City workers. In the case of City workers, appointments close to their place of work were likely to be more convenient. There was an argument presented in that this could put considerable pressure on the Royal London and Homerton.
- An examination of the discharge protocols from, and the rate of call backs to, Intensive Care Units (ICU's) that might be under financial pressure to release patients too soon. Members note that, 15 days after discharge, a patient was treated as a 'new condition', if re-admitted. The Chairman and Members agreed that this topic was very worthy of further scrutiny.

Further topics for inclusion in October's agenda:

- Barts air quality – as discussed earlier on this agenda
- Adult Safeguarding Annual Report

Suggested for a future agenda:

- personalised budgets in Social Care
- assurance that the NHS bodies were meeting their statutory duty to consult the local health Overview and Scrutiny Committee on substantial developments in, or variations to, the health service in the Authority's area.

17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

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

There was no other business.

19. **EXCLUSION OF THE PUBLIC**

**RESOLVED** – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that the involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item Nos.  
20, 21

Exempt Paragraph(s)  
-

**20. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

**21. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was no other business.

**The meeting ended at 11.30 pm**

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Chairman

**Contact Officer: Julie Mayer**  
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## Health and Social Care Scrutiny Committee

### Forward Plan and potential topics - 2020

30 Oct 2019 11.00 am

	Topic	lead
1	Annual report of City and Hackney Adults Safeguarding Board	Adi Cooper – Chair C&HASB
2	Bart Hospital Air Quality issues	Tbc
3	Annual assessment of CCG	Dave Maher – MD, City and Hackney CCG
4	NEL Long Term Plan submission	Dave Maher – MD, City and Hackney CCG
5	Delayed Transfers of Care from hospitals	Ellie Ward

26 Feb 2020 11.00 am

	Topic	lead
1	Use of Personal Budgets by ASC users	tbc
2	Promoting right to choose/patients charter/patients first approach to City workers – issues paper	
3	ICU discharge protocol and pressures at the Royal London	
4	Government Green Paper on Social Care	

#### Future topics

	Topic	Suggested meeting
1	duty on NHS bodies to consult the local health O&S committee on substantial developments of, or variations to, the health service in the council's area [are they doing so]	tbc
2	St Bartholomew's Hospital (Barts) Minor Injuries Unit	
3	Neighbourhood model for health and social care	
4	Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot	
5	Making Every Contact Count initiative - impact	
6	Public Involvement and Transparency in Local Integrated Commissioning and ELHCP	
7		
8	Mental Health services and support for children and young people	

9	<b>Early intervention and Prevention programme</b> City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation	

<b>Committee:</b> Health and Social Care Scrutiny Committee	<b>Date:</b> 30 October 2019
<b>Subject:</b> City and Hackney Safeguarding Adults Board Annual Report 2019/20	<b>Public</b>
<b>Report of:</b> City and Hackney Safeguarding Adults Board	<b>For Information</b>
<b>Report author:</b> Independent Chair of the City and Hackney Safeguarding Adults Board.	

## Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the City of London Corporation is also included for reference.

## Recommendation(s)

Members are asked to:

- 1) Note the report.

## Main Report

### Background

1. The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The Board's annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2018/19.
2. The Care Act 2014 sets out a clear statutory framework for how local authorities and other key partners, such as care providers, health services, housing providers and criminal justice agencies, should work together to protect an adult's right to live in safety, free from abuse and neglect. It introduced new safeguarding duties for local authorities, including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; carrying out Safeguarding Adults Reviews; arranging for

the provision of independent advocates; and hosting Safeguarding Adults Boards.

3. In setting out a statutory requirement for Safeguarding Adults Boards for the first time, the Care Act 2014 established three core duties for those Boards. The Board must:
  - Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this.
  - Conduct any Safeguarding Adults Reviews as may be required.
  - Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan.
4. This annual report is provided in line with this requirement. Please see the appendix for the summary of City Specific Objectives for CHSAB. The full document can be read at:

<http://democracy.cityoflondon.gov.uk/ieListDocuments.aspx?CId=120&MId=19492&Ver=4>

## **Current Position**

### Key achievements 2018/19

5. In line with its strategy, the key achievements for the Board in 2018/19 include:
  - Prioritising co-production and engagement with service users and residents by setting up a task and finish group to plan how to obtain their views on safeguarding related matters. The task and finish group produced a service user newsletter and also co-produced posters on a financial abuse awareness campaign. The Board received positive feedback from those that co-produced the work, who were happy to see that the Board had implemented their suggestions
  - Published two Safeguarding Adults Reviews (SARs) regarding Hackney residents, helping us identify what we need to do better to support adults at risk of abuse and neglect in the community
  - Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support us
  - Asked our partners to audit their safeguarding performance internally. A total of 26 organisations across the City and Hackney completed an audit and the findings were used to help the Board identify our priorities for 2019/20
  - Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model in City and Hackney



- In the City, the No First Night Out project, shared with Hackney and Tower Hamlets, achieved over 190 prevention outcomes, exceeding its funding targets
- There was also the development of the community builders' initiative in the City, to help build community resilience, with completion of a successful pilot on the Golden Lane estate. The pilot is now being rolled out to other estates.
- The Modern-Day Slavery Statement was created on November 2018, which sets out what the City will do to tackle modern slavery. A multi-agency modern slavery group has now been created and meets bi-monthly to drive work around this area.

#### Areas for further development

6. The Board will continue to progress work around the following actions that were initiated in 2018/19:
  - Efforts were made to hear directly from people who have experienced safeguarding services, unfortunately we were not been successful in achieving this
  - Work to provide assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless, this was carried forward into 2019/20

#### Data sets for 2018/19

7. The key data was collected in relation to safeguarding for the City of London:
  - There were 39 concerns raised, of which 13 were repeat concerns, this is an increase on previous years
  - There were 22 concerns that led to a s42 enquiry
  - Of the 22 concluded cases, 13 expressed their desired outcomes. There were 11 people who had their desired outcomes fully achieved and 2 partially achieved. Where a desired outcome was not expressed this was because the person being unable to express their desires.

#### Priorities for 2019/20

8. The Board has set itself the following strategic priorities for 2019/20:
  - To ensure that Making Safeguarding Personal is embedded in practice and the culture of all partner organisations
  - To assure itself that the Mental Capacity Act is applied appropriately by all partner organisations

- To build upon awareness of safeguarding issues amongst residents of the City and Hackney
- To ensure that professionals across the Board's partnership are supported to work effectively to support and protect people in need
- To work to develop the Board's Strategy for 2020 – 2025
- To ensure that adults at risk of abuse and neglect are offered advocacy
- To work with partners to address safeguarding issues affecting people who are homeless or sleep rough
- To develop overarching principles to support a transitional safeguarding approach for working with adolescents and young people
- To continue to progress work already started in relation to modern slavery

### **Corporate & Strategic Implications**

9. Safeguarding is a Corporate and Departmental priority

### **Appendices**

- Appendix 1 – City Specific Objectives for CHSAB

# City and Hackney Safeguarding Adult's Board- City Specific Objectives

## Overview of 2018/19

### What the CHSAB did in 2018/19?

In the past year, the CHSAB has:

- 1) Continued to improve the information we collect about safeguarding activity, which has helped improve our understanding of what is going on in the City and Hackney so that we can ensure that the work we do reflects the needs of the community
- 2) Prioritised involving service users and residents with the CHSAB by setting up a task and finish group to plan how to obtain their views on safeguarding related issues. We have produced a service user newsletter and have co-produced posters for the CHSAB financial abuse awareness campaign (see <https://hackney.gov.uk/chsab-resources>)
- 3) Continued to raise safeguarding awareness in the community through our safeguarding champions
- 4) Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support them
- 5) Asked our partners to review their performance internally in relation to safeguarding activity and used the findings to help the CHSAB develop priorities for 2019/20
- 6) Worked with other Boards to make sure that where we have joint responsibilities and we are committed to working well together
- 7) Published two Safeguarding Adult Reviews (SARs) that have told us what we need to do better to support adults at risk of abuse and neglect in the community
- 8) Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model

### What didn't we do so well?

Whilst we met many of our strategic aims, there are some aims that we need to continue working on:

- 1) Despite efforts to hear directly from people who have experienced safeguarding services, we have not been successful
- 2) We have had to carry over some work to 2019/20 such as agreeing the Modern Slavery Protocol and recording guidelines
- 3) We have set the terms of reference for a task and finish group on Homelessness and Safeguarding. Work around providing assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless will begin in 2019/20
- 4) Agree shared priorities with other Boards, the Board will continue to identify joint working opportunities with other groups and Boards.

Comments from Service Users and Residents on the Annual Report 2017/18 and plans for 2018/19

On the co-production of financial awareness raising posters, a service user said with a broad smile “I see you have included what I suggested”

**Service Users told us that they want:**

- More awareness raising in the community.
- To be trained so that they can raise safeguarding awareness amongst their peers.
- To have a focus group to discuss issues related to safeguarding that are important to them.

**Our plans for 2019-20**

The role of the CHSAB is to ensure that organisations across City and Hackney are meeting their obligations around adult safeguarding. This year it will:

- 1) Start work on developing the Board’s Strategy for 2020 - 25
- 2) Use qualitative and quantitative data more effectively to identify ways to prevent abuse and neglect
- 3) Continue to communicate and co-produce work with service users, via newsletters and focus groups to discuss issues related to safeguarding that are important to them.
- 4) Further explore ways in which we can hear back from people who use safeguarding services
- 5) Maintain regular contact with staff and support them with safeguarding related work
- 6) Continue to work with agencies to ensure that improvements in relation to SAR findings are made and sustained
- 7) Increase the number of Safeguarding Champions in the Community
- 8) Continue to work with other Boards to identify shared priorities, and with the partnership to improve their delivery of safeguarding activity

**Work of the CHSAB 2018/19**

**The Board’s work in 2018/19 focussed on:**

- 1) Quality Assurance
- 2) User Engagement
- 3) Raising awareness in the community
- 4) Workforce development
- 5) Work within the partnership
- 6) Working in partnership with other Boards
- 7) Work with transformation agenda and the neighbourhood model
- 8) Safeguarding Adult Reviews

## **Quality Assurance (QA)**

1. The QA subgroup met four times throughout the year. It improved the multiagency dashboard to enable better interrogation of multi-agency safeguarding data. The dashboard includes data from health, Adult Social Care, police and fire services.
2. In response to the data, the Safeguarding Champions were asked, in 2018/19, to focus on raising awareness amongst groups where the number of concerns was proportionately low for their demographic when compared to their population in numbers in Hackney and the City.
3. The group started looking at reports about concerns that did not lead to safeguarding enquiries to understand whether prevention measures need to be implemented. Going forward into 2019/20 prevention will be a focus for the QA subgroup.
4. The Quality Assurance Framework (QAF) was developed by the QAF task and finish group to obtain qualitative information to inform the Board's decisions. The full year findings, which will be discussed at the first meeting in 2019/20, will inform further actions to be taken by the Board.

## **User Engagement in the City of London & Hackney**

1. During 2018/19, the CHSAB held a Financial Abuse Awareness campaign which included posters, leaflets on how to keep safe, an article in Hackney Today and a social media campaign. These are available for anyone to download and use: <https://hackney.gov.uk/chsab-resources>. The posters were co-produced with service users, who were pleased to have the opportunity to get involved in the work of the Board. Going forward, the Board will continue to ensure that we co-produce work where we are able to.
2. People who have care and support services span across many service areas. The Board set up a user engagement task and finish group to decide how best to reach these service users as well as the community more generally. The group has representatives from key agencies. We have mapped the service user groups in the City and Hackney and agreed that they will be the conduits for communicating information about safeguarding to and from their respective service users.
3. In June 2018, service user representatives told us that they want us to stay in touch with them during the year, which the Board agreed to do. We started a newsletter to provide Board updates and also met with service users to talk to them about our priorities going forward. They told us that raising awareness in the community was key to people being safe. Service users have also asked to be briefed on safeguarding so that they can share messages with peers; further briefings are being planned for 2019/20. They asked us to host a focus group to consider issues related to safeguarding that are important to them and this also is planned for 2019/20.
4. The CHSAB commissioned an external psychologist to hear directly from people who had been through the safeguarding process. Unfortunately, but not surprisingly due to the nature of safeguarding, no one came forward to take part. During 2019/20, other initiatives will be considered as the Board would like to hear people's experiences of safeguarding services. It is core practice that people who go through the safeguarding process are asked at the start of the process what outcomes they want from the safeguarding process and at the end of the processes they are asked whether these outcomes were achieved. You can find this information in our data section on page 17. This information tells the Board how well practitioners are helping service users achieve what they want from the safeguarding processes.

## **Raising awareness in the Community**

1. The Board supported the training of Safeguarding Champions in the voluntary sector to brief voluntary organisations and service users about safeguarding adults. Peer reviewers, who attended to evaluate how Hackney Adult Social Services was doing in safeguarding adults, commended this initiative. The Champions have continued to raise awareness in the community, carrying out 11 safeguarding workshops which were attended by 252 residents of Hackney. There will be more opportunities to train as a Champion in 2019/20 and residents and service users have already been approached about this. There will also be opportunities for people to be trained as safeguarding peer-to-peer supporters.

2. HCVS also worked with other voluntary organisations to use the safeguarding compliance tool commissioned by the CHSAB. This will help voluntary organisations to understand how well they have embedded safeguarding into their own organisations.

## **Workforce Development**

1. In 2017, the Board embarked on an intensive learning programme to inform staff about the findings from SARs and what the Board had done to address these issues. We also listened to staff who told us what support they needed to improve.

2. In 2018/19, we arranged a feedback session for staff to tell us if their situation had improved. They told us that some of the work that has been done has resulted in issues such as self-neglect, high risk cases, service refusal, no contact and fire safety becoming 'business as usual' due to policies that have been put in place and training that has been received. They said that the fact that the SARs are referenced in training sessions ensures that issues remain fresh and relevant.

3. They asked for more bespoke learning and some other policies to support their work. In response to this, the CHSAB agreed to set up a workforce learning and development process that will take these issues forward.

4. The attendees also agreed to be a reference group for the Board and the CHSAB will maintain regular contact with staff via a newsletter.

## **Work within the partnership**

1. During 2018/19, CHSAB partners were involved in a challenge event that supported them to delve deeper into their self-audits and identify issues that they needed to take forward in their own organisations. The events identified some shared issues for the Board to progress collectively and findings from the self-audit have informed the Board's strategic priorities for 2019/20.

2. We also carried out a review of how the partnership was doing in relation to Making Safeguarding Personal (MSP). The partnership recognised that a move to a person-centred approach will need a culture change within organisations. All partners felt that they needed more support from the Board to embed MSP in their structures and ways of working.

3. The CHSAB has offered on-going support through external training to agencies to help make this change.

## **Working with other Boards**

The CHSAB:

1. Worked with other boards in Hackney and the Human Trafficking Foundation to devise a Modern Slavery Strategy and protocol; the final Strategy and an action plan around this is due to go live in 2019/20. Whilst the City has its own Modern Slavery Strategy, it will be looking at what work could be done jointly with Hackney.
2. Attended an inter-board workshop on domestic violence and partners have agreed to work closely together to progress the new Violence against Women and Girls Strategy in 2019/20.
3. Arranged an Inter-Board Transitional Safeguarding workshop in response to concerns about young people's vulnerability as they reach adulthood where safeguarding services are not always available to them. The City and Hackney Children's Partnership and CHSAB agreed to develop a shared priority in their plans for 2019/20
4. Has been part of the Community Safety Partnership Board and attended related meetings

## **Work with the Transformation Agenda and Neighbourhood Model**

The CHSAB has worked with the Transformation Agenda and Neighbourhoods Model to ensure that safeguarding influences all elements of their work. Key actions taken in relation to this work include:

1. A set of Safeguarding Principles were developed to make sure that safeguarding was considered as part of core business. This has provided different workgroups a guide on how to embed safeguarding in their work so it is business as usual
2. Learning from SARs has been provided to relevant work streams to ensure that learning can be incorporated into their work
3. There is representation from the Neighbourhood Models team on the CHSAB
4. Each work stream has hosted a focused discussion on safeguarding to make sure that they are meeting commitments in relation to safeguarding
5. The Neighbourhood Models team has delivered on some of the actions within the SAR action plans

## **Safeguarding Adult Reviews (SARs)**

The CHSAB received three SAR referrals during 2018/19, two of which met the criteria for a SAR and one did not. There were two SARs published in 2018/19, Ms Q and Ms F – these are our fifth and sixth SARs respectively, since the Care Act 2014 set a duty for SABs to commission SARs. There are currently two SARs in progress, further details of the SARs will be included in the 2019/20 Annual Report.

## **City of London Adult Safeguarding Committee - City Specific Priorities**

The City of London's Safeguarding Adults Committee is made up of a range of professionals and resident representatives. It meets quarterly and considers developments in relation to the Board priorities as well as City specific priorities in the strategic plan. In 2018/19 the priorities remained:

- Homelessness and rough sleeping;

- Modern Slavery
- The on-going implementation of the Social Wellbeing Strategy, including social isolation

### **Homelessness and rough sleeping**

The assessment hub model has expanded its role, increasing from quarterly to monthly meetings, enabling staff to help more people in a more efficient manner. The Task and Action meeting was reviewed to ensure the right people come to meetings, and to streamline the agenda for the meeting so more focus can be given to each individual. This, combined with a strong commitment to following up actions, is enhancing partnership work.

The severe weather response (SWEP) utilised learning from the previous year resulting in over 30 people being assisted on over 200 occasions, each one a potentially life-saving intervention. The No First Night Out project, shared with Hackney and Tower Hamlets, achieved over 190 prevention outcomes, exceeding its funding targets. Significant amounts of learning continues to emerge from this project which is used to inform prevention and relief approaches.

### **Modern Slavery**

The City of London Corporation developed the Modern-Day Slavery Statement in November 2018. This set out the steps that the City has taken and is continuing to take to ensure that modern slavery is not taking place within the business sector, or within the supply chains. There is a multi-agency modern day slavery group which meets bi-monthly, the focus of this group is to identify referral pathways for victims of modern-day slavery, raise awareness about modern day slavery and provide training.

### **On-going implementation of the Social Wellbeing Strategy and social isolation**

Since the launch of the Strategy, a total of 30 actions have been initiated, of which 14 have been completed and 16 are in progress. Significant achievements include:

- 1) The development of the community builders initiative, to help build community resilience, with completion of a successful pilot on the Golden Lane estate. Work is underway to roll this out to other estates.
- 2) The success of inclusion groups to prevent social isolation, for example the Mansell Street Women's Group facilitated by Age Concern has supported older BAME women and "Out and About at the Barbican" has been created for older LGBT residents.
- 3) A City Guide listing details of community groups and social activities which have been made available in venues across the City of London

### **Priorities for 2019/20**

At the City Sub Committee Development Session for 2019/20, the main issues for partners were:

- Homelessness and rough sleeping
- Making Safeguarding Personal
- Embedding learning from SARs
- Service user engagement
- Workforce development



- Prevention

City of London Strategic Plan 2019/20

## CITY OF LONDON STRATEGIC PRIORITIES ACTION PLAN

### 1) Ensure that the safety and well-being of homeless is central to the commissioning, delivery and assurance

Action	Objective	RAG	Comments
1	Build upon cross borough CHSAB work that has been initiated by the Homelessness and Safeguarding T&F group		
2	Implement learning from the four Borough SAR		
3	To review all deaths of rough sleepers within City of London and London Borough of Hackney		

### 2) Develop overarching principles to support a transitional safeguarding approach for working with

4	Monitor and support the City of London's Early Help pilot being offered to young adults up to the age of 25 and evaluate the impact that this has		
5	Develop a mechanism for ensuring that all thematic safeguarding reports submitted to the CoL Sub- Committee actively consider implications for young adults		

### 3) Support initiatives around Social isolation and Wellbeing wider safeguarding issues within the City of London

6	Updates on the delivery of the Social Wellbeing Strategy and any thematic indicators to be reported to the City Safeguarding Sub Committee		
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<b>Title:</b>	<b>2018/19 CCG annual assessments</b>
<b>Author:</b>	Anna Garner, Head of Performance

The CCG annual assessment for 2018/19 provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework (CCG IAF). The headline assessments have been confirmed by NHS England's Statutory Committee.

The final 2018/19 headline ratings for the CCGs in North East London are as follows:

CCG	Overall headline rating
NHS Barking and Dagenham CCG	Requires improvement
NHS City and Hackney CCG	Outstanding
NHS Havering CCG	Requires improvement
NHS Newham CCG	Good
NHS Redbridge CCG	Requires improvement
NHS Tower Hamlets CCG	Good
NHS Waltham Forest CCG	Good

City and Hackney one of only 24 CCGs nationally to be rated as outstanding (1 of 3 in London).

The 2018/19 annual assessments will be published on the MyNHS section of the NHS Choices website.

The Q3 IAF indicator dashboard was included in the Q4 performance report presented to the Governing Body in May. The Q4 IAF dashboard and indicator performance will be included within the Q1 performance report in September.

## Assessment Methodology

1. All IAF indicators (58) – compared to national average or target (if relevant)
2. Values converted to z-scores to assess deviation from target or average
3. Used to assign the CCG a band for each indicator: 0,1 or 2
4. These bands amalgamated into average score
5. Performance and outcomes scores weighted 50%, leadership weighted 25%, financial management weighted 25%
6. Each CCG's weighted score (out of 2) is plotted to show the relative distribution across CCGs. Scoring thresholds were set (at natural break points in the distribution) in order to assign CCGs to one of the four overall assessment categories: inadequate, requires improvement, good and outstanding

### Areas of achievement

- Leadership (retained green rating; indicators where we do well within leadership domain include probity and corporate governance, staff engagement index, quality of leadership and patient and community engagement, effectiveness of working relationships in the local system)
- Improved score for Patient and Community Engagement indicator (awarded green star rating with a score of 14/15)
- Finance (retained green rating)
- Achieved RTT and diagnostic targets
- Excellent IAPT waiting times, access rates and recovery outcomes
- Excellent performance on other MH targets: dementia diagnosis rate, early intervention in psychosis
- Achieved target for reduction in CHC assessments taking place in acute setting

### Areas for future focus

- Cancer (current IAF rating: inadequate)
  - o One year survival
  - o Cancer patient experience
- Learning disabilities (current IAF rating: requires improvement)
  - o Proportion of people with an LD health check
- Maternity
  - o Patient experience and experience of choice in maternity services
- Workforce race equality standard (weighted average of trust level scores)
- Homerton A&E 4hr target (just below target and plan for year). Barts and UCLH A&E 4hr performance below the Homerton's performance so also need focus.
- National expectations around designation of UTCs/ GP Streaming/ Hospital Handovers/ SDEC/ LLoS
- London focus on the early vaccination of front-line healthcare workers against influenza

# **North East London Strategy Delivery Plan**

**Developing our local response to the  
NHS Long Term Plan**

Page 25

**Health and Social Care Scrutiny, City of London  
- 30th October**

Agenda Item 8

# NHS Long Term Plan



- The NHS Long Term Plan was published in January 2019
- It sets out an ambitious vision for the NHS over the next ten years and beyond as medicines advance, health needs change and society develops
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well
- To deliver on the NHS Long Term Plan we will become an Integrated Care System by April 2021 – all health and care services across NEL working in partnership for the benefit of local people
- We have been working locally in north east London to plan how we will deliver the Long Term Plan's commitments over the next five years. We are calling this response our **Strategy Delivery Plan (SDP)**
- In September 2019 we submitted our first SDP draft to NHS England & Improvement (NHSE/I). We have published this draft on our website, and are now engaging actively with our staff, our strategic partners, and our local residents
- On 16 October 2019 we ran a stakeholder event focused on how we will work better with our social care partners to deliver joined up health and care for both adults and children in north east London, and we are currently incorporating this thinking in our plans
- A final version will be submitted to NHS England on 15 November 2019, which will also include commitments on finance and key service targets required by NHSE/I

Our latest draft can be found at <https://www.eastlondonhcp.nhs.uk/ourplans/draft-response-to-the-long-term-plan.htm>

# Our vision for health and care services

- Delivering a 21st century NHS for our local population using the opportunities afforded to us by new technology, quality improvement, urban regeneration, research opportunities and new models of care that we have already been piloting in NEL
  - Addressing the significant health inequalities challenges for our local population, particularly by improving primary, community and mental health care; promoting earlier and faster diagnostic services, and working with our local authority partners to tackle many of the wider determinants of health (such as housing, air pollution, and promoting a culture of personalised care)
  - Pioneering a new approach to the health and care workforce, promoting recruitment from our local population through apprenticeships and training opportunities. We will build and expand our approach to develop new and exciting roles enabling our staff to have portfolio careers
- Taking a different approach to services for the young and the old in our communities. We will take our ambitions on maternal health further, ensure we have a holistic approach to the health of our 0-25 year olds that dovetails with their social and educational development. For our older people and others with long term health conditions we will pioneer holistic and less dependent models of care, particularly through personalisation and placing prevention at its centre
- We will take a visionary approach to finance, making population health our key financial driver and investing properly in prevention and longer term planning

**Underpinning our vision is an absolute commitment to involving local people in decision-making about their care, and the aspiration to embed co-production at all levels in our system underpinning our planning and delivery.**

# What are we saying in our SDP?

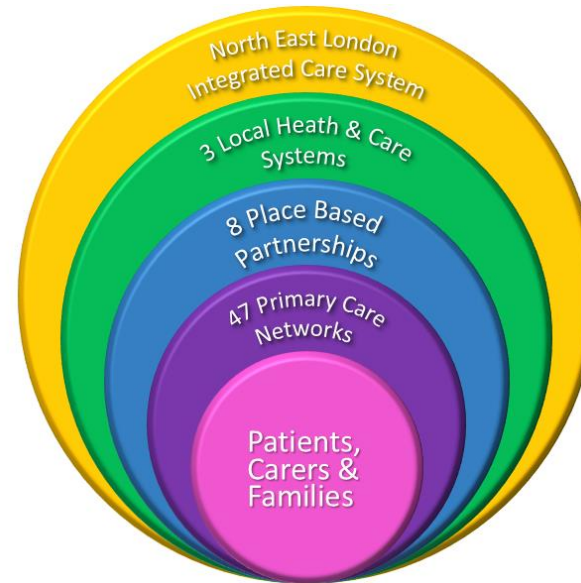
<div>Our key Challenges</div>	<div><div>➤</div><div>Growing population and increasing demand – 13% projected growth in the next 10 years, we need to respond to demand differently if we’re going to manage this successfully</div></div> <div><div>➤</div><div>Health inequalities – we need to make more progress in tackling the health inequalities of our local population.</div></div> <div><div>➤</div><div>An unbalanced delivery system– we are set up to respond to illness and need to refocus towards prevention and population wellness</div></div> <div><div>➤</div><div>Workforce – we currently have 11% vacancies across our system putting pressure on the existing workforce and our ability to recruit and retain staff; we need to grow our own going forward and think about different roles.</div></div>				
<div>Page 28</div> <div>Our top priorities</div>	<div><div>✓</div><div>Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred</div></div> <div><div>✓</div><div>Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it</div></div> <div><div>✓</div><div>Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact</div></div> <div><div>✓</div><div>Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence)</div></div> <div><div>✓</div><div>Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21<sup>st</sup> century health and care provision</div></div>				
<div>Our change programmes</div>	<div>A better start in life</div> <div>Improving maternity services and supporting young people to have the best start in life they can.</div>	<div>Living well</div> <div>Supporting people to live healthy and happy lives, to manage any long-term health problems, and to age well.</div>	<div>A good end to life</div> <div>Helping people as they get older, and supporting people and their families through death ensuring dignity and choice of where to die.</div>	<div>Better mental health</div> <div>Putting mental health on an equal footing to physical health, removing stigma and providing better support in the community.</div>	<div>People seldom heard</div> <div>There are many groups with whom the NHS has been poor at engaging, and that have some of the poorest health outcomes (e.g. homeless people, some of our newer migrant communities); we need to help them find the support that suits them.</div>



# How we will make change happen:

## Strategy delivery plan

- Integrating care for our local residents through improved and responsive out of hospital services.
- Tackling demand in a meaningful way, focused on addressing the social determinants of health.
- Developing our clinical services to support our population needs, taking a different approach to services for the young and the old in our communities
- Delivering a 21st century NHS for our local population using the opportunities afforded to us by new technology, quality improvement, urban regeneration and research opportunities.



Through  
our  
federated  
Integrated  
Care  
System

## Working better as a “System”

- Developing collective responsibility for population health across all partners
- Strengthening clinical leadership from network to ICS level and across all health and care disciplines
- Enhancing place-based partnerships, particularly with local authorities and embedding patient and public engagement.
- Empowering local people to take more control over their health and lifestyle choices
- Utilising the centres of excellence and models of good practice that exist already across NEL for the maximum benefit of our local communities

## System enablers

- **Workforce** Addressing retention through supporting our current workforce to thrive, improving our leadership culture, developing new roles, and embedding a culture of learning and development
- **Digital** Further developing our capability to share records and accelerating the use of digital for patients in primary care.
- **Estates** Working together to delivery care in modern, fit for purpose buildings
- **Finance & analytics** Taking a visionary approach to finance, making population health our key financial driver

# Our ambition: What our Strategy Delivery Plan will deliver for...



Local people	Health and care staff
That they don't notice organisational boundaries – it is all one health and care system working together to provide the best care	That they can easily talk to and share information with staff working in other organisations so they can provide the best care
That they are supported to stay well	That they support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
That they can access the best care possible in modern, fit for purpose facilities	That they work in modern, fit for purpose facilities that make it easy to do their jobs well
That they can view their patient record online, and are confident it is stored securely	That they can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
That they access care provide by skilled, motivated, kind staff with a culture of continuous improvement	<p>That they are supported to provide the best care by continually developing their skills and expertise and are offered training</p> <p>That they want to work in north east London because there are flexible, innovative roles with opportunities to develop</p>
That they benefit from world class research and innovation which means earlier diagnosis and more effective treatments	That they can use research and innovation to provide the best care

# Next steps

- We will continue to work on our Plan after submission as it is a working document rather than something that will sit on a shelf
- A plain English summary and easy read version is being developed
- We will continue to maximise opportunities for engagement and involvement – for local people, health and care staff, and our partner organisations
- Our focus will move more to delivery
- We will agree an accountability framework with each part of our federated ICS in order that we are all clear on what is being delivered where
- We will report annually on progress and what we've achieved
- We will work more closely with our elected representatives, particularly to secure integrated service delivery and to provide independent scrutiny

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<b>Committee:</b> Health and Social Care Scrutiny Committee	<b>Date:</b> 30 October
<b>Subject:</b> Delayed Transfers of Care (DTOCs)	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Ellie Ward, Interim Head of Strategy and Performance	

## Summary

This report provides a high-level update on the occurrence of Delayed Transfers of Care (DTOCs) for hospital to continuing health care or social care provision for residents within the City of London.

## Recommendation

Members are asked to:

- note the report.

## Main Report

### Background

1. A DTOC occurs when a person is medically fit to be discharged from acute or mental health care setting – typically a hospital, but this discharge is delayed for a range of non-medical reasons such as a person awaiting a care package in their own home or awaiting assessment for further non-acute NHS care.
2. DTOC are recorded in terms of the number of days of delay for a single patient from when they are medically fit to be discharged to the date when the discharge or transfer occurs.
3. The recording of DTOC aims to:
  - Achieve most effective use of hospital resources and reduce any capacity pressure in terms of bed availability
  - Maximise the independence and wellbeing of patients – people often recuperate better at home and are less at risk of contracting hospital infections.
4. Older people who stay in a hospital bed longer than required also risk losing significant muscle mass which in turn can impact on their mobility and independence.

### Current Position

5. Improving transfers of care is a government priority and a key focus of action within local health and care systems. At present the trend of DTOC on a national scale shows a reduction in delays.

6. The Department of Health mandate to NHS England for 2017/18 set an explicit target to reduce delayed transfers to the level where they occupied no more than 3.5 per cent of available NHS bed days by September 2017.

### ***City of London***

7. During 2018/19, there were a total of 329 days of DTOCs for City of London residents (Chart 1 appended). The total number of days of DTOC over the year exceeded the annual target set by 74 days.
8. The bulk of the delayed days were attributable to the NHS (309 days) with the most common reason being awaiting completion of assessment. This performance was against a target of target of 182, and therefore was 70% over target. A further 20 delayed days were attributable to social care - however this was considerably below the social care target of 73 days.
9. Over the 2018/19 period, 167 days of NHS delays (54%) were due to awaiting completion of an assessment (Chart 2 appended). Further reasons for delay include patients awaiting further non-acute care (17%), residential home placement or availability (12%).
10. Delay transfer can also be the consequence of:
  - Capacity issues concerning residential care homes and care packages
  - Pressures caused by differing Health / Social Care priorities
  - Budget constraints
  - Family choice and self-funding
  - The need for a sustainable and county-wide approach to delays across all agencies.
11. Those recorded as awaiting a residential home placement includes both self-funders and those accessing via NHS.
12. To reduce delays resulting from assessment, the City and Hackney CCG and partner local authorities are operating a “placements without prejudice” approach. This involves a local authority providing interim care packages whilst the assessment is taking place. If the assessment identifies the on-going need as continuing health care (and not social care) the local authorities is reimbursed.
13. The City of London Corporation social care services operate a range of approaches to minimise DTOC. They include:
  - An Intensive Home Care Rapid Response Service to facilitate out of hours and early hospital discharge where safe to do so.
  - The Care Navigator Scheme to support safe hospital discharge and links into other services such as reablement or social care assessment to avoid any delays

### **Conclusion**

14. The City of London Corporation continues to work with the NHS to contribute to a system wide approach to minimising the number of DTOC.

### **Appendices**

Appendix – Chart 1 - Total number of DTOC in City of London Corporation  
Chart 2 - Reasons for delay

Ellie Ward  
Interim Head of Strategy and Performance

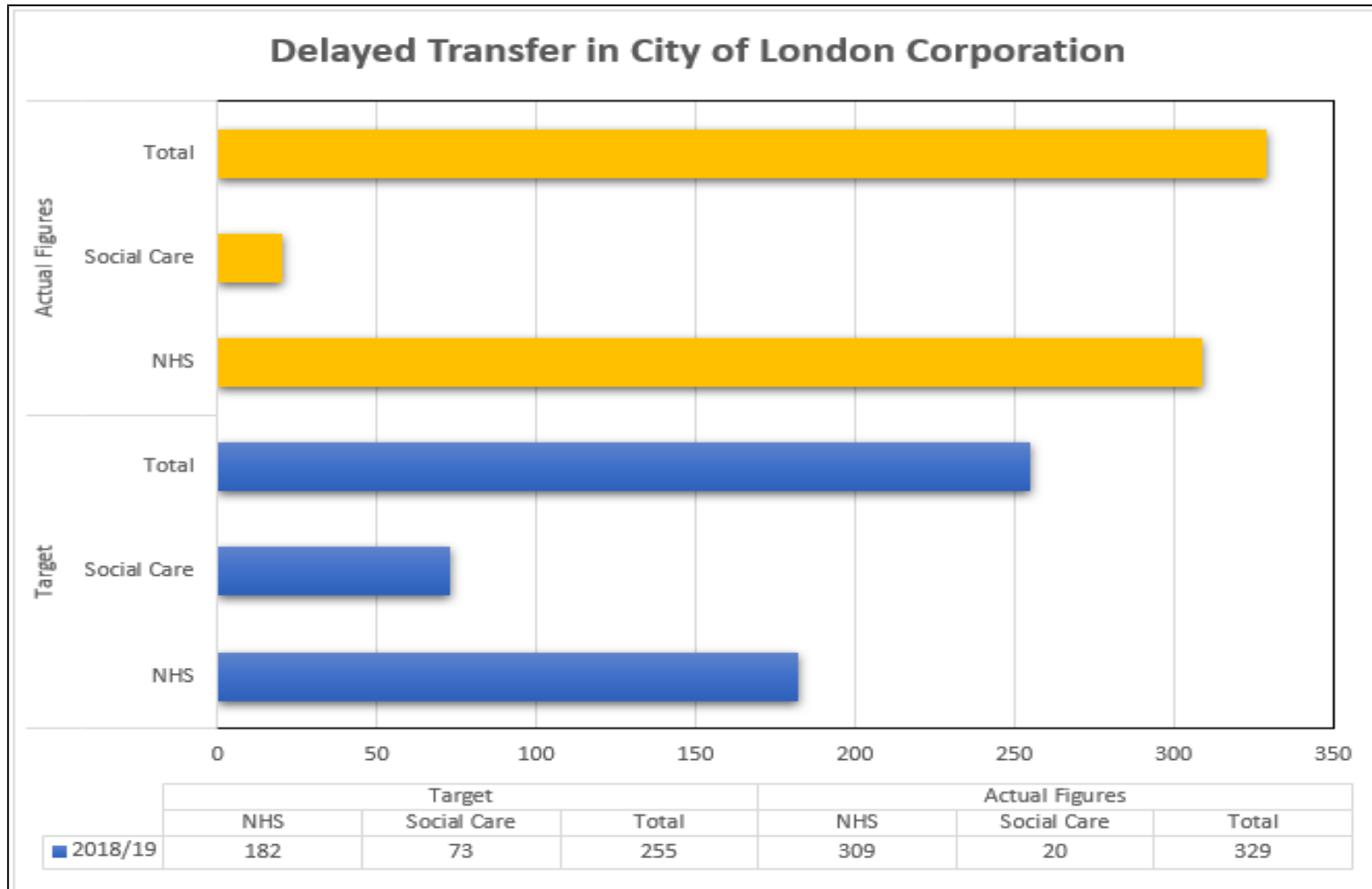
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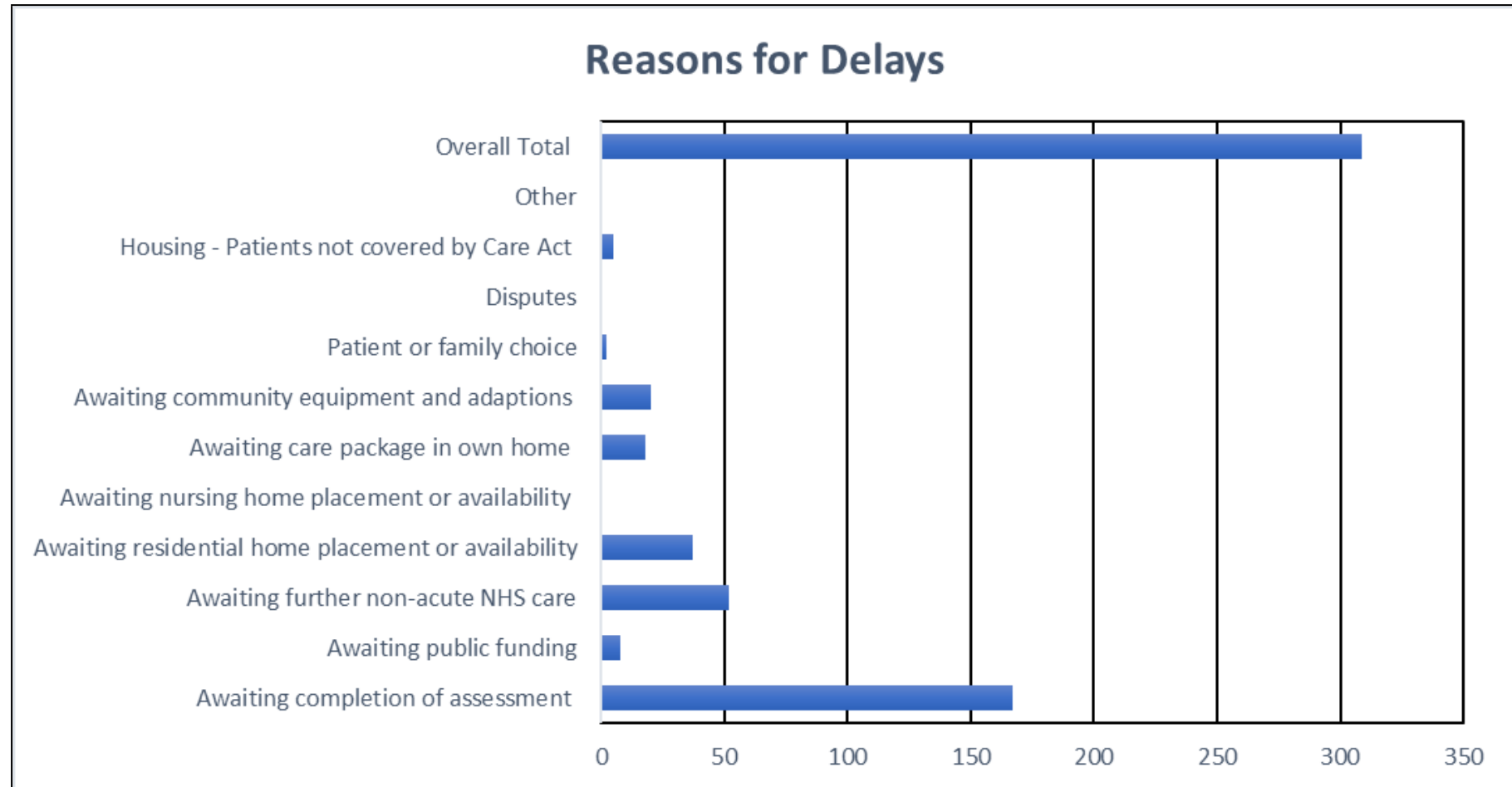
## Appendices

**Chart 1 - Total number of DTOC in City of London Corporation**





**Chart 2: Reasons for delay**



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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