



Health and Wellbeing Board

Date: FRIDAY, 7 MAY 2021
Time: 11.30 am
Venue: VIRTUAL MEETING (ACCESSIBLE REMOTELY)
Members*: Jon Averbs, Director of Markets & Consumer Protection
Gail Beer, Healthwatch
Andrew Carter, Director of Community and Children's Services
Mary Durcan, Court of Common Council
Marianne Fredericks, Court of Common Council
Siobhan Harper, NHS City and Hackney CCG
Chief Superintendent Steve Heatley, City of London Police
Sandra Husbands, Director of Public Health
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Deputy Joyce Nash, Court of Common Council
TBC, Chairman of Community & Children's Services Committee
TBC, Port Health and Environmental Services Committee representative
TBC, Policy and Resources Committee representative

***MEMBERSHIP, CHAIRMAN AND DEPUTY CHAIRMAN SUBJECT TO ELECTIONS**

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

Accessing the virtual public meeting

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

<https://youtu.be/vKqs3sf4GSg>

This meeting will be a virtual meeting and therefore will not take place in a physical location. Any views reached by the Committee today will have to be considered by the Director of Community & Children's Services after the meeting in accordance with the Court of Common Council's Covid Approval Procedure who will make a formal decision having considered all relevant matters. This process reflects the current position in respect of the holding of formal Local Authority meetings and the Court of Common Council's decision of 15th April 2021 to continue with virtual meetings and take formal decisions through a delegation to the Town Clerk and other officers nominated by him after the informal meeting has taken place and the will of the Committee is known in open session. Details of all decisions taken under the Covid Approval Procedure will be available online via the City Corporation's webpages.

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

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting.
For Decision
(Pages 5 - 12)
4. **COVID-19 UPDATE**
Oral update on the latest position.
For Information
5. **SUICIDE PREVENTION IN THE CITY OF LONDON**
Report of the Director of Public Health.
For Decision
(Pages 13 - 40)
6. **BUSINESS HEALTHY ANNUAL UPDATE REPORT**
Joint report of the Director of the Department of Community & Children's Services and Director of Public Health.
For Information
(Pages 41 - 46)
7. **DRAFT CITY OF LONDON CONTAMINATED LAND INSPECTION STRATEGY 2021-2030**
Report of the Director of Markets & Consumer Protection.
For Information
(Pages 47 - 66)
8. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch City of London.
For Information
(Pages 67 - 72)
9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
11. **EXCLUSION OF PUBLIC MOTION** - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.
For Decision

12. **SECURE CITY PROGRAMME (SCP) - YEAR 2**

Joint report of the Director of the Built Environment and Commissioner of the City of London Police.

For Information
(Pages 73 - 92)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 19 February 2021

**Minutes of the virtual meeting of the Health and Wellbeing Board -
<https://youtu.be/b4pIH2C79M> - held on Friday, 19 February 2021 at 11.30 am**

Present

Members:

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

Officers:

Chris Lovitt	- Deputy Director of Public Health
Jayne Taylor	- London Borough of Hackney & City of London Corporation
Alexandra Vastano	- London Borough of Hackney & City of London Corporation
Lisa Russell	- Built Environment
Rory McCallum	- City & Hackney Safeguarding Children Partnership
John Peacock	- City of London Police
Leanne Murphy	- Town Clerk's Department
Chandni Tanna	- Town Clerk's Department

1. APOLOGIES

Apologies were received from Deputy Joyce Nash.

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

There were none.

3. MINUTES

The public minutes and non-public summary of the meeting held on 20 November 2020 were approved.

Matters arising

Covid Update

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

Members were informed that the overall incidence of new Covid cases had decreased in London by 29% and the rate of people aged over 60 years had decreased by 32%. And there was an overall decrease in positivity across all London Boroughs.

The current incidence rate for the City of London (the lowest weekly case rate across London) was 51 cases per 100k people, a decrease of nearly 70% from the previous week. There were no new registered Covid deaths in the City. The number of people coming forward for testing has decreased as has the positivity of those being tested by 60% from the previous week.

The comprehensive NHS national vaccination programme initially rolled out to cohorts 1 to 4 was expanded last week to include cohort 5 and would begin moving into cohort 6. City and Hackney residents were being offered their vaccines accordingly.

In response to a question from a Member asking what classified as an underlying health condition, Officers confirmed the Green Book defined this as follows: chronic respiratory disease, chronic heart disease and vascular disease, chronic kidney disease, chronic neurological disease, diabetes mellitus, immunosuppression, asplenia or dysfunction of the spleen, morbid obesity, severe mental illness, adult carers, and younger adults in long-stay nursing and residential care settings.

Members stated that confusion was being caused by people receiving multiple vaccination invitations from different places (GPs, hospitals and national programme) and people generally wanted to receive this close to home. A Member confirmed Healthwatch City of London (HWCOL) were offering advice on this and it was highlighted that HWCOL had great public information on their social media.

Officers agreed that multiple invites were confusing, and a local steering group was working to develop a single booking system to streamline vaccinations for North East London.

Officers stated that the primary aim was to encourage all people to take up the vaccine when offered it. Great work was taking place to target all groups and communities and good information was available on the City Corporation's website including short videos by the Director of Public Health. It was noted that the new QCovid algorithm was also identifying more people at risk and was a welcome piece of work.

4. ANNUAL REVIEW OF THE BOARD'S TERMS OF REFERENCE

The Board considered a report of the Town Clerk in respect of the Annual Review of the Committee's Terms of Reference.

It was noted that the Board still did not have a representative from the SaferCity Partnership. Officers agreed to raise this at the upcoming SaferCity Partnership meeting to ensure a representative was selected.

RESOLVED – that:–

- The Terms of Reference of the Board be approved for submission to the Court of Common Council in April 2021, and that any further changes required in the lead up to the Court's annual appointment of committees be delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman; and
- The frequency of the meetings remains at 5 times a year.

5. CITY OF LONDON JOINT HEALTH AND WELLBEING STRATEGY REFRESH - UPDATE AND PROPOSED NEXT STEPS

The Board received a report of the Director of Community and Children's Services outlining the proposed next steps in the development of City of London's Joint Health and Wellbeing Strategy (JHWBS). The report also included a proposal to deliver a development workshop for the City Health and Wellbeing Board and a JHWBS priorities workshop with both the City and Hackney Health and Wellbeing Board Members, plus an update from the City and Hackney's Health Inequalities Steering Group (HI Steering Group) and how the work of this group will support the development of the new JHWBS.

Officers confirmed that a detailed update regarding the Health Inequalities Steering Group would come to a future meeting. A correction was also noted in paragraph 3 of the report which should state City & Hackney Public Health team.

Members supported the proposed joint workshops and the consistent Health in all Policies approach.

RESOLVED – That Members:-

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

6. HEALTH IMPACT ASSESSMENT GUIDANCE NOTE

The Board considered a report of the Director of the Built Environment providing a guidance note advising developers how to carry out Health Impact Assessments on developments within planning applications.

Members were advised that the checklist for developers was a draft document which would go to the Planning & Transportation Committee for approval later

in the year. Members welcomed the comprehensive checklist and a Member particularly supported the questions concerning open spaces.

A Member enquired how this linked with the decision-making Planning process and, if insufficient, if it would influence the overall decision on the application. It was confirmed that an application would not be refused, but Officers would guide the developer to mitigate adverse concerns.

Members voiced concerns regarding suicide prevention, and it was agreed that prevention measures should be included and reinforced with developers as it was their responsibility to prevent this particularly with taller buildings.

A Member requested more clarity concerning what next steps could be taken if Planning Officers were not satisfied by the HIA. It was noted that a HIA was a statutory requirement in Wales. Officers confirmed that larger developers commonly used consultants to complete HIAs, but the checklist would hopefully help make it easier for everyone as they generally wished to be compliant. All HIAs are reviewed by Planning Officers who point out any concerns to the developer.

A Member (who also sat on the Planning & Transportation Committee) noted that planners normally negotiated throughout the process and requests such as stairs that can be seen and used was in the checklist, but had not been a significant feature in recent applications. Officers confirmed that this was included to encourage developers that this was a good idea but was not always possible. The Chair felt that Members needed to hold a firmer line when making decisions on planning applications and a golden thread of health should run through all policies. This would reinforce the point to developers to do better.

A Member noted that there was little mention of residents or health within the checklist and offered to make comments on behalf of Healthwatch City of London. Members were invited to send any comments directly to the Planning Officer or within the public consultation process.

Members were concerned that developers would not complete or take the HIA seriously if they did not have to and a Member queried if the requirement could be moved up the list of importance. It was agreed that a resolution be sent to the Planning & Transportation Committee indicating the Board's keenness for health impacts compliance to be reinforced to developers.

RESOLVED – That:-

- Members approve, subject to the incorporation of any changes sought by this Committee, the Health Impact Assessment Guidance Note (Appendix 1);
- a resolution be made to the Planning & Transportation Committee demonstrating the Health & Wellbeing Board's support for adequate Health Impact Assessments and the reinforced compliance of developers.

7. CITY & HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019/20

The Board considered a report of the City & Hackney Safeguarding Children Partnership (CHSCP) setting out their annual report for 2019/20 and providing an overview on the effectiveness of safeguarding arrangements in the City of London and the London Borough of Hackney.

Members were advised that the first six months primarily focussed on planning and implementing the new safeguarding arrangements replacing all safeguarding boards. Despite progress being interrupted by the pandemic, the City Corporation has continued to deliver its safeguarding commitments and received an outstanding Ofsted inspection result. The Partnership quickly set up contingency oversight groups in response to the new challenges brought on by Covid. Key issues for the future include substance and alcohol misuse, family support, eating disorders, mental health, online dangers and the huge pressures on agencies locally and nationally.

The Chair was happy to see the Partnership working well and coming up with strategies to deal with the number of key issues identified. It was noted that the Partnership identified workforce efficacy as a key risk for the future and the long terms impact of the pressures on front line staff dealing with the pandemic.

A Member recommended adding a forward plan item to the agenda concerning young people and mental health to help develop a plan for the future. The Town Clerk agreed to liaise with relevant Officers on this item.

RESOLVED – That Members note the contents of the report, in particular the sections setting out progress on implementation of the new arrangements, Covid-19 and the strategic priorities of the CHSCP going forward.

8. DIRECTOR OF PUBLIC HEALTH REPORT FOR 2019/20

The Board considered a report of the Director of Community & Children's Services providing the annual report (DPHAR) for 2019/20 focussing on the health impacts of the economic recession and how these can be mitigated.

Members were informed that the report was slightly delayed due to the pandemic. The Deputy Director of Public Health drew Members attention to the six core principles prevent assess, dual diagnosis, inform, refer and excel and gave context for them. These principles have been committed to by all stakeholders and will underpin the joint response.

Members agreed this was very important work and the Chairman requested that an update come back this Board collating the responses after the report went to the other listed meetings plus the Safer City Partnership Group to ensure progress could be tracked.

A Member was concerned regarding the management of patients with dual diagnosis and worried that they received less good mental health service provision due to being diverted away.

A Member asked how Turning Point was working following teething issues with the service. Officers agreed to bring a report updating on the new service to a future Board meeting.

In response to a query concerning alcohol pricing, Members were informed that this could not be directly influenced but public health could contribute against any of the four existing licensing objectives and therefore objections could be made on the basis of potential health impacts to the local community. The Director of Public Health agreed to monitor applications for health risks.

It was noted that Scotland and Wales have introduced a minimum rate for alcohol pricing, but this had not happened in England and NICE were advocating for a change in legislation. Members were concerned about alcohol dependency and misuse, which has risen during the pandemic, and it was felt the City Corporation could do more. Whilst it was acknowledged that health was not a licensing objective, it was suggested that there was an opportunity for an education piece for premises before they reopened for trade setting a clear City Corporation message on responsible drinking and a reminder to premises of their responsibilities.

More control over some elements of alcohol pricing (e.g. no special drinks offers) and a commitment as a Licensing Authority to restrict premises licensing on the basis of the impact on health and wellbeing were also suggested by Members. The Chairman and Deputy Chairman agreed to raise these concerns at the next Licensing Committee meeting when they discussed this report.

RESOLVED – That the Health and Wellbeing Board note and comment on i) the recommendations within the DPHAR and ii) stakeholders to be involved in producing the response to the recommendations to be published as a follow up report.

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

The Board received a report by Healthwatch City of London providing an update on the continuing development of Healthwatch City of London (HWCoL) including progress against contractual targets during Quarter Three and information on proposed activities during Quarter Four of 2020/21.

The Chair of Healthwatch City of London confirmed that HWCoL continued to react to lockdown changes and ensure good information was available to the public which had been well received with a high number of website hits and calls. Going forward, the HWCoL is working closely with the CCG on the changes, public engagement and ensuring services were right for local residents. They were also working with Hackney to ensure the services going into the new St Leonards development were right and Tower Hamlets on the development of its new GP practice. Other highlights included recruitment of a new Trustee in Petticoat Tower and securing three grants which would support important projects.

A Member noted that communications differed for different groups and enquired how HWCoL managed the different needs. Members were advised that HWCoL

was undertaking some research looking at non-digital communications and access including language barriers and would be working with a Think Tank on this piece of work.

Members congratulated HWCOL on their hard work and approach to service improvement and integration.

RECEIVED.

10. MENTAL HEALTH AND ROUGH SLEEPING

The Board received a report of the Director of Community and Children's Services providing Members with an update on the mental health support needs of the City of London's rough sleeping community and how the Rough Sleeping and Mental Health Programme (RAMHP) has already made significant improvements to the health and wellbeing of rough sleepers in the City.

RECEIVED.

11. REPORT OF ACTION TAKEN

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

The Chairman provided context for the urgency concerning Pan-London commissioning support and thanked everyone involved in this transformational piece of work.

RECEIVED.

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

There were no questions.

13. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Chairman advised Members that this would be David Maher's last meeting and thanked him for all of his hard work over the past 10 years at the City and Hackney CCG. Members echoed these thanks and wished him well in his new role.

The meeting ended at 1.11 pm

Chairman

Contact Officer: Leanne Murphy
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Committee	Dated:
Health and Wellbeing Board	07/05/2021
Subject: Suicide prevention in the City of London	Public
Report of: Sandra Husbands, Director of Public Health	For Decision
Report author: Claire Giraud, Senior Public Health Practitioner	

Summary

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

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

Recommendations

Members of the Committee are asked to:

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

Background

1. Suicide is the act of intentionally ending one's own life. It is often the end result following a complex range of risk factors, mental illness and significant negative life events; however, suicide is preventable, rather than an inevitable event. In the UK, suicide is one of the most common causes of death in people under the age of 50, with 5,821 reported people dying in this way in 2017. It is estimated that each suicide further impacts between 6 and 60 people. Within the UK, suicide shows significant gender and social inequalities, and is associated with stigma for families affected by it.
2. Over the last 8 years, a number of key policies and reports have been published to improve suicide prevention nationally and locally. In the City, a local audit, suicide prevention action plan and multi-agency suicide prevention group was established in accordance with best practice recommendations.
3. Public Health England (PHE) recommends several priority action areas to include in local suicide prevention plans:
 - Reducing risk of suicide in men
 - Preventing and responding to self-harm
 - Mental health of children and young people
 - Treatment of depression in primary care
 - Acute mental health care
 - Reduce suicides at known 'high risk' locations
 - Reducing isolation
 - Bereavement support for those affected by suicide

Overview for the City of London

4. Between March 2019 to the 20th of April 2021, there had been a total of 10 suicides, with a total of 223 attempted suicides.
5. Between March 2019 to the 14th of April 2021, there had been a total of 150 incidents whereby the subject had contemplated suicide or had suicidal thoughts.¹
6. A Mental Health Triage Nurse attended 505 incidents from January 2020 to March 2021. As a result, an estimated 47% of S136 detentions were avoided.
7. There have been some issues with receiving feedback from hospitals regarding the outcome of the mental health assessments after S136. The City Police Suicide Profile of 2020 recommends that *“an Information Sharing Agreement with the NHS should be established so that requests can be submitted to hospitals which request the outcome of assessment for any individual taken to hospital. This should be completed for every individual that attempts suicide; to ensure that all risk information is shared, and appropriate safeguarding measures completed.”*

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

Emerging Trends throughout 2020

Timing and Location

8. Data from the City of London refers to events occurring within its geographic area. The majority of incidents will therefore involve individuals residing elsewhere in London and the country.
9. Over 60% of the attempted suicides occurred during the night and the peak days were Friday and Sunday. It would appear that a decrease in attempts followed the lockdowns put in place throughout the Covid-19 pandemic.
10. Bridges remain the most common location type for suicide attempts within the City, with 73% attempted suicides occurring on bridges. The second most common location was on the street (14%).
11. The qualitative analysis shows that 50% of individuals had a direct journey from their home address to the incident location, meaning it only required one mode of transport and one direct route. None of the individuals stated they worked in the City; however, for 85% of individuals, this was either not known or not recorded. Under the Covid-19 restrictions, individuals were encouraged to stay in their local area.

Demographics at the end of 2020

12. Data from the City of London Police is provided in the table below and covers the period subsequent to the previous City Suicide Prevention Annual Report in 2019. The data covers both completed and attempted suicides. Please note that the most recent data from the coroner was not available for this report.
13. **Age range:** Unlike in 2018, in 2019 and 2020 there was a mixed aged range (between 19 and 58), highlighting that there is not a particular age group at risk.
14. **Gender:** Males represented 60% of attempted suicides, females represented 36% and trans represented 2%.
15. **Home Address:** The majority of individuals travelled into the City from their home address where suicide was completed or attempted.

Summary for Period 2019-2021

2019	Attempt Suicide	Contemplating Suicide	Suicide
Mar	7	5	0
Apr	16	5	under 5
May	8	under 5	0
June	12	9	0
July	10	11	under 5

Aug	9	under 5	0
Sep	13	5	0
Oct	11	9	under 5
Nov	8	under 5	under 5
Dec	7	11	0
Total	101	55	

2020	Attempt Suicide	Contemplating Suicide	Suicide
Jan	6	5	0
Feb	7	7	0
Mar	under 5	5	0
Apr	11	under 5	0
May	8	under 5	under 5
Jun	7	under 5	0
Jul	8	7	0
Aug	12	7	0
Sep	9	7	0
Oct	11	6	0
Nov	under 5	under 5	0
Dec	10	5	under 5
Total	76	37	

2021	Attempt Suicide	Contemplating Suicide	Suicide
Jan	Under 5	Under 5	Under 5
Feb	Under 5	7	0
Mar	16	Under 5	0
Apr*	Under 5	under 5	Under 5

*Data available to 20/04/2021

16. Although the numbers from 2019 to 2020 and into 2021 suggest a downward trend, this interpretation should be treated with caution. Firstly, the numbers are low and thus we would expect to see variation from year to year. It is also likely to be strongly influenced by the national lockdown and government recommendation for people to stay home during the COVID-19 pandemic.
17. Additionally, the activity of the Mental Health Street Triage service has allowed engagement with individuals who might not otherwise have been picked up and recorded as contemplating suicide. This service is a collaboration between City of London Police and East London Mental Health Foundation Trust (ELFT). An occupational therapist and social worker travel with police officers to incidents where there is an immediate threat to life and can offer fast and efficient access to care, avoiding unnecessary 'Section 136' detentions.
18. Increases in suicide rate are associated with periods of economic and political uncertainty.² It is therefore positive to see that the City of London has not seen a corresponding rise to date. However, the impact of national lockdown may hide the true extent of the issue and we must be alert to the possibility of a rise in the medium to long term. Alongside our immediate response to incidents in the City of London, a preventive approach that recognises the social and economic challenges of the pandemic should be captured by a refreshed suicide action plan.

Action Plan Progress Summary

19. Overall, 53 actions have commenced since the launch of the action plan, of which 9 are completed, 44 are in progress. 12 new actions have commenced since the last annual report to the Health and Wellbeing Board.
20. Significant milestones include:
 - (1) The mental health street triage service where NHS nurses accompany the City of London police on call out at peak time has been operational since 2017. The service now runs seven nights a week and has been found to reduce incarceration by 47%, saving police time and resources. We recommend that service continues to be funded.
 - (2) The success of the Dragon Café in the City which runs every other Wednesday, has been run virtually since the start of the pandemic. The café offers various wellbeing activities such as journal writing, massages, yoga, etc, for City residents and workers. The Dragon Cafe coordinating staff have reported increased attendance since the start of the online service.
 - (3) The Thrive LDN surveillance database is a pan-London project that is now operational. This represents a significant improvement in our understanding suicide in the City and will inform our response in future.

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

RAG Status Key and Summary

Status of Actions	
Major Problems	1
Minor Problems	10
In Progress/ongoing	33
Completed	9

21. One action that had not progressed as originally envisaged is:

- (1) *To install infra-red beams on bridges to allow fast identification of which section of a bridge a person is on and approaching the parapet.*
- (2) However, the City of London Police are now restarting work on Vulnerable People And Bridges Security Project within the Secure City Programme

22. One action that had not progressed as originally envisaged but has developed:

- (1) *To put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.*
- (2) One Safe City has transitioned to a new programme called Secure City. Funding for this work has been approved by the Resource Allocation Sub-Committee in December 2020 and the City of London Police has updated the chair of the Health and Wellbeing Board as to the current timeline for when this work will be complete.

Action Plan Themes

23. A brief summary of key developments under each of the six themes identified in the Suicide Prevention Action Plan is provided below. These themes are:

- (1) Reduce the risk of suicide in key high risk groups
- (2) Tailor approaches to improve Mental Health in specific groups
- (3) Reduce Access to the means of suicide;
- (4) Provide better information and support to those bereaved or affected by suicide;
- (5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
- (6) Support research, data collection and monitoring.

Theme One: Reduce Risk of Suicide in key high-risk groups.

24. This theme aims to reduce the risk of suicide for young and middle-aged men and women drawing on and enhancing the assets, strengths and skills already present within the City of London community. In January 2021 the Samaritans published a new handbook for community-based wellbeing groups targeting men - *Engaging men earlier: a guide to service design*, this handbook is being promoted to providers, partners and stakeholders across the City and London.

25. A key initiative is to support City of London businesses to achieve the London Healthy Workplace Charter award and to comply with HSE Stress Management Standards and NICE Guidance: this work is spearheaded by the environmental health team in Port Health and Public Protection who have a wealth of expertise

in this subject.

26. The City promotes a 24/7 crisis hotline with a marketing campaign targeting primarily male residents and City workers (the “Release the Pressure” campaign).

Theme Two: Tailor Approaches to improve Mental Health in specific groups.

27. The actions in this theme aim to tailor approaches to improving the mental health of children and young people in the City of London
28. Two Suicide awareness training programs for frontline workers who work with children and young people took place in February and March 2021, provided by papyrus. A third one is planned for May 2021. The ASK workshop: *Assessing for Suicide in Kids* is being offered for free by North East London Clinical Commissioning Group (NEL CCG). This was delivered in late March and early April 2021, with next dates in July 2021. NEL CCG is also promoting the Mental Health First Aid Youth ‘Champion’ (May 2021).
29. Public Health England (PHE) has developed a free online training called "Psychological First Aid: Supporting Children and Young People" which is being widely promoted.
30. The City’s social care team has devised a training module to help parents feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education and good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS). City social care also run an Early Intervention Mental Health for UASCs jointly with Coram. This is working to improve gut health and sleep.

Theme Three: Reduce access to the means of suicide.

31. This theme looks at how to reduce the opportunities and means of access to suicide in the City of London.
32. One focus area since 2019 has been becoming a partner of the Tidal Thames Drowning Prevention Strategy. In 2019 several partners and agencies across London developed the Tidal Thames Drowning Prevention Strategy, in 2020 CoL Police and the CoL became partners of the strategy and members of the forum. This multi-agency forum is a valuable conduit to advancing work on Thames safety forward and implementing priority three of the City Suicide Prevention Action Plan.
33. The City has been working with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges. The steering group is currently in the process of reviewing the size and placing of these signs, investigating if more should be placed on the bridges, and how this change could be implemented given the architectural status of the Bridge.
34. The City’s Suicide Prevention Working Group officers have engaged with Transport for London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations especially

around lighting and avoiding darkened areas.

Theme Four: Provide better information and support to those bereaved or affected by suicide.

- 35. The actions in this theme aim to ensure that those who are bereaved or affected by suicide are informed and supported.
- 36. The City has been promoting PHE's '*Help Is At Hand*' document to key partners and made it available in City libraries. This is a resource for people bereaved through suicide or other unexplained death, and for those helping them.
- 37. The City and Hackney Public Health Team is in the process of developing a bereavement pack containing leaflets and a video offering advice on how to deal with bereavement, to support both staff and the wider public.

Theme Five: Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

- 38. The actions in this theme aim to ensure that the media report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.
- 39. The City has been sharing the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and various media outlets to ensure that they are aware of the sensitive nature of suicides.
- 40. The City has promoted Business in the Community's *Suicide Post-vention Toolkit for Employers* to the Business Healthy network.

Theme Six: Support research, data collection and monitoring.

- 41. The City has worked with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies.
- 42. The City of London has joined the Thrive LDN real time surveillance database. This innovative suicide surveillance system is designed for use by multi-agency groups, allowing councils, police, mental health services and suicide prevention groups to share real time surveillance data and coordinate responses. The system uses police reports of a potential suicide as the basis for reporting, as opposed to coroner decision of confirmed suicide. This allows a timeframe of days following the incident for information to be added and action to be taken as opposed to months after.

Conclusion and Recommendations

- 43. Given current data, progress with the Suicide Action Plan, and the unprecedented circumstances of the pandemic, we propose the following recommendations.
 - (1) The Suicide prevention steering group to lead a review of the current action plan and consider which additional actions and re-prioritisation should occur in light of the circumstances of the pandemic.

- (2) To support the prioritisation of improved signage and the roll out of enhanced CCTV provision in recognition of the high suicide risk that bridges represent.
- (3) Identify how all partners can work together to request prompt removal of social media associated with suicide incidents and support broader efforts to oblige social media companies to remove these materials quickly.
- (4) Consider the expansion of access to the Mental Health Street to assist in reducing the number of Section 136 detainments. It has proved successful so far with 47% of incidents avoiding S136 (figures calculated for the last 15 months). Expanding the provision of this service should be considered. We should explore possibilities to extend the availability of this service in response to immediate needs.
- (5) Continue regular patrols on bridges (with higher attendance on London Bridge) during Night Time Economy hours, focusing on the highest-risk period of 10pm and 1am. Consideration should be given to increased patrols following incidents, as media reporting may increase the likelihood of others travelling to the same location.
- (6) Continue regular patrols during the summer period and ensure the City of London Police officers are aware of increased suicide/attempt suicide during the summer months.
- (7) City of London Police to continue their involvement with mental health campaigns and charities to help reduce the risk of suicide.
- (8) City of London Police to continue work on the Vulnerable People And Bridges Security Project within the Secure City Programme.

Appendices

Appendix 1 – Suicide Prevention Action Plan for 2017–21

Report Authors

Claire Giraud

Public Health Senior Practitioner, City of London and Hackney Public Health Team

Andrew Trathen

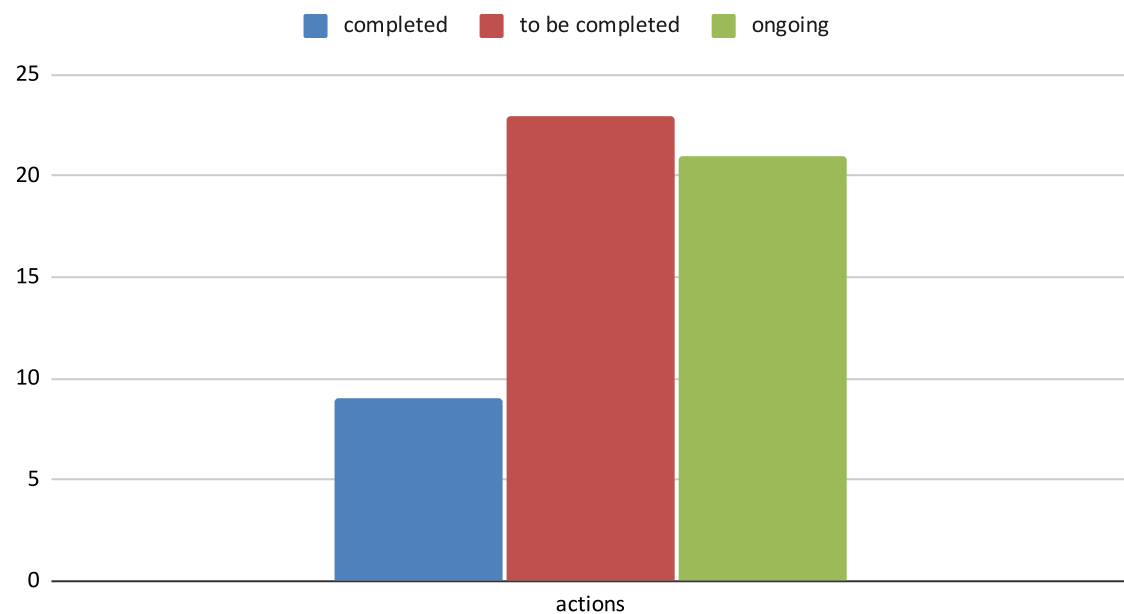
Consultant in Public Health, City of London and Hackney Public Health Team

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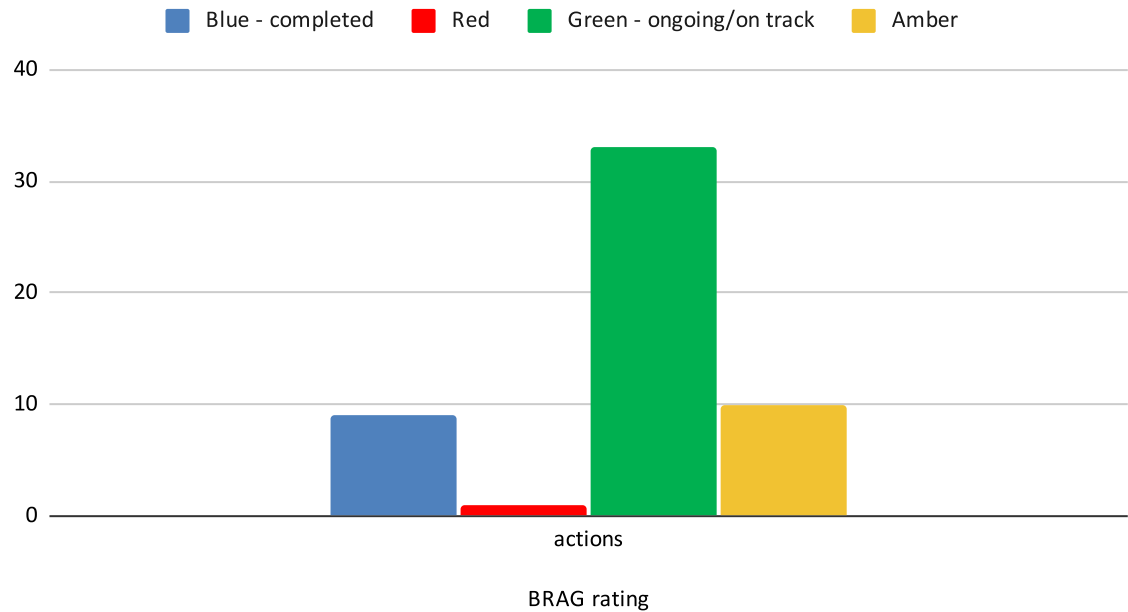
Name:		Suicide Prevention Action Plan	
Duration:	2017-21		
Relevant strategies:	Joint Health and Wellbeing Strategy, Mental Health Strategy		
Board responsible for monitoring action plan:	Suicide Prevention Steering Group, Health and Wellbeing Board		
Owner:	Andrew Trathen/ Claire Giraud		
Review date:	Jan-21	Frequency of monitoring/reporting:	annual

action plan progress at a glance



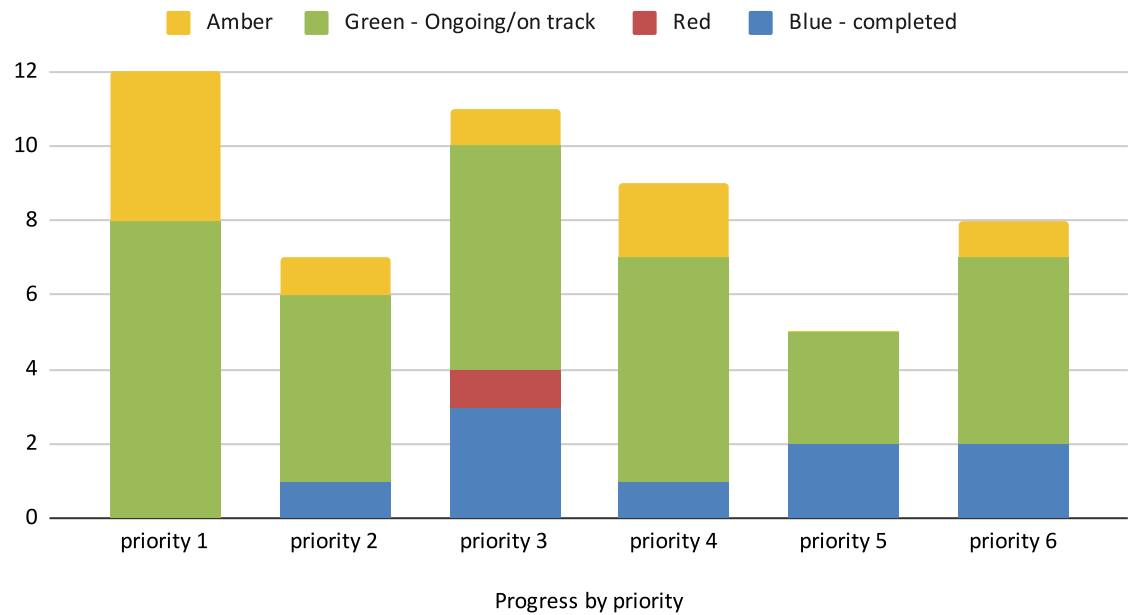
	completed	to be completed	ongoing
actions	9	23	21

BRAG rating of all actions



BRAG rating	Blue - completed	Red	Green - ongoing/on track	Amber
actions	9	1	33	10

Progress by priority



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

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Priority:		Reduce the Risk of Suicide in Key high risk groups					
Objective (if applicable):		To reduce the risk of suicide for young and middle-aged men and women					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	Update
1.1.3	Train barbers in the City of London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	Jun-17	Jan-21	<ul style="list-style-type: none"> Number of barbers who undertake training Feedback from barbers on how this is perceived and used Exposure of campaign 	Public Health CCG	Amber	20% of the Square Mile's barbers were trained on 14/09/19 by the lions barber collective and a promotional event was held at the barbers and surgeons livery hall with the support of CoL. This was put on hold due to COVID-19, CG to contact the lions barber collective about online delivery of training.
1.1.4	Provide suicide prevention training to primary care professionals	Jun-17	ongoing	<ul style="list-style-type: none"> Number of practice nurses who have had mental health training 	CCG	Amber	As of March 2020 meeting Free ASIST training is available locally through NEL STP and should be taken up, but needed follow up as to whether or not CCG staff are attending training. Fawzia to attend next meeting 28/9 - may be good to get an update then. The CCG previously arranged training during MH awareness week for GPs on prevention, would be good to check to see if this is also scheduled for this year as well.
1.1.6	Approach taxi companies to train the drivers in spotting the signs of suicidal behaviour in their passengers and notifying the police	Jan-20	should be ongoing but has not started yet	number of drivers trained in suicide awareness	CoL Public Health	amber	CG approached a charity in Ireland who trains taxi drivers on spotting the signs of suicidal behavior/mental ill health but now engaging with the taxi companies needs to happen, this was delayed by Uber's license getting suspended and also a potential lack of budget to fund this training. This seems to be last updated by Claire prior to her leaving the City. The last idea discussed was to devise a code between the police and taxi drivers, so that if taxi drivers drop someone in a known potential suicide location seeming distressed (eg: 2am at a bridge in their nightgown) they can radio the police saying they have a code green. This could be used for potential terrorist threats as well. This needs to be explored further with CoLP. April 2021 : CG trying to organize this with thrive as it should be done pan london.
1.2	City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	Jun-17	To be on website by September 2017 and ongoing	<ul style="list-style-type: none"> Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses. 	Turning Point	amber	WDP have updated their training to increase focus on MH and suicide prevention in the drug and alcohol trainig. Update at the next contract meeting from monica patel. WDP incorporated MH in totheir talks and interventions 12/19 The drugs and alcohol services are currently being recommissioned thus this action should be rebranded going forward As of March 2020 it was discussed that WDP Square Mile Health should be attending these meetings with regards to drug and alcohol and workplace health-related issues, they were not included in the meeting in June 2020. Now using Turning Point for Alcohol Misuse and Substance misuse services as of 1/10/20. including the new provider Turning Point in meetings will be discussed at the steering group meeting in May 2021.

1.4	Implement the ‘Street Triage Pilot’. Advanced Mental Health Practitioner to accompany the City of London Police on callouts at peak times.	May-17	Ongoing	· Evaluation of the ‘Street Triage Pilot’ showing reduced incarceration rates under s136 , look at doing an impact assessment and extending the service hours to 24hours	ELFT/CCG City of London Police	Green	Street Triage Evaluation: Public Health was going to supervise this, and there was a question of whether or not City Police can lead with support. MM confirmed since it has been running, it has been evaluated twice. A paper was written on it and 6-month brief was conducted on it, demonstrating that it reduces detentions under Section136. In June 2020 Meeting MM confirmed Street Triage has funding for another year going forward on current routine in place, 5PM to 3 AM – which is when the most amount of calls has been received. Going forward, want to take the hours wider, but need ELFT on board for double the staff and cover. Working well, great working partnerships, and in process of getting 3 more nurses vetted for bigger core of people to work with. Want to be prepared and have the capacity to cope as COVID-19-related restrictions are relaxed. The programme has reduced detentions under Section 136 by 46%(?) and only way to increase that is increase hours with more coverage. The City Police Suicide Profile of 2020 recommends that “an Information Sharing Agreement with the NHS should be established so that requests can be submitted to hospitals which request the outcome of assessment for any individual taken to hospital. This should be completed for every individual that attempts suicide; to ensure that all risk information is shared and appropriate safeguarding measures completed. Discussions are ongoing regarding who should follow up (city police officers or MH nurses)
1.5	CoL, LBH and ELFT joint suicide audit	Jan-20	Feb-22	audit completed and shared with members of the steering group and stakeholders	ELFT/ Public Health	Green	ELFT Audit: AH confirmed ELFT has raw data, but the audit hasn’t yet been completed. Was supposed to be ready in August but are delayed due to the massive surge in mental health presentations to their services and preparing for the next wave of Covid - so this continues to take a back seat. The City of London Corporation, Hackney and ELFT have decided to do a joint audit by the beginning of 2022.

Priority:		Tailor approaches to improve mental health in specific groups					
Objective (if applicable):		Tailor approaches to improving the mental health of children and young people in the City of London					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	Update

2.1	<p>Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular</p> <ul style="list-style-type: none"> school nurses teachers clinicians Social Workers police probation staff school staff community workers. 	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of practitioners to have been offered mental health first aid training Number of practitioner to have taken up mental health first aid training 	Public health	green	<p>Public Health and Education unit will commission youth MH first aid training for teachers from City schools in the second half of the summer term. This is ongoing, interesting work with CAMHS : anna Froid training in Sir John Cass school, public health evaluated in January 2019</p> <p>Young Hackney offer a range of talks about emotional and mental health for students, teachers and parents at City schools. As part of the CAHMS transformation programme, SJC have mental health worker and staff have been trained in the Anna Freud methodology.</p> <p>The City of London Police are delivering a 2hr suicide awareness session focusing on young people that helps participants understand the issue of suicide and how they can prevent it in their communities. Aimed at young people and those working with young people from across the City of London.</p> <p>MHFA children 1 day training to school staff on May 5th 2019 with 16 attendees, Half day suicide prevention training to school staff and police on 9/10/19 20 attendees - CG to liaise with education team to find out which school aren't taking up training offers and the group is to think on how we can persuade them</p> <p>April 2021: two Suicide awareness training for frontline workers who work with CYP took place in February and March 2021 provided by Papyrus, another training is planned for May 2021. The ASK workshop: Assessing for Suicide in Kids is being offered by NEL (delivered in late March and early April 21, next dates are in July 21), NEL is also promoting Mental Health First Aid Youth 'Champion' (May 2021), PHE has developed a free online training called "Psychological First Aid: Supporting Children and Young People" which is being widely promoted.</p>
2.2	Improve mental health among specific groups through the implementation of the Mental Health Strategy	Apr-17	Ongoing (annual updates)	Annual progress of the mental health action plan.	Public Health/CCG	amber	Completed an update in May- over 90% of actions are green. The Mental Health Strategy and action plan will be updated in the second half of 2018. 12/19 - UASC MH assessment service is now being spot purchased from City and Hackney CCG CAMHS team; From March 2020 meeting public health chair NK said that this is not a clear indicator (in terms of what interventions/ what at-risk groups). This was not discussed at the June 2020 Meeting. In January 2021 the Samaritans published a new handbook for community based wellbeing groups targeting men - Engaging men earlier: a guide to service design, this handbook is being promoted to providers, partners and stakeholders across the City and London. April 2021 GP intranet suicide prevention page to be finalised this month. The Mental Health Strategy action plan to be revised by July 2021. SP data and impact of CV-19 to inform support to specific groups and/or general population. This action is to be discussed at the next MHCC.
2.3	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	Jun-17	Ongoing (annual updates) MOVE TO ONGOING	Every Looked After Child who needs it has a suicide prevention plan.	City of London Children's Social Care	green	It is standard procedure for every child who needs a suicide prevention plan to be given one. From June 2020 Meeting RG informed us that in the instance that a child attempts suicide, a strategy response meeting automatically convenes with resident Local Authority and extending offer to residents with Early Intervention health and social care services
2.5	Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	Jun-17	Ongoing (annual updates)	Enhanced mental health service commissioned for Looked After Children and Care Leavers	City of London Children's Social Care	green	The enhanced mental health service is in place, 12/18 we continue to provide the enhanced mental health service for LAC and care leavers. 4/02/19 We have reviewed and recommissioned the Enhanced Service for looked after children and care leavers. It's factored into the 2019-2020 budget. 12/19 UASC MH assessment service is now being spot purchased from City and Hackney CCG CAMHS team, the issue is identifying migrants when they are not in care. April 2021: City social care doesn't have any LAC who are presenting with suicide ideation at present. City social care have a Trainee Family Therapy Clinic with Kings College London which is open to any child or family known to early help

Priority:								
Objective (if applicable):		Reduce the opportunities people have to suicide in the City of London						
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	Update	
3.3	Replace the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'	Jun-17	Dec-17	New signs on bridges	RNLI , PLA City of London Built environment	amber	There is an issue with the signage on the tower of london wharf, english heritage wants the sign to be black and white. RNLI will do a survey of every bridge taking an overall approach. There are two types of signs : The samaritan signs are on all bridges except the millenial bridge, the life buoy saying "call 999" belong to the city. 12/19 the lifesaving equipment guidance of PLA is being updated, the housing of lifebuoy needs to be updated so PLA will consult CoL port health authority (CG has put LA in touch with Gavin Steadman). Patrick Keating is to enquire about what3words application and how we can eventually use it on signage and buoys to help people give better locations of incidents. June 2020 :	
3.4	Put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	Jun-17	Dec-17	Cameras on bridges	One Safe City/ Secure City	amber	Update 18/11 from Ian Hughes: Under Secure City Programme umbrella with City Police, there has been a funding request made to support cameras on City bridges over Thames for next financial year. This will be considered by the Resource Allocation Sub-Committee in december 2020. If passed, will start on a couple of bridges in 2021/2 with more bridges being added once a second funding bid is passed in 2022. april 2021:	
3.5	re-investigate bridge watch programme	May-19	unknown	install infra red beams on bridges	CoL Police and CoL	red	infra red beams on bridges were proposed as a solution to see where people jumped from, mark montgomery met with paul mohagan from civil engineering and did a costing but there is no money for this with the camera being updated (the safe city program is struggling to find funds as stated in action 3.4). This is currently on	
3.9	Vulnerable People And Bridges Security Project within the Secure City Programme.	Mar-21	Mar-24	bridges are monitored 24/7 and intervention is faster and easier	CoL Police and CoL	green	Vulnerable People and Bridge Security is a project within Secure City for years 2 and 3 of the programme (starting now). We are now at the scoping and feasibility stage of the project. Work previously done on this is 5 years old and we now need to rethink the approach and	
3.11	Continue to engage with the Tidal Thames water safety forum and input into the action plan of the Tidal Thames: drowning prevention strategy	Nov 19	ongoing	Partners share knowledge and learning about safety on the Thames	RNLI , PLA, community safety, port health, public health City of London Built environment	green	in 2019 several partners and agencies across London developped the Tidal Thames drowning prevention strategy, in 2020 CoLp and the CoL became partner of the strategy and members of the forum, this multi agency forum is a very valuable conduit to pushing work on Thames safety forward and implementing priority three of the City Suicide prevention Action plan	

Priority:		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience						
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience						
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG rating	Update	
4.5	contact funeral parlors in the city/used by city residents to ensure they are aware of bereavement services for those affected by suicide	Dec-19	ongoing	number of funeral parlors aware of the bereavement services	strategy officer public health	amber	CG to compile a list of the funeral parlors and get in touch with them, delayed by covid	
4.6	Create and send the bereavement support pack to stakeholders, residents and partners	Mar-21	ongoing	bereavement pack sent to city VCS and partners	Public health and comms	amber	waiting on finalised bereavement video from LBH, bereavement leaflets from Hackney are ready to be sent (60 copies have already been sent to LBH VCS)	

Priority:		Support the media in delivering sensitive approaches to suicide and suicidal behaviour						
Objective (if applicable):		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.						
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG	Update	
5.2	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	Jun-17	Jun-20	Evidence of challenge of harmful or inappropriate material	City of London Corporation	Green	On-going	
5.3	Promote the samaritans communication toolkit to encourage the use of positive appropriate language in all communications and during purdah	Sep 18	ongoing	change in language, successfully, commit, are no longer widely used	CoL	Green	ongoing work: latest example is the CoLP suicide profile	

Priority:		Support research, data collection and monitoring					
Objective (if applicable):		A comprehensive database of suicide in the City of London to be built					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	RAG	Update
6.1	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	Jun-17	Ongoing (annual updates)	· Shared with relevant partners	ALL	green	on-going, shared through suicide audit. 8/19 The City Corporation's Public Health and Business Healthy has delivered presentations at conferences hosted by St John Ambulance (Dec-18), the National Suicide Prevention Alliance (Feb-19) and a Revo suicide prevention steering group meeting (Mar-19), sharing local learnings with stakeholders and partners. it also presented a poster on local suicide prevention approaches at the PHE Annual Conference in Sep-18. STP and Thrive london are closer to implementing a pan london data sharing agreement (see action 6.3) April 2021 : the thrive real time surveillance data base is now live, however definitions of contemplating, attempted need to be agreed amongst all the partners, as well as definitions on self harm (It is unclear if self harm should include eating disorders or substance misuse for example).
6.2	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	Jun-17	Ongoing	· Joined up working and information sharing between the coroner and public health	Public Health Port Health and Public Protection	Amber	the coroner is very busy due to COVID-19 so this is progressing slowly
6.3	work with NHS England on the Child Protection Information System CP-IS	April 21	ongoing	health alert system includes details of children in care or subject to cp plans.	CHSCP	green	april 2021 : CHSCP following up with NHS England lead for the Child Protection Information System (CP-IS_ - this is a health alert system that includes details of children in care or subject to cp plans. We are advocating this be extended to include vulnerable adults too based on the learning from one of these cases (note: this issue isn't included in the CP-IS)
6.4	Participate in the Thrive London Database	2017	ongoing	input into the database and use it to inform intervention	all	green	The City of London has joined the Thrive LDN real time surveillance database, this innovative suicide surveillance system is designed for use by multi-agency group, allowing councils, police, mental health services, suicide prevention groups to share real time surveillance data and coordinate responses. The system

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Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Update	RAG rating
1.1.1	Promote the training of frontline staff in organisations including the City of London Police, the Metropolitan Police and staff who work near at risk locations in mental health first aid, suicide awareness, suicide intervention to help them engage men and women in conversations about - Wellbeing and mental health - Accessing appropriate information/self-help support - suicide	Jun-17	Ongoing (annual updates)	<ul style="list-style-type: none"> · Number of frontline staff trained · Training material · Promotion of training · Examples where training has been used to good effect 	Public health	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness event as part of Thrive in the City for the Emergency Services (Apr-18), which is a day-long London-wide programme of events (CoLP, Met Police, LFB and LAS in attendance). Tizzy Keller and Sgt Mark Montgomery led the session. A 2 day session is planned in January 2019, 8 spaces are available for frontline staff and commissioned providers (possibly police, schools, RNLI?). MHFA Adult 2-day training delivered free-of-charge to frontline staff of commissioned services in Jan-19. There were 15 attendees, MHFA children 1 day training to school staff on May 5th 2019 with 16 attendees, half day suicide prevention training to school staff and police on 9/10/19 20 attendees; Business Healthy have also hosted multiple Suicide PRevention Awareness Sessions with the Samaritans and the City Police for 2020 (Feb, July, November) aimed at HR, frontline staff, and security sector.	ongoing
1.1.2	Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	Jun-17	Ongoing (annual Updates)	<ul style="list-style-type: none"> · Information relevant to suicide on the Business Healthy resource pages · Number of Business Healthy members 	Public health Business Healthy	A 2-day Adult MH First Aid session was hosted at Guildhall in Apr-18. 11 free places given to staff from CoL commissioned providers. PH team looking into whether appetite for further sessions. City of London Corporation hosted a suicide prevention awareness training in October 2018 in Canary Wharf where they shared best practices and learning, there was a session in February 2019 which was very successful. (Also see 6.1). Information about suicide prevention and mental ill-health more widely is shared on an ongoing basis through the Business Healthy network (newsletter and website). The network continues to grow - there has been a 58% increase in members between Sep-18 and Sep-19. 82% of member organisations in the City of London are SMEs. Dragon Cafe in the City has secured funding to run fortnightly (Jan-19 to April-21), feedback from visitors (Jan-Aug19) showed that 92% of participants (who gave feedback) strongly agree/agree that the cafe helped to improve their mental wellbeing; Hosted SPA with the Samaritans 7/2/20, 24/7/20, and upcoming session 9/10/20. Very positive feedback, even with the July session being virtual. July session also geared toward "hidden workforce" and security sector. Next session in November 2020.	ongoing
1.1.5	Approach security firms to train security guards in spotting suicidal behavior and having the confidence to intervene	Nov-19	ongoing	number of security guards trained in suicide awareness	CoL Public Health	This was also discussed in SPA session with Samaritans 24 July 2020. Update as of June 2020 tying in patterns and existing risk as well as direct impacts of COVID-19, some particular areas to look at in terms of CoL workforce and those coming into the City who can't work from home, are the routine manual service workers, lower income roles and roles like construction workers. Pre-lockdown, the CIOB and Samaritans released reports that highlighted an increased risk in lower income roles, primarily men, who are affected by having to come in.	ongoing

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

2.4	Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	Jun-17	Ongoing (annual updates) MOVE TO ONGOING	· E-training module for parents to be disseminated to schools.	CHCSB	The training module has been developed and disseminated to schools. 12/18 The E training module runs by the CHCSB and we continue to provide the enhanced mental health service for LAC and care leavers. The roll out of the Safer Schools App for both professionals and parents / carers contains substantial awareness raising material and training content about online safety and building resilience in young people. The App continues to be promoted in the City of London.	ongoing
2.6	Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	Jun-17	Ongoing (annual updates)	· Promotion of CCG lead five to thrive campaign - dissemination of video	CCG	The five to thrive steering group is established. The principles have been further embedded in psychological services and GP depression reviews. All pharmacies can access FTT leaflets to distribute to patients. NK to ask Dan and Fawzia for updates. 8/19 A CoL video promoting the 5 ways to wellbeing is in development for digital communications purposes. 12/19 the steering group met recently, the website is being updated, we are trying to make sure social workers use/promote five to thrive, also a video is being developed by comms and should be launched mid Jan, Xenia Koumi will share and it will put it out through the MH alliance and business healthy channels	ongoing
3.1	Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	Jun-17	Jan-19	· Suicide considerations in standard risk assessment/health and safety tick box template. · Suicide considered in Health Impact Assessments	CoL Planning and Port Health and public protection	CoL health and safety team see all planning apps and give comments where appropriate. Comments are picked up by the planning committee who are aware of suicide prevention work. 12/19 CG has written guidance to developers and architect on how to mitigate suicide risk that are to be included in the long term plan, once they are finalised she will share them with LBH and STP	ongoing
3.2	Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	Jun-17	Ongoing	· Relationship to be built between City of London public health and TFL/BTP/network rail	Public Health	In June 2020 confirmed communications for mental health support are not suicide prevention specific but more focused on signposting individuals to support. Number of suicides/ attempts has gone back to normal since pre-COVID-19 level. There was previous discussion around potentially utilising What3Words, however, XK confirmed group's concerns and that a decision had been taken at the previous meeting to not take this any further for the time being, because of concerns around having to rely on a third-party commercial app, barriers to access, etc. GA also commented that the concern is that it shouldn't turn into steps, when can call 999, however it has not been ruled out on signage.	ongoing
3.3	Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	Apr-17	Ongoing (annual updates)	· Number of people trained · Examples where training has been used to good effect	Public Health CoLP	Business Health and the Samaritans team have developed a sustainable model of delivery. See action 1.2 for more detail. 8/19 Since Sep-18, 3x Suicide Prevention Awareness sessions have been delivered to the City's business community, and an additional one is planned for Oct-19. Across the three sessions, 54 people have attended and an average of 98% of attendees reported that attending the session has helped them to feel more confident in identifying and approaching someone who is at crisis point and who might be considering suicide	ongoing
3.10	Share guidance with the relevant stakeholders	Jan-21	ongoing	guidance is shared as widely as possible	all	Public health is sharing guidance with developers, construction	ongoing

4.1	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life	Jun-17	Ongoing (annual updates)	· Number of primary care staff who have received training	CCG City of London Coroner	CCG trained their primary care staff in suicide prevention work on 1 December 2017. 40 Gps attended this training, awaiting an update from CCG. 4 hours Mandatory MH training now includes Suicide Prevention. 32 people attended stand alone suicide prevention training at Homerton hospital on the 1st December 2017. Advertisement of local offer on MHFA/Suicide training circulated through CHCCG networks. The Coroners office is routinely supporting families and providing information on their needs. Two new coroner officers have been appointed and are undergoing appropriate training. Senior coroner is introducing new processes to ensure this continues as routine procedure.	ongoing
4.1.1	Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce.	Jun-17	Ongoing MOVE TO ONGOING	· Follow up with businesses who have undergone training · Promote the suicide prevention agenda within City business groupings such as the City Mental Health Alliance and “This Is Me – In the City” (Lord Mayor’s Appeal)	CoL Health and Safety Business Healthy	Ongoing efforts through Business Healthy and "Release the Pressure Campaign." High priority as many are still working from home with the Covid-19 pandemic. Ongoing Suicide Prevention Awareness sessions hosted with Business Healthy and the Samaritans (currently virtual) every 3 months.	ongoing
4.1.2	Risks to be assessed by the City Corporations Health and Safety Team following on from any suicides in public/the workplace and any preventative /remedial measures are identified for action	Jun-17	Ongoing (annual update) MOVE TO ONGOING	· Number of risk assessments undertaken by the CoL Health and Safety team following suicides in City of London businesses	CoL Health and Safety	The CoL health and safety team follow-up with workplaces where suicide occurs and work with colleagues to support them if appropriate. There have been no suicides in the City where there has been a breach of health & safety legislation or good practice. business as usual 12/18. 12/19 CG going to safeguarding meeting at Saint Paul to advise after the incident in March 2019	ongoing
4.2	Provide accessible, concise information on the processes and standards in a Coroner’s inquiry to family members	Jun-17	Ongoing (annual updates) MOVE TO ONGOING	· Number of families given information	The Coroner	This is standard procedure by coroners office. This is ongoing on a separate action log. A new standard of proof for suicide is under appeal at the moment, it will lead to less open verdicts because it is more clear cut, it will give families more clarity and make dealing with families more straightforward and be good for the next suicide audit.	ongoing
4.3	Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages	Jun-17	Ongoing (annual update)	· Proportion of families who are referred to bereavement services	CoLP	The FLO’s should advise them to what is available to them, the FLO’s would do their own research and find specific contacts for them to use.	ongoing

4.4	Offer those bereaved as a result of suicide signposting to bereavement services	Jun-17	Ongoing (annual update)	<ul style="list-style-type: none"> Number of people offered FLO Number of people who take up offer of FLO 	CoLP and coroner	Recent Update with regard to bereavement: awareness and capacity needs are to be looked at from STP level. Currently working on resources based on staff feedback to provide updated guidance for staff if they experience bereavement. They are asking to share this with other organisations who can benefit from that information as well. This will help outline things to do, be aware of, other resources. Also working on content for frontline staff who may need to support someone who has experienced bereavement. Written guidance but also short training video in terms of how to speak to someone and what advice to give, rather than staying silent, which can be worse. They also have created resources for non-frontline staff that can be used across organisations and residents. MindEd is a free educational resource on children and young people's mental health for all adults, and St Joseph's Hospice has just launched a support service for CYP and families who have been bereaved as a result of COVID-19. Information about this service and other local bereavement support is available on the CoL website (under the heading "Bereavement counselling services")	ongoing
5.1	Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> provide information about sources of support and helplines when reporting suicide avoid insensitive and inappropriate graphic illustrations with media reports of suicide avoid use of photographs taken from social networking sites without relative consent avoid the re-publication of photographs of people who have died by suicide report appropriately where there is evidence of a cluster 	Jun-17	Jun-20	<ul style="list-style-type: none"> All suicides reported on in a sensitive and appropriate way 	City of London Corporation and CoLP media Teams	The media guidelines have been shared. Media outlets don't always follow them but the CoLP and COLC media teams follow up with them when they don't.	Green
6.3	support the development of a pan london overarching c	Jun-17	ongoing (annual updates)	ent in place and data bei	coroners, MET police, CoL police	id by the director of public health. 1/20 we have been given log in details for t	Green
6.4	Routinely collect data on attempted suicide in the City from Section 136 booklets	Jun-17	Ongoing	<ul style="list-style-type: none"> S136 data to be collected by the City of London Police and shared with public health 	City of London Police	s136 data is routinely collected and sent to PH team	Green

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

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

Committee: Health and Wellbeing Board – For Information	Dated: 07 May 2021
Subject: Business Healthy Annual Update Report	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	2, 3, 5
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N.a.
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain’s Department?	N.a.
Report of: Andrew Carter, Director of the Department of Community & Children’s Services Dr Sandra Husbands, Director of Public Health	For Information
Report author: Xenia Koumi, Department of Community and Children’s Services	

Summary

This report provides an update on the key achievements of the Business Healthy network from March 2020 to date, including progress against its strategic objectives and overall aim to provide support and signposting to employers in the City of London to help them improve the health and wellbeing of their workforce.

Recommendations

Members are asked to:

- Note the report and the role Business Healthy has played throughout the pandemic.
- Support the promotion of the Business Healthy network to employers within their wards and other key stakeholders.

Main Report

Background

1. Since being established in 2014, the Public Health-led Business Healthy network has been providing signposting and support to employers in the City of London and beyond, of all sizes and sectors, to help them to improve the health and wellbeing of their workforce.

2. Through partnership working with key stakeholders, Business Healthy also supports the delivery of a “Health in All Policies” approach with regards to business engagement, sharing the evidence base for investment in workforce health and wellbeing, and the interventions that work.

Current Position

3. Over the past year, throughout the ongoing COVID-19 pandemic, Business Healthy has continued to support City employers to improve the health and wellbeing of their workforce, leveraged Business Healthy contacts to promote COVID responses and achieve successes across its key strategic objectives:
 - Expand the Business Healthy network
 - Make Business Healthy the “go-to” health and wellbeing resource for City businesses
 - Secure high-level buy-in
 - Make BH financially self-sustaining

These priorities formed the latest Business Healthy strategy (2017-2020). It was hoped that the strategy could be refreshed in 2020, however this has been postponed due to the prioritisation of the local COVID-19 response.

4. Discussions about the future direction of Business Healthy are ongoing, and work to refresh its strategic direction will be reinstated this summer, subject to the progression of the Government’s COVID-19 roadmap. A more detailed plan will be presented to the Health and Wellbeing Board, as well as Community and Children’s Services Committee, at a later date.
5. These discussions will be formed within the context of recovery from COVID-19. They will consider the socioeconomic impacts of recovery on workforce health and wellbeing, as well as opportunities identified to “build back better”. Examples are addressing health inequalities experienced by specific cohorts within the workforce (such as routine, service and manual workers), and a recovery with socially and environmentally responsible and sustainable businesses as key stakeholders in this. Promoting the existing evidence base around the business benefits of a happy and healthy workforce will continue to be central to this work.

Key Data

6. This report outlines the key areas of work and achievements of the Business Healthy network over the past 14 months.

Covering the period March 2020 to April 2021:

7. Key network growth metrics:
 - Newsletter subscribers: 4% increase to 1,813
 - Twitter followers: 7% increase to 1,294
 - LinkedIn followers: 17% increase to 349
 - Number of individual organisations registered as members: 9% increase to 937. 59% of registered City firms are SMEs

8. Key engagement metrics:
 - 18 newsletters published, opened a total of roughly 2,000 times, as well as being available to read on the Business Healthy website.
 - 20,500 hits on the Business Healthy website – 93% of which were classified as “new” users.
9. Business engagement and sharing Public Health information:
 - Provided a trusted, authoritative approach to ensuring businesses are supported in understanding COVID-19 guidance, including infection prevention control, outbreak prevention, control and reporting, testing and vaccination
 - Hosted seven sessions, including:
 - Two online roundtable sessions with the City’s legal sector, focusing on workforce mental health and wellbeing, and chaired by Policy Chair Catherine McGuinness.
 - Three Suicide Prevention Awareness sessions delivered to the local business community, in partnership with Samaritans and City of London Police. Attendees represented 19 different organisations.
 - Masterclass with Maggie’s, focusing on employees with cancer.
 - Webinar promoting the City Wellbeing Centre.
 - Key note speaking at a range of forums on Public Health COVID-19 considerations for employers, including:
 - UK Finance
 - London Banks’ Health and Safety Forum
 - Clean City Award Scheme
 - Aldgate BID
 - Heart of the City
 - City HR Association
 - Jointly hosting a “reopening advice” session for City and Hackney businesses, in partnership with the Hackney Business Network and the City and Hackney Environmental Health teams.Further engagement sessions are being planned, for example for SMEs with the City Business Library.
 - Business Healthy was also featured in the Lord Mayor’s City A.M. column twice, in a City Matters article on the mental health of City workers, and in a Culture Mile Radio Local interview on mental health and wellbeing.
10. Business Healthy has continued to promote City Corporation-commissioned services to employers in the City, and has worked with the ELoPE (East London CVD Prevention Group) at Barts Heart Centre to deliver a series of CVD prevention masterclasses to the City’s business community.
11. In addition, Business Healthy has taken a lead role in convening a group of key stakeholders, including the City Mental Health Alliance, Lord Mayor’s Appeal, GLA, PHE London, Bank of England, Legal and General, and others, to focus on tackling health inequalities experienced by the City’s “hidden” workforce – routine, service and manual workers in cleaning, security, facilities management, construction, and other roles. This work will be continuing through 2021.

12. Through activities, Business Healthy has generated an income of £1,400 during this period.

13. Feedback:

- *"I have shared info on Domestic Abuse and COVID-19 from your newsletter and it has been very well received"* – PHE London
- *"Loads of really good information in here and will be sharing with my team"* – GLA
- *"Some really useful and great content in the latest newsletter. Thank you 😊"* – Oil and gas company
- *"Another useful resource for wellbeing in the City is Business Healthy"* – Business Healthy member organisation
- *"This [the Suicide Prevention Awareness session] was the excellent course I attended"* – City security contractor firm
- *"A number of us will subscribe to the Business Healthy newsletter, there looks to be a wealth of information included"* – UKI Chief Operating Officer for a global financial services firm
- *"So proactive, as always"* – Operations Manager at a large property management company
- Listed as one of seven of the best workplace wellbeing blogs and apps, by digital financial adviser service, MyEva.
- Through regular polling of readers of the newsletter, 100% of responders rated the newsletter as either "very useful" (81%), or "somewhat useful".

Corporate & Strategic Implications

14. While this report is not a proposal, the activities it serves to update on have clear alignment with a number of the objectives outlined within the Corporate Plan, including:

- People enjoy good health and wellbeing
- People have equal opportunities to enrich their lives and reach their full potential
- Businesses are trusted and socially and environmentally responsible

15. Business Healthy will continue to play a role in supporting the City Corporation's ambitions for a strong and sustainable COVID-19 recovery in the Square Mile by helping to ensure businesses implement COVID secure arrangements, including testing, promoting vaccinations and responses to outbreaks.

Conclusion

16. This report provides an update on the work of Business Healthy over the past year, including examples of progress and achievement against key strategic objectives. With the expected return to a "Business as Usual" way of working in 2021, it is hoped that there will be opportunities for the further development of the future plans for Business Healthy and strategic direction of the network. This will take place within the context of the increased visibility and understanding of the value of workplace and workforce health and wellbeing among employers and other stakeholders, as a result of the COVID-19 pandemic.

Appendices

- None

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Committee(s)	Dated:
Port Health and Environmental Services Health and Wellbeing Board	18 05 2021 07 05 2021
Subject: Draft City of London Contaminated Land Inspection Strategy 2021-2030	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,11,12
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Director of Markets & Consumer Protection	PHES: For decision HWB: For information
Report author: Robin Whitehouse – Pollution Control	

Summary

City of London Corporation published a Contaminated Land Strategy in 2001 which has been subsequently reviewed in 2004 and 2015.

In accordance with statutory guidance issued by the Department of Environment, Food and Rural Affairs (Defra) the Contaminated Land Inspection Strategy has been reviewed again and is appended to this report.

The strategy fulfils the City of London's statutory obligation to set out its wider approach to contaminated land and its inspection duties within the Square Mile and provides a more accessible, shorter and condensed strategy document.

Recommendation(s)

Members are asked to:

- Approve the proposal set out in paragraph 12 and 13 that the attached draft contaminated land inspection strategy (Appendix 1) undergoes external consultation until 25th July 2021, subject to any comments received at your meeting and a further report will be presented to your 27th September 2021 meeting to approve the subsequent new strategy.

Main Report

Background

- 1 The City of London dates from Roman times and has a rich history. Although mainly non-industrial, there have been a wide range of historic land uses which could potentially have given rise to contamination.
- 2 Historically, land contamination could be dealt with through the development management process, where development or a change of use of land provided the only opportunity to deal with contamination.
- 3 In 2000, Part 2A of the Environmental Protection Act 1990 (EPA) was introduced to enable the remediation of land which meets the definition of contaminated land, based on its current land use.
- 4 The City of London Corporation as a regulator of Part 2A must:
 - Inspect the City to identify and categorise contaminated land.
 - Establish responsibility for the remediation of the land.
 - Ensure that appropriate remediation takes place.
 - Keep a public register detailing regulatory action taken to deal with contamination.
- 5 In 2001, the City of London produced a strategy outlining its approach to dealing with contaminated land in the 'Square Mile' using Part 2A Environmental Protection Act 1990.
- 6 The 2001 strategy contained a timetable of activities. These were completed by 2004, and a review was undertaken. The review concluded that *"no evidence of significant harm or pollution of controlled water is currently taking place, and there is no contaminated land in the City as defined by the legislation"*. Subsequent revisions to the Statutory Guidance (2012) and contaminated land strategy (2015) have not changed this position.
- 7 There have been no significant changes to the contaminated land guidance since 2012 and the material changes in this draft contaminated land inspection strategy are detailed in appendix 3.
- 8 This draft strategy review concludes there is scope for further 'strategic inspection' (desktop study) and documentation of the City's exposed ground and work to be undertaken to ensure continued compliance with the aims and objectives of the legislation and Statutory Guidance.
- 9 The overall aim of this draft strategy is to set out how the City of London will continue to address its duties under the Environmental Protection Act 1990

(‘Part 2A’), in accordance with the Guidance. The overriding priorities of this Strategy are:

- To protect human health
 - To protect controlled waters
 - To protect designated ecosystems
 - To prevent damage to property
 - To prevent further contamination of land
- 10 This revised and condensed draft strategy ensures that the City of London’s approach continues to be suitable and appropriate. In order to address the City’s obligations, and in accordance with the Guidance the strategy includes:
- a) The Strategy’s aims, objectives and priorities, taking into account the characteristics of the City of London’s area
 - b) A description of relevant aspects of the City of London
 - c) The City of London’s approach to ‘strategic inspection’ of the City or parts of it
 - d) The City of London’s approach to the prioritisation of ‘detailed inspection’ and remediation activity
 - e) How the City’s approach under Part 2A ‘fits with its broader approach to dealing with land contamination’, so that sites do not become a capable of being determined ‘contaminated land’ under Part 2A in the future
 - f) How the City of London will seek to minimise unnecessary burdens on the taxpayer, businesses and individuals.
- 11 Consultation has been carried out internally, see appendix 2 for full details (Open Spaces, DBE, Town Clerks, Comptrollers, City Surveyor’s) and the results of this have been considered in this draft.

Proposals/Options

- 12 Subject to comments received at your meeting, it is recommended that the attached draft contaminated land inspection strategy is published for external consultation until 25th July 2021. Consultees are listed in appendix 2 and will include City businesses, residents, neighbouring boroughs, the Environment Agency and Public Health England. Consultation comments will be incorporated into the final strategy where appropriate.

- 13 A further report will be presented to your committee meeting 27th September 2021 to consider approval of the strategy.

Corporate & Strategic Implications

- 14 The proposals within this report and draft strategy meet the statutory requirements set out under Part 2A Environmental Protection Act 1990, as they apply to the City of London Corporation.
- 15 The work on contaminated land sits within the Corporate Plan Strategic Aims to “shape outstanding environments” and to “contribute to a flourishing society”

Implications

- 16 The work contained within the strategy will be funded using existing resources from within the Port Health and Public Protection Service.
- 17 Should quantitative risk assessment as part of a detailed inspection be required costs (consultants fees / soil sampling / remediation) will be assessed based on the individual characteristics of the site and details of land ownership in line with the core legislation and the Guidance. Costs and liability will be apportioned to the responsible individual or organisation. A further report will be made to this committee if the need for a quantitative investigation is identified involving a financial implication for the City.

Appendix

- Appendix 1 – The City of London Draft Contaminated Land Inspection Strategy 2021-2030.
- Appendix 2 – Consultees.
- Appendix 3 – Material changes from the City of London Contaminated Land Strategy 2015-2020.

Background Papers

- The City of London Contaminated Land Strategy 2015-2020, available at:
<https://www.cityoflondon.gov.uk/assets/Business/contaminated-land-inspection-strategy.pdf>

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City of London – Draft Contaminated Land Inspection Strategy 2021-2030

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 - Geology, Hydrogeology and Hydrology*
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 - 1 What are we doing now? (and will continue to do)*
 - 2 What do we need to do?*
 - 3 How are we proposing to do it?*
 - 4 What are the possible outcomes of a detailed inspection?*
 - 5 Who pays for this?*
 - 6 What are the wider benefits of this strategy?*
 - 7 How will we measure our progress in implementing this strategy?*
 - 8 How does this strategy interact with the planning system?*
- 9 Contact us**

I Summary

- I.1** Part 2A of the Environmental Protection Act 1990 is the legislative framework behind the contaminated land regime in England. Under Part 2A the City of London Corporation (City Corporation) is required to take a strategic approach to inspect the land within its geographic boundaries, to identify and prioritise contaminated land most likely to pose an unacceptable risk to human health and publish this information within a written Strategy. Where land is classified as contaminated under Part 2A the City Corporation is required to identify the person(s) liable to pay for the remediation and to ensure that it is carried out to the required standard. The Department for Environment Food and Rural Affairs (DEFRA) published revised Statutory Guidance in April 2012. This requires all local authorities to periodically review their existing Inspection Strategy to ensure it remains up to date.
- I.2** This Strategy revises and updates the 2015 Strategy. It contains information about the characteristics of the City of London and seeks to set out clearly the City Corporation's approach to dealing with land contamination using Part 2A over the next 10 years. It also summarises the City Corporation's wider approach to considering and regulating contaminated land through development management, whilst reflecting the uniqueness of the Square Mile. Work on any identified high priority sites on City Corporation owned land will be completed utilising the City Corporation's in-house resources and employing external services as required.

- 1.3 This Strategy will be reviewed and, if necessary, updated further in 2026.

2 Context

- 2.1 This Strategy outlines how the City Corporation will fulfil its statutory duties to investigate potentially contaminated land in the City of London as laid out in the Defra Contaminated Land Statutory Guidance (the Statutory Guidance). It should be read in conjunction with the Statutory Guidance, as that contains the legal and scientific detail behind the City Corporation's Strategy. Reference is also made to supplementary planning guidance which details the City Corporation's expectations of how land quality issues will be addressed and managed, primarily through the redevelopment of land under the planning process. The targets set out in the Strategy reflect the current and anticipated future financial circumstances the City Corporation will face over the Strategy period (2021-2030).

3 Objectives

- 3.1 The objective of the Strategy is to set out a framework detailing a proportionate approach to management of the risks raised by land contamination, whilst ensuring that any unacceptable risk to human health or the wider environment from land contamination is removed.
- 3.2 All investigations and risk assessments completed by City Corporation will be site specific, scientifically robust and will ensure only land that poses a genuinely unacceptable risk is determined as contaminated under Part 2A.
- 3.3 The City Corporation will consider the various benefits and costs of taking action, with a view to ensuring that corporate priorities and statutory requirements are met in a balanced and proportionate manner.

4 Statutory Guidance

- 4.1 The legislation behind the Contaminated Land regime in England is Part 2A (Sections 78A-78Y) of the Environmental Protection Act 1990 (EPA 1990), which came into force in April 2000 (inserted by Section 57 of the Environment Act 1995). This established the regulatory system for the identification and remediation of land contamination.
- 4.2 The overarching objectives of the Government's policy on contaminated land and the Part 2A regime are:
- To identify and remove unacceptable risks to human health and the environment;
 - To seek to ensure that contaminated land is made suitable for its current use;
 - To ensure that the burdens faced by individuals, companies and society as a whole are proportionate, manageable and compatible with the principles of sustainable development.
- 4.3 The legislation places a duty on the City Corporation to inspect the area from 'time to time' for the purpose of (a) identifying contaminated land and (b) deciding whether such land should be designated a special site, which then becomes the responsibility of the Environment Agency (EA).

- 4.4 Defra published the Contaminated Land Statutory Guidance in April 2012. This requires local authorities to adopt a “strategic approach” to inspecting their areas and prioritise land most likely to pose the greatest risk to human health and the environment and publish this information within a written Strategy. The Statutory Guidance requires the City Corporation to keep their written strategy under periodic review to ensure it remains up to date. This Strategy specifies a 5 year review in line with the Guidance “good practice.”
- 4.5 The City Corporation published its first written Strategy in 2001, this was reviewed and updated in 2015. The 2015 review set out how the City Corporation would develop an approach to inspection of the City of London for land that may be contaminated land. The 2015 strategy covered a 5 year period and is superseded by this document.
- 4.6 There is other statutory guidance which the City Corporation needs to consider in relation to Part 2A:
- National Planning Policy;
 - Local Planning Policy;
 - Building Regulations;
 - Environmental Permitting (England and Wales) Regulations 2016; and
 - Environmental Damage (Prevention and Remediation) Regulations 2015.

5 Approach to contaminated land assessment

- 5.1 The approach to contaminated land assessment is detailed in the Land Contamination Risk Management (LCRM) documentation. The guidance sets out a three stage approach:

a Risk Assessment

b Options Appraisal and

c Remediation and Verification.

- 5.2 Risk assessment is based on the Source-Pathway-Receptor contaminant linkage concept. For a risk to exist then all three elements of the linkage must be present. This is the case for land quality assessments completed under both planning and Part 2A.

Source: Contaminants in soil, groundwater, gas or vapour;

Pathway: Physical contact with contaminated soil or groundwater, inhalation of dust, consumption of edible plants grown in contaminated soil and/or soil attached to edible plants, inhalation of indoor or outdoor gases or vapours, permeation of contamination into water supply pipes, migration of contamination in groundwater, migration of contamination via over ground flow;

Receptor: Humans, controlled waters (groundwater or surface water), ecological receptors (animals and sites designated as environmentally sensitive land uses), buildings and structures.

5.3 Assessment under Part 2A

- 5.3.1 For land to be determined as contaminated land under Part 2A there must exist a ‘Significant Possibility of Significant Harm’ (SPOSH) from contamination in, on, or under the land, such that it presents an unacceptable intake (UI) for users of that land (i.e. in such a form and quantity that it presents a hazard by means of one or more pathways that has a *significant*

possibility of causing *significant* harm to someone). It is noted that there is no clear Government guidance on what constitutes “unacceptable intake” or “significant possibility of significant harm”. However, the regime and associated Statutory Guidance¹ is clear that only those sites that present a ‘significant possibility of harm’ or are found to be causing ‘harm’ should be dealt with under Part 2A.

- 5.3.2 The Statutory Guidance sets out four categories of sites to assist in the decision making process, where Categories **1** and **2** ‘would encompass land which is **capable** of being determined as contaminated land on the grounds of SPOSH’ and, Categories **3** and **4** would ‘encompass land **not capable** of being determined on such grounds’. Further technical supporting information was provided by DEFRA in respect of screening levels for Category 4 land (i.e. not Contaminated Land as defined by Part 2A). These are often referred to as C4SLs. The C4SLs consist of **cautious** estimates of contaminant concentrations in soil that are considered to present an **acceptable level of risk**, within the context of Part 2A, by combining information on human health toxicology, exposure assessment and normal ambient levels of contaminants in the environment. That is to say that exceedance of a C4SL does not, in and of itself, constitute SPOSH.

5.4 Duties

5.4.1 Local Authorities

- Where possible inspect the Borough to identify contaminated land;
- Prepare a strategy for inspection of their area;
- Determining whether any land meets the definition of Contaminated Land under Part 2A i.e. land that is causing harm or has potential of causing harm;
- Establish whether sites should be designated as “Special Sites” and thus become the enforcing responsibility of the Environment Agency;
- Consult the Environment Agency on sites where there is pollution of controlled waters and where the Local Authority considers that land meets the definition of a Special Site;
- Where the Agency carries out an inspection on behalf of the Council, the inspection duty and the decision as to whether land is Contaminated Land, remain the sole responsibility of the Council;
- Act as enforcing authority for all contaminated land which is not designated as a “Special Site”; and
- Maintain a public register of sites for which a remediation notice has been served, or where a remediation statement or declaration has been published.

5.4.2 Environment Agency

The Agency is a primary source of information and advice for local authorities. In addition, the Agency has its own regulatory functions to perform under Part 2A:

- Assist and provide guidance to local authorities in identifying contaminated land, particularly in cases of water pollution;
- Undertake inspections of Potential Special Sites following LA request;
- Act as enforcing authority for any land designated as a Special Site;
- Maintain a register of Special Sites remediation; and
- Publish periodic reports on the State of Contaminated Land.

5.4.3 Both LA and EA

- Establish who should bear responsibility for the remediation of land;
- Decide, after consultation, what remediation is required and ensure that such remediation takes place either through agreement or by serving a remediation notice. In certain circumstances the local authority may need to undertake the remediation;
- Where a remediation notice is served or the authority carries out the work, to determine who should bear what proportion of the costs for the work; and
- Record certain prescribed information regarding regulatory actions on a public register.

6 The City's Characteristics

6.1 *Physical and Land designations*

- 6.1.1 The City of London is located in the historic heart of London, to the north of the Thames. The City Corporation provides local authority services for this area, known colloquially as the 'Square Mile'. It has approximately 8,000 residents and a working population of approximately 500,000. It is a primarily commercial area with a rich history and iconic London landmarks, attracting thousands of tourists per annum. The City Corporation also owns, leases and manages property and land within and outside the City of London.
- 6.1.2 Residential accommodation is distributed across the City of London. Most residential properties in the City of London are residential flats and are concentrated in the following areas: The Barbican Estate, Golden Lane Estate, Middlesex Street Estate and Mansell Street. There are also a very small number of detached, semidetached, and terraced residential properties within the area. Some of these dwellings have access to private and communal gardens which would create a direct contact or inhalation pathway for exposure if contaminants are present.
- 6.1.3 There are no nature reserves or other designated protected habitats within the Square Mile. Much of the open space in the City of London comprises hard-standing, with raised planter beds; pockets of managed green open space also exist in some areas. There are several managed public spaces and gardens throughout the area which could be utilised by the working population and residents. Some of these areas contain soft landscaping and others are hard standing with raised planter beds.
- 6.1.4 The City of London dates from Roman times and has a rich history. It is the historic core from which the rest of London developed. It has a rich historical heritage with more than six hundred listed buildings and other protected structures in the City. Although predominantly non-industrial, there have been a wide range of historic land uses, which could potentially have given rise to contamination.
- 6.1.5 All of the City of London is considered to have archaeological potential, except where there is evidence that remains have been removed previously. The archaeological potential of a site is considered as part of development management process.
- 6.1.6 Due to the City's position, extensive areas were damaged by war time bombing. Historic land uses which may have led to contamination prior to this time will have been destroyed in part during the bombing. Thereafter, World War II site redevelopment would have created areas of made ground of significant thickness locally and the composition of this made ground is unknown. Material may also have been removed or redistributed within the City during the post war redevelopment and thereafter; this would all be undocumented.

- 6.1.7 Due to the intensive bombing across the City, unexploded ordinance (UXO) has been found during excavations. Buried UXO therefore remain a risk which must be managed during excavations.

6.2 Geology, Hydrogeology and Hydrology

- 6.2.1 The underlying geology is an important consideration when considering contaminated land, especially with consideration to controlled waters as the permeability of the soils affect the migration of contamination in both soil and groundwater. Mobile contaminants generally move more freely within coarse textured soils, such as sand and gravels as opposed to less freely through fine textured soils, such as silty clays.
- 6.2.2 The superficial geology across the City of London includes a mixture of alluvium, silts and River Terrace Deposits. The thickness of the gravels and alluvium varies and during the development management process, the excavation and construction of basements has resulted in the removal of superficial deposits in many areas. The underlying solid geology of the City comprises London Clay overlying the Lambeth Group, a mixture of sands, silts and clays. The Thanet Sand Formation and Upper Chalk underlie the Lambeth group. Borehole records indicate the London Clay to be approximately 35m thick and the Upper Chalk is generally encountered at approximately 60-70m below ground level. In addition to the creation of basements in the superficial geology, there has also been an increase in the number of developments where foundations (often bored pile foundations) extend to the Thanet Sands.
- 6.2.3 London Clay is a silty clay of negligible permeability and hence it is designated as an Unproductive Stratum by the Environment Agency. The London Clay confines the underlying soils (Lambeth Group, Thanet Sands and Upper Chalk) which are Principal Aquifers, largely preventing infiltration from above. There is therefore a risk that the Principal Aquifer could be contaminated through deep excavations, deep boreholes or piled foundations penetrating through the London Clay.
- 6.2.4 The majority of the Borough has no overlying superficial (drift) deposits mapped. The exception is in the south of the Borough where Lynch Hill Gravel Member – sand and gravel overlies the London Clay bedrock. This stratum is classified as a Secondary Aquifer.
- 6.2.5 Surface water features within the Borough include the River Thames which forms the southern boundary of the City. In addition, there are two historic rivers flowing through the City, being the Fleet and the Walbrook. Both historic rivers are now canalised/culverted and are incorporated into the sewer system, reducing the risk from contamination from historical land uses entering surface water receptors.
- 6.2.6 A small number of premises in the City are licenced by the EA to abstract groundwater. At the time of writing, none of the identified premises use treated groundwater for drinking purposes, but some sites use the water for domestic purposes (e.g. flushing toilets). The location and information relating to the private water supplies in the City is periodically reviewed and updated. Notwithstanding the absence of water abstracted for drinking purposes in the City, there is still a requirement to ensure groundwater is protected.

7 What have we done already?

7.1 As part of the 2001 Strategy development the City Corporation set about the process for strategic inspection of the City of London. The following work was completed as part of the initial Strategy by the City Corporation:

- identified and recorded sensitive receptors;
- identified and recorded current potential sources of contamination (based on historical maps and 'Kelly's Directories' available at that time.);
- assessed information provided by the EA;
- assessed geological and groundwater data for the City;
- developed an initial GIS system of data management; and
- developed procedures for:
 - site inspections in the event of contaminated land being suspected;
 - dealing with pollution incidents or spillages; and
 - dealing with complaints or concerns about potentially contaminated land.

7.2 Following the 2001 Strategy and review in 2004, there was no strong evidence suggesting contaminated land was present in the City (as defined by the legislation). A review of the Strategy was undertaken in 2015 to assess whether the City Corporations approach was sufficient and whether any new information was available. The 2015 review highlighted areas where additional work could be undertaken to improve data on which regulatory land contamination decisions were based. In particular the review identified the following broad priorities and areas for improvement:-

- Gain improved understanding and additional information on potential sources of contamination;
- Requirement to identify and record locations and nature of current receptors;
- Requirement to identify current potential contaminant linkages; and
- Requirement to prioritise sites where contaminant linkages may be present, to identify sites that may require 'Detailed Inspection' as set out in the Guidance i.e. to assess whether sites are 'suitable for the current use'.

Works completed following 2015 Strategy

7.3 A third party and internal review process was completed which concluded that several useful datasets were available to take forward for prioritisation of potentially contaminated sites for more detailed inspection. However, the data available on historical land uses was considered limited in both temporal coverage and scale of mapping reviewed. Further research into historical land uses in the area was commissioned.

7.4 A detailed review of historical land uses was undertaken which included a review of additional historical OS mapping dating from the 1860s (1:1250 and 1:2500 scale) and available GOAD insurance plans. Locations and dates of historical land use with a contamination potential were recorded on the City Corporation's Land Quality Geographical Information System (LQGIS).

7.5 A combined layer of historical land use with contamination potential was created within the LQGIS. Having completed the above data collection work, the detail and volume of information available on historical land use in the City of London is considered to represent best practice, with the City Corporation now having a thorough and detailed understanding of historical land use and potential historical contaminative industries in the area.

- 7.6 The City Corporation's maintained datasets relating to 'current' land uses were utilised to identify locations of current receptors. Receptors were split into the following broad categories, with a focus on assessing potential risks to human health.
- Residential land (flats, housing with and without private and communal gardens);
 - Educational land (schools/nurseries);
 - Office/Retail/ Commercial land use (offices, hotels, shops); and
 - Ancient monuments/listed buildings/park and open spaces (gardens, parks, allotments/nature conservation areas etc).
- 7.7 Having identified historical land uses, locations of current receptors and data on current land use, the LQGIS was used to identify areas where contaminant linkages may exist.
- 7.8 The City Corporation has developed a site prioritisation procedure whereby source, pathway and receptor layers are combined in the LQGIS to identify locations where contaminant linkages may exist.
- 7.9 It is important to stress that the presence of a potential contaminant linkage on site does not provide sufficient evidence to confirm that a site meets the legal definition of contaminated land. In that the presence of a potential contaminant linkage does not demonstrate that there is either 'significant possibility of significant harm' or evidence that 'Harm is being caused' on site, rather it is the starting point for the City Corporation to consider whether more detailed inspection is required. It is also important to stress that the use of the LQGIS site prioritisation process is only a tool to assist with identifying sites for more detailed inspection. The prioritisation of sites is an evolving process and 'prioritisation' of a site or parcel of land for more detailed inspection is based on information contained within the LQGIS at the time that the assessment is undertaken. Results of any prioritisation exercise are therefore subject to change at any point and may not be reflective of actual site conditions. It is for this reason that a register of site prioritisation outputs is not maintained or published.

8 Current and future actions

8.1 What are we doing now? (and will continue to do)

8.1.1 Responding to enquiries and complaints about contaminated land

The Pollution Control Team is the main recipient of complaints regarding pollution (including contaminated land). Once a request for service is received, Environmental Health Officers investigate and advise.

8.1.2 Processing planning applications

The planning system has, and continues to be, the main mechanism in the identification and management of land affected by contamination. Potentially contaminated sites are dealt with via the development control procedures by applying planning conditions on development schemes, requiring contamination assessments and where applicable remedial work and verification;

8.1.3 Undertaking site inspections and site visits as/where required

A site visit might be required in one of the following scenarios:

- A site has been identified as requiring further inspection as part of the Council's duties under Part 2A;
- A site may be visited in conjunction with a planning application that has been made or to oversee remediation or investigation works required by a planning condition; and

- A site may be visited in response to a complaint from a member of public.

8.1.4 *Responding to land search requests*

The Pollution Control Team responds to land search enquiries which request what the City Corporation knows in regard the condition of the site and the surrounding area and what intentions the City Corporation has in regard to inspection of the land under Part 2A.

8.2 **What do we need to do?**

8.2.1 The Statutory Guidance requires the City Corporation to continue to identify and prioritise sites that may be potentially contaminated by their historic or current use, followed by detailed inspections/investigations of sites where a need for further investigation has been identified.

8.2.2 The tasks and delivery timescales proposed for the Strategy review period are as follows:

No	Target	Proposed Deadline
1	Review land search procedure and ensure it meets current best practice.	July 2021
2	Maintain GIS mapping layers and datasets, including linking up information held on planning with LQGIS.	Annually
3	Review of sites identified with potential contaminant linkages and decide whether more detailed inspection is required.	January 2022 and annually thereafter
4	Carry out detailed inspection of potential Part 2A sites.	As priorities dictate and resource permits
5	Review Strategy (every 5 years).	January 2026

8.3 **How are we proposing to do it?**

8.3.1 *Identification of potential sites and prioritisation for detailed inspection*

8.3.2 The work already undertaken means that the City Corporation has a database of potential sites of interest across the City. The database will be regularly updated when new information becomes available– for example when reports are submitted to City Corporation via the planning development process.

8.3.3 The contaminated land register for the City of London will be maintained in accordance with Statutory Guidance requirements.

8.3.4 Only those sites with the highest priority ranking will be subject to more detailed inspection. It is envisaged that all but the highest risk sites will be addressed via the planning process. High risk sites under private ownership will be addressed by identifying and contacting the landowner and initialising the assessment process in accordance with the Statutory Guidance. High risk sites within the City of London under City Corporation ownership will be assessed in accordance with the Statutory Guidance requiring a phased approach. A Desk-based (Phase

l) study, including a site visit will be undertaken. If the Phase I assessment concludes a significant potential risk might exist to one or more identified receptors then moving onto the next phase. an intrusive (Phase 2) site investigation will be considered. It is envisaged that this work would be undertaken by the Pollution Control Team and the services of specialist environmental consultancies.

8.3.5 Investigation of sites where a potential unacceptable risk has been identified will be prioritised as follows:

- 1) Human Health Receptors
 - a. Residential/Education End Use
 - b. Commercial End Use
- 2) Controlled Waters Receptors
- 3) Ecological and Environmentally Sensitive Land Uses (Ecosystems)
- 4) Buildings and Structures.

8.3.6 The detailed inspection of a site will be limited to a site walkover and desktop study in the first instance. The City Corporation will follow the Statutory Guidance at all points of the process and will work with the Environment Agency and external experts where appropriate.

8.3.7 Where evidence of significant harm or a significant possibility of significant harm is identified the site will be actioned in accordance with the Statutory requirements under the EPA 1990 and the relevant Statutory Guidance to secure satisfactory remediation of the site, identify liable persons and recover costs as appropriate

8.4 What are the possible outcomes of a detailed inspection?

8.4.1 The Statutory Guidance describes in detail the possible outcomes of detailed inspection for all receptors. Sites will be assigned categories (1-4). Generally, sites in Category 1 will require immediate action (designation as contaminated land); sites in Category 2 may require immediate action. These categories represent sites where an unacceptable risk is found to be present or there is evidence of harm being caused, this will trigger the process of determination of the site as contaminated land. The City Corporation will then decide based upon all available information and in line with the Statutory Guidance, whether remediation of the site should be carried out. If remediation is carried out this will only be done where necessary and the City Corporation will work with residents, land owners and all interested parties and appropriate persons to minimise disruption as much as possible. Sites in Category 3 may not meet the stringent definition of contaminated land but may require observation or monitoring and sites in Category 4 are unlikely to meet the definition of contaminated land with no further action required. For controlled water receptors the City Corporation will consult with the Environment Agency.

8.5 Who pays for this?

Part 2A of the Environmental Protection Act 1990 makes it clear that, wherever possible, the original polluter and/or a developer ('Class A appropriate person') that knowingly developed a contaminated site without ensuring suitable levels of remediation are completed should pay for any remediation needed in later years. The City Corporation has a duty under the legislation to make all reasonable effort to ensure that this is the case. However, where it is not possible to identify the 'Class A appropriate person', for example where the contamination

and/or the development occurred many years ago and the people and companies involved no longer exist. in accordance with the Statutory Guidance, the responsibility for dealing with the contamination passes to the current landowner ('Class B appropriate person'). Under the legislation the City Corporation has a duty to identify appropriate persons and apportion liability.

8.6 What are the wider benefits of this strategy?

From the work completed to date, the City Corporation has an extensive understanding and detailed, searchable record of historical land use in the City of London. This information is used by Environmental Health, Planning and Building Control Teams when considering new developments. The information is used to provide more detailed and useful replies to environmental information requests and will enable the City Corporation to focus regulatory effort on the highest risk sites in the Borough.

8.7 How will we measure our progress in implementing this strategy?

The strategic inspection process is by nature an iterative process. It is normal that sites will be added and removed from the database as information becomes available. We aim to add more detailed knowledge about sites each year using existing resources. This increased knowledge will enable the Council to refine the prioritisation process further, reduce the number of sites that might need more detailed investigation and identify those that may need detailed investigation most urgently.

8.8 How does this strategy interact with the planning system?

- 8.8.1 The National Planning Policy Framework (NPPF) makes specific reference to dealing with land contamination and land contamination is a material planning consideration. The development management process is the primary way in which land contamination issues are investigated, managed and remediated.
- 8.8.2 Where a site is affected by contamination, responsibility for securing a safe development rests with the developer and/or landowner. As an absolute minimum this means that the site must be incapable of being designated as contaminated land as defined under Part 2A.
- 8.8.3 Under most circumstances the City Corporation will expect any planning application for land which may be affected by contamination to be accompanied by a report either at application stage or will be required by a pre-commencement planning condition. Reports submitted should comply with current LCRM Guidance and with the British Standard BS10175:2011+A2:2017 "Investigation of potentially contaminated site – Code of Practice". Reports should identify that the site under consideration has been assessed as suitable for use or in the event that further works are needed, detail the works required to make the site suitable for use. Reports will need to be submitted for approval at each stage, on completion of the Phase 1 desk study, prior to investigations commencing, prior to remediation works and on completion of any required remediation. All reports should be completed by a suitably qualified "competent" person as defined in the NPPF.

9 Contact us

If you would like to talk to us about this strategy or other matters related to contaminated land in detail please contact the Pollution Team via telephone 0207 606 3030 or email pollution team Pollution@cityoflondon.gov.uk or visit the City Corporation web site <https://www.cityoflondon.gov.uk/services/environmental-health/other-public-health>

References

Contaminated land Statutory Guidance-

<https://www.gov.uk/government/publications/contaminated-land-statutory-guidance>

City of London Contaminated Land Strategy 2015-

<https://democracy.cityoflondon.gov.uk/documents/s57004/City%20Contaminated%20Land%20Strategy%202015%20-%202020%20FINAL.pdf>

Environmental Protection Act 1990 section 78A-78Y-

<https://www.legislation.gov.uk/ukpga/1990/43/section/78A/england+wales>

National Planning Policy-

<https://www.gov.uk/government/publications/national-planning-policy-framework--2>

City of London Planning Policy-

<https://www.cityoflondon.gov.uk/services/planning/planning-policy>

Building Regulations

<https://www.gov.uk/government/collections/approved-documents>

Environmental Permitting (England and Wales) Regulations 2016-

<https://www.legislation.gov.uk/uksi/2016/1154/contents/made>

Environmental Damage (Prevention and Remediation) (England) Regulations 2015-

<https://www.legislation.gov.uk/uksi/2015/810/contents>

Land Contamination Risk Management (LCRM)-

<https://www.gov.uk/government/publications/land-contamination-risk-management-lcrm>

Category 4 Screening Levels (C4SLs)

https://www.claire.co.uk/home/news/%5C/%5C/www2.hull.ac.uk%5C/index.php?option=com_content&view=article&id=207&catid=44&Itemid=256

Appendix 2 Consultees

Internal Consultation with the following departments complete:

<ul style="list-style-type: none">• Environmental Enhancement• Legal• Development Management• Historic Environment• District Surveyor• Open Spaces	<ul style="list-style-type: none">• Transportation and Public Realm• Highways• Local Transportation• Community and Children's Services• Town Clerk• Public Health
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External Consultation with the following organisations and agencies:

<ul style="list-style-type: none">• Environment Agency• Department for Food & Rural Affairs• Food Standards Agency• English Heritage• Natural England• Greater London Authority• PHE• DWI• Thames Water• LB Camden• LB Westminster• LB Lambeth	<ul style="list-style-type: none">• LB Southwark• LB Croydon• LB Tower Hamlets• LB Hackney• LB Islington• Barbican Estate• Guinness Partnership• National grid• HSE• Temple• TFL• London Underground
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Appendix 3

Material Changes from the City of London Contaminated Land Strategy 2015-2020

- 1 This strategy revises and updates the original 2001 strategy and the reviews of 2004 and 2015 and provides a more accessible, shorter and condensed strategy document. The underlying Strategy has not changed, but is updated to reflect activity since 2015 and future activity.
- 2 Activities following 2015 review – section 7 of strategy
 - additional Ordnance Survey historical mapping 1860's onwards added
 - GOAD insurance plans added
 - Creation of an historical contamination layer in GIS
- 3 Future tasks-section 8.2.2 of strategy

No	Target
1	Review land search procedure and ensure it meets current best practice.
2	Maintain GIS mapping layers and datasets, including linking up information held on planning with LQGIS.
3	Review of sites identified with potential contaminant linkages and decide whether more detailed inspection is required.
4	Carry out detailed inspection of potential Part 2A sites.
5	Review Strategy (every 5 years).

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Committee: Health and Wellbeing Board	Dated: 7 May 2021
Subject: Healthwatch City of London Progress Report	Public
Report author: Paul Coles, General Manager	For Information

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Four (appendix 1). The report provides members with information on proposed activities during Quarter One of 2021/22.

Recommendation

Members are asked to: Note the report.

Main Report

Background

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

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

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

Current Position

1. As previously reported, the work of HWCoL continues to be delivered remotely, but the team are preparing to return to work in the City as lockdown restrictions ease. This will be dependent on finding suitable accommodation as the point at which HWCoL can access to the 'Green Box' is still uncertain.
- 1.1 Since the last report HWCoL have been working to address several issues that directly impact on City residents these include:

- Availability of the Podiatry Service supplied by Homerton University Hospital NHS Foundation Trust - access to the Podiatry clinic at the Neaman Practice ceased during the pandemic. Patients were unable to obtain appointments through the GP practice or Homerton Hospital. Further investigation resulted in identification of administrative issues. Further work is required to identify possible changes to the referral criteria.
- Neaman Practice- HWCoL has been alerted to a range of issues including, but not limited to, access to services via the telephone system and online booking. HWCoL is working with both the practice and the Primary Care team to rectify these issues. An action plan is being prepared by the Practice Manager and is due to be presented at a joint meeting on the 20 May 2021.
- St Leonards Hospital Redevelopment - In response to the delay in the redevelopment of St Leonard's Hospital HWCoL and Healthwatch Hackney are co-producing a Peoples Plan to support the redevelopment. The plan, which has yet to be approved, will enable greater engagement with residents to devise a plan that meets the needs of those using the service.
- NEL ICS Governance - HWCoL have attended many meetings that support the development of the new Health and Social care structures in NEL including Neighbourhoods and the PCN. As structures emerge it is important that the voice of the users and potential users are heard. This is work in progress, but there is a risk that the City voice becomes limited as these structures develop. HWCoL will continue to seek clarity about the levels of local accountability and influence.
- Increasing HWCoL's reach- Targeted approach to resident engagement in Middlesex Street and the Portsoken area.

Support During Covid

2. During Q4, HWCoL's continued to provide up to date information and support to City residents regarding the pandemic. These include:
 - Organised and delivered a successful webinar for City residents on the Covid-19 vaccination programme. The webinar was hosted by HWCoL Dr Sandra Husbands, Director Public Health, City of London and London Borough of Hackney Public Health and Dr Mark Rickets, Chair of City and Hackney CCG answered residents' questions in a lively Q&A session. Seventeen residents attended the session.
 - Publishing Bulletins and Newsletters on a weekly basis providing up to date information on Covid-19 with a particular emphasis on accessing the local and national vaccination programme. The bulletins are well regarded, and the information is often adopted and used by other groups to provide information to City residents. The bulletin has a wide reach across the City and during Q4 Middlesex Estate Facebook page was added to the distribution list.

- Increased the reach of the website with 9,414 users accessing HWCoL's website generating visiting 18,197 page. The increased usage has been driven by people accessing the site for up to date and accurate information on the Covid-19 vaccination programme, demonstrating HWCoL is a trusted source of information.
- Increased use of Twitter as a source of information for residents on the Covid vaccination programme resulted in one City resident commenting that HWCoL is the most active Healthwatch on Twitter.
- In partnership with City Connections and Independent City Carers HWCoL undertook three focus groups for Carer's to provide an understanding of the impact of the delivery of the vaccination programme on Carers. HWCoL were able to feedback to the Public Health Team concerns on the lack of home vaccinations and the requirement for more information on the side effects. HWCoL were able to alert Public Health that information given over the phone by GP surgeries regarding access to vaccination differed from the guidance.
- HWCoL partnered with Healthwatches across North East London to deliver an on-line survey exploring the experience of disabled residents during the Covid -19 pandemic. The survey, commissioned by the North East London Clinical Commissioning Group is part of a larger project to understand the impact of Covid-19 on the wider North East London community. The findings of the survey will be validated through focus groups with disabled residents and one to one individual interviews. A report is due to be completed in August 2021.

3. Contract Performance

The Performance report for Q4 is attached for information, appendix 1. Points to consider are:

- 3.1. Of the 25 KPI's in the Performance Framework HWCoL have achieved or exceed target in 16; no change from Q3.
- 3.2. Since the Q3 report the areas of underperformance, six, (rated yellow) are all showing steady improvement and there is no reason to change current plans to meet the target.
- 3.3. Underperforming areas in Q4:
 - As an impact of Covid-19 Enter and View activity remained suspended during 2020/21. Training opportunities for Enter and View remained limited during Q4
 - Attendance at Board meetings in Public remained challenging and inhibit public reach. HWCoL responded to the challenges of Covid-19 by holding the meetings via Zoom with attendees having the option to dial in by telephone. HWCoL will continue to try and attract more attendees by reviewing the

agenda with more outside speakers and will hold face to face meetings as soon as able.

4. Engaging with Stakeholders.

- HWCOL Trustees represent city residents by attending several fora including North East London CCG meetings, City and Hackney Integrated Care Board and Committees, and CoL Committees, including Health and Well-being Scrutiny and Adult Safeguarding Board. During Q4, at the Health and Well-being Scrutiny Committee HWCOL raised issues reported by carers regarding the delivery of the support contract from City Connections Carers. The delivery of carers support has now been added to the work plan for the Scrutiny Committee.
- Board meetings in public continue by Zoom. Recent presentations include:
 - City and Hackney CCG Covid-19 recovery and Restoration programme.
 - The New Integrated Care operating model for City and Hackney.
 - City and Hackney Neighbourhoods programme engagement model.
 - East London Foundation Trust mental Health provision during and post Covid-19.
 - St Leonard's Hospital development proposals and public engagement.
 - The development of the Goodman's Field Health Centre

Future agendas will focus on the post Covid-19 recovery programme for City and Hackney Integrated Care Partnership, Barts Health NHS Trust, East London Foundation Trust and Tower Hamlets Integrated Care Partnership.

5. Volunteering

Five new volunteers have been recruited. The volunteer team are helping support HWCOL engagement and project work and supporting two new projects:

- Understanding the sexual service provision and the advice available for City residents. Compiling a report with the findings to support a public health campaign to promote the services and provide information.
- Exploring the establishment of a Young Healthwatch considering the developments within the City regarding engaging young people in health issues.

6. Projects

HWCOL has been awarded four grants:

- **Covid- 19 Information** -As a grant holder HWCoL is funded to disseminate information on the Test and Trace and vaccination programme. HWCoL works closely with the Public Health team to identify and feed-back issues arising in the community e.g. misinformation regarding vaccination.
- **PCN Patient Engagement-** partnering with Healthwatch Hackney and the Shoreditch Park and City Primary Care Network (PCN) on a programme of patient engagement. The engagement exercise will identify areas of improvement for health support within the Shoreditch Park and City Primary Care Network.
- **Community Insights** - partnering with Healthwatch's in North East London on a Covid Community Insights project. The project will provide North East London CCG with insight on the impact of Covid-19 on the community within North East London. The Healthwatches are carrying out in depth research via surveys and focus groups on the impact of Covid-19 for Disabled People within the Community.
- City Outreach project- discussed earlier.

The additional financial resource through grant funding has enabled an increase in staff to support the delivery of projects and resident engagement.

7. Planned Activities in Quarter 1 2021/22.

- HWCoL's annual survey; an opportunity for City residents, partners, and stakeholders to provide feedback on performance during 2020/21. The survey will help identify where improvements are required and how HWCoL is perceived as an organisation.
- Continue to seek to understand residents' experiences through on-line surveys providing telephone support for residents who have no online access. Deliver shorter more targeted surveys on the experience of service users.
- The annual Business plan and workplan for 2021/22 will be completed by mid-May and will be available for consultation with residents and stakeholders during May/June 2021 with final sign off in June 2021.
- Completion of the Healthwatch England's Quality Framework by June 2021 as part of the on-going development of the organisation.
- Production of the Annual Report by July 2021. The report will be available to residents on HWCoL's website with printed copies being available in CoL libraries.
- Communications will remain focused on the Covid vaccination programme, and test and trace as lock down eases.
- Increase engagement in all areas of the city increasing access to HWCoL 's work for the diverse residents of the City.

8. Risks

Trustees review the Risks and Issues Log at Board meetings. The Risk Log was updated in Q4 to recognise the impacts on staffing of additional project work ensuring there is no detrimental effect to delivery of the core contract.

9. Conclusion

Quarter 4 has seen activity significantly increase with a focus on Covid 19 information, resolving service issues for local people and greater activity to support the development of the new health and social care structures ensuring the city voice is heard. HWCoL has built trust with residents, providing a variety of opportunities to engage becoming a reliable and accurate source of information on the vaccine programme. In a period where resident engagement has been challenging, the usage of the HWCoL website is evidence of our development as a trusted organisation. The four new grant funded projects highlight HWCoL's success in working with partners, ensuring the City voice is heard and shapes key developments in health and social care for City residents. At the same time good progress is being made towards meeting all the contracted targets during 2020/21.

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Appendix 1
Performance Framework

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

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