



## Health and Wellbeing Board

**Date:** FRIDAY, 17 SEPTEMBER 2021  
**Time:** 11.00 am  
**Venue:** VIRTUAL MEETING (ACCESSIBLE REMOTELY)

**Members:** Marianne Fredericks (Chairman)  
Mary Durcan (Deputy Chairman)  
Jon Avern, 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  
Siobhan Harper, NHS City and Hackney CCG  
Dr Gary Marlowe, Clinical Commissioning Group (CCG)  
Ruby Sayed, Chairman of Community & Children's Services Committee  
Jeremy Simons, Port Health and Environmental Services Committee

**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/3nyckFuyiyY>

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 held on 16 July 2021.  
**For Decision**  
(Pages 5 - 10)
4. **COVID-19 UPDATE**  
Oral update on the latest position.  
**For Information**
5. **CITY & HACKNEY PUBLIC HEALTH INTELLIGENCE STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT OVERVIEW**  
Presentation – the London Borough of Hackney & City of London Corporation Public Health Team to be heard.  
**For Information**  
(Pages 11 - 40)
6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**  
Report of the Independent Chair of the City and Hackney Safeguarding Adults Board.  
**For Information**  
(Pages 41 - 102)
7. **INTEGRATED CARE PARTNERSHIP PRIORITIES**  
The Integrated Commissioning at City and Hackney CCGs to be heard.  
**For Information**  
(Pages 103 - 122)
8. **CITY OF LONDON CONTAMINATED LAND INSPECTION STRATEGY 2021-2030**  
Report of the Director of Markets & Consumer Protection.  
**For Information**  
(Pages 123 - 156)
9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**  
Report of the Chair of Healthwatch City of London.  
**For Information**  
(Pages 157 - 196)
10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

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

12. **EXCLUSION OF PUBLIC**

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

**For Decision**

**Part 2 - Non-Public Reports**

13. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 16 July 2021.

**For Decision**  
(Pages 197 - 200)

14. **SUICIDE PREVENTION IN THE CITY OF LONDON**

Report of the Deputy Town Clerk and Chief Executive.

**For Decision**  
(Pages 201 - 218)

15. **SECURE CITY PROGRAMME (SCP) - VULNERABLE PEOPLE WORKSTREAM**

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

**For Decision**  
(Pages 219 - 244)

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

17. **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, 16 July 2021**

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,  
16 July 2021 at 11.30 am**

### **Present**

#### **Members:**

Marianne Fredericks (Chairman)  
Jon Averbs, Markets & Consumer Protection Department  
Gail Beer, Healthwatch City of London  
Matthew Bell, Policy and Resources Committee  
Andrew Carter, Director of Community and Children's Services  
Chief Superintendent Steve Heatley, City of London Police  
Dr Sandra Husbands, Director of Public Health  
Siobhan Harper, NHS City and Hackney CCG  
Dr Gary Marlowe, Clinical Commissioning Group (CCG)  
Ruby Sayed, Chairman of Community & Children's Services Committee

#### **In Attendance**

Claire Giraud  
Andrew Trathen  
Donna Doherty Kelly

#### **Officers:**

Chris Lovitt	- Deputy Director of Public Health
Chris Pelham	- Community and Children's Services
Leanne Murphy	- Town Clerk's Department
Andrew Buckingham	- Town Clerk's Department
David Evans	- City of London Police
Zoe Dhami	- Community & Children's Services
Douglas Trainer	- Deputy Chief Executive, Town Clerk's Department
Ellie Ward	- Community and Children's Services Department

### **1. APOLOGIES FOR ABSENCE**

The Chairman and Director of Community & Children's Services started the meeting advising Members of the sad news that the previous Chairman, Deputy Joyce Nash, had passed away and heartfelt thanks was given to an esteemed Member and friend who would be greatly missed by all.

Apologies were received from Jeremy Simons and Mary Durcan.

### **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 meetings held on 4 and 7 May 2021 were approved.

4. **COVID-19 UPDATE**

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

Members were advised that incidence rates were increasing across London, with 40 cases in the City and hospital bed occupancy slightly increased, particularly in younger people. Vaccination uptake in the City was good for London, but there was still a proportion to go.

In response to a query concerning booster vaccinations in September for the elderly and vulnerable, Officers confirmed that a planning summit with all Partners would take place on 26 July to map out the delivery model of the booster programme. Boosters would be delivered from 16 September alongside an expanded flu vaccination programme.

A Member expressed concern for elderly and clinically vulnerable residents that had not received any vaccinations at all, and it was agreed that it was crucial to prioritise these people. Members discussed the practicalities of receiving vaccinations at home if desired and Officers stated that a homebased vaccine service was available to housebound people.

Officers confirmed that approximately 600 people had declined the vaccine and contact had not been made with 200 people in the City and Hackney. Members were interested to understand why a large number had declined noting there was still hesitancy even amongst the most in need cohorts. However, it was felt that some might have changed their minds since first offered and needed to be targeted with information to alleviate concerns. Officers were looking to pharmacists to provide assistance and make access easier; however, it was acknowledged that people could not be harassed.

With regards to how vaccinations were being advertised by the Corporation, it was confirmed that individual letters had been sent out, all community notice boards targeted, information was provided in newspapers, and online information from Healthwatch had been shared. A Member noted feedback that the City Corporation's website was not as accessible compared to other Local Authorities and offered to provide help and support to the Comms Team.

5. **CITY OF LONDON JOINT HEALTH AND WELLBEING STRATEGY REFRESH UPDATE**

The Board received a report of the Director of Community and Children's Services providing an update on the development of City of London's Joint Health and Wellbeing Strategy, including an overview of the King's Fund Workshop which took place on 21 May 2021. Members also received a presentation to aid discussions regarding the Board's next steps and a timetable on the strategy.

It was noted that the Health and Care Bill was recently approved by Government, which heavily referenced the statutory role of Health & Wellbeing Boards and the strategy. It was agreed the Bill should be heavily considered as part of the review. The joint City & Hackney strategy would also be used as a guideline for the Board and assist with its development to become the guardian for health and wellbeing for the City Corporation.

A Member welcomed a review of the Board's Terms of Reference, noting that discussions with Healthwatch England indicated that this Board was not as developed and did not have as much influence as Health & Wellbeing Boards in other Local Authorities. The Chairman concurred the Board needed teeth as a statutory body and committed to develop this work over recess with a proposal to come to the Board's September meeting. The Director of Community & Children's Services agreed to support discussions.

Officers highlighted the need to develop disaggregated data and research, and proposed the use of horizon scanning to gain greater insight, e.g. on the impacts of population, how spaces were used, building developments, etc, to give control over the health and wellbeing agenda. The piloting of peer researchers for developing the strategy was considered a good way to involve people. It was noted that training had begun but only one person in the City had joined up so far and Members were requested to advertise the peer researcher role, particularly in the east of the City. The Town Clerk agreed to share information with Members.

Members were supportive of an extended timeline for JHWBS to allow Officers to capture and engage with all communities (residents and workers) and develop the needed research.

**RESOLVED** – That Members:-

- Note the report;
- Confirm the approach to the recommendation of a review of terms of reference for the Board;
- Confirm the approach and timetable for proposed completion of the 1st draft of the City of London Health and Wellbeing Strategy.

As per the presentation, the following recommendations were also approved by the Board:-

- Formally endorse the review of the City HWB terms of reference, as discussed at the April HWB workshop, with delegated authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to advance work between meetings to meet the September P&R deadline;
- Formally endorse an extended development timeline for JHWBS, with delegated authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to advance work between meetings. The

extended sign off date proposed is to line up with the May HWB meeting. by endorsing the extended development timeline, the Board will also formally endorse the separate development timeline to the Hackney JHWBS;

- Agree to using the development of the JHWBS to set the purpose and direction for the Board.

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

The Board received a report by Healthwatch City of London providing an update on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter One 2021/22.

Members were informed that HWCoL had completed their Business Plan and had been sent to Officers for review. After a year, HWCoL were pleased they could now be more locally focussed and looking at local concerns.

The Chair thanked HWCoL colleagues for their support and assistance helping residents in the City be heard.

RECEIVED.

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

There were no questions.

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

There were no items.

**9. EXCLUSION OF PUBLIC**

RESOLVED – That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

**10. NON-PUBLIC MINUTES**

The non-public minutes of the meeting held on 7 May 2021 were approved.

**11. SUICIDE PREVENTION UPDATE**

The Board received a joint report of the Commissioner of Police and City and Hackney Public Health highlighting how the City of London Police, City of London Corporation and other agencies were responding to the recent number of suicides and attempted suicides in the City.

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

There were no questions.



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

There were no items.

**The meeting ended at 1.36 pm**

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Chairman

**Contact Officer: Leanne Murphy**

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# City and Hackney Public Health Intelligence Strategy and Joint Strategic Needs Assessment overview

Hackney Health and Wellbeing Board | 2 September 2021

Diana Divajeva | Principal Public Health Analyst

# Presentation content

- The role of Public Health Intelligence in providing actionable insight and value to the organisations and systems.
- The outline of City and Hackney Public Health Intelligence Strategy.
- How the principles used to build the strategy were applied to the COVID response work undertaken by the Public Health Intelligence Team (Case Study 1).
- Using the principles from the Public Health Intelligence Strategy to reframe the City and Hackney Joint Strategic Needs Assessment (Case Study 2).
- Supplementary slides outlining key actions for each of the strategic objectives.

# The role of Public Health Intelligence in providing actionable insight and value to the organisations and systems

# What is Public Health Intelligence and how is it used?

- The World Health Organisation defines Public Health Intelligence (PHI) as

*The process of moving from data through knowledge synthesis to action with the specific aim of early detection for effective response.*

- In essence, **PHI provides information and insight** essential both **for identifying issues** that have a negative effect on people's health **and for planning to deal with those issues**.
- As such **PHI function is central to improving health, wellbeing and making effective decisions on allocation of resources** to a wide range of public sector programmes.
- Because determinants of health span behavioural (such as smoking, diet, physical activity), environmental (such as built and natural environment, community safety), wider (such as income, education, housing) and access to health services, **the work of the City and Hackney PHI team (PHIT) goes beyond supporting and enabling the Public Health Team and is instead system-wide.**

# The rationale for Public Health Intelligence Strategy

- In 2019/20 the City and Hackney Public Health Team went through a restructure during which it was **recognised that PHI needs to play a more strategic role.**
- At the same time, the local Integrated Care System has been rolled out and, most recently, the seven north east London Clinical Commissioning Groups (CCGs) have merged - both developments signalling **stronger focus on collaborative work.**
- **Previously**, there has been **no strategic plan that defined the function, aims and objectives** of the City and Hackney PHIT - this has **made it difficult to plan work** as well as to **understand and evidence the impact** of the team's work.
- Furthermore, **the pandemic has set different expectations for project completion times, data access, essential skills, collaborative work and the type of insight** that can be generated by using the available data: we are now working faster, using much more complex data sets and are seeking to provide the context to the numbers by default.

# One of the key goals of the PHIT work is to generate actionable insight that will in turn provide value

## DATA JOURNEY



Credit: Strategic Focus

- Historically, the bulk of the PHIT work was dedicated to the first two steps in the data journey: data and information.
- The PHI strategy will shift the focus of the team's work towards insight generation, action and providing value.

- We recognise that value is understood differently by different stakeholders; the PHIT's ambition is to support the broader Hackney Council vision to:

*Make Hackney a place for everyone, where all our residents, whatever their background, have a chance to lead healthy and successful lives; a place of which everyone can be proud, with excellent services and public spaces, thriving businesses, and strong communities; a place that celebrates diversity, and where everyone can feel valued, included, and involved.*

- Therefore in our work we will always strive to adopt the principles of inclusion, equity and ethics.



# The outline of City and Hackney Public Health Intelligence Strategy

# The key aims of the PHI strategy

- The ongoing changes to the established ways of working alongside with the challenges and opportunities of the post-pandemic world warrant new approaches to work.
- The City and Hackney PHIT has reviewed its work practices and has recognised the need to be REDI to take on new challenges and opportunities.

## Aims of the City and Hackney Public Health Intelligence Strategy

**1 - RESOURCED**

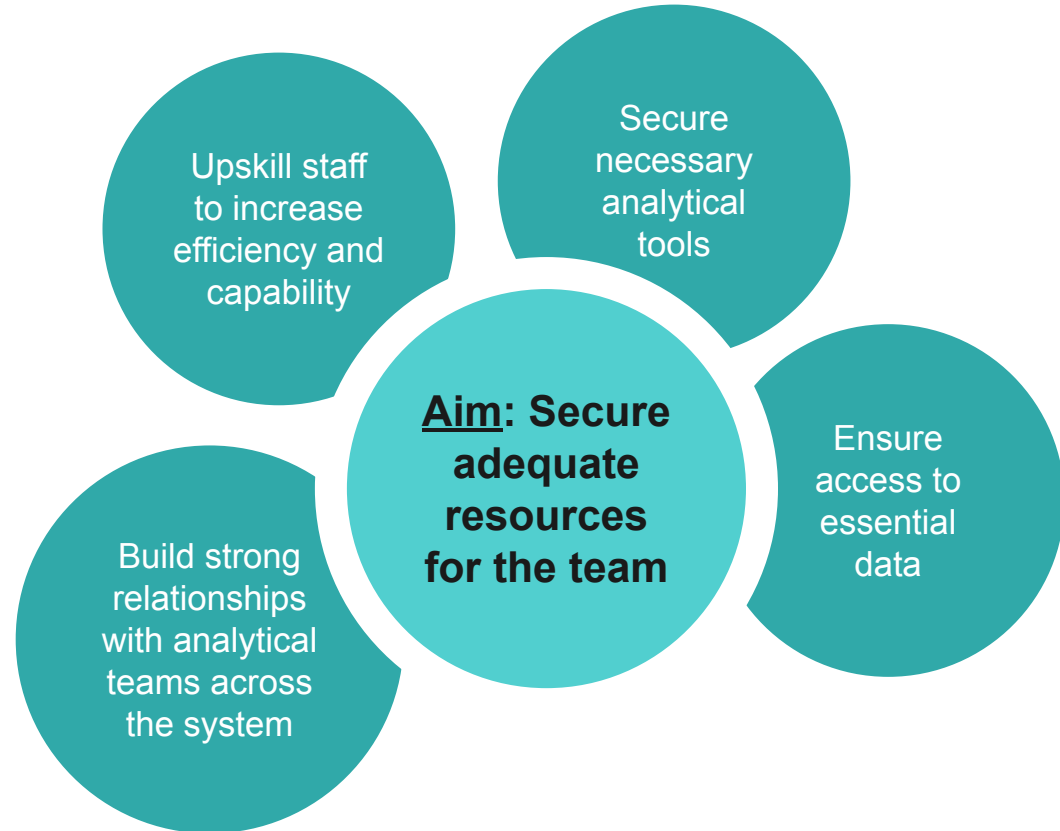
**2 - EMPOWERING**

**3 - DILIGENT**

**4 - INSIGHTFUL**

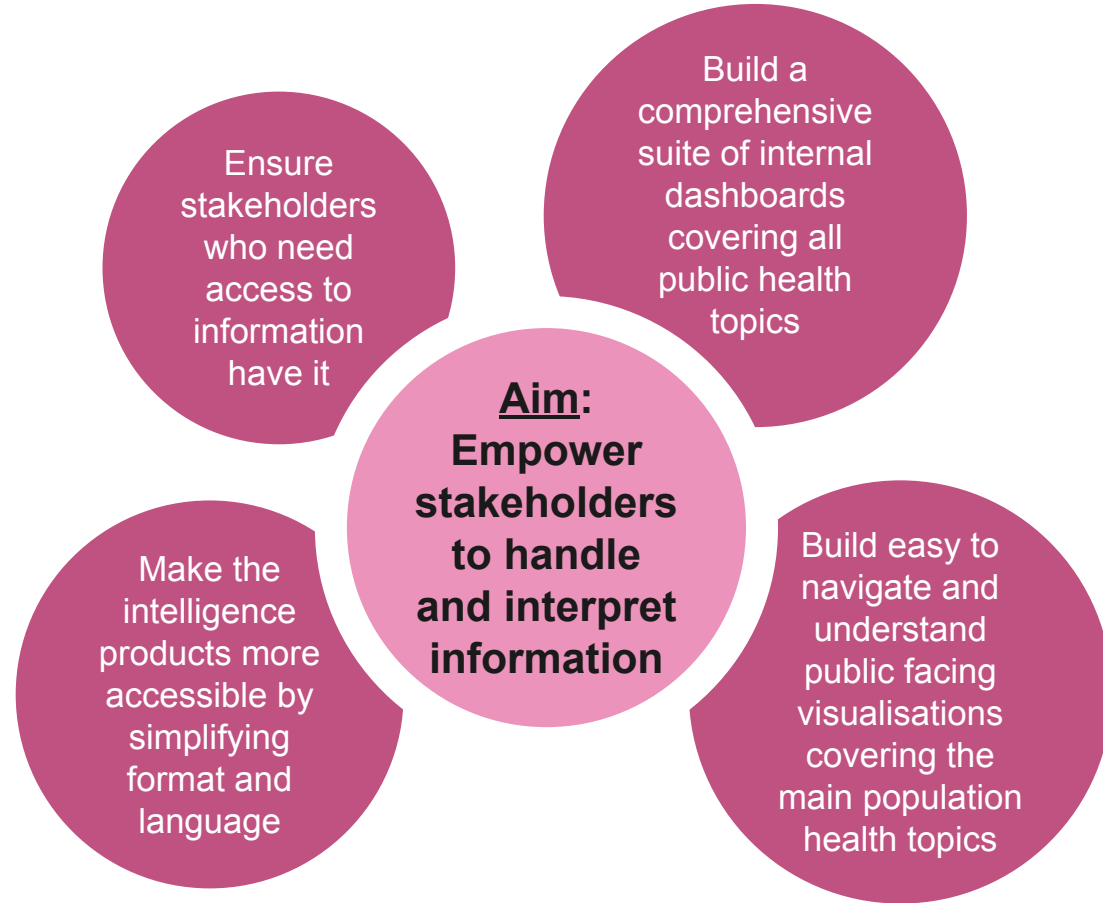
# Resourced: aim and objectives

- **Intelligence makes it possible** to plan, evidence, execute projects and review effectiveness of programmes and strategies.
- Therefore, it is crucial that the City and Hackney PHIT is **appropriately resourced, skilled, supported and has a clear delivery plan.**



# Empowering: aim and objectives

- Empowering stakeholders to **use the PHIT intelligence products with confidence** can benefit both stakeholders (though expanding on their competencies) and the intelligence team (through freeing up the time to focus on more complex tasks).



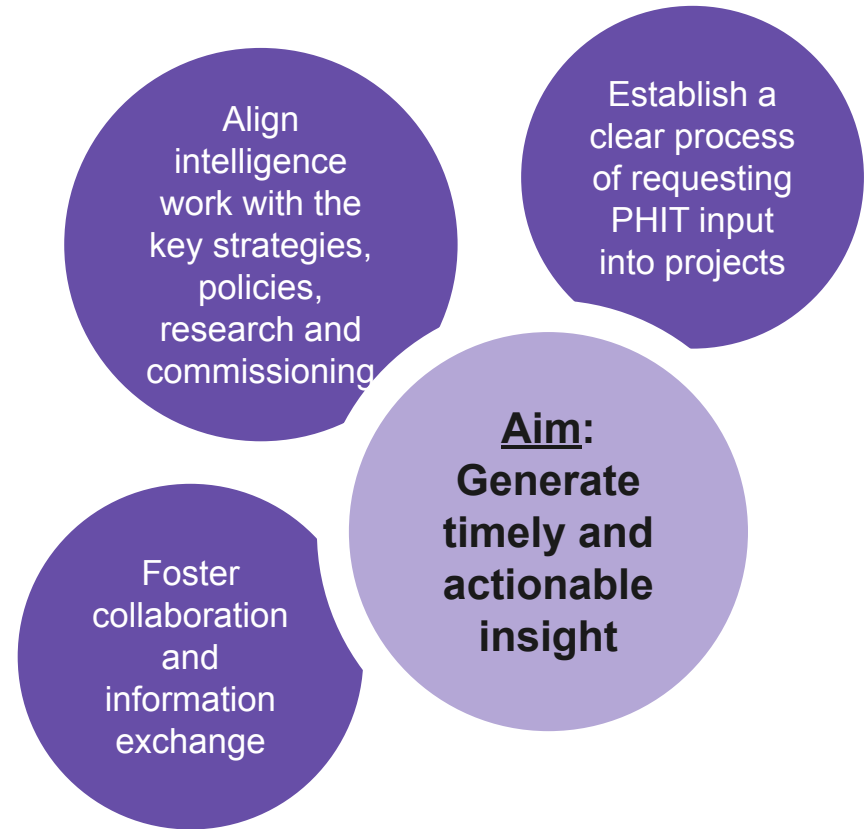
# Diligent: aim and objectives

- Most of the **work** across the entire system **relies on the residents' and service users' trust in providing us with their personal data.**
- **Misuse** of personal and sensitive information can **lead to serious reputational damage and high financial liability.**
- The PHIT will be reviewing their **current practices** to see if all the Caldicott principles are met.
- We will be working with colleagues to **establish robust information governance practices** which in turn should **increase the confidence in data sharing and foster collaboration.**



# Insightful: aim and objectives

- As discussed previously, **PHI work** is much more than data handling and processing - it **aims to generate actionable insight**.
- In order to achieve this and add value to the organisation and the work of stakeholders across the system, the **PHIT work has to align with organisational and the system work plans and upcoming strategies**.
- This aim could potentially be broadened up and adopted at **organisational level** to align communication campaigns, community development and engagement work, community champions programme and other council strategic objectives.



## In summary

- All of the **objectives in this strategy** are **interlinked** whereby fulfilling some of them will aid in meeting other objectives.
- Some of the **top priorities** of the strategy are **outlined below**:
  - Aligning the PHIT work with relevant strategic and commissioning plans.
  - Fostering effective collaboration with key partners across the system as well as academic and industry sectors.
  - Utilising networks and skills better when working in collaboration.
  - Ensuring good information governance practices and enabling data sharing.
  - Establishing effective communication channels and making intelligence outputs more accessible.
  - Securing resources and providing with continuous professional development opportunities for the team.
- **These priorities could be adopted across the system**, as they generally refer to good practice irrespective of speciality.

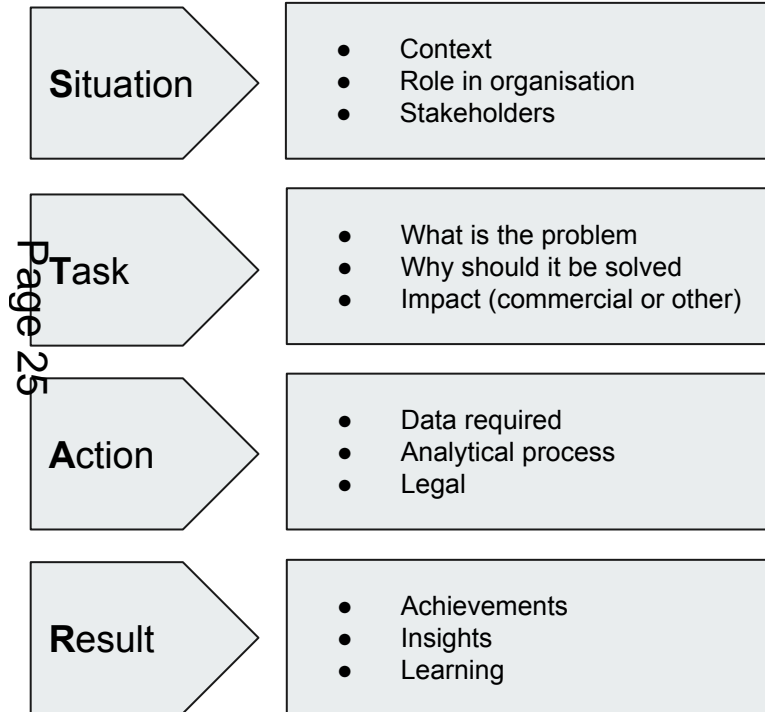
# Case Study 1:

## How the principles used to build the strategy were applied to the COVID response work undertaken by the Public Health Intelligence Team



# Case study 1: the PHIT work to support COVID response

## STAR format outline



- The City and Hackney **PHIT** have been working on the pandemic response since March 2020.
- We provided detailed assessments of the impact of the pandemic in City and Hackney and our outputs included socio-demographic and geospatial analyses to identify the communities and areas that were most affected by the pandemic.
- The PHIT have informed key strategic and operational decisions including:
  - Communications campaigns
  - Work with communities
  - Service provision
- We have created [a public-facing COVID dashboard](#) to keep our residents and stakeholders informed.
- The following slide will describe the PHIT work on the pandemic response using the STAR framework.

# Case study 1: the PHIT work to support COVID response

## Situation

Context, team's role in organisation, key stakeholders

- **Rapidly increasing number of COVID cases, hospitalisations and deaths.**
- While the PHIT are used to working with data, this was an **unprecedented situation** and there was a **lack of familiarity with health protection; inadequate tools and skills.**
- Stakeholders included the Mayor of Hackney, Councillors, the NHS, Public Health, Borough Emergency Control, the public, care sector, voluntary and community sector, education sector, businesses.

## Task

What is the problem, why should it be solved and the impact (commercial or other)

- Given the context, **urgent response was needed**; there was uncertainty about the inequalities in COVID outcomes and difficulty in understanding whether there were any local hotspots.
- **Local authorities have a duty to protect and preserve life, responsibility for welfare of residents.**
- **COVID pandemic posed a grave risk to life with a devastating impact on individuals and households**; some cases experienced long-term health consequences of COVID; social impact from loss of earnings; impact on mental health.

## Action

Data required, analytical process and legal considerations

- We **needed COVID data** on cases, tests, outbreaks, vaccinations with address and socio-demographic information **to assess inequality in COVID outcomes and highlight areas of high impact.**
- The sheer volume of data and the fact that they were coming from different sources **warranted the review of data management processes and the procurement of a data visualisation tool** (Tableau) and resulted in the PHIT staff **rapidly upskilling on the job.**
- Control of Patient Information (**COPI**) notice **Regulation 3(4) allowed to share confidential patient information** with organisations entitled to process this under COPI for COVID-19 purposes.

## Result





Key achievements, insights and learnings

- The **upskilling** of the team and **digitalisation of intelligence outputs**; COVID dashboards led to a **major reduction in ad-hoc requests** and in turn significant **time savings** for the team; **faster information and intelligence provision** to stakeholders **enabling timely decision making.**
- Information governance and confusion around data sharing were a major roadblock to effective collaboration; involving key stakeholders at the project initiation stage (no matter the size of the project) would result in a better chance of achieving project goals; involving local and national partners in data procurement and lobbying for better insights from the national team enabled a lot of our work.

# City and Hackney Public Health Intelligence

## Strategy objectives that were met in this case study





### Aim 1: Resourced

Resourced: Secure adequate resources for the team	Objectives achieved
Upskill staff to increase productivity and reduce manual processes	
Secure necessary analytical tools	
Ensure access to essential data	
Build strong relationships with other analytical teams across the system	

# City and Hackney Public Health Intelligence

## Strategy objectives that were met in this case study



### Aim 2: Empowering

Empowering: Empower stakeholders to handle and interpret information	Objectives achieved
Make the intelligence products more accessible by simplifying format and language	
Ensure stakeholders who need access to information have it	
Build a comprehensive suite of internal dashboards covering all public health topics	
Build easy to navigate and understand public facing visualisations covering the main population health topics	

# City and Hackney Public Health Intelligence

## Strategy objectives that were met in this case study


### Aim 3: Diligent

Diligent: Establish robust information governance practices	Objectives achieved
Review existing data sharing agreements, ensure that agreements are in place where necessary and assess whether they support the needs	
Review the information governance practices and identify opportunities for improvement	
Work with stakeholders across the system to ensure access to relevant data	

# City and Hackney Public Health Intelligence

## Strategy objectives that were met in this case study

### Aim 4: Insightful

Insightful: Generate timely, relevant and actionable insight	Objectives achieved
Align intelligence work with the key strategies, policies and recommissioning	
Establish a clear process of requesting PHIT input into projects	
Foster collaboration and information exchange	

# **Case Study 2: Using the Public Health Intelligence Strategy principles to reframe the City and Hackney Joint Strategic Needs Assessment**

# Case study 2: Joint Strategic Needs Assessment redesign

- The Joint Strategic Needs Assessment (JSNA) is the **ongoing process which helps to identify the health and wellbeing needs of local population.**
- It is a **statutory requirement** for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A) to produce the JSNA.
- Because health and wellbeing are determined by a range of factors (wider determinants, environment, behaviours, access to services), **the JSNA topics might range** from specific behavioural risk factors, to air quality, housing, community safety and more.
- One of the JSNA goals is localism in action and as such **it is crucial that teams across the council and the wider system partners have their specialist input into it.**
- When planned and executed well, **the JSNA should inform and underpin the key strategies and other local plans** that seek to improve the health of our residents.



# Case study 2: Joint Strategic Needs Assessment redesign

## Situation

Context, team's role in organisation, key stakeholders

- The JSNA work **has been suspended following the COVID pandemic.**
- **Several strategies and other major projects** requiring a good evidence base are under way in both Public Health as well as across the council.
- **The JSNA could also help in advancing system-wide work.**
- Public Health Team and the PHIT led on the JSNA in the past, however **the joint and the strategic principles** of the JSNA imply that the relevant **stakeholders need to be closely involved in the process** and **contribute with their knowledge and expertise** in order to achieve the best outcomes.

## Task

What is the problem, why should it be solved and the impact (commercial or other)

- Need to **reinvigorate and redesign the JSNA** in City and Hackney **by reviewing the process and the type of outputs** for the JSNA as well to be **able to evidence the impact.**
- Need to **align the JSNA reports to the upcoming strategies, commissioning plans and other major council projects**, so that these are **evidence-based.**
- Fulfilling the above can **increase efficiency, reduce duplication, promote collaboration, further health in all policies agenda** which in turn would lead to **better outcomes for our residents.**

## Action

What steps need to be taken to complete the task

- **Develop a JSNA proposal** outlining changes to process including stakeholder involvement, considerations around information governance and data sharing, scope and format of outputs, communication channels and the dissemination strategy.
- **Secure the Health Wellbeing Board's approval and key stakeholders' buy-in.**
- **Develop a medium-term JSNA work plan** aligning it with upcoming strategic work and commissioning plans.

## Result

Key achievements, insights and learnings

It is expected that the proposed changes will lead to the following results:

- **Well-informed strategic and commissioning decisions**, based on comprehensive insight and evidence.
- **Effective collaborative work** including stakeholder and resident engagement.
- **Standardisation of information governance and data sharing process** across the council and systems, enabling thorough needs assessments and better insight into population health.
- **Better access to outputs of the JSNA** through a single source of truth key population statistics dashboard for City and Hackney and redesign of the Hackney JSNA website.

# THANK YOU!



**Supplementary slides outlining key actions for each of the strategic objective**

# Aim 1: Secure adequate resources for the team

Objective	Action
Upskill staff to increase productivity and reduce manual processes	Establish core skillset PHIT members should have; create individual learning plans; continue upskilling on Tableau; develop skills around process automation and coding
Secure necessary analytical tools	Review the tools currently available through the ICT and open source tools, identify gaps (e.g. currently no corporate qualitative tools)
Ensure access to essential data	Conduct data audit, identify gaps, work with stakeholders to ensure data collection is in line with PH and wider council objective of reducing health inequalities and inequalities in accessing services; establish a sustainable and efficient ways of data sharing with stakeholders and service providers
Build strong relationships with other analytical teams across the system	Actively participate in long-standing and newly established analyst groups; foster knowledge exchange and informal learning; reduce duplication of work

- Intelligence makes it possible to plan, evidence, execute projects and review effectiveness of programmes and strategies.
- Therefore, it is crucial that the City and Hackney PHIT is appropriately resourced, skilled, supported and has a clear delivery plan.
- The table on the left sets out some of the key actions that need to be taken in order to meet objectives set to achieve the aim of securing adequate resources for the team.

## Aim 2: Empower stakeholders to handle and interpret information

Objective	Action
Make the intelligence products more accessible by simplifying format and language	Review the existing products and conduct user research to better understand how they interact with intelligence products and how to optimise visualisations and language to appeal to a broad range of stakeholders
Ensure stakeholders who need access to information have it	Provide easy access to basic information about health and wellbeing of residents and to frequently used statistics; ensure that sensitive and personal information is only accessible to stakeholders working on relevant projects and programmes; continuously engage with colleagues and stakeholders to understand need for access
Build a comprehensive suite of internal dashboards covering all public health topics	This medium to long term work programme will include collating and visualising public health and related statistics by topic, covering all key topics in public health with an aim to be used for planning, commissioning, needs assessments and strategic work; this work will need to be undertaken collaboratively with key stakeholders
Build easy to navigate and understand public facing visualisations covering the main population health topics	Create "one source of truth" publicly facing thorough profiles, including socio-demographic data, data on risk factors, morbidity, mortality and other key public health indicators; this work will need to be undertaken collaboratively with key stakeholders

- Empowering stakeholders to use the PHIT intelligence products with confidence can benefit both stakeholders (though expanding on their competencies) and the intelligence team (through freeing up the time to focus on more complex tasks).
- The table on the left sets out some of the key actions that need to be taken in order to meet objectives set to achieve the aim of empowering stakeholders to handle and interpret information.

# Aim 3: Establish robust information governance practices

Objective	Action
Review existing data sharing agreements, ensure that agreements are in place where necessary and assess whether they support the needs	Conduct a review of all current data sharing agreements; ensure they meet the requirements of enabling collaborative work, ensuring we have necessary information to make informed decisions and are in line with good information governance practices; where changes to agreements necessary, involve the Data Protection Officers to rework the agreements
Review the information governance practices and identify opportunities for improvement	Review user access to the PHIT drives and materials; review internal work practices and identify areas of high risk as well as mitigation mechanisms; develop good practice guide for the team
Work with stakeholders across the system to ensure access to relevant data	Identify datasets requiring access and put together a plan of action following the data audit; actively engage with Hackney ICT to shape the data platform, which is currently in development; actively engage with North East London CCG colleagues to shape the information governance framework and the data products that will become available to the PHIT

- Most of the work across the entire system relies on the residents' and service users' trust in providing us with their personal data.
- Misuse of personal and sensitive data can lead to serious reputational damage and high financial liability.
- The PHIT will be reviewing their current practices to see if all the Caldicott principles are met.
- We will be working with colleagues to establish robust information governance practices which in turn should increase the confidence in data sharing and foster collaboration.

# Aim 4: Generate timely and actionable insight

Objective	Action
Align intelligence work with the key strategies, policies, research and recommissioning	Take stock of upcoming strategies, policy and commissioning reviews and create a five-year work plan; identify support needs and work with stakeholders to create collaborative approaches to work requiring input from across the Council or wider system; align research work, MSc projects and trainees placements with the work plan
Establish a clear process of requesting PHIT input to projects	Establish criteria for which projects might require a project initiation document and put together a process of requesting support
39 Foster collaboration and information exchange	Determine the key contacts for each area of work; ensure PHIT is present and/or aware of the developments at the key intelligence and strategic meetings in City and Hackney, across the system and at NEL level; establish effective communication channels to disseminate the PHIT work; participate in peer-to-peer learning and organise shadowing/job share opportunities where necessary

- As discussed previously, PHI work is much more than data handling and processing - it aims to generate actionable insight.
- In order to achieve this and add value to the organisation and the work of stakeholders across the system, the PHIT work has to align with organisational and the system work plans and upcoming strategies.
- This aim could potentially be broadened up and adopted at organisational level to align communication campaigns, community development and engagement work, community champions programme and other council strategic objectives.



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<b>Committee(s):</b> City of London Community & Children's Services Committee City of London Health and Wellbeing Board City of London Safer City Partnership City of London Members Safeguarding Sub-Committee	<b>Date(s):</b> 24/09/2021 17/09/2021 27/09/2021 11/10/2021
<b>Subject:</b> City and Hackney Safeguarding Adults Board Annual Report 2019/20	<b>Public</b>
<b>Report of:</b> Dr Adi Cooper, Independent Chair of the City and Hackney Safeguarding Adults Board	<b>For Information</b>
<b>Report author:</b> Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager	

## 1. SUMMARY

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

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

This report outlines the Board's annual report for 2020/21. It focuses on the response to Covid-19, key achievements, data for 2020/21 and future priorities for the Board.

## 2. RECOMMENDATION(S)

To note the report.

## 3. BACKGROUND

1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person-centred care for all adults experiencing abuse or neglect. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2020/21.

## **City and Hackney Safeguarding Adults Board Annual Report 2020/21**

### **Key achievements**

3.1 In line with its strategy, some of the key achievements for the Board in 2020/21 include:

- 1) The Board managed to ensure that all its statutory obligations were delivered during Covid-19. This included the delivery of the Board's work plan and the publication of two Safeguarding Adults Reviews.
- 2) The Board undertook the following activities in response to Covid-19:
  - i. Met on a monthly basis to review and respond to safeguarding issues that were identified by agencies during the course of the pandemic
  - ii. The group sought assurances from partners by auditing their safeguarding response to adults with care and support needs at risk of abuse and neglect. The results were analysed and used to inform what information should be included in the key safeguarding messages for residents' poster/leaflet
  - iii. The group identified safeguarding issues that have affected residents during the lockdown period and incorporated them into the Board's strategic plan for 2021/22.
- 3) The Board published two Safeguarding Adults Reviews: MS, which examined the death of a man experiencing multiple exclusion homelessness and Mr EF, which reviewed the death of a man in a house fire. The Board has initiated a SAR action plan task and finish group designed to ensure that action plans are embedded into practice and to identify how well learning from SARs has been embedded into practice. Both SARs can be found: <https://hackney.gov.uk/chsab-sars>
- 4) The Board has continued to work with the Community Safety Partnerships in City and Hackney and Children's Safeguarding Partnership to deliver the action plan in respect of the Transitional Safeguarding Task and Finish group. The group aims to identify how to better support 16 - 25 year olds with their safeguarding needs. The group has moved onto the next phase of work which is the delivery of a second action plan designed to help practitioners develop their safeguarding response to young people.
- 5) A total of 420 people attended the Board training in 2020/2021. This included new training around safeguarding, mental health and social isolation and advocacy training as well as the SAR learning events.
- 6) The Board held a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 16 – 22nd November 2020. During this week, 189 practitioners attended bitesize training put on by the Board, there were two events for residents and a poster published on how to get involved with the work of the Board.
- 7) The Board undertook a scoping exercise to understand the challenges that professionals faced when working with individuals who may lack executive mental capacity. Using this information, the Board has committed to undertaking a number of actions to help support staff. These actions include updating the

Board's self-neglect and hoarding policy and are included in the Board's strategic plan for 2021/22.

- 8) The Board published four newsletters for the public updating residents on the Board's work and safeguarding issues that residents should be aware of. A poster was also published on how people could keep safe during the lockdown period and the Board's safeguarding champions were provided with refresher training.

### Areas for further development

3.2 The Board was unable to meet its goals in relation to the following, and will continue to work on these into 2020/21:

- 1) The Board was unable to recruit Lay Members or Peer-to-Peer Supporters to the Board. However, in the forthcoming year the Board is working with London ADASS to identify three residents with lived experience of safeguarding to represent the City and Hackney at the London Safeguarding Voices Group
- 2) The Board had to postpone plans to hold events for residents due to the Covid-19 pandemic. Whilst there has been a small number of virtual events for residents, the lack of face-to-face meetings has limited the opportunity to continue to build relationships with residents. In the forthcoming year the Board will look to engage with existing service user networks and also to resume face-to-face events when it is safe to do so.
- 3) The Board had to cancel plans to deliver a multi-agency case file audit into the safeguarding response to self-neglect due to the cyberattack. The audit is currently in the process of being initiated.

### Data sets for 2020/21

The key information was identified from the City of London data set:

- There were 57 safeguarding concerns raised, of which 38 concerns led to a section 42 enquiry. This is an increase on the previous year where there were 48 concerns and 22 section 42 enquiries.
- The most common forms of abuse were: neglect and acts of omission, self-neglect, domestic abuse and physical abuse
- In line with national trends, abuse was most likely to happen in the person's own home by someone known to them
- Of the 43 concluded cases, 24 expressed their desired outcome. There were 23 people who had their desired outcomes fully achieved or partially achieved.

### Priorities for 2020/21

3.3 The Board has set itself the following strategic priorities for 2021/22:

- 1) To review the Strategy to ensure that the objectives included in it are still appropriate and to identify any additional objectives that needed to be included into the strategy

- 2) To ensure that core safeguarding is embedded throughout Adult Social Care and key partners in the City and Hackney
- 3) To identify and respond to any safeguarding issues that arise as a result of the recovery from Covid-19
- 4) To engage with the voluntary sector through bi-monthly learning sessions and monthly safeguarding bulletins
- 5) The Board will identify three people with lived experience of safeguarding to join the London ADASS Safeguarding Voices Group, which brings together service users to help influence regional change in relation to safeguarding
- 6) To review and address the issue of digital safety and financial scams, which were identified as an issue when reviewing data
- 7) The Board will be contributing to research being undertaken by King's College London and the Policy Research Unit in the Health and Social Care Workforce. The focus of the project is on adult safeguarding responses to homelessness and self-neglect. This takes forward the Board's commitment to responding to safeguarding issues affecting people who are experiencing homelessness
- 8) Preparing for the introduction of the Liberty Protection Safeguards, which has been postponed nationally until April 2022: and continue to check with partners that they are prepared for the launch
- 9) The Board will look at how well learning from Safeguarding Adults Reviews is embedded into practice and how the Board can improve engagement with learning.

## **Appendices**

- Appendix 1 – City and Hackney Safeguarding Adults Board Annual Report 2020 – 21

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# CHSAB Annual Report 2020–21

**People should be able to live a life free from harm  
in communities that are intolerant of abuse, work  
together to prevent abuse and know what to do  
when it happens**



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## Message from the Independent Chair

I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2020/21. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report, despite the challenges of the Covid-19 pandemic and lockdowns. As this report shows, all the partners of the Board have continued to deliver services, provide care and support to residents, and respond to changing safeguarding needs and risks. They have provided assurance that they continued to meet their safeguarding responsibilities during this challenging time. I commend the incredible hard work, dedication, and commitment of health, social care staff and all the key workers who have kept everything going during lockdowns. I am extremely grateful to everyone – staff, volunteers and residents – for their endeavours to support those who are at risk of abuse or neglect in City and Hackney. We recognise the tremendous impact that Covid-19 has had on everyone personally, mourn the deaths of residents who died, acknowledge the grief of their families and friends as well.



Further, the cyber-attack on Hackney Council has had a significant impact on Council business, including limiting what we can include in this year's report.

The annual report is important because it shows what the Board aimed to achieve during 2020/21 and what we have been able to achieve, despite the Covid-19 pandemic. It provides a picture of who is safeguarded in the City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. The Delivery Plan for 2021/22, which says what we want to achieve during the year, has been reviewed in the light of the ongoing challenges in responding to Covid-19 pandemic. However, we hope to be able to be back to 'business as usual' next year.

There continues to be significant pressures on partners in terms of resources and capacity, especially with the long term impacts of the Covid-19 pandemic, so I want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort continuing to safeguard City and Hackney residents.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

**Dr Adi Cooper OBE,**  
Independent Chair City and Hackney Safeguarding Adults Board  
June 2021



## What is the Safeguarding Adults Board?

### Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership of statutory and non-statutory organisations representing health, care, criminal justice, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to seek assurance from organisations that there are effective adult safeguarding arrangements in place, to protect adults with care and support needs and help prevent abuse and neglect across the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil by law:

- 1) Develop and publish a Strategic Plan outlining how it will meet our objectives and how our partners will help each other to achieve this
- 2) Publish an Annual Report detailing what it has done to help safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to involve itself or lead work around any other adult safeguarding issues it feels appropriate.

### Membership

The CHSAB has three statutory partners: the Local Authority, Clinical Commissioning Group and Police service as well as a number of non-statutory partners. This year the CHSAB welcomed representatives from the Department of Work and Pensions, Turning Point and the City of London's Housing and Commissioning teams to the Board.

A full list of CHSAB partners and their attendance at the quarterly Board meetings is provided below:

2019-20	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	75%
City & Hackney CCG	100%
Homerton University Hospital	100%
Barts Health NHS Trust	25%
East London NHS Foundation Trust	75%

2019-20	
London Fire Brigade	50%
Metropolitan Police	75%
City of London Police	75%
National Probation Service	25%
Healthwatch Hackney	75%
HCVS	100%
Age UK East London	0%
The Advocacy Project	25%

### Principles

The Board's strategy and annual plans are underpinned by the six safeguarding principles:

- Prevention** – It is better to take action before harm occurs.  
*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- Empowerment** – People are supported and encouraged to make their own decisions and informed consent.  
*"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."*
- Proportionality** – The least intrusive response appropriate to the risk presented.  
*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
- Protection** – Support and representation for those in greatest need.  
*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
- Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.  
*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
- Accountability** – Accountability and transparency in delivering safeguarding.  
*"I understand the role of everyone involved in my life and so do they."*

## Board Governance

### Sub-groups

The Board has several subgroups in place to ensure the delivery of our annual priorities:

#### **Quality Assurance:**

This group examines quantitative and qualitative information about safeguarding across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

#### **Safeguarding Adults and Case**

**Review:** This group fulfils the s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required.

#### **Workforce development:**

This group is responsible for ensuring that the Board identifies and offers safeguarding training and development opportunities for frontline professionals. It is also responsible for quality assuring safeguarding training delivered by partners.

There are also a number of task and finish groups to help the Board deliver specific projects that are included in the annual strategic plan:

#### **Transitional safeguarding:**

The task and finish group is responsible for identifying how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse. This is a joint task and finish group on behalf of the City and Hackney Safeguarding Children's Partnership and Hackney Community Safety Partnership as well as the CHSAB.

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. There are also quarterly CHSAB meetings attended by the whole partnership, this allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

### *City of London Adult Safeguarding Committee*

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where it reviews its progress against CHSAB and City of London priorities and where partners share their responses and responsibilities in relation to different safeguarding issues. The City of London had the following priorities for 2020/21:

- Homelessness
- Transitional safeguarding
- Out-of-Borough placements
- Reconfiguring safeguarding sub-committee meetings.

### *CHSAB strategic links*

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board will also engage with other partnerships where there may be opportunities to work collaboratively or provide adult safeguarding expertise.

### *Budget*

In 2020/21 the Board requested total contributions of £212,950 from the partners listed below:

<b>Partners Income</b>	<b>Received (£)</b>
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
LB Hackney	(109, 675)
<b>Total income</b>	<b>(212,950)</b>

The expenditure for the Board in 2020/21 was:

<b>CHSAB Expenditure</b>	<b>Amount (£)</b>
Staff Related	112,921
External Training	7,820
Independent Chair	19,713
Miscellaneous Expenses	2,090
Other Planned Expenses & SARs	-
Service Overheads	37,832
<b>Total income</b>	<b>180,376</b>

The Board has made the decision to keep the partner contributions the same on the basis that there is a current reserve fund to meet any unplanned expenditure that may be incurred in this financial year.

### *Supporting the CHSAB*

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

## **CHSAB Achievements for 2020/21**

Despite the Covid-19 pandemic and lockdowns, the Board was able to deliver many of its priorities during this year. This section outlines the work that the Board achieved in 2020/21:

### *Response to Covid-19*

During 2020/21 partner agencies have been working extremely hard to respond to the Covid-19 pandemic and its impact. When the pandemic and lockdown started in March 2020, the Board made the decision to postpone meetings to allow agencies to respond to the outbreak. However, business resumed as usual in May 2020 with virtual monthly Executive Group meetings to ensure that partners had the opportunity to discuss, identify and respond to safeguarding issues emerging from Covid-19 and its impact.

The Executive group undertook the following work in response to Covid-19:

- 1) Met on a monthly basis to discuss safeguarding issues and themes that agencies had identified throughout the course of the pandemic.
- 2) The group sought assurance from partners regarding their response to adults with care and support needs who are at risk of abuse or neglect and that they were meeting their statutory responsibilities.
- 3) The group revised the Board's annual strategic plan to incorporate a section on the response to Covid-19 and modify any actions that were no longer achievable due to Covid-19. More information on what the Board was not able to achieve is included on page 13.
- 4) The group reviewed data in relation to safeguarding during the lockdown period to identify how the outbreak had impacted safeguarding in the City and Hackney. More information on this can be found in the data section of this report on page 23.
- 5) The group asked partners to audit their safeguarding referrals over the course of two weeks during the lockdown period in September 2020. The results were analysed and used to inform what information should be included in the key safeguarding messages for residents' poster/ leaflet.

- 6) As mentioned in point 5, the Board produced a poster on how residents can keep safe during the second and third lockdowns. This was disseminated to residents across the City and Hackney.
- 7) The group identified key safeguarding issues that should be addressed in the Board's strategic plan for 2021/22, this includes work around the Covid-19 recovery and the launch of a project on digital safety and financial scams.

### *Safeguarding Adults Review (SARs)*

- The Board published two SARs: regarding MS and Mr EF - more information on both reviews can be found on page 14.
- The Board considered five potential SARs. Four cases did not meet the criteria for a SAR, one met the criteria for a discretionary review and three cases led to further actions being taken, such as collection of case studies. The findings from the discretionary SAR will be included in the Board's 2021/22 annual report.
- The Board has identified learning and actions to take from the National Analysis of SARs undertaken by Professor Michael Preston-Shoot and Professor Suzy Braye (<https://www.local.gov.uk/publications/analysis-safeguarding-adult-reviews-april-2017-march-2019>). In response to the report, the Board has updated its SAR policies and undertaken an exercise analysing all the actions from SARs that have been completed.

### *Training and engagement with professionals*

- Due to the Covid-19 pandemic, the Board reviewed how training was delivered, opting to deliver all training packages virtually during 2020/21.
- Every year the Board has put on safeguarding training for professionals working in the City and Hackney. The Board offered new training on safeguarding, mental health and social isolation and advocacy. In total, 220 people attended training in 2020/21.
- The Board held a learning event for MS and one for Mr EF, each event was attended by over 100 professionals based in the City and Hackney
- The Board put on refresher training on safeguarding for the 14 safeguarding champions.

### *Safeguarding Adults Week (November 2020)*

- The Board held a number of bitesize learning sessions on different areas of safeguarding for professionals. In total 189 people attended these virtual events. This is nearly double the attendance from the previous year.

- The Board published a poster detailing how residents can keep themselves safe during the lockdown period, which was also circulated as a leaflet.
- There were two virtual presentations held for residents, one launching the Board's Strategy and the second on how safeguarding can be made more inclusive.

### *Quality Assurance*

- The quality assurance group undertook a scoping exercise to understand the challenges that professionals faced when working with individuals who may lack executive mental capacity<sup>1</sup>. Using this information, the Board has committed to undertaking a number of actions to help support staff. These actions include updating the Board's self-neglect and hoarding policy and are included in the Board's strategic plan for 2021/22.
- The group reviewed data provided by partners through the new Quality Assurance Framework and created a feedback loop to the Executive Group. The Executive Group uses this information to determine areas of focus for the Board going forward.

### *Service user engagement*

- The Board has created a poster, which was published in the London Borough of Hackney and City of London newspapers, outlining how residents can get involved in the Board's work. If you would like to find out more about this, please contact: [chsab@hackney.gov.uk](mailto:chsab@hackney.gov.uk)
- The Board published four newsletters for the public updating residents on the Board's work and safeguarding issues that residents should be aware of.

### *Transitional Safeguarding Task and Finish Group*

- The Board had previously undertaken an exercise asking organisations working with young people aged 16 - 25 years old about the safeguarding issues affecting young people. The group used this information to create a brief outlining the safeguarding issues affecting young people and an action plan on how to take this work forward.
- The Board has delivered the transitional safeguarding action plan, which focussed on the following areas:
  - Information gathering
  - Engagement activity
  - Partnership and awareness raising

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<sup>1</sup> This is where an adult may appear to understand and make decisions regarding actions and risks in their lives but they are not able to act upon these and therefore lack executive mental capacity.



- Work of the Context Intervention Unit
- Transitional safeguarding development in the City of London
- Data collection
- Building links with other areas of work such as probation and housing services
- The group developed and established connections with different organisations working with young people in Hackney. This includes the Youth Provider Network, Account and The Mentoring Lab.

### *Modern Slavery*

- The Board has built links with relevant key stakeholders, including the Human Trafficking Foundation, The Salvation Army and is a member of the London Modern Day Slavery Leads Network.
- The Board and Community Safety Partnership held a workshop for London Borough of Hackney staff to build awareness of modern slavery and initiate work to understand the picture of modern slavery in Hackney.
- Following the workshop, the Board sent out a questionnaire to different services in the London Borough of Hackney relating to their experiences and understanding of slavery. This information has been used to inform the key priorities regarding modern slavery going forward into 2021/22.

### *Neighbourhoods Model<sup>2</sup>*

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board on the progress of the Neighbourhoods multi-agency meetings.
- The Board has provided feedback on the work undertaken by the Neighbourhoods Team in relation to training and auditing.
- The Board has fed back the findings of the MS Safeguarding Adults Review to the Neighbourhoods Team.

### *Engagement and partnership work*

- The Board continued to expand its professionals mailing list and LinkedIn network to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: [chsab@hackney.gov.uk](mailto:chsab@hackney.gov.uk)
- The Board is part of the Suicide Prevention Steering Group and has contributed to this work by incorporating suicide awareness into the safeguarding awareness training package.

<sup>2</sup> The Neighbourhoods Model has established 8 neighbourhoods across the City and Hackney which are aligned to Primary Care Networks. There is a place based approach for each network where different groups and services work together to provide person-centred care in each Neighbourhood



- The Board is part of the Community Resilience Partnership, Safe and Together Domestic Abuse workstream, Resident Associations workstream, Domestic Homicide Review Group and Benefits and Housing Needs Social Worker Pilot Scheme.
- The Board delivered a number of bitesize training sessions on different areas of safeguarding to different teams across the City and Hackney. This included the Occupational Therapy, Commissioning and Integrated Learning Disability teams.
- The Community Safety Partnership led one of their meetings on transitional safeguarding. Board members attended this and provided feedback and information on the key safeguarding adult issues.

### *Core business*

- The Board updated its risk register in light of the Covid-19 pandemic and the cyber-attack that affected the London Borough of Hackney.
- The City of London Adult Safeguarding Sub-Committee meetings were reconfigured.
- The Board received regular reports on out-of-borough placements and partner agencies preparation for the Liberty Protection Safeguards to ensure that any safeguarding issues are addressed.

### *National work*

- The Board has contributed to the Local Government Association Insight Project which collected real-time data on safeguarding to identify national safeguarding themes arising from Covid-19.
- The Board undertook an exercise on behalf of the Association of Directors of Adult Social Services and Local Government Association identifying the issues for Safeguarding Adult Boards during Covid-19. This information was used to develop a checklist tool which Boards can use to audit their response to the Covid-19 outbreak.





## What did the Board not achieve?

The Board is always ambitious in setting out its plans for driving forward work in respect of safeguarding adults in the City and Hackney. Unfortunately, it is not always possible to achieve all its goals. This year has been particularly difficult with the Covid-19 pandemic and the Board has had to reassess its goals for the year. The CHSAB was unable to achieve the following objectives:

- 1) The Board made attempts to sign up Peer-to-Peer Supporters who would be trained and responsible for signposting residents to safeguarding services. Unfortunately, not enough people signed up for this role. Going forward, the Board will look at how this role can be incorporated into the Safeguarding Champions role. The Board will also look at recruiting more Safeguarding Champions. Furthermore, the Board is working with London ADASS to recruit three residents with experience of safeguarding to represent the City and Hackney at the London Safeguarding Voices Group.
- 2) The Board has had to postpone a number of plans to hold events for residents living in the City and Hackney due to the Covid-19 pandemic. Whilst there have been a small number of service user events online, the lack of face to face meetings has limited the opportunity to build up the CHSAB's service user network. The Board is looking to engage with existing service user networks to help raise awareness of safeguarding amongst residents and will also resume face-to-face events when it is safe to do so.
- 3) The Board was unable to update all its policies, most notably the Self-Neglect and Hoarding Policy. Given the findings from the MS SAR and the work undertaken around mental capacity, the Board has a plan on how the Self-Neglect and Hoarding Policy will be updated and published as a priority, going forward.
- 4) The Board had to cancel its plans for a multi-agency case file audit into self-neglect. The audit was intended to assure the Board that its partners that there were appropriate safeguarding responses to residents experiencing self-neglect. The audit was postponed due to the cyberattack that impacted the London Borough of Hackney. This was on the basis that it was no longer possible to access all the information required for the audit. A new audit has been scheduled to take place in 2021/22.
- 5) The Board had to cancel its audit of the partnerships' safeguarding practice using the London Safeguarding Adults Partnership Audit Tool and the planned challenge event due to the second wave of the Covid-19 pandemic. This event was due to take place in February 2021 and was postponed until June 2021.

## Safeguarding Adults Reviews (SARs)

The Board published two Safeguarding Adults Reviews for 2020/21: MS and Mr EF (<https://hackney.gov.uk/chsab-sars>). The Board has a statutory duty to undertake Safeguarding Adults Reviews under section 44 of the Care Act 2014. A SAR takes place where an adult has (i) died or suffered serious harm; (ii) it is suspected or known that it was due to abuse or neglect and (iii) there is concern that agencies could have worked better to protect the adult from harm.

### Case Outline - MS SAR

MS was a Turkish (Kurdish) male, aged 63-years old with a history of homelessness, self-neglect and substance abuse. He had limited understanding of English and his engagement with services was sporadic. MS was sadly found dead at a bus stop in Stoke Newington, which he frequently stayed at during periods of homelessness. He had been living at the bus stop for a number of weeks after being evicted from a residential care home where he had been living for five months. His living conditions were very poor, he was unable to move, doubly incontinent and surrounded by bags and unopened bottles of water. There were a number of services that had tried to engage with him and get him support for his needs but he did not engage. A Coroner found that MS died of natural causes. .

### Reasons for review

A decision was made to review the case on the basis that there were concerns about:

- The multi-agency response to multiple exclusion homelessness
- Understanding around mental capacity, particularly where an adult may lack executive capacity<sup>3</sup>
- How well agencies responded to MS's health and care needs
- Whether legal options were considered to support MS
- The reasonable adjustments made to support MS.

### Key findings

The SAR Reviewer, Professor Michael Preston-Shoot, made a number of findings in this case, which included:

- Professionals can lack confidence in taking the lead in complex cases; however evidence suggests that allocating a lead agency or worker can be an effective way of helping an individual in the long-term.
- There were assumptions that MS had capacity to make decisions, however in cases where this is not clear staff should escalate the case or seek support from legal teams
- Little was known about MS's life and the reviewer emphasised the importance of making efforts to understand the history of an individual including their past traumas and experiences

<sup>3</sup> This is where an adult may appear to understand and make decisions regarding actions and risks in their lives but they are not able to act upon these and therefore lack executive mental capacity.

- Assessments of MS did not lead to a safeguarding enquiry, which would have triggered an official safeguarding process to support him. It is important to ensure that professionals are aware of the legislation that exists to support rough sleepers.

### *Actions taken in response to the SAR*

Some of the steps that the Board has taken in response to the findings of the SAR, include:

- London Borough of Hackney Adult Social Care Team has improved collaborative working with Housing and Community Safety teams. Examples of this include ensuring that there is safeguarding representation at the Street User Outreach meetings to provide support with safeguarding and legislative issues.
- London Borough of Hackney Housing Benefits Needs has used Rough Sleeper Initiative funding to provide a holistic service around the person. This includes outreach services to meet people where they are, a mental health social worker to provide expertise in this area and some emergency accommodation to provide space to stabilise. The service is also looking to enhance and formalise therapeutic interventions, and is working with East London Foundation Trust and voluntary sector partners to secure this.
- The Board is currently in the process of reviewing and amending escalation policies for complex cases so that there clarity on which panels can be utilised for support and what the process for escalation is where someone becomes very high risk of harm
- Training has been commissioned on trauma-informed approaches to safeguarding to ensure that staff have support in understanding how trauma may impact an individual's life choices and decision making.

#### **Case outline - Mr EF**

Mr EF was aged 89 and of African-Caribbean descent. He lived in London for 60 years and had a niece that he was close to and helped him with his care. Mr EF sadly died in a house fire in February 2019. The London Fire Brigade was alerted after his neighbours smelt smoke. Mr EF was found unconscious in his bedroom and unfortunately could not be resuscitated. An investigation found that the fire had likely been caused by joss sticks which had been propped into flammable items.

This review was discretionary, where the criteria for a formal Safeguarding Adults Review was not met but the SAR sub-group felt that there were valuable lessons that could be learnt from the case. The Board asked Professor Suzy Braye, who undertook the Board's previous fire death review, Mr BC (<https://hackney.gov.uk/chsab-sars>) to return to consider this case. Professor Braye audited how well the learning from the Mr BC review was embedded into practice and also identified learning from the Mr EF case.

### *Reasons for review*

The case was reviewed on the basis there were potential concerns around:

- How well supported Mr EF was in relation to his housing needs
- How well risk, in particular fire risk, was managed in Mr EF's case
- How well was learning from the Mr BC review embedded into practice
- Multi-agency and coordinated work amongst agencies providing support to Mr EF.

### *Key findings*

The SAR Reviewer made a number of findings in this case, which included:

- Whilst the fire risk relating to Mr EF was not obvious, the review did find that agencies needed to refamiliarise themselves with fire risk particularly where risks are not obvious
- There was opportunity for practitioners to exercise their professional curiosity in relation to Mr EF's spiritual distress and his use of joss sticks
- There was limited engagement with Mr EF's niece, who helped provide care to him, and the support she may have needed
- There were opportunities for the Board to look at learning from SARs and how we can ensure learning stays in organisational memory.

### *Actions taken in response to the SAR*

Some of the steps that the Board has taken in response to the findings of the SAR, include:

- The Board has created a SAR action plan task and finish group, which has a dual purpose. The first is to ensure that all SAR actions are appropriately completed and to the second to identify how learning from SARs can be effectively embedded into practice
- London Borough of Hackney and London Fire Brigade are working collaboratively to create a system by which residents who are referred into Adult Social Care for support are automatically referred for a home fire safety visit
- The Board is working with the Carers Development Manager to identify how family and informal carers can be provided with greater support
- There will be refresher training and guidance provided to staff across the provider and housing networks on reducing fire risks.

## CHSAB Strategy 2020-25

This section provides an update on the progress made against the CHSAB Strategy 2020-25. In 2020/21 the Board has made the following progress against the strategic priorities:

- The Board's quality assurance sub-group regularly collected data on the use of advocates and will continue to analyse this over the next year
- There was a scoping exercise undertaken regarding mental capacity, in relation to executive capacity. The findings from this work will be used to inform actions in the 2021/22 annual strategic plan
- Several Board members are members of national safeguarding networks, so that both local and national safeguarding trends are reported to the Board. This information is used to inform the Board's annual strategic priorities
- The Board regularly meets with the Neighbourhood Teams to ensure that safeguarding information is shared and incorporated into practice
- Transitional safeguarding remains a key part of the Board's agenda and continues to be included into the Board's annual strategic plan
- Safeguarding Adults Week and engagement with new groups is embedded into the Board's day-to-day business.

## Priorities for 2021/22

In 2021/22 the Board will focus on the following priorities:

- 1) Reviewing the Strategy to ensure that the objectives included are still appropriate and identify any additional objectives to add to the strategy.
- 2) Delivering bi-monthly bitesize safeguarding training to staff and volunteers in community and voluntary sector services.
- 3) Addressing digital safety and financial scams issues, which were identified when analysing safeguarding data. A small task and finish group will identify any further support that can be provided to residents on these issues.
- 4) Contributing to research being undertaken by King's College London and the Policy Research Unit in the Health and Social Care Workforce. The focus of the project is on adult safeguarding responses to homelessness and self-neglect. This takes forward the Board's commitment to responding to safeguarding issues affecting people who are experiencing homelessness.
- 5) Responding to the findings from the Mr EF SAR regarding support offered to carers. The Board has addressed this in the Mr EF action plan, which will be delivered during 2021/22.
- 6) Understanding the impact of our SARs, how this has changed practice in the City and Hackney; how well learning has been embedded into practice. A task and finish group will explore and progress this work further.

- 7) Preparing for the introduction of the Liberty Protection Safeguards, which has been postponed nationally until April 2022: and continue to check with partners that they are prepared for the launch.

## CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2020/21:

### *London Borough of Hackney*

- London Borough of Hackney adopted a humanitarian response to residents, ensuring that those that were shielding and those needing support received it. Adult Social Care were able to maintain effective safeguarding service throughout the pandemic and the cyber-attack affecting London Borough of Hackney, providing all adults at risk of abuse or neglect with support.
- There has been increased joint working between adult social care and rough sleeping services. People who were sleeping rough in Hackney were offered accommodation during the lockdown periods. There was positive multi-agency working between teams to ensure that wraparound support was offered to this group and to ensure any safeguarding concerns were addressed.
- Adult Social Care facilitated and co-led information forums between the CCG, City of London and the Care Quality Commission to monitor and respond to any safeguarding risks that arose in Hackney care homes as a result of the Covid-19 pandemic.

### *City of London Corporation*

- The City of London Corporation continued work with rough sleepers to ensure that they received accommodation and support during the Covid-19 outbreaks. Specifically, a Rough Sleeper's Social Worker was recruited and there links between Adult Social Care and Rough Sleeping Services have improved.
- Multi-agency working between City of London Corporation and external agencies has continued to improve with teams benefitting from multi-agency working virtually. There has been more engagement with homelessness services, outreach teams and neighbourhoods teams. The neighbourhood model has put in place their multi-agency meeting in the City of London and this led to better engagement between agencies.
- The City of London Corporation put in place flexible support for residents during the Covid-19 pandemic. This included implementing a seven-day hospital discharge to assess model for people with complex care needs, putting in additional support for adults who were shielding, increased welfare checks and distributing personal protective equipment and food for residents and staff in need of these.





### *City and Hackney Clinical Commissioning Group (CCG)*

- The CCG commissioned a range of services to respond to safeguarding issues arising from the pandemic. This included providing infection prevention and control advice to staff in social care settings, providing enhanced clinical care in care homes and appointing a learning disability primary care and community liaison practitioner.
- A rapid review process for Covid-19 deaths under the Learning Disability Review Programme has been put in place and any significant findings will be actioned accordingly.
- The CCG has worked across North East London offering mutual support and intelligence in relation to safeguarding risks arising during Covid-19. The CCG ensured that there was extra multi-agency support in place to help those residents who may be at risk of harm during the lockdown, this included carers, people with learning disabilities and those with long-term conditions.

### *Homerton University Hospital Foundation Trust*

- Homerton hospital has increased the number of Mental Capacity Assessments undertaken by staff and also delivered more mental capacity training to professionals.
- There has been an increase in the number of patient safety safeguarding incidents. This has been analysed and it was found that staff were forthcoming at reporting incidents, which shows a good patient safety culture. All incidents are analysed and lessons, themes and trends are reported back to staff.
- Homerton hospital has worked collaboratively with the CCG, East London Foundation Trust and the GP Confederation to ensure that there were targeted health interventions for residents that needed support, for example monitoring high risk patients.

### *East London Foundation Trust*

- All service users were given two RAG ratings based on their Covid-19 risk and their mental health risk. Any people who were deemed to be 'red' were regularly reviewed and contacted at least once a month.
- A number of staff across different services have been trained to be Safeguarding Adults Managers. There has also been improved reporting of safeguarding concerns made from professionals working in in-patient services.
- The Trust worked with the London Borough of Hackney to agree a more streamlined approach to reporting safeguarding concerns.



### *Metropolitan Police*

- The police were able to maintain full services throughout the course of the pandemic and have ensured that safeguarding was prioritised during this time.
- Frontline police officers have been provided with more information and awareness on the issue of self-neglect and the importance of referring individuals to safeguarding teams via the Merlin reporting process.
- All new officers have been trained in safeguarding adults, which has been challenging but rewarding given a high intake of new officers to the service.

### *City of London Police*

- The City of London Police developed a hotel engagement working group and digital newsletter for hotel staff. The aim of this was to provide training and information to staff so that they identify and respond to any safeguarding risks that may arise.
- The Police provided Domestic Abuse Multi-Agency Risk Assessment Conference training to outreach and housing providers to help ensure that referrals into the service are of best quality.

### *London Fire Brigade*

- The Fire Brigade implemented a qualified Safeguarding Adults Review Champion within the London Fire Brigade.
- Internal funding was secured for a revised safeguarding training package for senior officers and designated community safety staff.
- The fire brigade undertook 617 home fire safety visits for Hackney for 2020/21. This was lower than usual due to the Covid-19 restrictions but all high risk addresses were prioritised and visited.

### *National Probation Service (NPS)*

- During the pandemic the NPS in Hackney were able to maintain services, with modifications to working practices and the implementation of an Exceptional Delivery Plan which meant that all persons on probation were supervised and managed appropriately.
- The NPS were fully engaged with Mayor's Office of Policing and Crime (MOPAC) as part of their young adults transition programme and have worked to develop understanding and knowledge of all staff in working with young adults in our caseload in Hackney to navigate the transition from.
- Regular audits have been completed both internally and in the Ministry of Justice to ensure that sufficient standards are maintained by our staff in their practice and understanding of safeguarding.

### *Community Rehabilitation Company Probation Services (CRC)*

- CRC undertook more safeguarding checks and assessments in comparison to previous years.
- All safeguarding training is now on an electronic platform, which means staff were still able to access training during the lockdown period.
- The CRC have been part of the Mayor's Office of Policing and Crime project around transitional care for young adults involved in the criminal justice system.

### *Department of Work and Pensions Hackney (DWP)*

- The DWP joined the Board and has attended all key meetings to date. The DWP has also linked in with other Boards that link in with safeguarding such as the Safe and Together Approach for Domestic Abuse.

### *Age UK*

- Age UK was able to check in with all their most at risk clients, through both telephone and face to face visits during the pandemic. This helped the organisation identify and report potential safeguarding risks at an earlier stage.
- A number of Covid-19 related scams learning sessions were delivered by staff at Age UK.
- Age UK supported residents in the City to use virtual means of communication. This had a dual benefit of helping people connect with others over the lockdown period and also get a better understanding of people's circumstances at home.

### *Hackney Community and Voluntary Services (CVS)*

- Hackney CVS helped provide refresher training to the Safeguarding Champions and continued to provide practical support to champions throughout the year.
- Hackney CVS has attended and contributed to on-going work regarding transitional safeguarding.
- Hackney CVS continued to raise awareness of adult safeguarding issues at a community level via training and awareness sessions. Five awareness raising sessions were delivered in total, which were attended by 75 people in total.

### *Hackney Healthwatch*

- Hackney Healthwatch continued to promote adult safeguarding awareness and signpost residents to adult safeguarding services.

## Safeguarding Data

The safeguarding data for 2020-21 is presented separately for the City of London and Hackney. Whilst the City of London was able to provide a full picture of safeguarding for their area, the London Borough of Hackney was not. This was due to a cyberattack that affected London Borough of Hackney data systems and meant that it was not possible to provide a full data submission. Whilst some quantitative data is provided below, this will not be fully accurate and should be used with caution. To supplement this data the Board has included anecdotal information provided by partner agencies. .

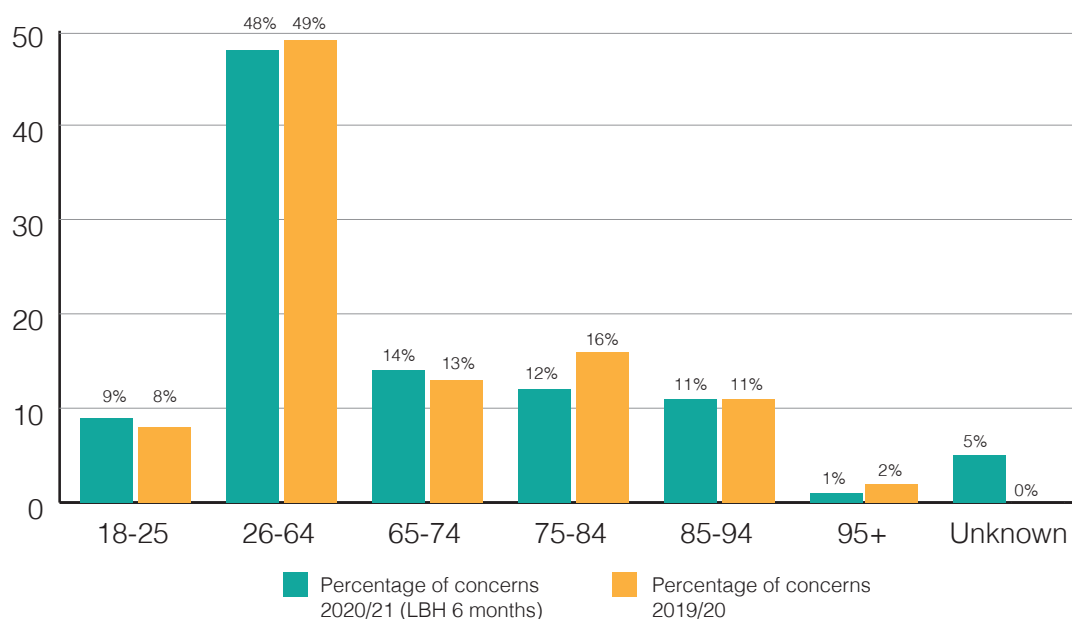
### London Borough of Hackney

Please note that all data provided for the London Borough of Hackney is estimated based on six months worth of data. This information includes safeguarding concerns and enquiry outcome decisions which were all recorded after October 2020, when the cyberattack occurred.

Whilst the Board only has access to six months worth of data, the data does suggest that there has been an increase in the number of safeguarding concerns being referred into Adult Social Care. This is consistent with data collected by the Local Government Association as part of their Covid-19 Safeguarding Adults Insight Project (<https://www.local.gov.uk/covid-19-safeguarding-adults-insight-project>), which collected real time data on safeguarding from Local Authorities across England during the pandemic. This data showed generally that there was an initial decrease in safeguarding when the lockdown occurred and this increased as the lockdown eased. The general trend identified that there were largely more safeguarding concerns reported during 2020/21 than previous years.

### Concerns - Age

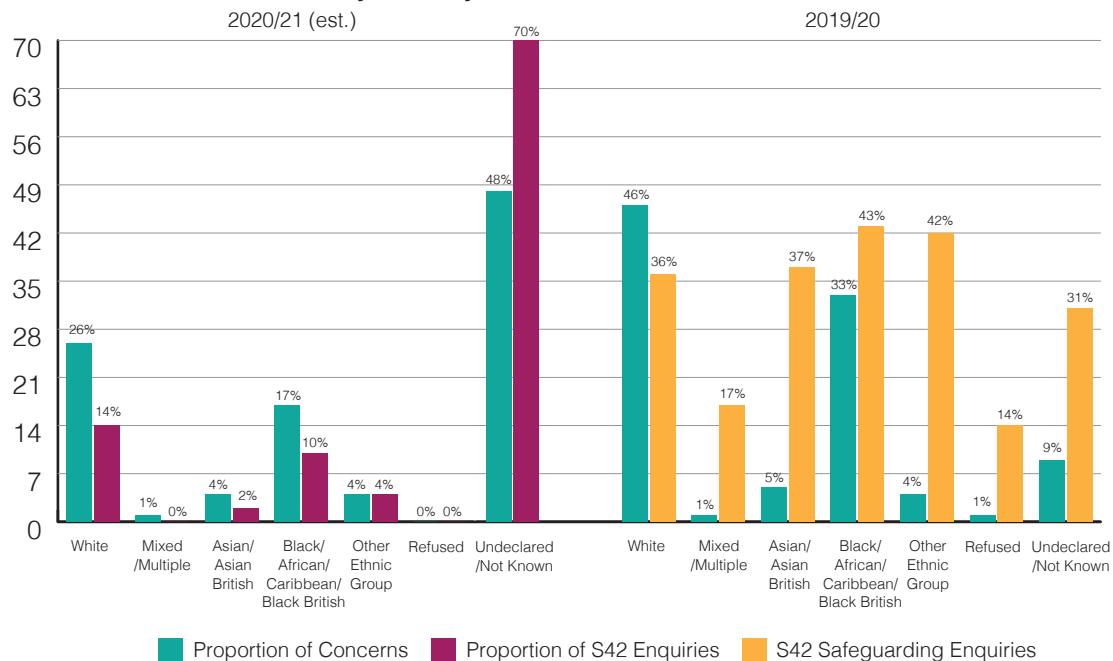
Number of Concerns by Age Group (%)



The data shows that there is very little change in profile from the previous year.

## Concern - ethnicity

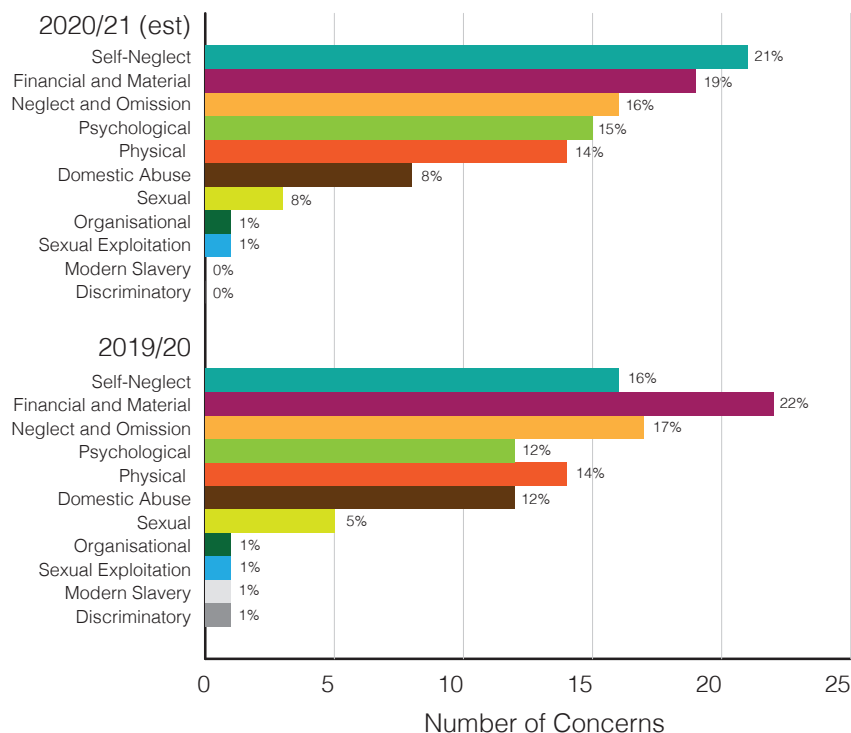
### Conversion Rate of Concerns by Ethnicity



Due to the cyberattack and the lack of access to case management software it was not possible to obtain accurate data on ethnicity as many concerns were not able to be captured.

## Concerns - abuse type

### Type of Abuse at Concern

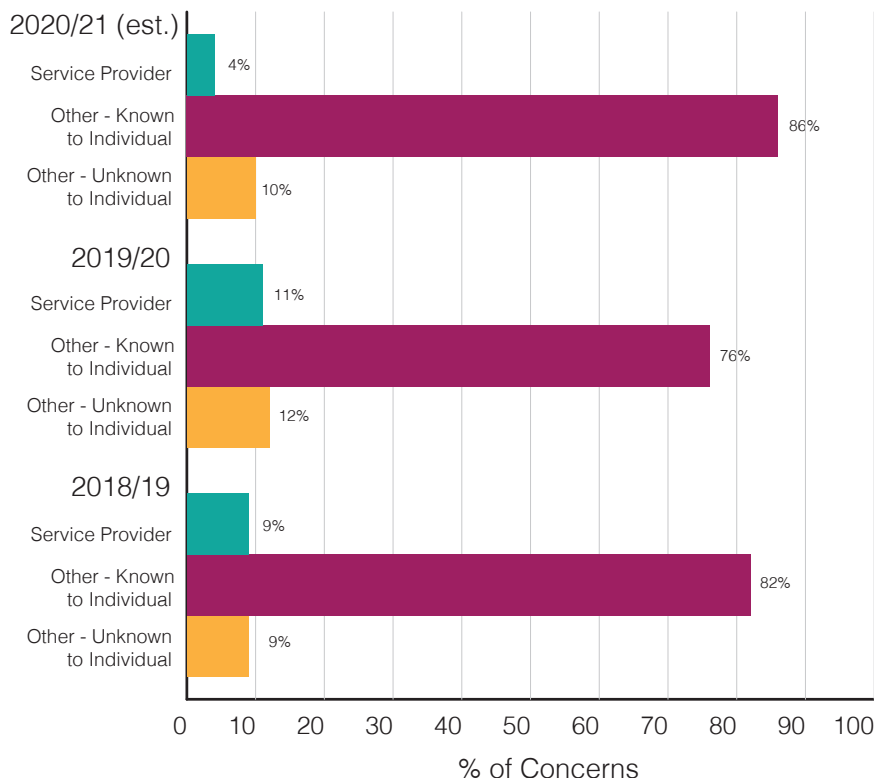


The data shows that both self-neglect and psychological abuse have increased in number in the past year. This is consistent with anecdotal information from professionals and also data collected in the Local Government Association's Insight Report, which recognises that there were more residents presenting with signs of self-neglect. In response to this, the Board will be undertaking a multi-agency case file audit looking at how well professionals respond to individuals experiencing self-neglect. The self-neglect and hoarding policy will also be updated to include more information around issues of capacity to make decisions. The Board will also explore how to raise awareness of psychological abuse across the City and Hackney.

The data suggests that domestic abuse appears to have fallen from October 2020 - March 2021, this is surprising as there appeared to be an increase in domestic abuse during the early stages of the first lockdown. However, not all domestic abuse cases will be reported as safeguarding, with this being reported to the Domestic Abuse Intervention Service and to police as well. There were cases of modern slavery and discriminatory abuse however there were very few and therefore made up less than 1% of the cases referred into Adult Social Care.

### Concerns by Source of Risk

#### Concerns which included allegations relating to each Source of Risk

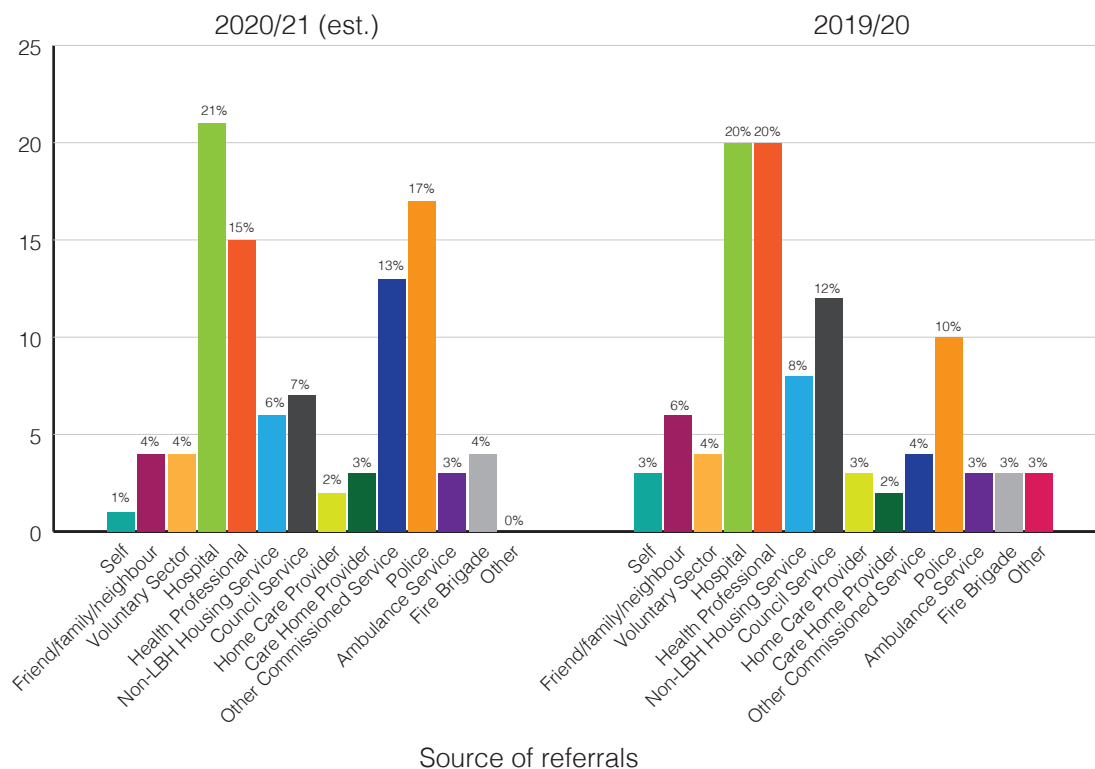


The data shows that the source of risk is highly likely to be known to the individual, making up 86% of the concerns reported into Adult Social Care. This is consistent with national themes captured in NHS Digital's Safeguarding Adults Collection, which has shown nationally that abuse is more likely to be

perpetrated by someone the person knows. There has been a significant drop in the source of risk being the service provider, this may be because residents were less likely to attend services in person.

### Concerns by source of referral

#### Proportion of Concerns raised by Source of Referral

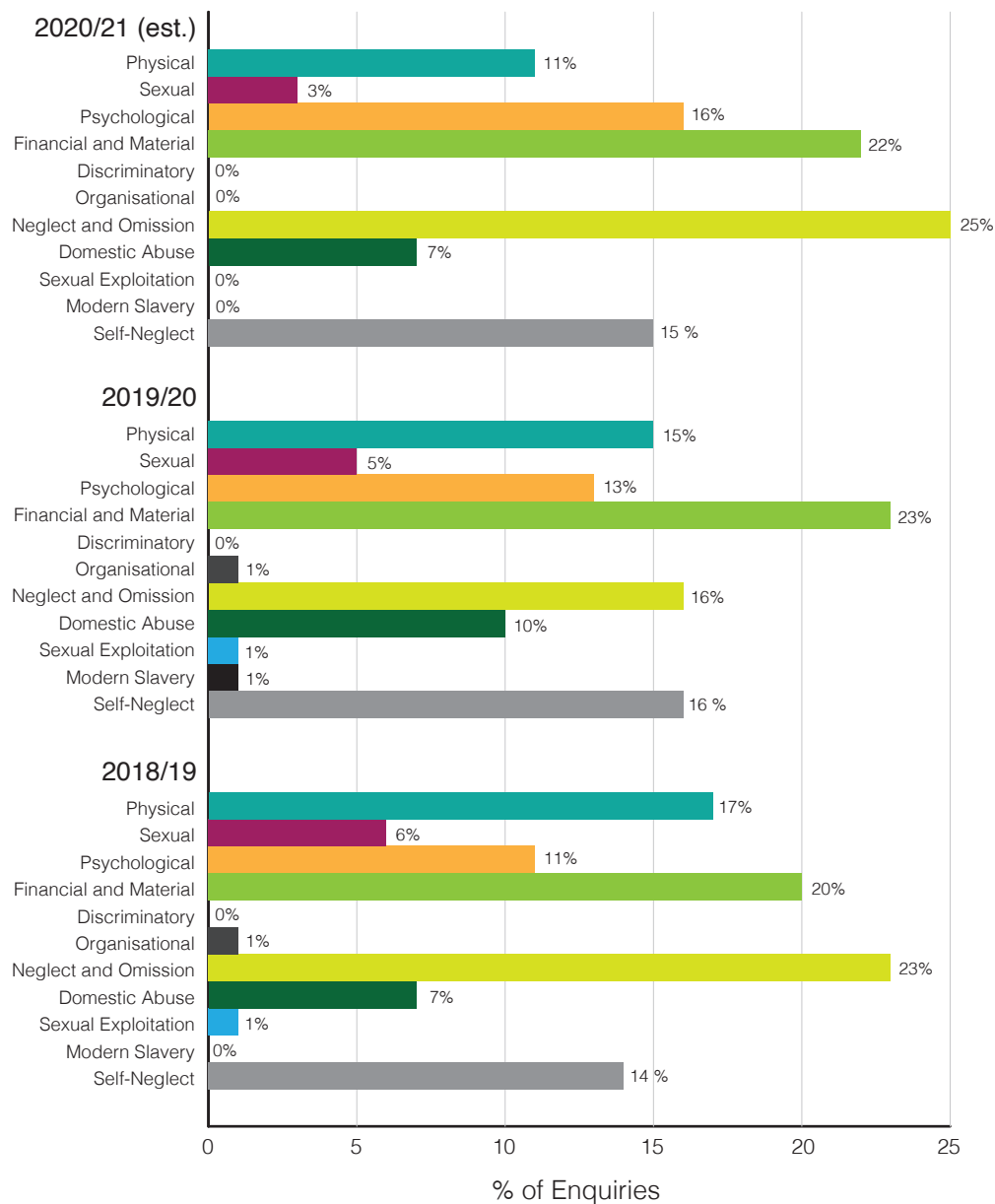


The data shows that the health sector remains the biggest referrer of residents for safeguarding support. It is positive to see that there has been a significant increase in the number of residents being referred to Adult Social Care by the police. There was a decrease in the number of self-referrals and referrals from friends, family or neighbours. The Board will look at how it can increase engagement with residents going forward.



## Section 42 enquiries by type of abuse

### Section 42 Enquiries which included allegations relating to each Type of Abuse



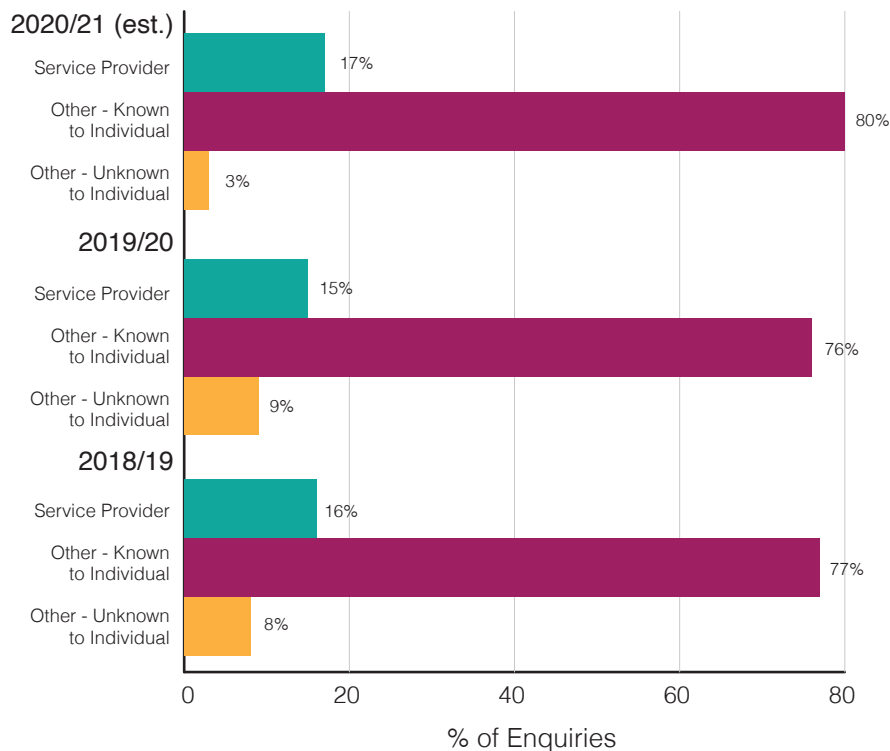
The data provided above is estimated as there was only six months worth of data available. There have been significant increases in neglect and acts of omission, although it is noted that last year's figures were lower than they would usually be. This information appears to substantiate concerns raised by the Board's partners that a number of residents were inadvertently caused harm as they were unable to see practitioners face-to-face over the lockdown period. When they did subsequently attend services, a number of residents displayed signs of neglect.

There were reductions in physical abuse and domestic abuse, although the reasons for this were not completely clear. Although there were increases in self-neglect concerns reported to Adult Social Care, there was not a significant

difference in the amount of concerns leading to a s42 enquiry. The gap between number of concerns and those subsequently leading to enquiries could be due to better awareness amongst partner agencies around self-neglect.

### Section 42 enquiries by source of risk

#### **Section 42 Enquiries which included allegations relating to each Source of Risk**

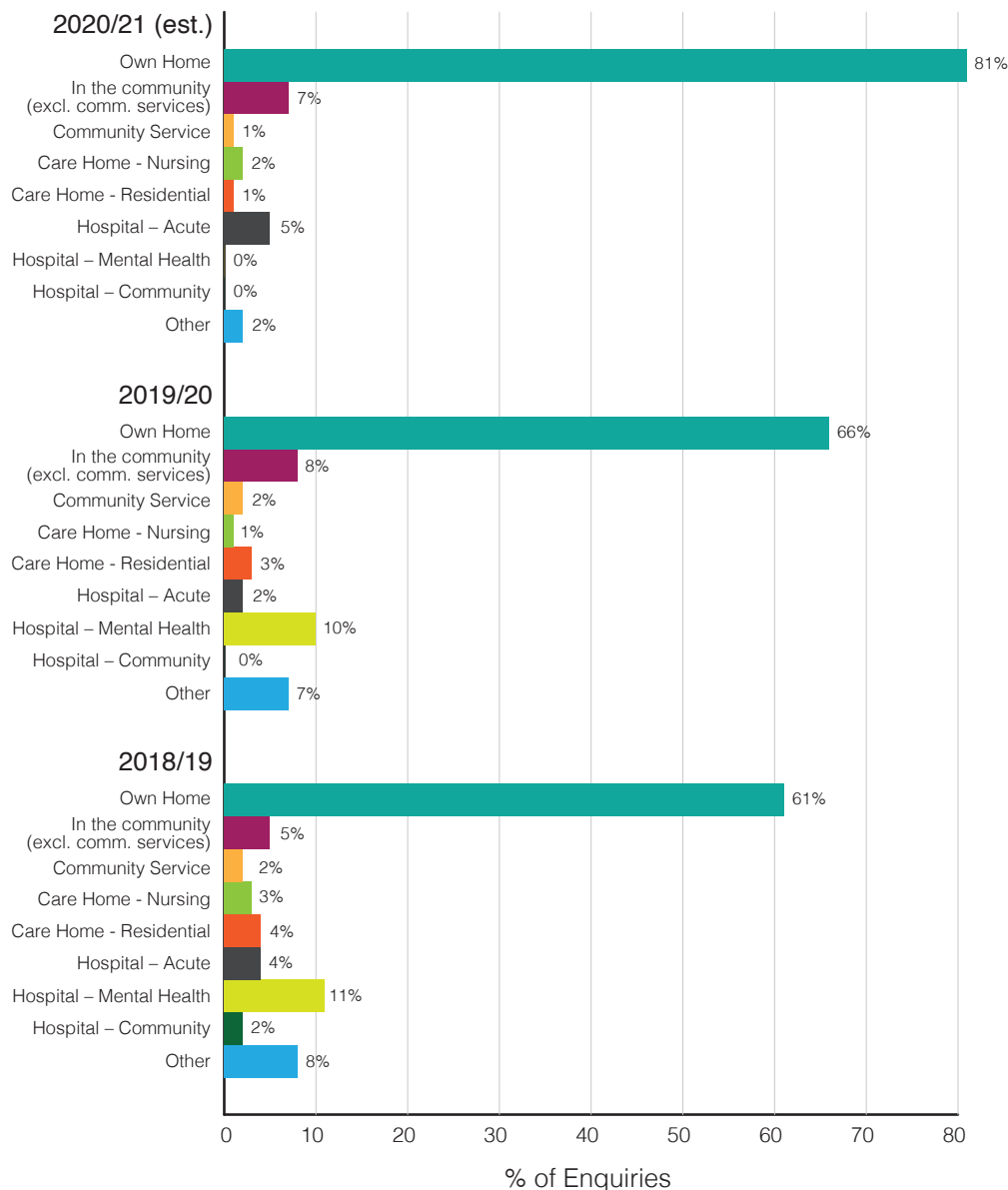


The data shows that most abuse is perpetrated by someone known to the individual. There has been a decrease in allegations relating to someone unknown to the individual. The reasons for this are unclear although it is likely to be a knock-on effect of people being in lockdown and having fewer interactions with people they do not know.

### Section 42 enquiries by location of abuse

The vast majority of alleged abuse was believed to have happened in the person's own home. This is higher than previous years and likely to be due to the lockdown. The data is consistent with national themes identified by NHS Digital, which shows that abuse is most likely to happen in someone's own home. There is no abuse recorded within mental health hospitals; this is due to East London Foundation Trust's data not being included in this section due to the difference in recording between the Trust and London Borough of Hackney.

### Section 42 Enquiries which included allegations relating to each Location of Risk



## Key Safeguarding themes

The Board's monthly executive group meetings offered an opportunity for partners to discuss and explore safeguarding themes that arose over the course of the financial year and the Covid-19 pandemic. The following themes were identified:

- 1) During the initial lockdown period in response to the first wave of Covid-19 there was a decrease in safeguarding concerns reported to Adult Social Care, however this number increased once lockdown eased, with the number of concerns being higher than average.
- 2) There was an increase in domestic abuse referrals to the Domestic Abuse Intervention Service and a noted increase in domestic abuse being identified by mental health services. Police did however confirm that they were dealing with broadly consistent levels of domestic abuse.
- 3) During the first lockdown period, while some organisations continued to deliver services as normal, others moved to remote or virtual working, and meetings have not stopped for many services. For some services there has been a reduction in face-to-face meetings. There was an increase in face-to-face services during the second lockdown compared to during the first lockdown period. There were concerns around inadvertent harm caused to individuals where there has been a lack of contact, such as the deterioration in people's conditions or safeguarding issues not being identified. London Borough of Hackney adult social care provided assurance that they were quality-assuring visits to ensure that these were appropriately carried out and these risks were mitigated.
- 4) During the peak of both outbreaks, it was noted that some people were unwilling to allow health and care staff into their homes or their relatives' homes due to concerns about being infected by Covid-19. This meant that not all residents received the quality of care they needed. Further, there was some anecdotal evidence to suggest that some families were struggling to care for their relatives during the lockdown period.
- 5) Voluntary sector services and London Borough of Hackney were aware that new groups of residents were presenting in need of support, in particular there has been an increased use of food banks, numbers of people newly experiencing homelessness and increases in the numbers of people experiencing social isolation.
- 6) There was an increase in numbers of people reporting anxiety to the voluntary sector, advocacy and mental health services. It was noted that there was a significant increase in calls to crisis and helplines during the lockdown periods, although this had not necessarily translated into an increase of safeguarding concerns being reported. During the first lockdown there was a cluster of suicides in Hackney, which have been investigated by East London Foundation Trust. Furthermore, Thrive also has anticipated an increase in suicides as a result of poverty and

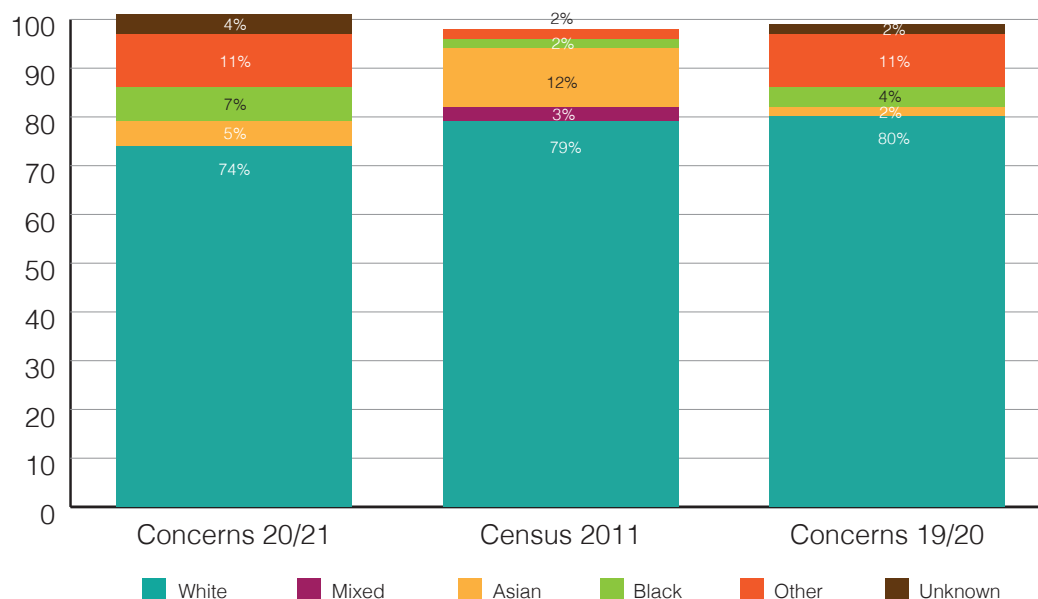
deprivation caused by the Covid-19 outbreak. There has already been an increase in referrals to in-patient mental health services.

- 7) There was an increase in calls concerning Covid-19 scams, and it appears that a number of people have been targeted by sophisticated scams, often relating to the vaccination programme.
- 8) There were concerns reported by a number of agencies about the impact of Covid-19 on carers. There were specific concerns about carers having to take on additional responsibilities during this time, without additional support being offered in some cases. Going forward, it was anticipated that there may be an increase in the numbers of carers needing support.
- 9) There have been increased reports of self-neglect, potentially due to a lack of support and social interaction over the lockdown periods. Moving forward it is anticipated that the Board will continue to see increases in self-neglect reporting.
- 10) There have been reported increases in cuckooing (Cuckooing is where people take over a person's home and use it for their own purposes, exploiting the individual at the same time.) It is not clear whether this increase has been due to increased instances of cuckooing or better awareness of this amongst professionals and increased reporting.

### City of London Corporation Safeguarding data

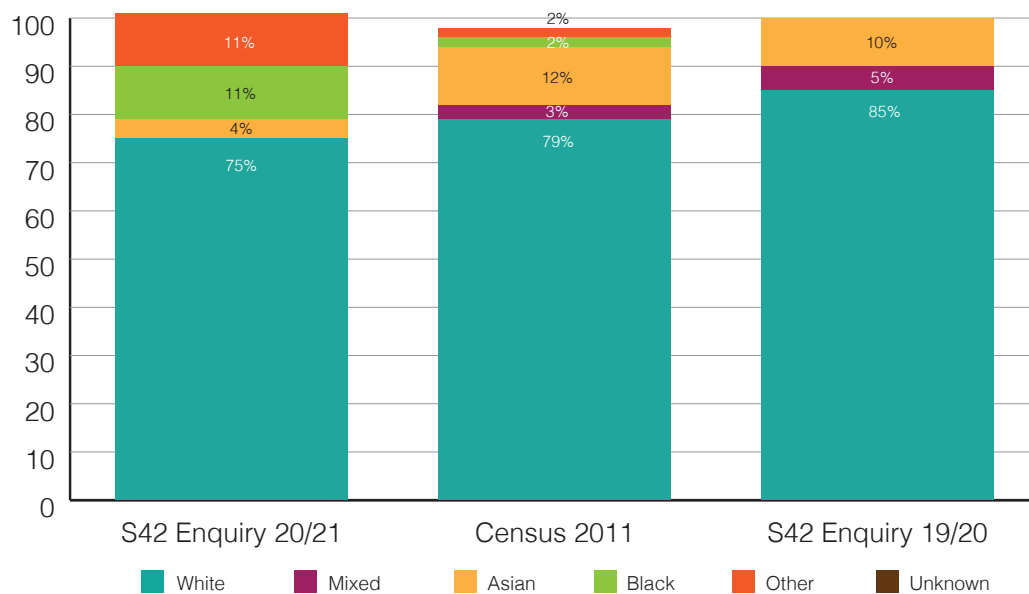
- 57 safeguarding concerns were raised
- 38 safeguarding concerns led to a Section 42 safeguarding enquiry
- Of the 43 concluded cases, 32 were asked about their desired outcome. 24 expressed their desired outcomes. Of the 24 people, 23 people had their desired outcomes fully achieved and/or partially achieved.

### Concerns - ethnicity



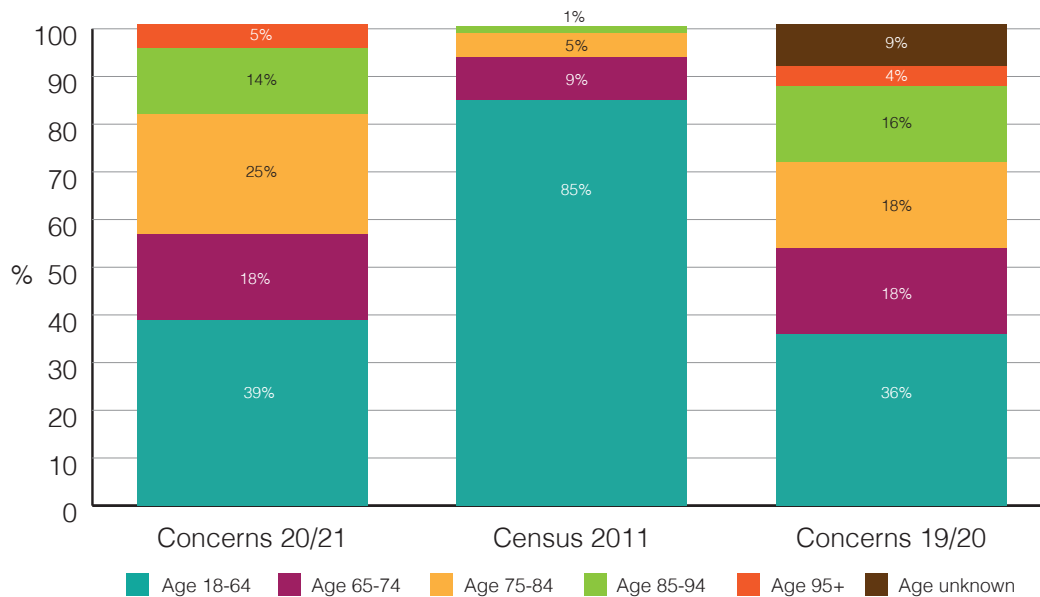
In 2020/21, 74% of safeguarding concerns were in the “White” ethnic category, which is more comparable with the 2011 City of London census breakdown but is in contrast to the ethnic breakdown of concerns raised during 2019/20. 5% of safeguarding concerns were for the “Asian / Asian British” ethnic category, compared with this group accounting for 2% of concerns in the prior year. This is, however, lower than other ethnic groups, which is significant considering that this is the second largest ethnic group in the City. There were 11% of concerns that were categorised as “Other” ethnic origin, with the “Black / Black British” accounting for 7% and ‘unknown’ being 4% respectively.

### Enquiries - ethnicity



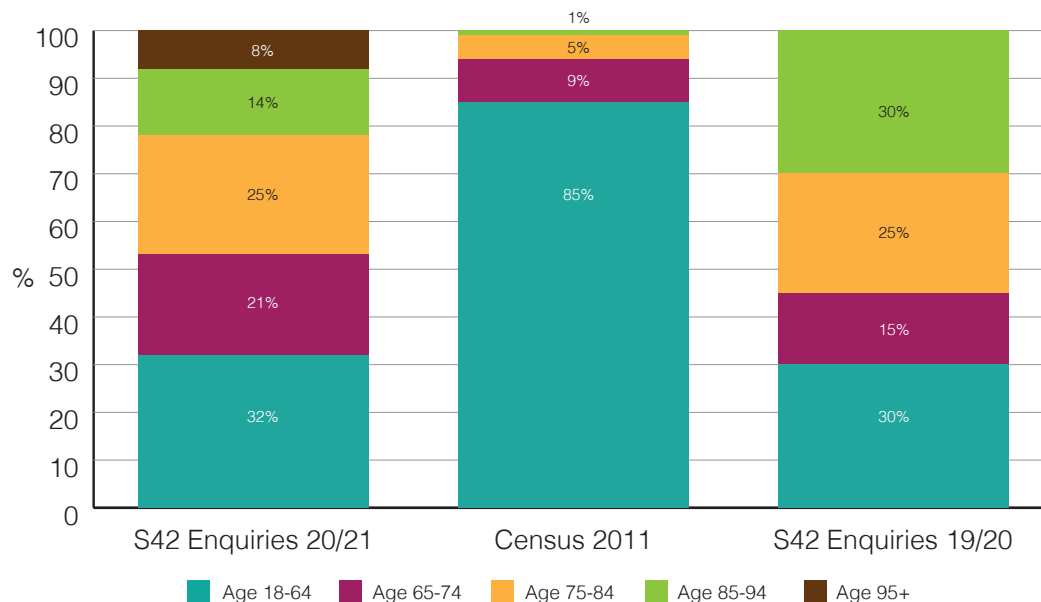
In 2020/21 75% of safeguarding enquiries were regarding people who were in the ‘White’ category, which is similar to the 85% from the previous year. The graph above shows a more comparable and representative demographic makeup to that described in the 2011 COL census breakdown in comparison to last year’s data. There remains an underrepresentation of people from ‘Mixed’ and ‘Asian’ backgrounds and an overrepresentation of people from a ‘Black African’ or ‘Caribbean’ background.

### Concerns - age



In 2020/21 the majority of safeguarding concerns were reported regarding people aged 18-64 followed by people aged 75-84. This is consistent with 2019/20 data which showed that 36% of safeguarding concerns related to people aged 18-64. The increase in younger people (people aged 18-64 years) with safeguarding concerns is thought to be a result of more rough sleepers being referred for safeguarding support.

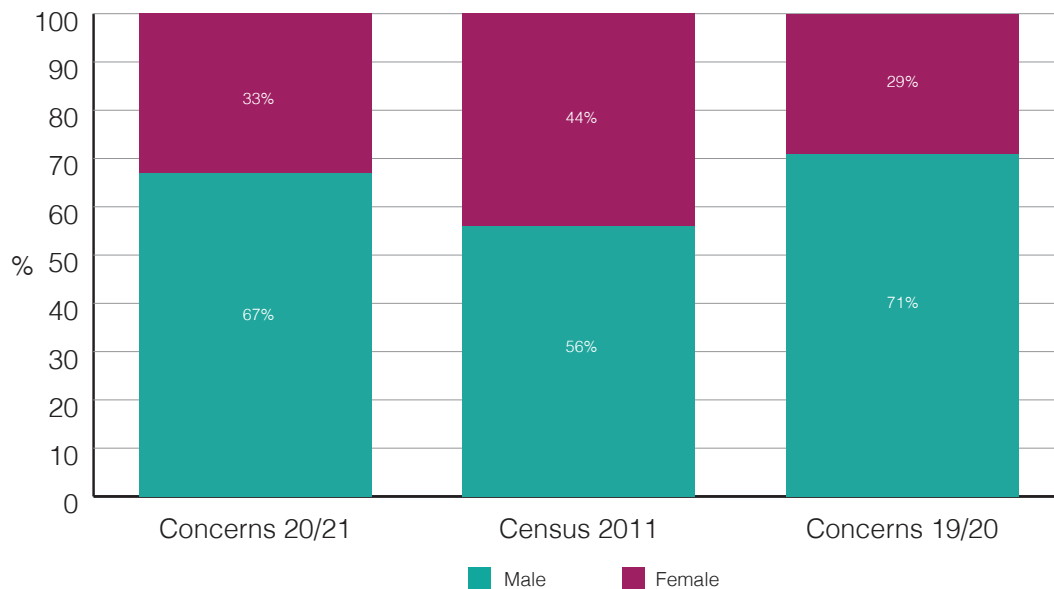
### Enquiries - age



The majority of S42 Enquiries were regarding people aged 18-64, which accounted for 32% of the enquiries and is similar to the previous year's figures of 30%. Prior to this, older people (aged 65+) featured in the majority of safeguarding concerns. This change may be due to the general public

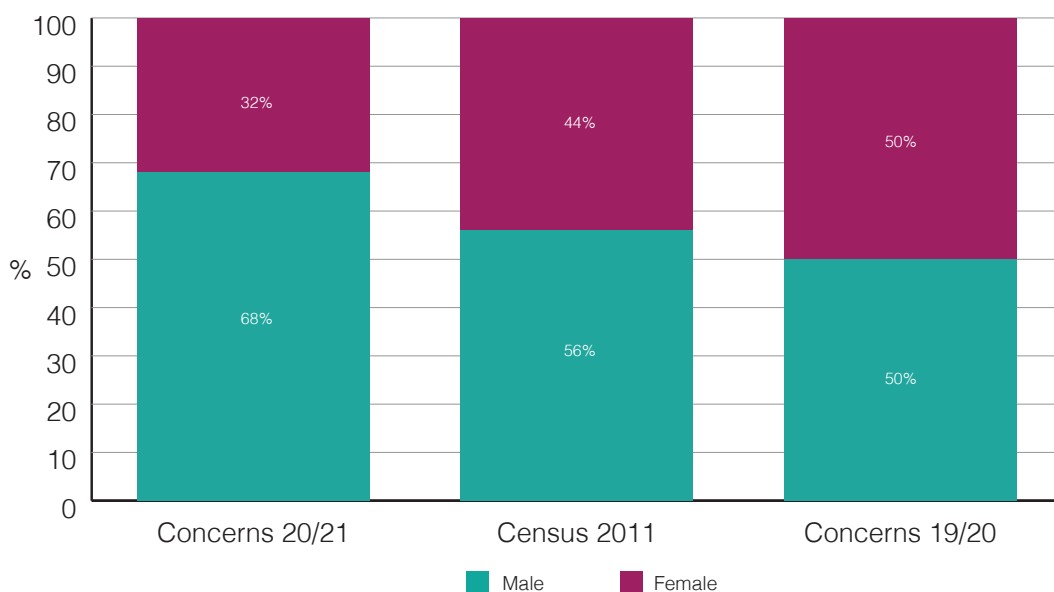
and professionals being more aware of adult safeguarding, which is causing an increase in referrals and subsequent enquiries in comparison to previous years. However, this change is more likely to be due to higher visibility of rough sleepers during the Covid-19 pandemic and increased reporting of safeguarding issues during this period.

### Concerns by gender



In 2020/21 the majority of safeguarding concerns reported were about men, which was similar to 2019/20. This pattern has varied year to year with more women being the subject of safeguarding concerns in some previous years. On further examination some of the concerns represent multiple referrals for one person, and taking this into account, the differential was smaller.

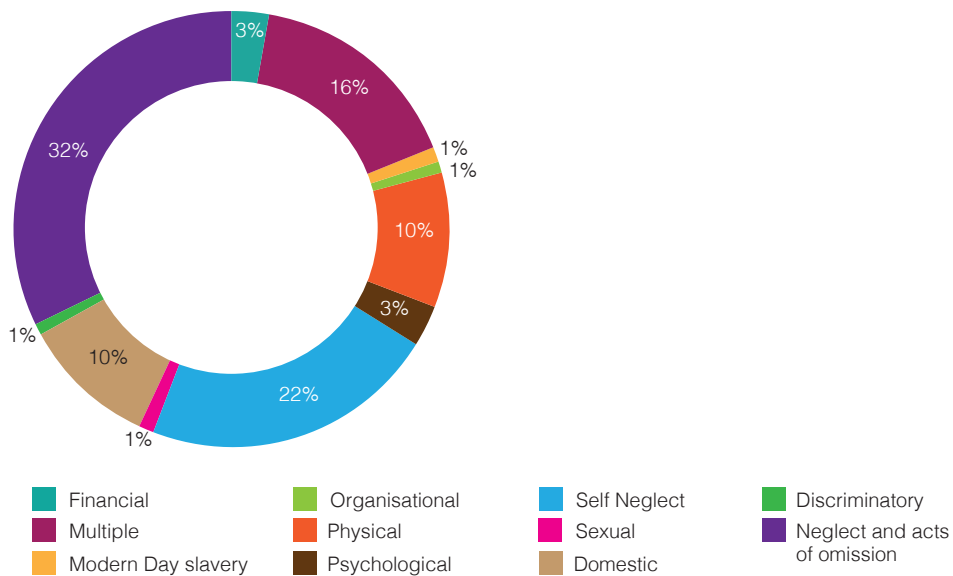
### Enquiries by gender





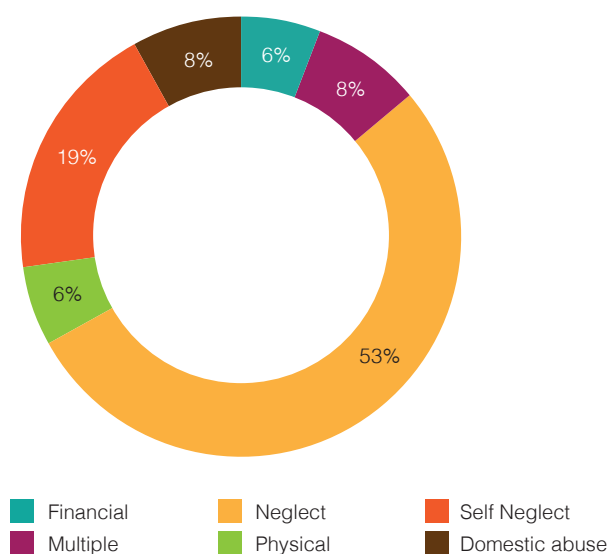
The majority of safeguarding enquiries involved men, compared to 2019/20 when there was an even split with both males and females accounting for 50% of S42 enquiries. However there is only a marginal difference between males and females so these changes are not significant.

### Concerns by abuse type



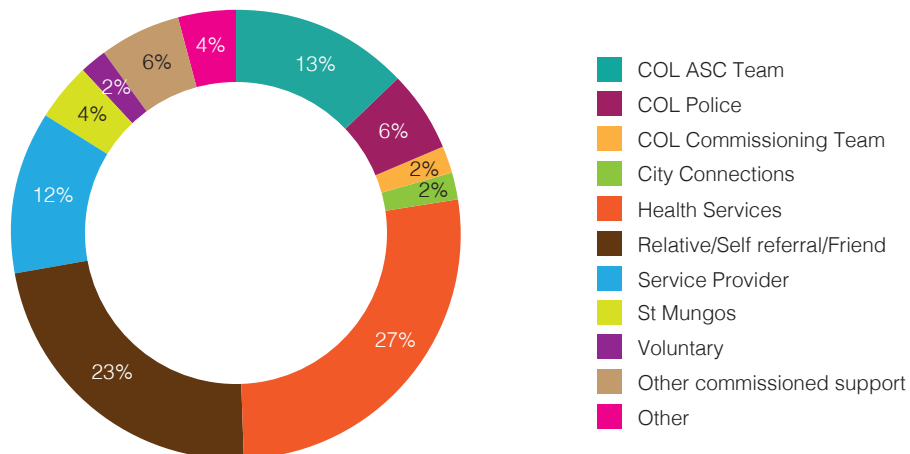
The most common form of abuse reported during 2020/21 was neglect and acts of omission. The data showed a significant rise in the number of reported safeguarding concerns involving domestic abuse. Financial abuse has declined as a cause of harm for the second year in a row. This may indicate that prevention of financial abuse is improving. It may also indicate that, since the pandemic has commenced, there has been an increase in other forms of abuse, in particular neglect, domestic abuse and self-neglect.

### Enquiries by abuse type



The most common form of abuse that was identified through safeguarding enquiry was neglect and acts of omission. This was consistent with previous year's data. Self-neglect was the second most common type of abuse, accounting for 19% of enquiries. As mentioned above, the number of enquiries involving financial abuse has also decreased with only two enquiries involving financial abuse.

### Source of referral

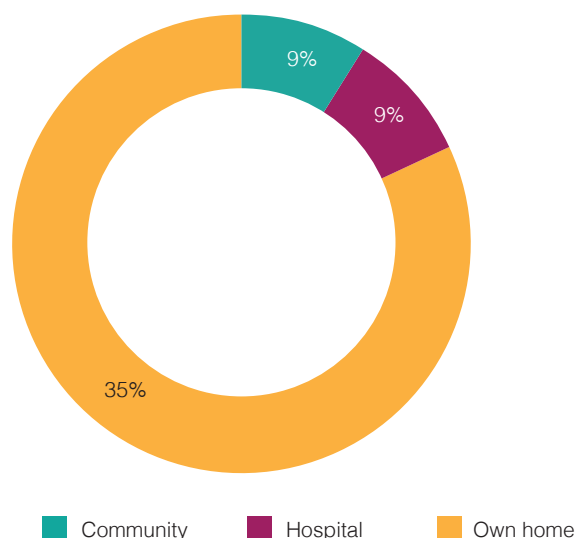


During 2020/21 the top three sources of referral were:

- 14 from Health services
- 12 from Relative / self referral / friend
- 10 from City of London (1 of which relates to City Connections)

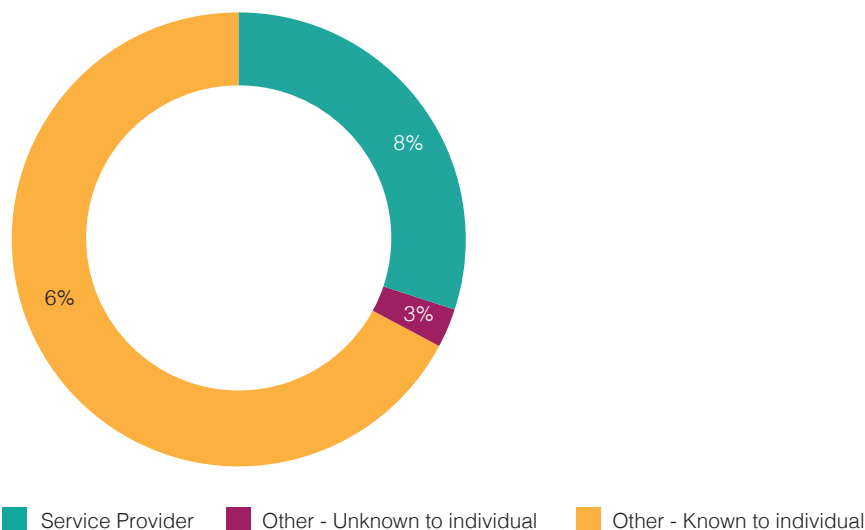
It was positive to see that the second highest rate of referral to safeguarding services was from a friend, relative or self-referral. This suggests that the public are becoming more familiar with adult safeguarding and how to refer people for support.

### Location of risk for concluded cases



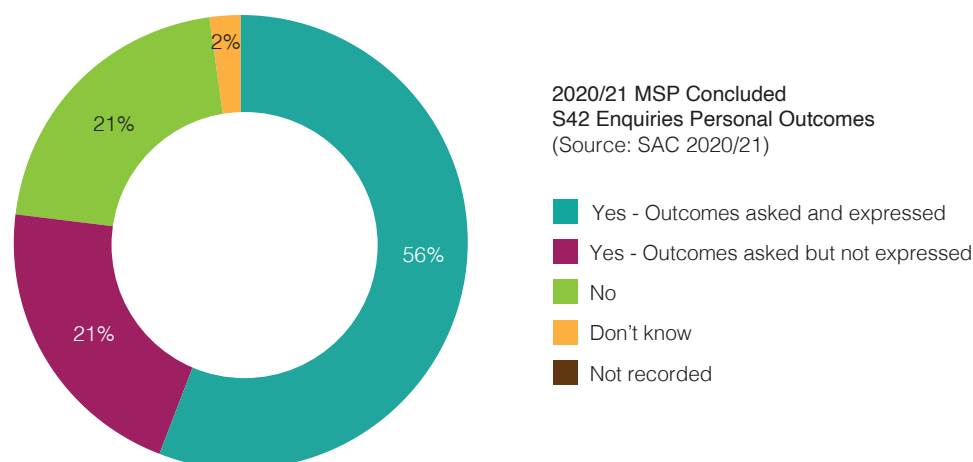
The majority of abuse occurred within the person's own home. This is consistent with previous year's data and national trends identified in NHS Digital's Safeguarding Adults Collection (SAC), which collects safeguarding data from all Local Authorities in England. There were fewer cases where the location of abuse was in the community or a hospital. This is likely to be a direct result of the Covid-19 pandemic with many people being unable to leave their homes during this time.

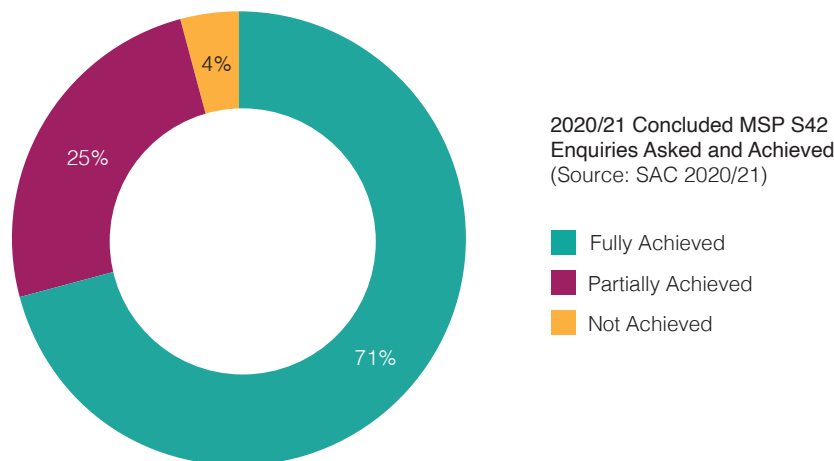
#### Source of risk for concluded cases



In the majority of safeguarding enquiries, the person who was alleged to have caused harm was known to the individual. This information is consistent with previous years' data and also reflects national trends identified in the NHS Digital SAC returns.

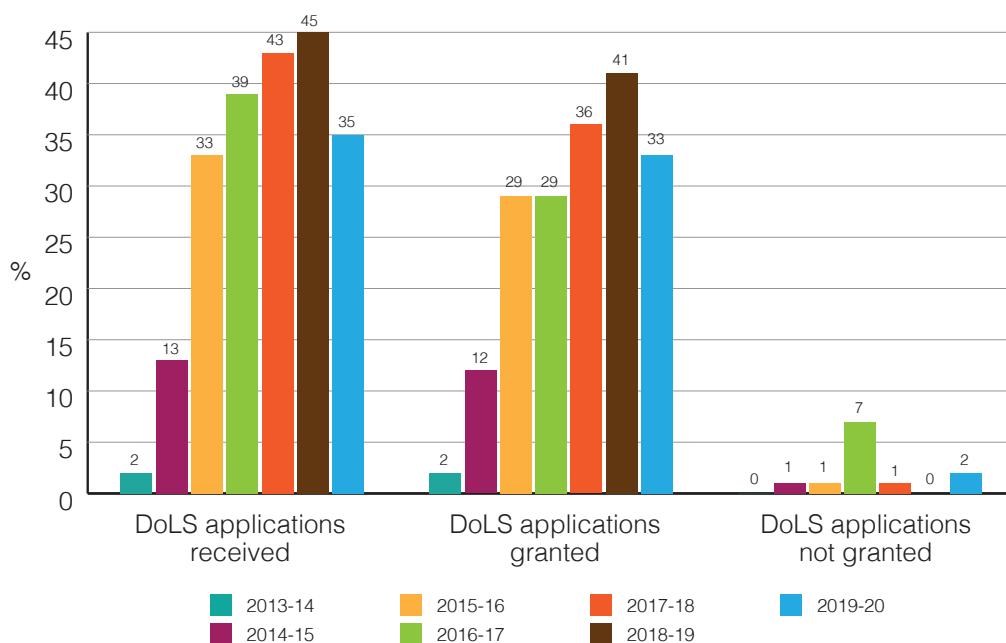
#### Making Safeguarding Personal





Making Safeguarding Personal is a way of undertaking safeguarding activity that is person-centred and focuses on delivering outcomes that the individual using safeguarding services wants. Professionals ask the person what they want or need to help them keep themselves safe. Where someone is unable to tell professionals about their needs, a best interest decision can be made to ensure their values and beliefs are upheld. The data shows that there has been an increase in the number of people who have not been asked about their desired outcomes. The reasons for this are not clear and will be explored further. There has, however, been an increase in wishes being achieved where people have expressed the outcomes that they want to be achieved.

### Deprivation of Liberty Safeguards (DoLS)



During 2020/21 there were 39 DoLS applications, although 4 were from last year's reporting period. 'Active DoLS' refers to DoLS from the prior reporting period that remained active during the current reporting period. The number of DoLS applications remained stable from the previous year, although there is a wider pattern of DoLS applications reducing in number.

## Appendix A:

### CHSAB Annual Strategic Plan 2020-2021

# CHSAB Annual Strategic Plan 2021 – 2022 (Update February 2021)

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland	City of London Corporation (CoL)	Andrew Carter / Chris Pelham
City and Hackney CCG (CCG)	Siobhan Harper / Jenny Singleton	Hackney Metropolitan Police (MPS)	Marcus Barnett / Daniel Rutland
City of London Police	Anna Rice	Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley / Jennie Wood
Barts Health NHS Trust	Claire Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade (City of London and Hackney)		London Fire Brigade City of London	David Bulbrook
National Probation Trust	Clare Andsell	Department of Work and Pensions	Ian Young
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Kristine Wellington	The Advocacy Project	Judith Davey
Age UK	Larissa Howells	London Borough of Hackney Housing	Jennifer Wynter
London Borough of Hackney and City of London Public Health	Andrew Trathen	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Turning Point (substance misuse service)	Graeme Hodgkinson	City of London Commissioning	Ian Jarman
Older Person's Reference Group	Cynthia White	City of London Housing	Liam Gillespie
Commissioning LBH	Zainab Jalil		
Sub-group	Chair	Task & Finish Groups	Chair
SAR & Case Review	Chris Pelham	Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Quality Assurance (QA)	John Binding		
Workforce Development (WFD)	Zak Darwood		
Sub-Committee	Chair		
City of London	Dr Adi Cooper		

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Action	Lead	Intended Impact	Update
1. To respond to any safeguarding issues arising from the Covid-19 pandemic	1.1 The Executive Group will facilitate partners to consider any safeguarding issues relating to Covid-19. This will include ensuring that there is oversight of emerging safeguarding issues, the safeguarding responses to Covid-19 pandemic and recovery.	Executive Group	<ol style="list-style-type: none"> <li>1. To assure ourselves that we are effectively safeguarding issues affecting residents are responded to</li> <li>2. Quality assurance problems are reported and addressed in a timely manner.</li> </ol>	
	1.2 The Board will continue to review data to identify safeguarding trends that emerge as a result of Covid-19 and identify proportionate responses	Executive Group / QA sub-group	<ol style="list-style-type: none"> <li>1. The Board has a picture of safeguarding in the City and Hackney and allocates resources to respond to the need that has been identified.</li> </ol>	
	1.3 The Board will identify any learning opportunities relating to safeguarding, as the Covid-19 pandemic progresses and through recovery stage	Executive Group	<ol style="list-style-type: none"> <li>1. Frontline staff will have the knowledge they require to provide good quality support to residents</li> </ol>	

**Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”**

<b>2. To ensure that agencies are preparing staff for the introduction of Liberty Protection Safeguards (LPS) through training and development of skills and knowledge</b>	<b>2.1</b> LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues.	LPS Leads	<b>1.</b> The Board is confident that practitioners can exercise their duties in relation to LPS <b>2.</b> Residents in the City and Hackney will have appropriate LPS arrangements in place	
	<b>2.2</b> Partners who have duties under the LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. It will further consider whether training should be commissioned for agencies who may require a general understanding of LPS. Please refer to section four for further details on training requirements	All partners with LPS responsibilities	<b>1.</b> The Board is assured that professionals can appropriately exercise their duties in respect of LPS <b>2.</b> Residents in the City and Hackney have appropriate LPS arrangements in place	
	<b>2.3</b> LPS Leads will work in partnership with Childrens' Social Care and the Safeguarding Childrens' Partnership to ensure that practitioners are supported in preparing for introduction of LPS.	Head of Adult Safeguarding / LPS Project Lead	<b>1.</b> The Board is assured that all 16 - 17 year olds that require a LPS are provided with this <b>2.</b> That there are effective transitions of young adults on an LPS into adult services	



Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”				
Priority	Action	Lead	Intended Impact	Update
3. To engage with the voluntary sector to continue to increase awareness of safeguarding issues	3.1 A programme of bitesize learning sessions to voluntary sector staff and volunteers will be delivered by the Safeguarding Adults Board Manager and Board's voluntary sector partners.	CHSAB Manager / HCVS/ Age UK / The Advocacy Project	<ol style="list-style-type: none"> <li>1. There will be an improved understanding of safeguarding across the voluntary sector</li> <li>2. Staff will be more empowered to respond and support safeguarding need.</li> </ol>	
	3.2 HCVS will run quarterly forums with the Safeguarding Champions to ensure that they are provided with training opportunities regarding safeguarding and ensure that there is a pathway to share safeguarding intelligence.	CHSAB Manager / HCVS	<ol style="list-style-type: none"> <li>1. Safeguarding champions will be better equipped to deliver their role</li> <li>2. The Board will receive an increase in safeguarding intelligence from the safeguarding champions.</li> </ol>	
	3.3 The workforce development sub-group will identify and develop additional resources to support practitioners working in the City and Hackney, this will include a monthly bulletin with updates on safeguarding legal issues and policy	CHSAB Manager / workforce development sub-group	<ol style="list-style-type: none"> <li>1. There will be better communication of safeguarding information to frontline staff</li> <li>2. There will be an improvement in safeguarding practice and how to apply the law to ongoing safeguarding concerns and enquiries.</li> </ol>	

Priority	Action	Lead	Intended Impact	Update
	3.4 The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.	CHSAB Manager / HCVS/ Age UK/ The Advocacy Project	<ol style="list-style-type: none"> <li>There will be improved relations between voluntary sector services and the Board with a streamlined process for feeding back intelligence to the voluntary sector</li> <li>There will be a stronger awareness of the Board amongst the voluntary sector</li> </ol>	
4. To continue to embed engagement with people with lived experience and ensure that they and their carers can influence all aspects of the Board's work	4.1 The Board will identify local service user groups to engage with remotely to promote awareness of safeguarding issues until such time that the service user groups can meet face-to-face. Hackney CVS and The Advocacy Project will support engagement with faith, carers and different cultural networks in the City and Hackney	All Board partners	<ol style="list-style-type: none"> <li>There will be an increase in community engagement with the Board evidenced through increased engagement with Board resources &amp; events for residents - this will help raise awareness of safeguarding across different communities</li> <li>The Board will receive more intelligence on safeguarding issues affecting different communities</li> </ol>	
	4.2 The Board will consider procuring a third sector organisation to obtain feedback from people with lived experience regarding their experiencing of safeguarding on behalf of the Board.	CHSAB Manager	<ol style="list-style-type: none"> <li>The Board will be able to identify how to improve adult safeguarding services for residents</li> </ol>	
	4.3 The Board Manager will work with voluntary sector services to identify three people with lived experience of safeguarding to attend the London Safeguarding Voices Group	CHSAB Manager / Healthwatch/ Hackney CVS	<ol style="list-style-type: none"> <li>The needs of City and Hackney residents and the Board will influence regional decision making around safeguarding.</li> </ol>	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”					
Priority	Action	Lead	Intended Impact	Update	
5. To embed the learning from Safeguarding Adults Reviews (SARs) and the National Analysis of SARs	5.1 The Workforce Development Group will identify the key learning from the National Analysis of SARs and disseminate this to frontline practitioners in a series of briefings and learning sessions.	WFD sub-group	1. Practitioners will increase their knowledge of SARs and this will inform best practice when working with residents.		
	5.2 The SAR Action Plan Task and Finish Group will ensure that the learning and actions from EF Fire Death Review and MS SAR are delivered and review how improvements are embedded into practice.	SAR Action Plan Task and Finish Group	1. There will be a reduction in the number of SAR actions being uncompleted 2. The Board's approach to quality assurance will be more robust.		
	5.3 The SAR sub-group will review and update CSHAB SAR policy and process documents to ensure that these are compliant with the recommendations outlined in the National Analysis of SARs	SAR sub-group	1. The Board will be able to evidence that it meets its statutory obligations effectively 2. The risk of SARs being legally challenged will reduce		

Priority	Action	Lead	Intended Impact	Update
5. To embed the learning from Safeguarding Adults Reviews (SARs) and the National Analysis of SARs	5.4 The SAR sub-group will review all previous SAR action plans to identify what the achievements, gaps and challenges remain in relation to successfully embedding learning into practice.	SAR sub-group	1. The Board will be able to use the information to ensure that future SARs are more effectively embedded into practice. This will result in a reduction in the same issues being highlighted in all SARs.	
	5.5 The Workforce Development Group will identify and create resources that will help embed long-term organisational memory of SARs for staff across the partnership.	WFD sub-group	1. There will be an increased knowledge of SARs and the key learning among frontline staff.	
	5.6 The SAR sub-group will review and evaluate how each SAR has changed practice in the City and Hackney.	SAR sub-group	1. The Board will be able to quantify the value of SARs and the impact that they have in the City and Hackney.	

**Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”**

Priority	Action	Lead	Intended Impact	Update
<b>6. To continue to engage with Community Safety Partnerships, Safeguarding Children's Partnership and Health and Wellbeing Boards</b>	<b>6.1</b> The Board will continue to address strategic issues and work collaboratively on issues affecting CSP, CHSCPs and HWBs at the Hackney Joint Chairs meeting and City of London equivalent.	CHSAB Manager / CHSCP	<b>1.</b> There will be an improvement in the way that residents' needs are met across the City and Hackney.	
	<b>6.2</b> The Board will explore with the Hackney Community Safety Partnership safeguarding issues arising from residents who exhibit anti-social behaviour and how to improve appropriate support.	Independent Chair / Community Safety Partnership	<b>1.</b> Practitioners will have a better understanding of how ASB is linked to safeguarding <b>2.</b> There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g. support will be offered at an earlier stage.	
	<b>6.3</b> The Board will continue to build its relationships with organisations across City and Hackney: <ol style="list-style-type: none"> <li>1. Adult Social Care teams in the London Borough of Hackney</li> <li>2. City of London Housing and Commissioning Teams</li> <li>3. Housing Associations in the London Borough of Hackney</li> </ol>	Independent Chair / CHSAB Manager	<b>1.</b> The Board will work more collaboratively with partners across the City and Hackney and ensure safeguarding is embedded into all areas of work.	

Priority	Action	Lead	Intended Impact	Update
	<p><b>6.4</b> The Board will continue to identify opportunities to engage and work collaboratively with new organisations and partnerships.</p>	CHSAB Manager / Independent Chair	<p><b>1.</b> The Board will work more collaboratively with partners across the City and Hackney and ensure safeguarding is embedded into all areas of work.</p> <p><b>2.</b> To boost the Board's profile and mean that it has greater influence</p>	
	<p><b>6.5</b> The Board will continue to lead and/or assist other Partnerships with on-going work regarding:</p> <ol style="list-style-type: none"> <li>1. Modern Day Slavery</li> <li>2. Suicide Prevention</li> <li>3. Domestic Homicide</li> </ol>	CHSAB Manager	<p><b>1.</b> Safeguarding will inform prevention work and decrease the need for people to receive safeguarding support in the long-term.</p> <p><b>2.</b> Professionals working outside ASC will have an increased awareness of their safeguarding duties</p>	
<b>7. To progress work on Transitional Safeguarding</b>	<p><b>7.1</b> The Transitional Safeguarding Task and Finish Group will continue to deliver the transitional safeguarding action plan on behalf of CHSAB, the Safeguarding Children's Partnership and Community Safety Partnerships across City and Hackney</p>	Transitional safeguarding T&F group	<p><b>1.</b> There will be an improved safeguarding response to young adults in the City and Hackney</p> <p><b>2.</b> The work will build trust amongst young people and statutory organisation</p>	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
8. Assurance that residents using Out of Borough placements or placed in unregulated settings are appropriately safeguarded from abuse and neglect	8.1 The Board will review the mechanisms by which commissioners get information on deaths of Hackney residents placed in Out-of-Borough placements.	LBH / COL / City and Hackney CCG Teams	<ol style="list-style-type: none"> <li>1. The Board will have improved oversight on safeguarding issues affecting residents placed out-of-Borough</li> <li>2. The quality of care provided to residents is equitable.</li> </ol>	
	8.2 London Borough of Hackney, City of London and City and Hackney CCG will report any (Covid-19) safeguarding issues that may affect City or Hackney residents living in an out-of-Borough placements.	LBH/Col/ City and Hackney CCG Commissioning Teams	<ol style="list-style-type: none"> <li>1. The Board can be assured that partners have provided good safeguarding care to residents.</li> <li>2. The quality of care provided to residents is equitable.</li> </ol>	
	6.3 The Board will support and promote any work at a national or regional level to strengthen cross boundary/Borough working in this area.	Independent Chair / CHSAB Manager	<ol style="list-style-type: none"> <li>1. There will be a reduction in the amount of people denied care due to disputes centred on who is the lead Borough responsible for care.</li> </ol>	

Priority	Action	Lead	Intended Impact	Update
9. To raise awareness of executive mental capacity amongst professionals based in the City and Hackney	9.1 The workforce development group will develop a suite of resources for frontline practitioners to assist with developing skills for assessing executive mental capacity.	WFD group	1. Audits will showed that practice around mental capacity continues to improve.	
	9.2 The Head of Adult Safeguarding will deliver a series of briefings and learning sessions on the following: 1. How professionals can escalate complex safeguarding cases 2. The role of the Court of Protection and High Court 3. Legal literacy in relation to mental capacity cases	Head of Adult Safeguarding LBH & CoL	1. There will be a better infrastructure in place to prevent high risk service users experiencing harm	



Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
10. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	10.1 To promote the voluntary sector audit tool amongst voluntary and provider agencies and support agencies to complete and identify improvements.	CHSAB Manager / Commissioning / Voluntary sector partners	1. This will help the Board assure itself that providers are undertaking their safeguarding obligations and help improve the safeguarding response in this sector.	
	10.2 To create a Provider Concerns Group to improve oversight of safeguarding concerns impacting this sector.	Head of Adult Safeguarding / Head of Commissioning	1. There is assurance that the provider sector is meeting its obligations. 2. There will be earlier interventions to support residents where safeguarding issues are identified.	
	10.3 To quality assure safeguarding training across the partnership to ensure that staff all have received the safeguarding training they require .	Workforce Development Sub-Group	1. There will be evidence that all staff working with adults at risk are appropriately trained to do so. 2. There will be an increase in staff receiving safeguarding training.	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”					
Priority	Action	Lead	Intended Impact	Update	
	10.4 The Board to undertake a Making Safeguarding Personal temperature check with all partners.	QA sub-group	<ol style="list-style-type: none"> <li>1. MSP has been embedded into practice properly.</li> <li>2. The Board can identify areas where MSP needs to be strengthened.</li> </ol>		
	10.5 The Board will undertake an self-assessment of adult safeguarding across London Borough of Hackney Social Care.	Head of Adult Safeguarding / Executive Group	<ol style="list-style-type: none"> <li>1. The Board will understand how well adult safeguarding is being embedded into practice.</li> <li>2. There will be an action plan identifying how to improve the adult safeguarding response to residents.</li> </ol>		

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
11. To ensure the delivery of the Board's core business	11.1 The Quality Assurance sub-group will continue to collect and analyse safeguarding data to identify safeguarding trends arising in the City and Hackney and provide reports to the Board.	QA sub-group	<ol style="list-style-type: none"> <li>1. The Board will be able to use this information to inform its priorities for future years.</li> <li>2. The Board will be able to evidence that it is responding to need in the City and Hackney.</li> </ol>	
	11.2 The Neighbourhood Team and Board will continue to work together to identify how safeguarding and learning from SARs can be reinforced and incorporated in development work undertaken by the Neighbourhood Teams.	CHSAB Manager/ Neighbourhood Team Project Manager	<ol style="list-style-type: none"> <li>1. Safeguarding will form a fundamental element to the Neighbourhood Team work and influence all of their workstreams.</li> <li>2. Safeguarding need will be identified at an earlier stage.</li> </ol>	
	11.3 Set up a small working group to deliver and support activities across the partnership for Safeguarding Adults Week, November 2021.	WFD/ service user engagement sub-group	<ol style="list-style-type: none"> <li>1. There will be greater awareness of safeguarding across the City and Hackney..</li> <li>2. The number of professionals and residents engaging during SAW will increase.</li> </ol>	
	11.4 The Quality Assurance sub-group will oversee the delivery of one multi-agency audit on the theme of self-neglect and report the findings to the Board. .	QA sub-group	<ol style="list-style-type: none"> <li>1. The Board will be able to identify how well we respond to self-neglect and improve practice by identifying areas of focus going forward.</li> </ol>	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
11. To ensure the delivery of the Board's core business	11.5 The Board will continue to commission and provide training to update professionals on safeguarding and relevant areas of legal literacy.	CHSAB Manager / AD People CoL	<ol style="list-style-type: none"> <li>1. Frontline staff will be able to better utilise legislation to help them support residents.</li> <li>2. There are improved outcomes for high risk individuals.</li> </ol>	
	11.6 The Board will continue to engage with residents via quarterly newsletters and seek their input on any initiatives that the Board is working on.	CHSAB	<ol style="list-style-type: none"> <li>1. Residents will have a better awareness of safeguarding issues affecting residents.</li> <li>2. There will be increased engagement with the Board.</li> </ol>	
	11.7 All partners will provide assurances regarding their commitment to the Board by completing the Safeguarding Adults Partnership Audit Tool at the Board's annual Development Day and contributing to the annual report.	All partners	<ol style="list-style-type: none"> <li>1. The Board will be assured that all partners are meeting their statutory obligations.</li> <li>2. Where partner agencies are not meeting statutory obligations the Board will be able to put in place directives to tackle problems that have been identified.</li> </ol>	



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# City and Hackney System Operational Command Group

Developing our 2021/22 Integrated Delivery Plan & Priorities



# Context of the 21/22 City and Hackney Integrated Delivery Plan

This plan presents the key priorities for health and care partners in 2021/22. The two key themes that run throughout the plan are:

- **Addressing inequalities** has taken on a much greater significance, and we are taking a more systematic approach to this across all areas of our work. This should become core business, supported by a new Population Health enabler.
- **Covid recovery** is now a focus for all parts of the system, including delivery of a vaccine programme, re-starting services, developing or adapting services to support people who are experiencing the ongoing impact from Covid-19 and being prepared to respond to future surges in demand and resulting pressures on the health and care system.

The 21/22 priorities also include delivery of the key 'must dos' for the health and care system defined in the NHS Operating Plan for 21/22.

Given the context of the ongoing pandemic the plan is predominately focused on health care services, however, it does include a number of priorities that are focused on integration with social care, wider local authority and other partners.

Work is currently underway to develop the City and Hackney ICP that will bring together health and local authority partners to take joint responsibility for the health outcomes of the City and Hackney population. As this partnership is formed there will be a wider strategy development process, which will align to the development of the Health and Wellbeing Board(s) strategies over the next year. The following plan presents the key deliverables for the year, whilst the long term strategy is developed.

*A note on how we have structured our work:*

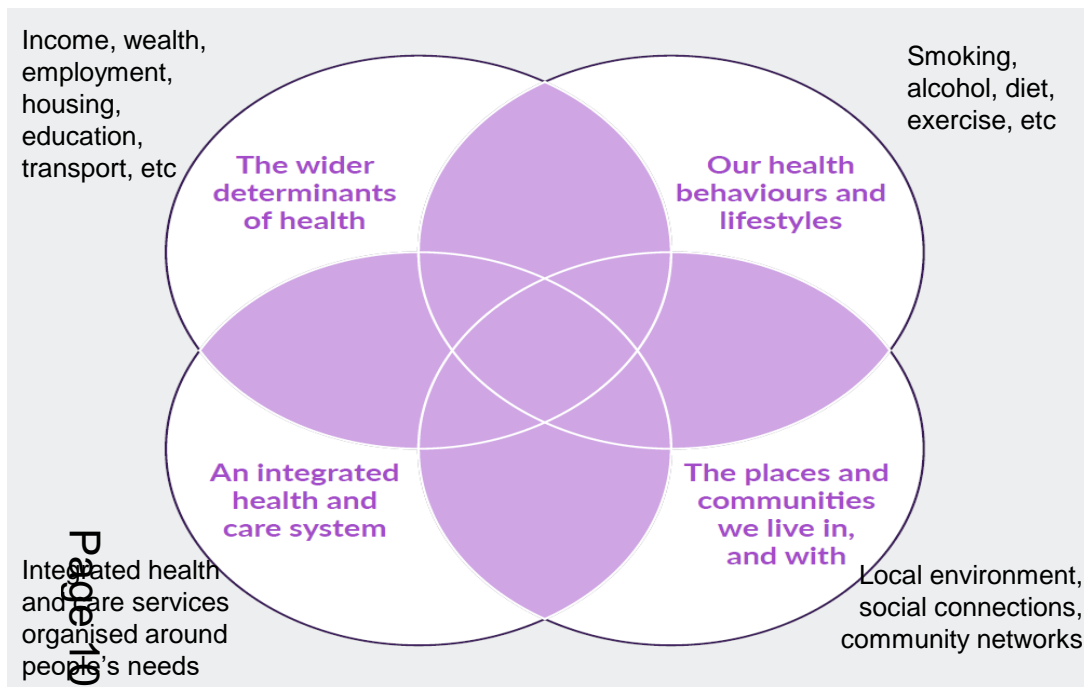
Historically, the commissioning and planning of services with partners was arranged under **care workstreams** structured around major areas of commissioning investment in health and care improvement. The pandemic has emphasised the importance of working in partnership on an operational basis to co-ordinate delivery of improvement work. Our future approach to system-level planning is organised around a single view of **population health outcomes** and improvement areas, broken down into broad thematic categories, rather than four or five separate plans reflecting the way that services are structurally organised. We have arrived at **five areas of focus for our improvement and transformation planning**, three which reflect broad thematic areas: "**Children, Young People, Maternity and Families**", "**Communities and Staying Well**", and "**Rehabilitation and Independence**"; and two which represent areas which have distinct national and regional funding and oversight regimes: "**Primary Care**" and "**Mental Health**". We have also mobilised a time-limited City and Hackney vaccination programme, given the importance of this agenda in 2021.



## Context of the 21/22 City and Hackney Integrated Delivery Plan – Engaging with our Community

- Our priorities for 2021-22 are underpinned by the needs and experiences of City & Hackney residents during the pandemic
- Whilst traditional opportunities to engage in conversations with residents have been limited, we have used online platforms, surveys and meetings to gather and record people's experiences, regularly sharing information with key partners and programmes.
- The key themes emerging from the rich community insight gathered during 2020-21 are aligned to the priorities outlined in this document and include:
  - addressing inequalities and the cumulative impact of Covid-19
  - lack of trust in the authorities presents a barrier in terms of access to health information, support and services and there is an increasing role for clear communications from trusted sources to address misinformation and disinformation
  - considering digitalisation as an enabler (e.g. people's experiences of accessing primary care online during the pandemic have been largely positive and many have commented on the ease and flexibility it brings) - whilst being mindful of the real challenges it has meant for people experiencing digital exclusion
  - the value that people place on being able to access urgent and emergency care in a hospital setting when needed, but equally the importance of having hyper local, community based support
  - recognising the role and contributions of community and voluntary sector organisations and informal support structures

# A Population Health Approach



Source: King's Fund

***Despite significant economic growth and regeneration in recent years, City and Hackney faces significant health and wellbeing challenges:***

- ***With an estimated resident population of 289,000 for Hackney (all ages) population (GLA population projections), Hackney remains one of the most socioeconomically deprived boroughs in England and It is one of the most diverse areas in the country with nearly 90 languages spoken as a main language. (Hackney Borough Profile 2019).***
- ***The City of London resident population is 7,900 (GLA population projections), the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space. The City of London also has the sixth highest number of rough sleepers in London***

## **Population health is described by the King's Fund as...**

*"...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system."*

Taking a population health approach means:

- rebalancing investment across the four 'pillars'
- focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact
- system partners taking shared responsibility for improving population health.

Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.

# A population health approach to health and wellbeing in local communities

We are considering our priorities both through the lens of City and Hackney (as **place**) and **Neighbourhoods** (populations of between 30-50,000 people).

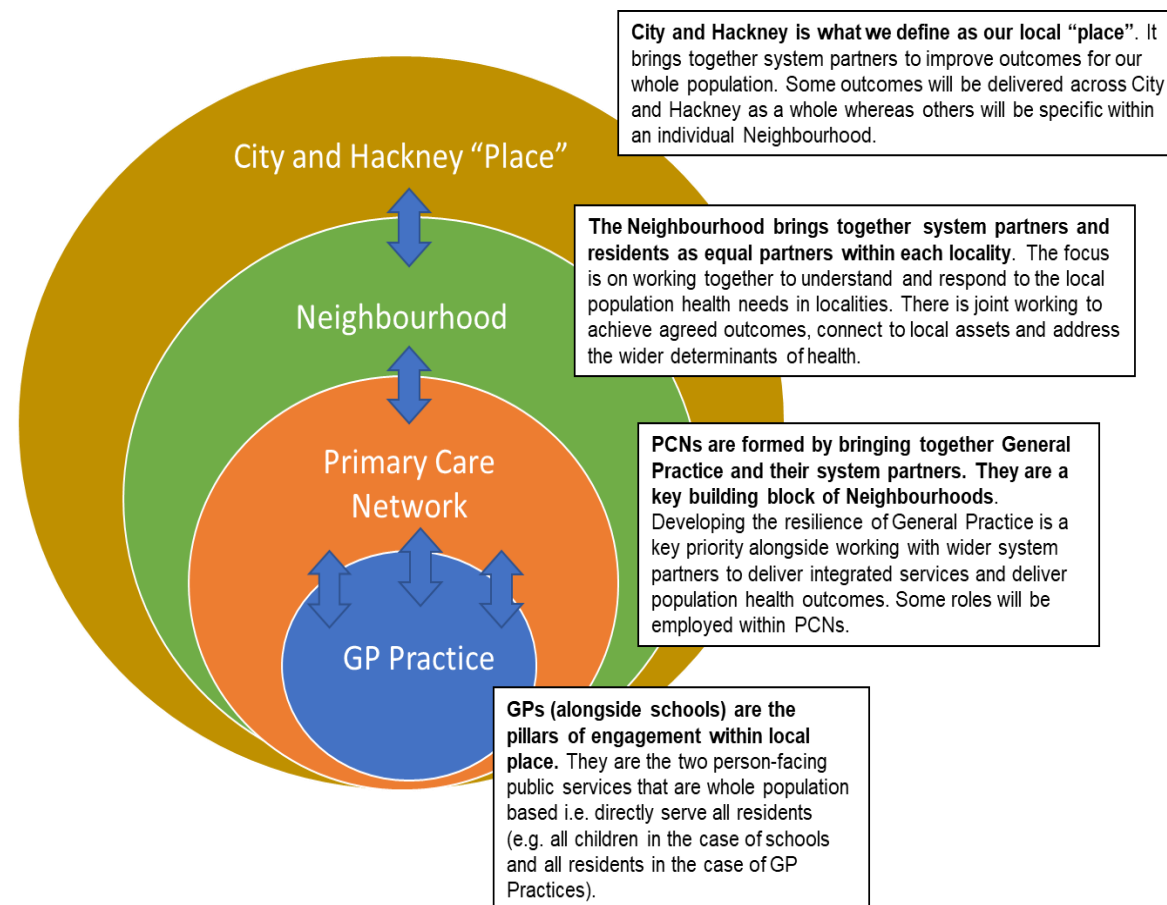
## Neighbourhoods

- We have a commitment across City and Hackney to developing Neighbourhoods that serve populations of 30-50,000. Our 8 Neighbourhoods are where system partners come together with residents to understand and improve population health at a very local level, and to deliver joined up services close to people's homes.

- Delivering our ambitions for Neighbourhoods sits across all of the integrated work programmes although coordination of the programme will be through the Communities and Staying well programme.

## City and Hackney "Place"

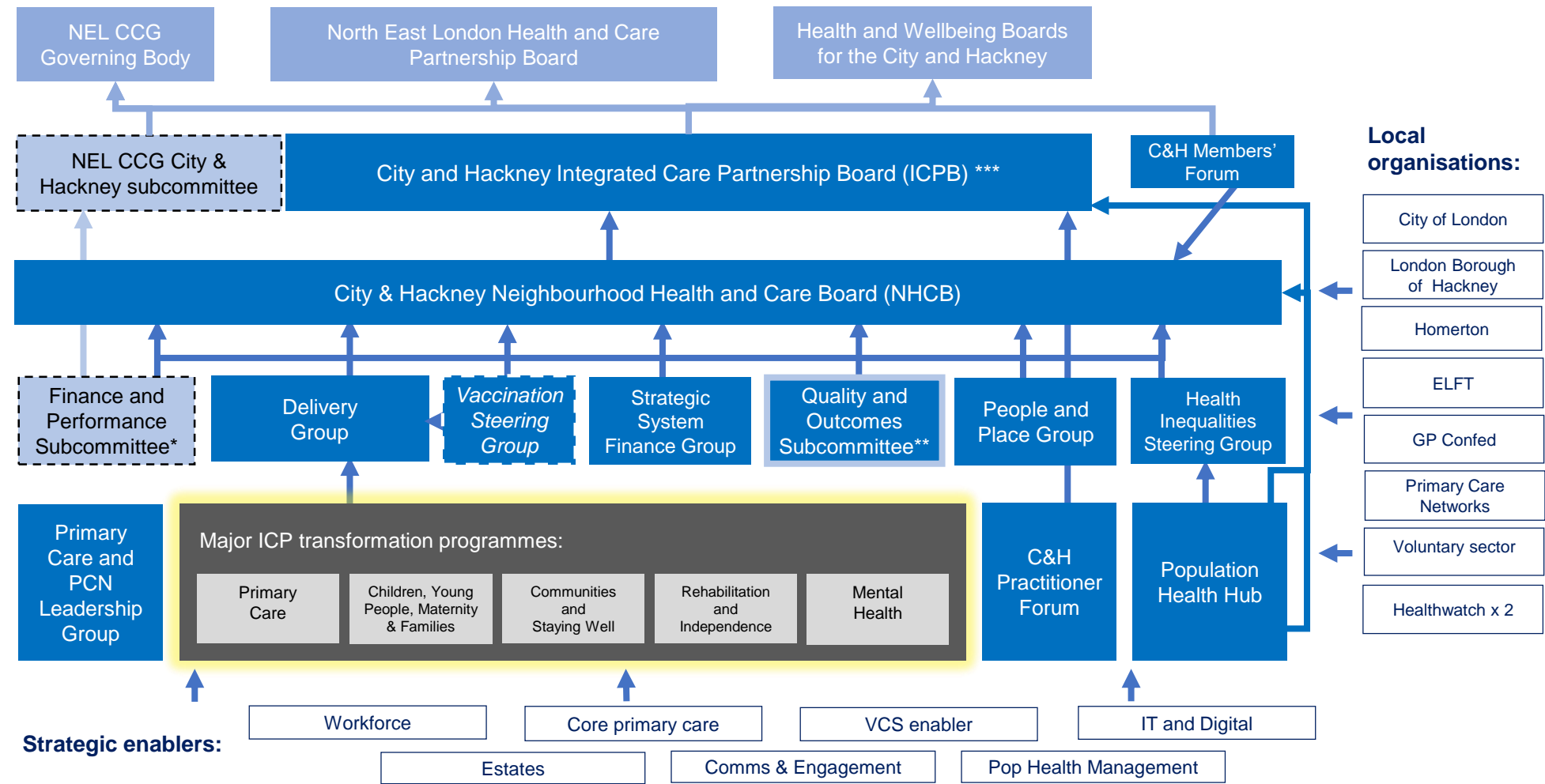
- Whilst Neighbourhoods will become increasingly important as the structures through which we work with residents and deliver services, many services will continue to be delivered across City and Hackney where it makes sense to do so.
- City and Hackney is structure at which the Integrated Care Partnership is formed, enabling partners to come together to develop and deliver plans that support the improved health and well being of our local population.



Actions highlighted in blue in the following slides are being funded through the Neighbourhoods programme in 2021/22

# City and Hackney Integrated Care Partnership: Operating model and thematic improvement areas

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\* = **Finance and Performance Subcommittee** exercises NEL CCG statutory duties and operates with delegated authority from the NEL CCG City and Hackney Subcommittee

\*\* = **Quality and Outcomes Subcommittee** exercises NEL CCG statutory duties

\*\*\* = The **Integrated Care Partnership Board** operates under a 'committees in common' structure with sub-committees from both the City of London Corporation and the London Borough of Hackney, allowing for delegated decision making for pooled budgets. Each ICPB subcommittee makes recommendations to its respective organisation for aligned fund services

# The City and Hackney thematic improvement areas:

- Children, Young People, Families and Maternity
- Communities and Staying Well
- Rehabilitation and Independence
- Primary Care
- Mental Health
- Vaccination

*Actions highlighted in **blue** in the following slides are being funded through the Neighbourhoods programme in 2021/22*

Key Drivers	<p>Children and young people have been impacted largely by the indirect impacts of the pandemic, and working together across our system we have prioritised their safeguarding and mental health, ensured those who have SEND and additional or complex needs are getting the healthcare that they need, and supported our maternity service to continue to deliver in COVID safe ways.</p> <p>We have safely re-worked NEL pathways for paediatric inpatient care to free up adult acute space, supported schools and families with virtual delivery of our community health services and our expedited our online CAMHS offer. We have prioritised a swift return to face to face delivery for those services where children are most vulnerable. We are acutely aware of a current surge in demand for CAMHS tier 3 and 4 services, and the ongoing impact for new families, who have given birth during the pandemic.</p>
2021/22 Operational Planning Guidance	<p><b><u>Priority C4</u> - Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review</b></p>
Page 110  2021/22 CH System Priorities (CYPMF)	<p>Covid -19 pandemic has exemplified and exacerbated some of the health inequalities we were conscious of and next steps include:</p> <p><b>2021- 22 Priorities</b></p> <ul style="list-style-type: none"><li>Alongside ongoing COVID safe delivery of births, we will continue to deliver <b>maternity transformation</b> in safety, address inequities and improve <b>perinatal mental health</b> with NELLMS</li><li>Deliver support for system professionals working with families, to address the impact of adverse childhood experiences (ACEs), through our <b>Childhood Adversity, Trauma and Resilience</b> workforce training, resource portal, pilot interventions and system wide approach.</li><li>Continue to Increase uptake of <b>immunisations and vaccinations</b> in childhood and pregnancy</li><li>Prioritise earlier prevention and wellbeing through our new <b>Integrated Emotional Health and Wellbeing Action plan</b>, including fully re-instating our community health and <b>CAMHS support</b> face to face in schools and the community. <b>New pathways in place for CAMHS discharge and a T3.5 service</b> with education and children’s social care and strengthening our whole community approach to <b>speech and language</b> development.</li><li>Test several approaches to <b>social prescribing at PCN level for children and families</b>, alongside NEL partners</li><li>Continuing multi agency early help for families particularly for those who have <b>complex medical needs, special educational needs and identified vulnerabilities</b>.</li><li>Continuing to prioritise the health and wellbeing needs of <b>Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC)</b> by tailoring mental health and sexual health services to specifically meet their needs.</li></ul> <div><ul style="list-style-type: none"><li>Improving multi-agency working between system partners and primary care (within Neighbourhoods):</li><li>Improving multi-agency working for 0-5s through improving MDT arrangements (GP link meetings and links between MATs and GPs)</li><li>Developing a proactive care health and care approach for children aged 6-19 (absent from school &amp; missed health appointments)</li></ul></div> <p><b>Key actions to address inequalities:</b></p> <ul style="list-style-type: none"><li>Risk stratification that enables improved targeted preconception and antenatal care for BAME pregnant women, supported by our new vulnerable women’s maternity pathway.</li></ul>

Key Drivers	<p>The recent peak in CoVID infections saw unprecedented levels of demand on acute trusts. In response to this, Partners in specialist, community, primary and urgent care worked together to deliver a set of pathways that safely supported people in the community therefore avoiding an unnecessary admission or expediting a discharge. These built on existing services and pathways, and were based on close working between partners. Looking forwards, we will build on this approach as we further develop our urgent care and community services to better support people away from the hospital wherever it is appropriate to do so. We are also focused on <b>improving discharge for homeless people</b> through a new 'Pathways' service which will work across the Homerton and ELFT .</p> <p>Furthermore, Covid has also highlighted the importance of Neighbourhoods and their role in bringing together health, care and community partners to engage with communities and to keep people safe and well in the community for longer.</p>
2021/22 Operational Planning Guidance	<p><b>Priority E - Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay</b></p> <ul style="list-style-type: none"><li>• <b>E1 - Transforming community services and improve discharge</b></li><li>• <b>E2 - Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments</b></li></ul>
Page 111  2021/22 CH System Priorities (Neighbourhoods & Communities)	<div><div><div>1. Integrated Urgent Care</div><ul style="list-style-type: none"><li>• Maximise use of 111, primary care and community based rapid response services to <b>support people away from the hospital</b> where it is appropriate to do so</li><li>• Work with NEL partners and LAS to <b>develop effective pathways from 111 into ED and ambulatory care services</b></li></ul></div><div><div>2. Discharge Pathways</div><ul style="list-style-type: none"><li>• Implement a sustainable <b>Discharge Single Point of Access (DSPA)</b> with appropriate post hospital pathways.</li><li>• Work with patients to ensure that they are <b>involved in decisions about their discharge</b>, supported by an agency specialising in social marketing</li></ul></div></div> <div><p><b>Neighbourhoods:</b> Neighbourhoods is our approach to working with communities and delivering services locally. It is a cross cutting programme which sits across all of our integrated work programmes, although co-ordination of the programme sits within Communities and Staying Well. The following are the agreed 6 programme priorities in 2021/22</p><ul style="list-style-type: none"><li>• 1: To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs (based around the life course, including developing anticipatory care for people with frailty).</li><li>• 2: To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1.</li><li>• 3: To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.</li><li>• 4: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood (also see VCSE Enabler).</li><li>• 5: To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common.</li><li>• 6: To put in place arrangements to improve our knowledge of and act on health outcomes and Inequalities (also see Population Health Hub)</li></ul></div> <div><p><b>Key actions to address inequalities:</b></p><ul style="list-style-type: none"><li>• Develop a neighbourhood approach to population health that addresses the variation seen between populations at the 30-50,000 level</li><li>• Integrating the VCSE into neighbourhoods, to help reach wider communities and to address the wider determinants of health</li><li>• Mobilise the Pathways service to support homeless people through their hospital stay, to support a safe discharge and ensure referral into the right onward services</li></ul></div>



<b>Key Drivers</b>	<p>Since the second wave we know there will be <b>increased waiting times</b> for people who need to have specialist care in hospitals. As a partnership we are working effectively to ensure the right people are prioritised as services are more available. This has also meant changing the way care is delivered in order to keep people protected from COVID 19 and building up community services to offer access to people in a more local or neighbourhood place ie current work around supporting patients with long-Covid with multi-disciplinary therapy services and including new ways of working like group consultations, moving to telephone support and online exercise classes.</p> <p>For City and Hackney, addressing the additional needs of particularly vulnerable people through the implementation of the <b>City and Hackney Learning Disabilities and Autism strategy</b> is a key driver.</p> <p>Supporting self-management and self-care is an important aspect of ensuring people with long term conditions, mental health conditions and learning disabilities remain independent in the community. Through integrated teams of health and social care staff, we are working to support people maintain their independence at home using <b>integrated rehabilitation and reablement service</b> models.</p> <p>Additionally, <b>Housing</b> remains a vital area of partnership working. Key learning from local pilots is informing the development of effective care pathways for rough sleepers in City and Hackney as well as a multi-disciplinary care/homelessness service to support those furthest from services and those with complex and multiple needs at risk of or suffering from homelessness.</p>
<b>2021 / 22 Operational Planning Guidance</b>	<p><b><i>Priority C - Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.</i></b></p> <ul style="list-style-type: none"><li><b><i>C1 - Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services</i></b></li><li><b><i>C2 - Restore full operation of all cancer services</i></b></li></ul>
<div>Page 112</div> <div>2021 / 22 CH System Priorities (Rehabilitation and Independence)</div>	<p>This work programme covers a wide range of services and population groups who need specific and targeted services as a result of the pandemic and to people with greater risk of health inequalities or poor health outcomes.</p> <p><b>2021 - 22 Priorities:</b></p> <p><b>1. Restoring Elective and Cancer Services:</b></p> <ul style="list-style-type: none"><li><b><i>Work with the NEL Cancer Alliance</i></b> and our local stakeholders to ensure cancer services remain a priority and cancer standards are maintained. Continue our work with primary care to ensure people with suspected cancers are referred as early as possible and with our patients, public, community and voluntary sector to highlight the importance of people coming forward with symptoms and taking up screening when it is offered</li><li><i>Work in partnership with our providers and NEL colleagues to prioritise work to support the <b>recovery of elective services</b>, including transforming supporting services and clinical pathways to recover and improve elective care for C&amp;H residents</i></li></ul> <p><b>2. Improved Integration and New ways of working:</b></p> <ul style="list-style-type: none"><li><i>Align <b>more services around neighbourhoods</b> and primary care networks (PCNS) integrated with secondary care services</i></li><li><b><i>Improve access to neighbourhood provision and integrating specialist skills in areas like:</i></b> Diagnostics, First Contact Practitioner (physiotherapy), Long Term Conditions (such as diabetes, heart and respiratory disease), Gynaecology ; <i>Improve access to community support resources and services for learning disabled and autistic people</i></li><li><i>Improve access for residents around support for <b>Alcohol and Substance Misuse</b></i></li><li><b><i>Develop new pathways</i></b> and services for residents with long term rehabilitation needs after COVID-19</li><li><b><i>Improve specialist advice</i></b> from consultants to GPs and patients and developing the model of advice and guidance to provide more case discussion and learning with patients.</li><li><b><i>Better integrating the health and care offer</i></b> to residents in care homes and residential settings as a local system, including more proactive support by primary care, and better support for testing and infection prevention and control</li><li><i>Develop system-based approach to enhance <b>health, care and housing offer to homeless individuals</b></i></li></ul> <p><b>Key actions to address inequalities:</b></p> <ul style="list-style-type: none"><li><i>Monitor and address the additional needs of particularly vulnerable people and patients most likely to be adversely affected because of inequalities resulting from the pandemic, including people with <b>Learning Disabilities</b>. <b>Implement learning from the Leder programme</b> (review of premature deaths of people with LD)</i></li><li><i>Ensure that the <b>'in for good' approach</b> taken to support <b>homeless people and rough sleepers</b> is maintained and built upon.</i></li><li><b><i>End of life Care</i></b> - Continue to improve care planning and support people to die in their preferred place .</li></ul>



Key Drivers	<p>Practice capacity has been stretched as the system emerges from the pandemic as Primary care works to address health issues that have arisen while Covid-19 response was being prioritised. This has meant that the Primary care work programme has had to adapt very quickly to making core general practice more resilient in the areas of Demand Management and Digital First programmes which have taken on greater significance due to the need to consult remotely and through digital means. Other areas include Workforce planning and Quality improvement.</p> <p>These new developments are helping practices take stock of these changes, plan for how positive elements can be embedded going forward, and consider the impact in terms of equitable provision of services.</p>
2021/22 Operational Planning Guidance	<p><b><i>Priority D - Expanding primary care capacity to improve access, local health outcomes and address health inequalities.</i></b></p> <ul style="list-style-type: none"><li><b><i>D1 - Restoring and increasing access to primary care services</i></b></li></ul>
Page 113  2021/22 CH System Priorities (Primary Care)	<p>The work programme is about making core general practice more resilient and sustainable in order to continue to provide a high quality service to patients as well as provide the bedrock for integrated care in collaboration with system partners.</p> <p><b>2021 - 22 Priorities</b></p> <ol style="list-style-type: none"><li>1. Delivering the <b>Primary Care Covid -19 Vaccination Programme (CVP.)</b></li><li>2. Ensure that all <b>practices are fully open</b> and are offering face to face appointments when needed.</li><li>3. Supporting General practices <b>make full use of demand and capacity data</b> to maximise capacity.</li><li>4. <b>Workforce planning</b> which includes the provision of support and additional funding to practices as networks to recruit more roles to extend the primary care workforce and enhance integrated models of care across our workforce.</li><li>5. Primary care <b>estates improvement</b> - build new premises for at least two practices..</li><li>6. Put in place a <b>wellbeing programme for practice staff</b> following on from the second wave of the pandemic.</li></ol> <p><b>Key actions to address inequalities:</b></p> <ul style="list-style-type: none"><li>• Taking a scientific approach to quality improvement - maintaining and improving continuity between the patient and the clinician and primary care as a tackler of inequalities</li><li>• Expansion of digital (eg online consultations and video consultations) access and providing hands on support to practices to make the most out of online consultations and video consultations (optimisation); ensure that patients continue to have equal access including registering with a practice.</li></ul>

Key Drivers	<p>City and Hackney is a richly diverse community which also has high levels of deprivation and severe mental illness. The pandemic has impacted on the mental health of the whole population but the effects have been particularly marked for those with severe mental illness and we have also seen rising rates of self-harm and eating disorders in children and young people.</p> <p>Our joint mental health strategy, which focuses on access, neighbourhoods, personalisation and co-production has helped address this need through the following initiatives and within City and Hackney, the health work around dementia fits with the existing <b>Aging Well Strategy</b> and maintaining our status as a dementia friendly borough</p>
2021/22 Operational Planning Guidance	<p><b>Priority C3 - Expand and improve mental health services and services for people with a learning disability and/or autism</b></p>
Page 114 2021/22 CH System Priorities (Mental Health)	<ul style="list-style-type: none"><li>• <b>Severe Mental Illness Digital Platform</b> - Ensuring that people with Severe Mental Illness have access (and can share it with all the people and organisations involved in their care) to their health information, appointments and care plan, a library of resources and health and wellbeing apps through a digital platform.</li><li>• <b>Personal Health Budgets (PHBs) – Drive empowerment</b> by providing financial support through <b>PHBs</b> for people to achieve their goals. This includes helping people bridge the digital divide by funding devices that connect people to health services.</li><li>• <b>Expand services that address Common Mental Health Problems (Anxiety and Depression) by ensuring there is improvement of access</b> - digitally or by telephone; for people with Long Covid and NHS staff psychological support services and expansion of culturally specific services to BAME groups.</li><li>• <b>Develop Staff wellbeing recovery plans</b></li><li>• <b>Dementia Service</b> - . Ensure everyone living with dementia has a timely diagnosis, with greater access to ongoing help, advice and support for them, their carers' and families.</li><li>• <b>Mental health neighbourhood transformation programme – Ensure that Mental health teams are embedded in all City and Hackney eight neighbourhoods.</b></li></ul> <div>Key actions to address inequalities:<ul style="list-style-type: none"><li>• This is currently embedded in the delivery of the Mental Health strategy and work programme</li></ul></div>

# City and Hackney: The Covid Vaccination Programme

<p><b>Key Drivers</b></p>	<p>The C&amp;H Primary Care Covid-19 Vaccination Programme (CVP) is underway. The vaccination programme is a key driver in the fight to reduce Covid related hospital admissions and mortalities. With thousands of people across City and Hackney already being vaccinated, the roll out of the City and Hackney COVID vaccination programme should help reduce the rates of serious illness associated with COVID, save lives and reduce pressure on the NHS and social care services. The majority of vaccination activity is taking place at across various local vaccination centres, supported by GP roving service to care homes and housebound patients and a nationally commissioned community pharmacy model.</p>
<p>2021/22 Operational Planning Guidance</p>	<p><b><u>Priority B</u> - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19</b></p>
<p>2021/22 CH System Priorities (The Covid Vaccination Programme)</p>	<ul style="list-style-type: none"> <li>• Increase vaccine confidence and uptake of first doses for those in cohorts 1-9 through targeted interventions</li> <li>• Implement a community led outreach approach with Public Health to increase vaccine uptake in high risk unvaccinated eligible cohorts who are either registered or unregistered with a GP, reducing vaccine inequity</li> <li>• Promote maximum uptake of second doses within the advised timeframes</li> <li>• Design and implement a vaccine delivery model for cohorts 10-12 led by the PCNs, and delivered through local vaccination centres, general practice and community pharmacy</li> <li>• Promote maximum uptake of vaccination for City and Hackney health and social care workforce</li> <li>• Develop a clear view of system-wide demand and capacity to allow for structured discussions and early identification of issues and opportunities.</li> <li>• Ensure there is in place timely, digestible and accurate data analysis to support delivery and reporting</li> </ul>

# The City and Hackney Strategic Enablers:

- Tackling health inequalities through a population health framework
- IT and Digital
- Workforce
- Comms and Engagement
- Estates
- The Voluntary and Community Sector (VCS)

*Actions highlighted in blue in the following slides are being funded through the Neighbourhoods programme in 2021/22*

Key Drivers	<p>Covid19 is a global event that has laid bare and widened many pre-existing health inequalities. Impacts of the disease are having disproportionate direct impacts on people's health : when risk factors for illness are intertwined, cumulative and interactive – thereby increasing the disease burden and its negative effects. Underlying chronic conditions and unequal living and working conditions can increase the prevalence and severity of Covid19 infections.</p> <p><i>We need to ensure that our local priorities are reflecting a population health approach and embedding health equity considerations across all plans. This page describes the system-wide enablers that will support the work on inequalities that run across all of our work programmes. .</i></p> <p>Taking a population health approach means:</p> <ul style="list-style-type: none"><li>• Rebalancing investment across the four 'pillars' of population health (wider determinants, health behaviours, places and communities, integrated health and care system)</li><li>• Focusing attention in the areas of overlap and intersection between these four 'pillars' - where there are the greatest opportunities for impact</li><li>• System partners taking shared responsibility for improving population health.</li></ul> <p>Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.</p>
Page 17 2021/22 Operational Planning Guidance	<p><b><u>Priority F2</u> - Develop local priorities that reflect local circumstances and health inequalities</b></p> <p><b><u>Priority F3</u> - Develop the underpinning digital and data capability to support population-based approaches</b></p> <p><b><i>As well as requirements within other areas of planning guidance</i></b></p>
2021- 22 CH System Priorities (Tackling health inequalities through a population health framework)	<ul style="list-style-type: none"><li>• Establish Population Health Hub as a system wide resource to support with the embedding of a population health approach</li><li>• Draft Health and Wellbeing Strategies, using the Kings Fund Population Health approach</li><li>• Improve routine collection and analysis of equalities data and insight, and its use to inform planning and action</li><li>• Develop and embed tools and resources to support routine consideration of health equity in decision making and planning</li><li>• Adopt a partnership position and action plan to tackle structural racism and wider discrimination with local institutions</li><li>• Build trust and adopt flexible models of engagement to work in partnership with residents</li><li>• Align with NEL work on anchor institutions</li><li>• Collectively develop plans for Prevention and Investment Standard</li><li>• Embed strengths-based, preventative based approaches (including MECC)</li><li>• Build on Covid19 risk assessments to provide ongoing support for wider staff wellbeing needs.</li></ul>

Key Drivers	Embedding digital approaches to patient care; Digitally joining up the care providers to support integrated care pathways; Implementing new IT enabler projects to support the system priorities.
2021/22 Operational Planning Guidance	<b><u>Priority F3</u> - Develop the underpinning digital and data capability to support population-based approaches</b>
Page 118  2021/22 CH System Priorities (IT Enabler)	<ul style="list-style-type: none"><li>• <b>Care pathways integration</b> – Key projects : east London Patient Record - data sharing across health and social care, supporting multi-agency care; embedding Coordinate My Care across the system - shared care planning for those at end of life/vulnerable and at risk of unplanned admissions; Transfer of care around medicines to improve communication with community pharmacies</li><li>• <b>Telehealth, Remote Monitoring and Assistive Technology</b> – bringing care closer to the patient’s home. Key projects : virtual (video) patient consultations (outpatient and community services) ; Remote Monitoring in care homes (part of NEL programme)</li><li>• <b>Websites and apps</b> – provide easy access to online service information and resources for patients and for health and care professionals, Key projects : Find Support Services for local residents and Community Navigation; Childhood Adversity, Trauma and Resilience (ChATR) digital resource portal for care professionals</li><li>• <b>Population Health – Discovery (population health)</b> - using the information we have to direct resources and action where it is most needed and maximise our impact across health and care</li><li>• <b>Outpatients transformation</b> – streamlining the patient pathway in ways that empower the patient and bring care closer to the patient home while freeing up capacity in the health and care system. Digital platforms for: community phlebotomy, tele-otology and patient initiated follow-up (PIFU)</li><li>• <b>Linking to the digital inclusion and digital first programmes of work</b> - maximising opportunities across the local population in the adoption of technology, noting the shift to virtual first in health.</li><li>• <b>Working collaboratively with the wider NEL programmes of work</b> including integrated urgent and emergency care, digital first for primary care and care homes, and the personal health record (PHR).</li></ul>

Key Drivers	<p>The workforce enabler board was launched just before the Covid-19 pandemic hit. Therefore the pandemic has been a key theme in board discussions relating to our priority areas. The need to prioritise staff wellbeing and staff equality in particular have emerged as out of hospital staff have managed the response to the pandemic.</p> <p>The ARRS (New roles) is a key element of the PCN contract and is vital to providing support to primary care in embedding the new models of care and ways of working.</p> <p>And the Health Education England Training Hub mandate and NHS people plan stresses the importance of taking a system wide and coordinated approach to staff training and development which is a key element in attracting and retaining the out of hospital workforce.</p>
2021/22 Operational Planning Guidance	<p><b><u>Priority A - Supporting the health and wellbeing of staff and taking action on recruitment and retention</u></b></p> <ul style="list-style-type: none"><li>• <b>A1 - Looking after our people and helping them to recover</b></li><li>• <b>A2 - Belonging in the NHS and addressing inequalities</b></li><li>• <b>A3 - Embed new ways of working and delivering care</b></li><li>• <b>A4 - Grow workforce for the future</b></li></ul>
2021/22 CH System Priorities (Workforce Enabler)	<ul style="list-style-type: none"><li>• <b>Staff Equality</b>– <i>Learning from the City and Hackney inclusive leadership workshops being hosted by LBH we are prioritising the development of an educational programme focused on unconscious bias and inclusive leadership for all out of hospital staff working in City and Hackney.</i></li><li>• <b>Health and Wellbeing for out of hospital staff</b> – <i>Learning from the response to Covid-19 and in anticipation of ongoing pressures on NHS staff we are prioritising the development of a staff health and wellbeing support package for all out of hospital staff working in City and Hackney.</i></li><li>• <b>Workforce Planning &amp; Analytics</b> – <i>ARRS (Additional roles reimbursement scheme) planning including the HR, recruitment and training that comes with this is a key part of the PCN DES. We are prioritising the delivery of this via the board. This in time will include the collection and analysis of workforce data via a population health and workforce analysis tool that will enable us to explore new ways of working and new clinical models.</i></li><li>• <b>System wide Training</b> – <i>To develop a common approach to training across MDTs and system partners including process for delivering this. To develop a process for sharing learning and development opportunities across all system partners.</i></li></ul>



Key Drivers	<p>The pandemic accelerated the ambition to work in an integrated way as a communications and engagement function. This has proven invaluable in terms of our collective response (especially in relation to ongoing vaccine outreach activity and the system wide practitioner response to the pandemic). For the Communications and engagement strategic enabler, the primary focus in the short term is to establish effective communications and engagement structure and ways of working within the ICP based on learning from the past 12 months. This will include:</p> <ul style="list-style-type: none"><li>Putting in place more formal processes, including outlining the local communications and engagement offer and a toolkit that will serve the whole ICP</li><li>ICP brand presence including supportive guide documents, website and weekly newsletter</li><li>Campaign delivery and sharing resources within the ICP where appropriate to ensure maximum effectiveness of communications and engagement with relevant groups.</li></ul>
Page 120 2021- 22 Priorities	<div><div><div>Stakeholder engagement and management</div><div>ICP stakeholders</div><ul style="list-style-type: none"><li>Reviewing and updating stakeholder lists, relationships and processes to ensure a partnership approach</li></ul><div>Public engagement</div><ul style="list-style-type: none"><li>Establishing the People in Places Group and the associated forums.</li><li>Continued focus on ensuring accessible opportunities for involvement with particular focus on groups experiencing inequalities.</li><li>Prioritising insights and coding to create a shared understanding of issues being raised and a local community insight database to inform the work of the major programmes, enablers and the City &amp; Hackney Population Health Hub.</li><li>Building on relationships with faith groups and assets within the community and developing new ways to engage through the community groups.</li></ul><div>GP engagement</div><ul style="list-style-type: none"><li>Establishing two-way feedback opportunities for major programmes and system partners to engage with practitioners.</li><li>Forging closer links with a wider cohort of City &amp; Hackney.</li><li>Practitioners including established links to PCN leads.</li><li>Identifying key influencers and stakeholders in the City &amp; Hackney ICP.</li><li>Developing and testing a practitioner engagement strategy.</li><li>Integrating hybrid engagement tools.</li></ul></div><div><div>City and Hackney ICP communications and engagement priorities aligned to the major transformation programmes and enablers</div><ul style="list-style-type: none"><li>Covid-19 vaccine programme</li><li>Consultations triggered by service changes to accommodate pandemic response</li><li>Elective services recovery</li><li>Mental Health (incl. single point of access for CAMHS, SMI digital platform, staff wellbeing and recovery)</li><li>CYPFM (incl. immunisations and vaccinations and maternity transformation)</li><li>Estates (incl. St Leonard’s Hospital and primary care estates)</li><li>Neighbourhoods communications and engagement programme</li><li>Digital engagement and inclusion</li><li>Personalised Care</li></ul><div>Sustainability and Equalities</div><ul style="list-style-type: none"><li>Ensure project management templates/committee cover sheets require outcomes of equality analysis</li><li>ICP equality priorities and action plan for 2021-2022</li><li>Establish effective equality analysis system and process</li><li>Inequalities toolkit to be agreed by ICP</li><li>Increase number of EIA’s undertaken across ICP</li><li>Train/support a group of EIA Champions from across all Transformation and Enabler groups</li></ul></div></div>



# City and Hackney: Estates

<div>Key Drivers</div> <div>Page 121</div>	<p>The key drivers for the Estates Enabler include:</p> <ul style="list-style-type: none"> <li><i>The pressing need for fit-for-purpose estates to support provision of health and care services for City &amp; Hackney Residents</i></li> <li><i>New working structures such as PCN (primary care networks) and emerging strategies such as transfer of appropriate services out of hospital into the community/primary care, community diagnostic hubs and the 'Neighbourhood' delivery model in City &amp; Hackney.</i></li> <li><i>Lack of capacity in primary care and community estates within City &amp; hackney to support the existing activity levels. The lack of capacity owes to various elements such as over-specification and inflexibility of space within existing buildings, lack of investment over the years to provide additional capacity in line with population and demand growth.</i></li> <li><i>Estates/space reconfigurations and improvements to accommodate pandemic planning needs.</i></li> </ul>
<div>2021/22 CH System Priorities (Estates)</div>	<p><b>2021- 22 Priorities</b></p> <ul style="list-style-type: none"> <li><b>Joined up planning:</b> <i>working with system partners including the local authorities to ensure there is joined up system planning for health &amp; care estates. This includes visibility of health/care requirements in the Council's local plans and evidence based infrastructure planning methodologies.</i></li> <li><b>Continue developing a 'community asset register' for estates in City and Hackney</b> <i>that not only includes NHS space but also bookable local authority space (e.g. Children's centres etc.) that could support delivery of health &amp; care for our residents.</i></li> <li><b>Capital projects:</b> <i>drive forward live capital proposals for business cases, explore alternative capital strategies and, North East London system capital prioritisation at STP level for NHS capital.</i></li> <li><b>Maximisation of estates utilisation and reduction of voids:</b> <i>Develop space allocation strategy for Primary &amp; Community services, and PCN's to support business cases and space requests.</i></li> </ul>

Key Drivers	To support the wider work of the VCS to contribute to system priorities, including through reducing health inequalities, prevention and promoting rehabilitation and recovery
Page 122  2021/22 CH System Priorities (The VCS)	<p><b>2021- 22 Priorities</b></p> <ul style="list-style-type: none"><li>• <i>Establish the VCS Enabler workstream</i></li><li>• <i>Pilot the VCS Assembly, enabling VCS organisations to design and implement solutions to system issues</i></li><li>• <i>Confirm the Neighbourhood Partnerships model, building on current pilots</i></li><li>• <i>Develop approach to community group involvement in MDMs</i></li><li>• <i>Develop community navigation model for specific population groups</i></li><li>• <i>Progress on the VCS estates review (led by LBH as part of VCS Strategy)</i></li><li>• <i>Progress on the VCS Core Grants investment model (led by LBH as part of VCS Strategy)</i></li><li>• <i>Build on the community champions and COVID information grant holders to support resilience against pandemic</i></li><li>• <i>Build on the community champions and COVID information grant holders to support resilience against pandemic and develop as network of VCS organisations delivering public health and health messages</i></li><li>• <i>Employ new delivery models and developing new public sector/VCS relationships based on the learning from those developed through the pandemic response through the Community Partnership Network and Food Network, (with LBH and COL policy teams)</i></li></ul>

<b>Committee(s)</b>	<b>Dated:</b>
Port Health and Environmental Services Health and Wellbeing Board	27 <sup>th</sup> September 2021 17 <sup>th</sup> September 2021
<b>Subject:</b> City of London Contaminated Land Inspection Strategy 2021-2030	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1,2,11,12
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>If so, how much?</b>	
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	
<b>Report of:</b> Director of Markets & Consumer Protection	<b>PHES: For decision</b> <b>HWB: For information</b>
<b>Report author:</b> 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.

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.

The draft strategy was approved to go out to external consultation by this committee (18<sup>th</sup> May2021). The consultation has been completed, comments considered, and minor amendments have been made to the strategy in line with those comments.

This report requests the adoption of this revised strategy.

## Recommendation(s)

Members are asked to:

- Approve the proposal set out in paragraph 10 that the attached draft contaminated land inspection strategy 2021-2030 (Appendix 1) is adopted from the 1<sup>st</sup> October 2021.

## Main Report

### Background

- 1 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.
- 2 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.
- 3 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.
- 4 This revised Strategy builds upon the earlier 2001 strategy and its revisions. It is considered 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"*.
- 5 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.
- 6 This revised and condensed draft strategy ensures that the City of London's approach continues to be suitable and appropriate to address the City's obligations.
- 7 The details of the Strategy were included in the papers for the 18 May 2021 Committee meeting.
- 8 External consultation was undertaken in accordance with the Committee report (18 May 2021).
- 9 The Environment Agency responded recommending technical amendments regarding the description of the underlying soils and aquifers, and the nature of some water abstraction licences within the City (appendix 2). These amendments have been made to this revised draft and highlighted (Appendix 3).

## **Proposals/Options**

- 10 The attached draft contaminated land inspection strategy 2021-2030 is adopted from the 1 October 2021.

## **Corporate & Strategic Implications**

- 11 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.
- 12 The work on contaminated land sits within the Corporate Plan Strategic Aims to “shape outstanding environments” and to “contribute to a flourishing society”.

## **Implications**

- 13 The work contained within the strategy will be funded using existing resources from within the Port Health and Public Protection Service.
- 14 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.

## **Appendices**

- Appendix 1 - The City of London Draft Contaminated Land Inspection Strategy 2021-2030.
- Appendix 2 - Environment Agency consultation response.
- Appendix 3 - The City of London Draft Contaminated land Inspection Strategy 2021-2030 (Track changes)

## **Background Papers**

- The Port Health and Environmental Services Committee 18 May 2021, available at:  
<https://democracy.cityoflondon.gov.uk/documents/g21985/Public%20reports%20pack%2018th-May-2021%2011.00%20Port%20Health%20Environmental%20Services%20Committee.pdf?T=10>

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# City of London - Contaminated Land Inspection Strategy 2021-2030

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## **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.
- I.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 Guidance<sup>1</sup> 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 considered collectively to be a Principal Aquifer, 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 is underlain by the Taplow Gravel Formation (Secondary A Aquifer). The River Thames and southern area of the Borough adjacent to the river is underlain by Alluvium (Secondary Undifferentiated Aquifer). The Langley Silt Member (Secondary Undifferentiated Aquifer) is also present centrally and towards the east of the Borough.
- 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. Environment Agency records have identified licences which include private abstractions for drinking water on Lombard Street and the Bank of England. The remainder of licences are predominantly for heating and cooling water, with some sites using 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. Given the presence of water abstracted for drinking purposes in the City, there is 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.	October 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](mailto: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](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)

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Department of Markets & Consumer  
Protection  
City of London Corporation  
PO Box 270 Guildhall  
London  
EC2P 2EJ

**Our ref:** NE/2006/000160/SD-03/IS1-L01

**Date:** 29 July 2021

Dear Sir/Madam

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

Thank you for consulting us on the City of London – Draft Contaminated Land Inspection Strategy 2021 – 2030. We are pleased to see that you are providing an update to the previous City of London Contaminated Land Inspection Strategy published in 2015.

We note that the contaminated land strategy is aligned with Part 2A of the Environmental Protection Act 1990, the relevant updated statutory guidance published in 2012 and the City Plan 2036 – Shaping the Future City – City of London Local Plan Draft submission Report

This update also provides timescales for ongoing review of datasets, review of sites identified with potential contaminant linkages and to provide subsequent updates of the strategy. We agree that with the City Corporation's position with that only land that poses and unacceptable risk to human health or the environment should be determined as contaminated under Part 2A and that development management should remain the primary route for regulating land affected by contamination. Based on the above we are happy to support this strategy.

Whilst we are pleased with the strategy overall we have several specific observations to correct and improve some of the sections.

### **Section 6.2 Geology, Hydrogeology and Hydrology**

#### Section 6.2.2

We are very pleased to see specific reference to bored foundations extending into the Thanet Sand formation. Deep penetrations through the London Clay do increase the risk to the deeper more sensitive groundwater bearing aquifers by potentially creating preferential migration pathways for contaminants present in shallow soils. We are glad this has been highlighted.

#### Section 6.2.3

Cont/d..

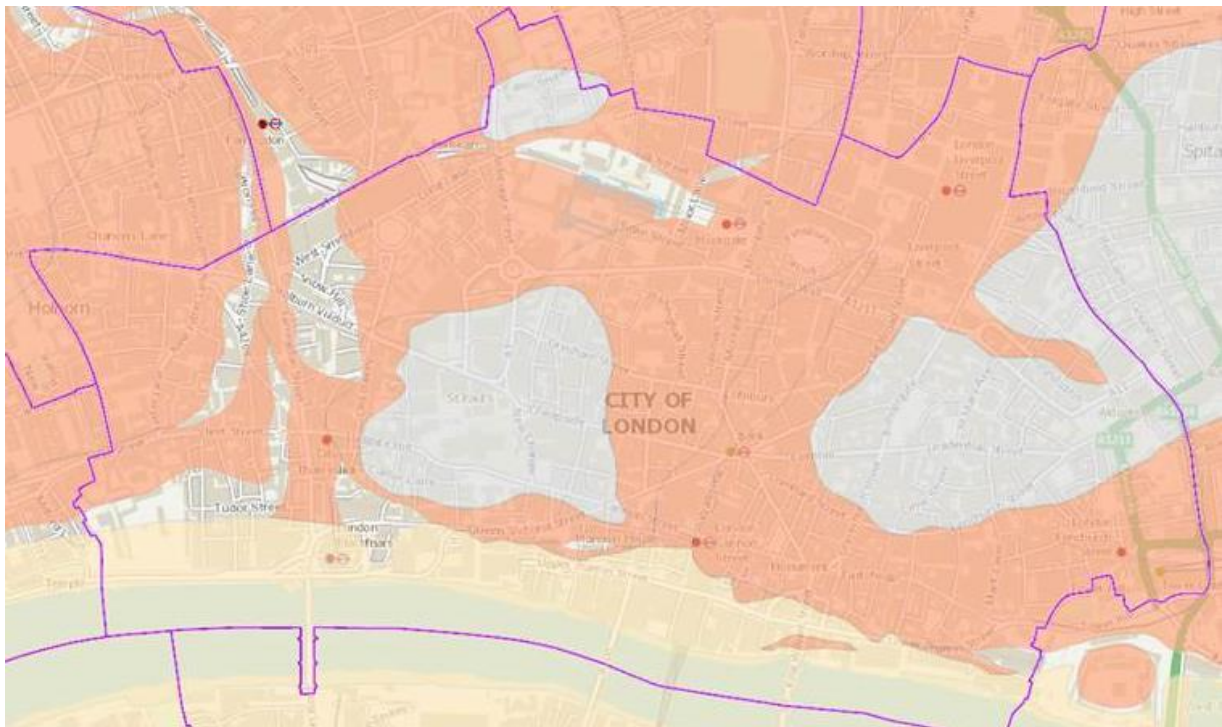
Section 6.2.3 discusses the protection provided by the London Clay to deeper aquifers. Whilst we welcome a section on this we feel that some words are missing and recommend that the third sentence should read as follows:

*“...The London Clay confines the underlying soils (Lambeth Group, Thanet Sands and Upper Chalk) which are considered collectively to be a Principal Aquifer, largely preventing infiltration from above.”*

Across large areas of the London Basin hydrogeological testing has shown continuity between the Thanet Sands and the Chalk meaning contamination of the Thanet Sands is likely to impact on the more strategically important (and therefore sensitive) Chalk. The Lambeth Group is much more heterogeneous but in some places does comprise of permeable soils and is in hydraulic connectivity with the underlying Thanet Sands and Chalk. Due to this we often collectively consider these deposits to be a Principal Aquifer. Strictly speaking however, the Lambeth Group and Thanet sands are classified as Secondary A Aquifers.

#### Section 6.2.4

The drift deposits described in this section have been incorrectly described. The majority of the area is underlain by the Taplow Gravel Formation (Secondary A Aquifer). The River Thames and the southern fringe of the area adjacent to the river is underlain by Alluvium (Secondary (undifferentiated) Aquifer). The Langley Silt Member (Secondary (unproductive) Aquifer) is also present centrally and towards the east of the area. We have provided an extract from the Environment Agency's in house GIS mapping layer below – this is based on the most recent BGS geological mapping data.



#### Key

Unshaded areas = no information

Pale orange areas = Taplow Gravels Formation (Secondary A Aquifer)

Pale grey areas = Langley Silt Member (Unproductive)

Pale yellow area = Alluvium (Secondary undifferentiated Aquifer)

This information is available via Defra's MAGIC website.

#### Section 6.2.6

Our records show that water for drinking is identified in the licence description for the Lombard Street and Bank of England private abstractions. The rest appear to be predominant used for heating and cooling water.

#### **Alignment of document with other City of London Policy**

We have also checked the City Plan 2036 – Shaping the Future City – City of London Local Plan Draft submission Report (City of London Corporation dated March 2021) to see if it aligned with the draft Contaminated Land Strategy.

We welcome the specific reference to “addressing land contamination” in Strategic Policy S1 (in the context of site development). We also welcome Policy HL4 (Contaminated Land and Water Quality); this policy establishes the expectation that developers will undertake detailed site investigations and the requirement to undertake remediation or provide mitigation where potential risks to human health of environmental receptors is identified. Section 4.1.37 also encourages the use of pre-application discussions to identify particular issues related to environmental protection.

#### **Final comments**

Thank you for contacting us regarding your draft Contaminated Land Inspection Strategy 2021 - 2030. Should you have any queries regarding this response, please do not hesitate to contact me.

Yours sincerely,

**George Lloyd**  
**Planning Advisor**

Number: +44 20302 54843

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# City of London - Contaminated Land Inspection Strategy 2021-2030

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## **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.
- I.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 Guidance<sup>1</sup> 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 considered collectively to be a Principal Aquifer, 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 is underlain by the Taplow Gravel Formation (Secondary A Aquifer). The River Thames and southern area of the Borough adjacent to the river is underlain by Alluvium (Secondary Undifferentiated Aquifer). The Langley Silt Member (Secondary Undifferentiated Aquifer) is also present centrally and towards the east of the Borough.
- 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. Environment Agency records have identified licences which include private abstractions for drinking water on Lombard Street and the Bank of England. The remainder of licences are predominantly for heating and cooling water, with some sites using 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. Given the presence of water abstracted for drinking purposes in the City, there is 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.	October 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](mailto: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](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)

<b>Committee:</b> Health and Wellbeing Board	<b>Dated:</b> 17 September 2021
<b>Subject:</b> Healthwatch City of London Progress Report	<b>Public</b>
<b>Report author:</b> Paul Coles, General Manager	<b>For Information</b>

## 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 Two 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.

### 1.Current Position

During Quarter 2 HWCoL completed the annual return of accounts to the Charities Commission prior to HWCoL's Annual General Meeting on the 16<sup>th</sup> September 2021. Staff have maintained a presence in the City at the Golden Lane Community Centre to enable improved team working. The Chair of HWCOL has entered in to discussion with the Corporation of the City of London regarding permanent accommodation. HWCoL has applied for a Healthwatch Network Award for 2021 following positive feedback on the provision of communication regarding Covid19. The ongoing work with the Neaman Practice is beginning to delivery improvements in patient experience. The attendance of Ian Jarman at HWCoL

carers listening enabled HWCoL to support productive resident engagement for the co-production of services.

## **2. Return of Annual accounts and Trustees Report to the Charities Commission (appendix 1)**

- The annual accounts include a summary of the main activities in delivering the objectives of HWCoL within the Trustee report. The objectives and activities of HWCoL are in accordance with its Constitution, the contractual obligations which it has entered into with its main commissioner, the City of London Corporation, and the licence granted by Healthwatch England.
- Although the accounts show a positive balance this is largely due to:
  - HWCoL has not been required to pay rent during the pandemic as all staff have worked from home.
  - Additional income of £6,288 from the Covid-19 Information grant and patient engagement on behalf of the Primary Care Network for Shoreditch Park and City

As mentioned above the Chair is in discussion with the CoL regarding accommodation in the Community Centre at Aldgate. The proposed rent will consume the income currently being saved.

- **Summary of the main achievements of HWCoL**

These can be seen in the attached report to the Charities Commission (appendix 1), and it should be noted the main achievements are as reported to the last HWBB in HWCoL's Annual Report. The main point to note is that the Charities Commission requirement to deliver public benefit has been met.

## **3) Projects**

- **PCN engagement project**-Working together with Healthwatch Hackney the project aims to identify both the services patients require from their General Practices and the health priorities of those using services. The final report and summary report have been completed and are awaiting sign off by the Shoreditch and City PCN prior to publication.
- **City Outreach project**- The objective of the project is to promote greater engagement from City residents and City of London VCSE organisations with the new Shoreditch Park and City Neighbourhood forum. A draft report has been completed for review. Final report is due to be returned to Hackney Council for the Voluntary Service by the end of September 2021.
- **Covid Information** - Hackney Giving Covid-19 Information Grants programme. As a grant holder HWCoL is funded to disseminate information on the Test and Trace and vaccination programme. HWCoL is holding a second webinar for City residents on the Covid-19 and Flu vaccination programme on Wednesday 15<sup>th</sup> September.

- **Community Insights** - partnering with Healthwatch's in North East London, the project will provide North East London CCG with insight on the impact of Covid-19 on disabled members of the community. The report headed 'Disabled Voices' is being finalised. The final stage of the project will involve Healthwatches working with disabled members of the community on solutions to the issues identified within the report.
- **St Leonards Development** -as reported at the Health and Wellbeing Board in July 2021. HWCOL are working with Healthwatch Hackney to develop a People's Plan that will enable service users to have greater input into the development. HWCOL and Healthwatch Hackney held a public meeting via Zoom in July. HWCOL and Hackney are finalising the plan for further engagement activity with residents in September and October 2021 and will be working closely with both the CCG and Homerton University Hospital Foundation Trust.

## Other Activities

- City of London Commissioner Ian Jarman attended HWCOL's Carers Listening event in July 2021. The event offered an opportunity for Ian to hear from Carers who currently use or are planning to use a homecare service in the City as part of the review of Adults Homecare Contract.

Carers requested flexibility from the service with visits spread out throughout the day especially in the winter. Homecare staff need to be aware that carers and the cared for may not have English as their first language. Carers asked:

- How can the quality of homecare provision be improved?
- How can staff turnover be reduced and thereby provide more consistency in delivery of care?
- When does the time of care begin? Is it from when the paid carer rings the doorbell to time they leave or the time they start delivering care to the time they stop e.g., some carers take a phone call whilst delivering care.

Points raised included:

- Being put to bed at 8pm is not dignifying and consideration needs to be given to addressing this.
- The team will seek to ensure that carers speak the same first language as those cared for.
- There is no information on the CoLC website on where to get care services from.

A commitment was made to consult with Carers at a future HWCOL Carers Listening event to review the draft specification for the Homecare contract when it becomes available. CoL are considering including a list of Homecare providers operating within the City on the CoL website.

- At the end of July 2021 HWCOL launched the report 'A guide to Audiology Services and Hearing Aid provision in the City of London' (appendix 2). The guide was produced by a HWCOL volunteer and City resident. The guide includes useful information from recognising when hearing aids are needed to where they are available from and how to access both NHS and private services.

#### 4. Neaman Practice Update

In August the regular quarterly review meeting took place with the Neaman Practice, at which issues and concerns are discussed and an exchange of information takes place. Dr Chor provided an update on progress of the action plan developed in response to the concerns raised in April and HWCoL are pleased to report that good progress is being made. The most important issues to be addressed are:

- **Practice telephone not being answered-** A 4G telephone system has been installed. Although it is an improvement, there are still issues. The City of London has written to BT on the Practice's behalf asking for the telephone lines to be upgraded.
- **Face to face appointments and the triage system-** There is still some confusion on how this is being managed and the Practice have informed HWCoL that they have a 25% target for non-face to face appointments. More work needs to be undertaken to understand the impact of this change.

#### 5. Planned Activities in Quarter 3 2021/22

**Below is a brief outline of the activities planned for Q3 these include:**

- HWCoL's Annual Public Meeting planned for October. Due to the on-going impact of Covid-19 the event will be held on-line. HWCoL will use the event to launch a campaign to increase the number of volunteers from the diverse communities of the City.
- Conduct a series of webinars that provide residents with a wide range of information on several pertinent topics. The webinars will provide more in-depth information on services and enable residents to question providers of services. It is proposed that some of these be made available to all East London Healthwatches.
- Hold a 'meet your local Healthwatch' event targeted at residents of the Mansell street estate in the new Portsoken community centre. HWCoL has identified engagement with Mansell street residents as an area for improvement.
- Progress work on delivering against the seven local priorities.
- Provide greater scrutiny of the work of the ICS to ensure the voice of users and the public is heard.
- Work in partnership with all those delivering services in East London to ensure that access to timely and equitable and that care is delivered to the standard expected.
- Support the opening of the Goodman's Fields GP surgery in Tower Hamlets.

#### 6. Feedback to on resident engagement.

HWCoL remain concerned about the plethora of engagement activities that require volunteer recruitment to support various activities. HWCoL are being asked to support the recruitment of Health & Wellbeing Volunteer researchers, Community Influencers, City and Hackney ICP Public representatives and NHS Community Voice Patient Representatives.



It is often unclear where the differences are between each role and their expected outcomes for each project. There is often a lack of clarity regarding the support the volunteers will receive and the exit strategy for volunteers when the projects are completed. HWCoL are concerned that the community engagement strategy across a wide range of providers in health, social care and the voluntary sector is not coordinated. It has been difficult to get people to volunteer for a large number of projects which seem to compete and overlap.

In HWCoL's view there needs to be a more coordinated approach to community engagement. The current model of using different volunteer branding for broadly similar projects is causing confusion and may impact on the ability to secure the appropriate level of engagement. It is our recommendation that there is a review of current activities in the round.

## **7. Risks**

Trustees review the Risks and Issues Log at Board meetings. The Risk Log identified the lack of access to long term suitable and accessible accommodation will impact on HWCoL's ability to deliver the Healthwatch contract. Having a permanent office in the new Portsoken community centre will mitigate this risk. As the return to face-to-face activities increases the team at HWCoL will continue to Covid risk assess each venue and event to ensure the safety of all those present.

## **8. Conclusion**

HWCoL's Trustee statement in the annual accounts highlights HWCoL's successes in 2020/21. The proposed office space in the Portsoken Community Centre will provide HWCoL with a base to hold face to face meetings as the impact of Covid-19 recedes. HWCoL recognises the need to improve engagement with residents in the east of the City and the location of the new offices will create greater engagement opportunities with all residents in the City. HWCoL will continue to work closely with partner organisations to ensure that the services provided to City of London Residents meet their needs.

## **Appendices**

Appendix 1 – HWCoL Annual Accounts

Appendix 2 – Audiology Report

### **Gail Beer**

Chair

Healthwatch City of London

E: [gail@healthwatchcityoflondon.org.uk](mailto:gail@healthwatchcityoflondon.org.uk)

### **Paul Coles**

General Manager

Healthwatch City of London

E: [paul@healthwatchcityoflondon.org](mailto:paul@healthwatchcityoflondon.org)

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**A Charitable Incorporated Organisation  
Report of the Trustees and Financial Statements  
For the year ended 31 March 2021**

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## REFERENCE AND ADMINISTRATIVE DETAILS

### Names of the Trustees:

Gail Beer	Chair
Steve Stevenson	Treasurer
Malcolm Waters	Deputy Treasurer
Lynne Strother	Trustee
Sean Lee	Trustee (Appointed 12 <sup>th</sup> February 2021)

### The Trustees are supported in managing the Charity by the following Associate Board Members:

Janet Porter	Associate Board Member
Stuart Mackenzie	Associate Board Member
Cynthia White	Associate Board Member

### Staff Team :

Paul Coles	General Manager
Rachel Cleave	Engagement and Communications Coordinator
Teri Anderson	Communications Assistant
Salma Khatun	Administrative Support Officer

### Registered Office:

Portsoken Community Centre  
14 – 16 Somerset Street, London E1 8AH

### Bankers

National Westminster Bank Plc,  
250 Bishopsgate, London EC2M 4AA

### Independent examiner:

Silver Sevkett & Co  
18-24 Brighton Road, Croydon  
Surrey, CR2 6AA

## Trustee's annual report for the year ended 31<sup>st</sup> March 2021

### Structure, Governance and Management

#### Description of the Charity's Trusts

- **Type of Governing Document:** Constitution adopted on 11<sup>th</sup> July 2019.
- **How the Charity is constituted:** Healthwatch City of London ("HWCoL") is a Charitable Incorporated Organisation whose only voting members are its charity trustees.
- **Trustee selection method:** Trustees are appointed for an initial term of four years by a resolution passed at a properly convened meeting of the charity trustees. All trustees are expected to provide a CV and are interviewed by the Board.

#### Supporting Governance Activities:

**Trustee Appointments:** All Trustees give their time voluntarily. As a charity trustee, each Trustee is entitled to be reimbursed from the property of HWCoL or may pay out of such property reasonable expenses properly incurred by him/ her when acting on behalf of HWCoL. On appointment new Trustees receive a copy of the of the constitution, a copy of the latest Annual Report and statement of accounts, and staff handbook. Trustees are directed to read all HWCoL's policies, including its Decision-Making Policy.

**DBS Checks:** In accordance with HWCoL policy, all volunteers and staff must undergo Disclosure and Barring checks to enable them to carry out enter and view activities relating to Health and Social Care services. These checks are carried out on commencement of employment, or in the case of volunteers, on appointment. HWCoL uses an approved service provider.

#### Objectives and activities

The objectives and activities of HWCoL are in accordance with its Constitution, the contractual obligations which it has undertaken to its main commissioner, the City of London Corporation, and the licence granted by Healthwatch England.

#### Summary of the objects of the charity set out in its governing document:

HWCoL's Constitution provides that the objects of the charity are the advancement of health and social care by:

- (a) providing information and advice to the public about local health and social care services.
- (b) making the views and experiences of members of the public known to health and social care providers and commissioners.
- (c) enabling local people to have a voice in the development, delivery, improvement, and equality of access to local health and care services and facilities and.
- (d) providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing, and monitoring local health and care services and facilities.

## **Summary of the main activities undertaken for the public benefit in relation to these objects**

HWCoL was awarded the contract to deliver Healthwatch services for the City of London in September 2019. In planning HWCoL's activities for the year 2020/21, the Trustees kept in mind at their meetings both the Charity Commission's guidance on public benefit and the objectives of the charity.

During 2020/21 HWCoL heard from 502 local people regarding their experiences of health and social care through focus groups, drop-in sessions, surveys, and attendance at virtual Board Meetings in public. HWCoL provided advice and information to 284 people during the year.

Responding to the Covid-19 pandemic, HWCoL reached up to 1,846 people per week via newsletters and bulletins; it also provided 152 people with advice and information on Covid-19 vaccinations and test and trace. Twenty people attended a COVID vaccination webinar with the Director of Public health for the City of London and Hackney and the Chair of City and Hackney Clinical Commissioning Group. Dedicated COVID website pages were visited by 9,414 people and 670 people viewed social media posts.

HWCoL published three reports providing recommendations for improvements which users of services would like to see in health and social care services. The topics covered in the reports were:

- A review of dentists and hospital dental provision during the first lockdown.
- Understanding the impact of Covid-19, for which purpose HWCoL undertook three surveys on the impact of Covid-19 on the community including:
  - Understanding if the Community had access to the right information to staff healthy
  - Experience of Using NHS 111
  - Resident's experience of using GP services
- Understanding the Impact of COVID-19 on Mental Health and Wellbeing

These reports included eight recommendations for improvement. These were:

- That during the pandemic City and Hackney CCG create an Urgent Dental Care Hub.
- That switchboard messages used by providers of dental services should be clear delivered measured tone to enable those contacting them to write down contact details.
- That the communication training for dental reception staff be improved by including training on disabilities so that information is clearly imparted in a manner that people can understand.
- That information imparted by the NHS and Public Health includes health and wellbeing service provision and does not solely focus on COVID 19.
- That the Neaman Practice (which provides general practitioner services to most City residents) improve the navigability of the practice website to make it easier for users to access information.
- That General Practices take action to reduce the average time they take to answer calls, currently between two and five minutes, to under two minutes.
- That mental health services develop services for residents whose mental health has been negatively impacted by Covid-19, as well as offering additional support to vulnerable individuals who are carrying extra burdens during the pandemic.

These recommendations were shared with those who deliver the relevant services and Healthwatch England. Healthwatch England used these reports to inform their insight briefings on the impact of Covid-19 and their report, 'Covid-19 Pandemic Pushes NHS Dentistry to Crisis Point', published in December 2019.

East London Foundation Trust followed up HWCOL's recommendation for additional support for vulnerable residents by attending a HWCOL focus group to discuss the recommendations using the feedback to shape how they delivered their services during the pandemic.

### **Summary of the main achievements of the charity during the year**

During the Covid-19 pandemic, HWCOL has used a wide range of approaches to gain insights about the experiences of local users of health and care services. During 2020/21, HWCOL used several channels of communication including phone, email, webform through the website, social media and virtual meetings of community groups and forums. To reach a broader group of residents, workers, and students:

- HWCOL worked with the City of London to ensure that HWCOL's newsletters and bulletins were available through all their communication channels, including estate newsletters, estates websites and business healthy communications.
- HWCOL increased its use of social media including Twitter and Facebook to reach out to our community.

HWCOL's newsletters and bulletins reached up to 1,846 people on a weekly basis, providing up to date information on the Covid-19 vaccination programme, test and trace and public health campaigns. HWCOL's social media communications reached 757 followers, providing up-to-date messages:

- from health service providers to the City, including Barts Health,
- from City and Hackney and national public health campaigns,
- from City and Hackney CCG and
- about HWCOL's own activities.

HWCOL is committed to taking additional steps to obtain the views of people from diverse backgrounds who may not be heard by health and social care decision-makers. During 2020/21 the focus has been to set up listening forums for unpaid city carers and for people experiencing mental health issues.

HWCOL has held seven 'Listening to City Carers' events, five Board Meetings in Public, including an AGM, two Mental Health Forums, a Vaccination Programme Update webinar and a Covid 19 Drop-In Session.

Board meetings in Public included presentations from:

- the Managing Director of City and Hackney Clinical Commissioning Group regarding the development of the Integrated Care Partnership for City and Hackney,
- the Head of Primary Care for Tower Hamlets, describing the New Goodman's Field Health Centre, Bridle Mews, Aldgate, London; and



- the Borough Director for City and Hackney, East London Foundation Trust, discussing the Mental Health services available for City residents, workers, and students.

In 2020/21, HWCoL produced 12 newsletters and 40 bulletins, including a Christmas Services special. HWCoL's presence across social media was increased and dedicated Covid 19 information pages were included on the website.

## **Projects.**

HWCoL secured additional project funding during 2020/21 for the delivery of the following:

### **Shoreditch and City Primary Care Network (PCN) Engagement.**

HWCoL and Healthwatch Hackney were commissioned by the PCN to deliver a programme of patient engagement. The objectives for the project included:

- Engage the views of patients relating to services, localness, and access
- Improve patient experience and satisfaction with health services
- Engage underrepresented groups and increase diversity
- Be patient-led in establishing the priorities for Shoreditch Park & City PCN.

Patient engagement was delivered via an online survey (with telephone support) and follow up focus groups. The survey was completed by 1,018 patients with 38 patients attending the focus groups. HWCoL were commissioned to produce the final report identifying patients' priorities for the PCN using the data from the engagement activities.

### **Covid-19 Information Grant.**

HWCoL successfully obtained grant funding to support City and Hackney Public Health and the national test and trace system during the Covid-19 pandemic.

HWCoL are a contact point for residents to raise questions or concerns about the vaccination programme or the test and trace system, to provide up to date information on the vaccination programme, to ensure that messages around the ongoing coronavirus pandemic are reaching all the City of London communities and to provide feedback and community insight to Public Health.

### **North East London Covid Community Insights from Disabled People.**

North East London Clinical Commissioning Group funded the eight Healthwatch organisations covering North East London to identify the impact of COVID 19 on people living with disabilities, including physical and sensory disabilities, and SEND communities (i.e. communities with special educational needs). HWCoL supported a survey of residents living with disabilities. Across North East London, the survey was completed by 580 residents with Healthwatch Tower Hamlets producing the project report.

### **Neighbourhoods Conversations and Forums: City Outreach.**

HWCOL received grant funding to carry out outreach to Voluntary, Community and Social Enterprise (VCSE) organisations, and residents, producing recommendations for their involvement in the developing Neighbourhood Forums. Neighbourhood Forums are part of wider change underway in Health and Social Care in City and Hackney, to improve the health of local people through strengthened systems of local collaboration between NHS, the City Corporation and the VCSE sector.

### **Making a difference for City residents.**

#### **Access to Dentistry.**

As a result of the Covid 19 pandemic, Dental practices not identified as part of the urgent care dental system were told by the Chief Dental Officer and relevant professional bodies to cease face-to-face contact with patients from 25 March 2020. Following this, it became obvious there was limited information regarding accessing dental services, be they with NHS or private providers. Likewise, there was limited transparency regarding access to urgent treatment including that provided by dental hospitals or dental departments within hospitals. This not only caused distress but was detrimental to health, leaving those affected in pain and without access to care other than through an A&E department.

As a result of concerns and issues raised with HWCOL, an exercise was undertaken to gain a better understanding of the services available. As well as contacting the CCG and gaining a comprehensive list of emergency dental clinics, HWCOL contacted 23 dental service providers to understand the provision of urgent services. Those contacted were mainly in the City of London and Hackney areas. As a result of in-depth discussions with 15 providers, HWCOL gained a comprehensive understanding of the issues that providers of dental services were dealing with.

HWCOL's findings were published in the report 'Mystery shop of dentists and hospital dental provision.' The report was shared with Healthwatch England and contributed to the 'Dentistry and the impact of COVID-19' report published December 2020, and with the Hackney Clinical Commissioning Group, to increase their understanding of the impact of the Covid-19 pandemic locally.

In June 2020, the Chief Dental Officer asked all dental practices to re-open provided they had adequate Personal Protection Equipment (PPE) and Infection Protection and Control (IPC) measures in place. In response to this HWCOL undertook follow up research with a representative sample of NHS, private and mixed practices which revealed no practices were open for routine appointments and treatment but were undertaking urgent care. A list of available dentists was published on the HWCOL website and in newsletters and bulletins. The website page was viewed 214 times between July 1st 2020 and March 31st, 2021. HWCOL dealt with a large volume of enquiries regarding access to dental care, making up 10% of all enquiries between April 1st 2020 and March 31st, 2021.

#### **Podiatry/Foot Health Service Provision.**

As the pandemic developed during March 2020, Homerton University Hospital suspended podiatry

services at the Neaman Practice, and these were not resumed until November 2020. Access to services was supposed to resume at St Leonard's Hospital post-wave one of Covid 19. However, residents reported difficulty with booking Podiatry appointments prompting HWCOL to investigate.

The investigation identified:

- Errors in the booking process
- Poor communication between the Homerton Podiatry service and the Neaman practice
- Changes to the eligibility criteria for access to the Podiatry service

The booking process issues were raised with the City and Hackney CCG commissioner for Podiatry and the Head of Podiatric Medicine for Homerton University Hospital, and a system error was identified that resulted in the removal of the Neaman Practice from the list of bookable podiatry clinics. HWCOL intervention enabled the error to be identified and the rectified.

The inadequate communication between the Neaman Practice and the Podiatry service resulted in Neaman staff being unaware of the dates for Podiatry clinics. HWCOL were able to work with the GP Practice and Homerton Hospital to ensure an improved communication process was put in place. Changes to the eligibility criteria for Podiatry are still being investigated.

As a result of HWCOL's work, the Neaman Practice instigated regular meetings with the Podiatry Service and are committed to improving internal communications.

HWCOL's investigation into the changes in eligibility for Podiatry have resulted in the Neaman Practice approaching a charity to provide a toenail cutting service in the practice, but further work is needed to make sure that treatments and services are available to those who need them. Work is ongoing to identify how eligibility criteria were changed without notification or any consultation.

### **Accessing GP services**

In response to the pandemic, access to GP services was largely restricted to non-face to face consultations and infection control measures were brought in for those patients who needed to be seen. These measures exacerbated several access issues that had been identified pre pandemic, these included:

- the availability of appointments and the booking process and access to the surgery via the telephone system,
- an out-of-date website,
- the lack of information regarding the advertising and involvement of service users in the Patient Participation Group,
- the culture within the surgery and resulting approach to patients; and
- infection control measures.

HWCOL wrote formally to the practice raising these issues and requesting that the Neaman Practice address them. The resulting action plan was shared with the public at a Practice Patient Participation Group and the Practice attended a HWCOL Board meeting in Public with an update on progress. HWCOL's concerns were raised with the City and Hackney Clinical Commissioning Group, the City of London Health and Well-being Board and the City of London Health and Social Care Scrutiny Committee.

As a result of HWCoL correspondence, the Neaman Practice responded positively and are addressing the matters raised.

### **Representing residents, workers, and students.**

Healthwatch City of London represented residents on the following boards and committees, and attend meetings on residents' behalf including:

- **City and Hackney Integrated Commissioning Board**  
This board is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration. HWCoL successfully challenged the lack of data within Board reports pertaining to the impact of Covid 19 and the pandemic specifically on City residents. Reports now include the impact on the City ensuring attendees are informed on impacts on the City and that action are taken to address any local outbreaks.
- **(The former) City and Hackney CCG Governing Body**  
This body aimed to govern effectively thereby building local public and stakeholder confidence that their health and healthcare was in safe hands. To ensure that the patient's voice was included during discussions regarding their healthcare, HWCoL championed the use of advocacy services for those patients referred to Multi-Disciplinary Teams. The use of advocacy services is now recognised by the City and Hackney Neighbourhood programme.
- **Integrated Care Communications and Engagement Enabler Group (ICCEEG)**  
This group supports and facilitates effective engagement with key stakeholders in the development of the Integrated Care System (ICS) in the City of London and Hackney. HWCoL has been able to contribute to City and Hackney CCG health campaigns including the winter flu vaccination campaign. Campaign materials have been used in HWCoL newsletters and social media campaigns.
- **City and Hackney Patient and Public Involvement Committee**  
The committee gains the views and voices of patients and the public during the clinical commissioning cycle. HWCoL representatives have been involved in the co-development of services including post-COVID-19 rehabilitation proposals for the treatment of patients with long COVID and ensuring that patients' circles of support are included in care plans.
- **North East London CCG Governing Body in Common Meeting**  
This body, established as part of the amalgamation of the seven North-East London ("NEL") CCGs discusses common issues and, in a limited number of areas, take decisions on services that are commissioned once across NEL. HWCoL contributed to the recovery plans for the NEL Sustainable Transformation Partnership post-Covid-19, ensuring that the City voice was heard.
- **Neaman Practice Patient Participation Group**  
The group discusses the services delivered by the Neaman Practice, and how improvements can be made for the benefit of patients. Patients can raise issues directly with the General Practitioners. HWCoL representatives have ensured that meetings continued to be held and that minutes of

previous meetings are available on the Practice's website for all patients to read. HWCOL also ensured that potential participants were aware of the meeting.

- **Neaman Practice Quarterly Meeting**

HWCOL meets quarterly with the Neaman Practice in its capacity as a critical friend. Following feedback from patients, HWCOL has:

- Raised the information which patients wish to have available on the Neaman website.
- Raised the dates when Asthma, Diabetes, Physio-therapy clinics were re-opened and available to patients during the Covid-19 pandemic.
- Confirmed that the community nurse team would provide podiatry services to shielding patients whilst services remained closed.
- Confirmed that the practice would continue to offer ear syringing for patients with a medical need.
- Discussed the attitude of staff which the Practice have taken measures to address.
- Raised issues with the Practice's adherence to Covid-19 regulations, which were addressed.
- Raised patients' continuing frustration with the Practice's telephone system, which they are working with their provider to address

- **City of London Health and Wellbeing Board ('HWB')**

The HWB 's purpose is:

- to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework, and the Public Health Outcomes Framework through improving the integration of services; and
- to have a positive influence on the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.

Membership of the Board has enabled HWCOL:

- to contribute to the development of the City of London's plans to tackle health inequalities, providing insight from residents; and
- support the development of the Joint Health and Well-being strategy for City and Hackney by raising the concerns that City residents have regarding their health and social care.

- **Health and Social Care Scrutiny Committee**

This committee fulfils the City's health and social care scrutiny role in proactively seeking information about the performance of local health services and institutions; challenging the information provided to it by commissioners and providers of services for the health service; and in testing this information by drawing on different sources of intelligence. HWCOL has been successful in persuading the City of London to commission a pilot scheme for additional support for carers.

- **City of London Adult Safeguarding Sub-Committee**

The committee oversees the discharge of the City of London's responsibilities to safeguard adults who have been identified as requiring support and protection.

## **Healthwatch City of London responded to the draft City Plan**

To maximise impact, and in line with HWCoL's main areas of interest and influence, HWCoL's input to the draft City Plan was restricted to Section Four of the plan, 'Flourishing City'. This section details the Plan's approach to health.

The areas commented on with the main point raised were as follows:

- (a) Inclusive buildings and space, recommending that businesses are required to fully engage with local communities as a condition of their planning application.
- (b) Air pollution, recommending that the City commit to minimising large-scale building works where children live and play and to increasing the number of smoke-free public places, with a reduction in associated litter.
- (c) Noise and light pollution, recommending that the City commits to reducing light and noise pollution at night in residential areas, where the impacts on poor sleep and mental health may be greatest.
- (d) Location and protection of social and community facilities, recommending that new housing developments should always include access to adequate communal and social space.
- (e) Public conveniences, requesting the City to consider a pilot of monitored public shower facilities especially for rough sleepers.
- (f) Sport and recreation, recommending that green gym equipment should be installed for free use to encourage exercise for those unable to pay gym membership fees.
- (g) Play areas and facilities, recommending a requirement for new housing developments to provide safe, secure, and family-friendly recreational space, with appropriate play equipment installed to encourage physical and mental health.
- (h) Location of new housing within the City, recommending that this would require additional primary care services and access to good diagnostic services.
- (i) Residential environment, requesting more details of the City's plans for achieving its defined goals and how communities are expected to work together.
- (j) Older persons housing, recommending access to parking and other facilities for carers and those healthcare professionals required to support people in their own homes.

## **Financial review**

HWCoL's primary source of funding is the money it receives through its contract with the City of London Corporation for the provision of a Healthwatch in the City of London. The contract is for three years in the first instance (starting from 1st September 2019) with the potential for extension by a further two years. The contract value is £66,722 per annum which was paid in monthly instalments.

HWCoL's total income for the year ended 31 March 2021 was £73,010, which included grant income in the sum of £66,722 from the City of London Corporation, secured a new grant from Hackney Giving in the sum of £5,958 and received £330 towards the cost of printing and delivering a leaflet for patient engagement on behalf of the Shoreditch Park and City (PCN). Total expenditure during the year was £67,306.

The assets of HWCoL as of the 31/03/2021 consisted of £20,609 cash at bank and tangible fixed assets of £1,761. Creditors falling due within one year was £5,079.

The balance of funds at the end of the year was as follows:

<b>Unrestricted funds</b>	
Unrestricted	£115
Designated	£1,761
Total designated funds	£1,876
<b>Restricted funds</b>	<b>£15,415</b>

### **Reserve policy**

HWCoL's reserves policy is to maintain a reserve which is sufficient to cover the estimated costs of carrying out its committed expenditure in the promotion of health, social care and community engagement for a period of two months in the event of an unforeseen delay in payment of HWCoL's grant from the Corporation of London and to provide a cushion against unforeseen expenditure in delivering its contract with the Corporation of London.

The level of restricted and unrestricted funds is equivalent to 13.5 weeks of the agreed grant for the financial year 2021/22. Enabling Healthwatch City of London to cover 3 months operational costs. During the Covid-19 pandemic HWCoL staff have worked from home. As staff return to working in the City during 2021/22, HWCoL expect expenditure to increase to cover the cost of renting office space.

### **Risk statement**

HWCoL trustees in producing the annual accounts have given consideration to the major risks to which the charity is exposed and satisfied themselves that systems or procedures are established in order to manage those risks. The trustees acknowledge that they have an ongoing responsibility to identify and manage the risks faced by the charity, and have sought to discharge this responsibility by:

- (a) preparing a risk register which identifies the main risks to the charity and itemises the actions to be taken to mitigate each of those risks, and
- (b) trustees regularly reviewing the risk register at closed board meetings of the charity.

The main financial risk to the charity is loss of Grant funding from the City of London Corporation.

### **Public benefit statement**

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Trust's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.



## Statement of Trustees' Responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- a) select suitable accounting policies and apply them consistently;
- b) observe the methods and principles in the Charities SORP;
- c) make judgments and accounting estimates that are reasonable and prudent;
- d) state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- e) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping proper accounting records that are sufficient to show and explain the Charity's transactions and disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report was approved by the board of trustees and authorised for issue on ..... and are signed on behalf of the board by:

Gail Beer  
Chair of Healthwatch City of London

Steve Stevenson  
Treasurer of Healthwatch City of London



## **Independent examiner's report to the trustees of Healthwatch City of London**

I report on the financial statements of the charity for the year ended 31 March 2021, which are set out on pages 16 to 25.

### **Respective responsibilities of trustees and examiner**

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

The trustees consider that an audit is not required for this year under s. 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

I report in respect of my examination of the charity's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

### **Basis of independent examiner's report**

My examination was carried out in accordance with the Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and explanations sought from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and that the report is limited to those matters set out in the statement below.

### **Independent examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed.....

Kashif Aziz FCCA.

Date: .....

Healthwatch City of London  
Statement of Financial Activities  
(including income and expenditure account)  
For the year ended 31 March 2021

			2021		2020
		Unrestricted funds	Restricted funds	Total funds	Total
	Note	£	£	£	£
<b>Income and endowments from</b>					
Charitable activities	2	-	72,680	72,680	42,065
Other trading activities	3	330	-	330	-
Investment income	4	-	-	-	125
<b>Total income</b>		<u>330</u>	<u>72,680</u>	<u>73,010</u>	<u>42,190</u>
<b>Expenditure on</b>					
Raising funds	5	-	3,127	3,127	1,418
Charitable activities					
Health, social care services and community engagement	5	-	64,179	64,179	29,185
<b>Total expenditure</b>		<u>-</u>	<u>67,306</u>	<u>67,306</u>	<u>30,603</u>
<b>Net income / expenditure for the year</b>		<u>330</u>	<u>5,374</u>	<u>5,704</u>	<u>11,587</u>
<b>Net movement in funds</b>		<u>330</u>	<u>5,374</u>	<u>5,704</u>	<u>11,587</u>
<b>Reconciliation of funds</b>					
Total funds brought forward		1,546	10,041	11,587	-
<b>Total funds carried forward</b>	12	<u>1,876</u>	<u>15,415</u>	<u>17,291</u>	<u>11,587</u>

The statement of financial activities includes all gains and losses recognised in the year.  
All income and expenditure derive from continuing activities.

The notes on pages 19 to 25 form part of these financial statements.

**Healthwatch City of London**  
**Balance Sheet**  
**As at 31 March 2021**

	<b>Note</b>	<b>2021 £</b>	<b>2020 £</b>
<b>Fixed assets</b>			
Tangible fixed assets	<b>8</b>	1,761	1,546
<b>Current assets</b>			
Cash at bank and in hand		20,609	12,334
<b>Creditors: amounts falling due within one year</b>	<b>9</b>	<u>5,079</u>	<u>2,293</u>
<b>Net current assets / liabilities</b>		<u>15,530</u>	<u>10,041</u>
<b>Net assets</b>	<b>11</b>	<u>17,291</u>	<u>11,587</u>
<b>Funds of the charity</b>			
Restricted funds		15,415	10,041
Unrestricted funds			
General		115	-
Designated fund		<u>1,761</u>	<u>1,546</u>
		<u>1,876</u>	<u>1,546</u>
<b>Total charity funds</b>	<b>12</b>	<u>17,291</u>	<u>11,587</u>

These financial statements were approved by the board of trustees and authorised for issue on ....., and are signed on behalf of the board by:

Gail Beer  
Chair of Healthwatch City of London

Steve Stevenson  
Treasurer of Healthwatch City of London

**The notes on pages 19 to 25 form part of these financial statements.**

Healthwatch City of London  
Statement of Cash Flows  
For the year ended 31 March 2021

		2021	2020
	Notes	£	£
<b>Net cash inflow from operations</b>			
Net cash provided by operating activities	(i)	9,249	14,270
<b>Cash flows from investing activities:</b>			
Payments for tangible fixed assets		(974)	(2,061)
Bank interest received		-	125
<b>Net cash used in investing activities</b>		<u>(974)</u>	<u>(1,936)</u>
<b>Change in cash and cash equivalents in reporting period</b>		8,275	12,334
<b>Cash and cash equivalents at the beginning of the period</b>		<u>12,334</u>	<u>-</u>
<b>Cash and cash equivalents at the end of the period</b>	(ii)	<u>20,609</u>	<u>12,334</u>

**RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES**

	2021	2020
	£	£
Net movement in funds	5,704	11,587
Depreciation charges	759	515
Increase in creditors	2,786	2,293
Bank interest received	-	(125)
<b>Net cash inflow from operating activities</b>	<u>9,249</u>	<u>14,270</u>

**Analysis of cash and cash equivalents**

	2021	2020
	£	£
Cash	<u>20,609</u>	<u>12,334</u>
<b>Total cash and cash equivalents</b>	<u>20,609</u>	<u>12,334</u>

**Healthwatch City of London**  
**Notes to the financial statements**  
**For the year ended 31 March 2021**

**1. Accounting Policies**

**a) Basis of preparation**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. Healthwatch City of London is a charitable incorporated organisation registered with Charity Commission with registration number 1184771. Its registered office address is Portsoken Community Centre 14-16, Somerset Street, London E1 8AH. The accounts are presented in GBP rounded to £1.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view'. The departure has involved following the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

**b) Public benefit entity**

Healthwatch City of London constitutes a public benefit entity as defined by FRS 102.

**c) Going concern**

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern within the next reporting period.

**d) Income**

All income is recognised once the charity has entitlement to income, it is probable that income will be received and the amount of income receivable can be measured reliably.

Investment income is accounted for in the Statement of Financial Activities in the period in which the charity is entitled to receipt.

**e) Fund accounting**

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Designated funds are those funds which have been designated by the Trustees for specific purposes within the objects of the charity.

**Healthwatch City of London**  
**Notes to the financial statements (*continued*)**  
**For the year ended 31 March 2021**

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

**f) Expenditure**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- o Costs of raising funds relate to the costs incurred by the charity in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- o Expenditure on charitable activities includes the costs of engagement undertaken to further the purposes of the charity and the associated support costs
- o Other expenditure represents those items not falling into any other heading

**g) Governance costs**

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity, and include its audit fees and other costs linked to strategic management of the charity. These are allocated in line with other support costs.

**h) Allocation of support costs**

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, support costs, being cost of overall direction and administration of each activity, comprising the staff salary is apportioned on the basis of estimated staff time attributable to each activity, as follows:

- |                                     |            |
|-------------------------------------|------------|
| o Cost of raising funds             | 3 percent  |
| o Health, social care and community | 90 percent |
| o Governance cost                   | 7 percent  |

Other overhead costs are charged according to the specific use of the facilities. Governance and support costs are finally allocated as follows:

- |                                     |            |
|-------------------------------------|------------|
| o Cost of raising funds             | 10 percent |
| o Health, social care and community | 90 percent |

**i) Tangible fixed assets**

Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation is: 25% on straight line method

- o Computer equipment

**Healthwatch City of London**  
**Notes to the financial statements (continued)**  
**For the year ended 31 March 2021**

**J) Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments

**k) Creditors**

Creditors are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

**l) Financial instruments**

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

**m) Taxation**

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

**2. Income from charitable activities**

	Unrestricted funds	Restricted funds	Total funds 2021	Total funds 2020
	£	£	£	£
Grants received from City of London Corporation	-	66,722	66,722	42,065
Hackney Giving	-	5,958	5,958	-
	<u>-</u>	<u>72,680</u>	<u>72,680</u>	<u>42,065</u>

**3. Other trading activities**

	Unrestricted funds	Restricted funds	Total funds 2021	Total funds 2020
	£	£	£	£
Carried out patient engagement on behalf of the Shoreditch Park and City PCN	<u>330</u>	<u>-</u>	<u>330</u>	<u>-</u>

**4. Investment income**

	Unrestricted funds	Restricted funds	Total funds 2021	Total funds 2020
	£	£	£	£
Bank interest received	<u>-</u>	<u>-</u>	<u>-</u>	<u>125</u>

**Healthwatch City of London**  
**Notes to the financial statements (continued)**  
**For the year ended 31 March 2021**

**5. Analysis of expenditures**

**For the year**

	Cost of raising funds £	Charitable Activity Health, social care and community engagement £	Governance Costs £	Support Costs £	Total 2021 £
Staff costs (note 7)	1,716	51,478	4,004		57,198
Training and recruitments	3	25			28
Accountants fee			1,440		1,440
Legal and professional fees			384		384
Hall hire				155	155
Interest charges				36	36
Telephone and internet				1,715	1,715
Consultancy			3,000	-	3,000
Insurance				917	917
Printing, stationery and subscriptions				807	807
IT domain hosting, service and maintenance				592	592
Recruitment costs				275	275
Depreciation	-	-	-	759	759
	<u>1,719</u>	<u>51,503</u>	<u>8,828</u>	<u>5,256</u>	<u>67,307</u>
Support cost	526	4,730	-	(5,256)	-
Governance cost	883	7,945	(8,828)	-	-
	<u>3,127</u>	<u>64,179</u>	<u>-</u>	<u>-</u>	<u>67,307</u>

**For prior year**

	Cost of raising funds £	Charitable Activity Health, social care and community engagement £	Governance Costs £	Support Costs £	Total 2020 £
Events		47			47
Staff costs (note 7)	764	22,913	1,782		25,459
Training and recruitments	101	908			1,009
Accountants fee			1,440		1,440
Legal and professional fees			60		60
Engaging and reaching out people		333	37		370
Interest charges				2	2
Telephone and internet				125	125
Insurance				981	981
Printing, stationery and postage				573	573
Sundry				22	22
Depreciation	-	-	-	515	515
	<u>865</u>	<u>24,201</u>	<u>3,319</u>	<u>2,218</u>	<u>30,603</u>
Support cost	222	1,996	-	(2,218)	-
Governance cost	332	2,987	(3,319)	-	-
	<u>1,419</u>	<u>29,184</u>	<u>-</u>	<u>-</u>	<u>30,603</u>



**Healthwatch City of London**  
**Notes to the financial statements (*continued*)**  
**For the year ended 31 March 2021**

**6. Net incoming resources for the year**

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
This is stated after charging		
Fees payable to accountants	1,440	1,440
Depreciation	<u>759</u>	<u>515</u>

**7. Staff cost, trustee remuneration and expense**

Staff costs were as follows:

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Salaries and wages	55,605	24,933
Social security costs	662	-
Employer's contribution to defined pension	<u>931</u>	<u>526</u>
	<u>57,198</u>	<u>25,459</u>

The average head count of employees during the year were as follows:

	<b>2021</b>	<b>2020</b>
	<b>No.</b>	<b>No.</b>
Number of staff	<u>1.8</u>	<u>1.4</u>

The charity employed 3 staff (2020: 3) equal to 1.8 (2020: 1.4) full time employment.

No employees earned more than £60,000 during the year.

The Charity considers its key management personnel comprise the General Manager and the Trustees.

No Trustee received any remuneration for services during the year. No Trustees claimed expenses during the year. No trustee received any payment for professional or other services supplied to the charity during the year.

No Trustee received any benefits in kind during the period.

**8. Tangible fixed assets**

	<b>Computer Equipment £</b>	<b>Total £</b>
<b>Cost</b>		
<b>At 1 April 2020</b>	2,061	2,061
Additions	<u>974</u>	<u>974</u>
<b>At 31 March 2021</b>	<u>3,035</u>	<u>3,035</u>
<b>Depreciation</b>		
<b>At 1 April 2020</b>	515	515
Charge for the year	<u>759</u>	<u>759</u>
<b>At 31 March 2021</b>	<u>1,274</u>	<u>1,274</u>
<b>Carrying amount</b>		
<b>At 31 March 2021</b>	<u>1,761</u>	<u>1,761</u>
<b>At 31 March 2020</b>	<u>1,546</u>	<u>1,546</u>

Healthwatch City of London  
Notes to the financial statements *(continued)*  
For the year ended 31 March 2021

**9. Creditors: amounts falling due within one year**

	2021	2020
	£	£
Trade creditors	1,135	-
Accruals and deferred income	1,434	1,440
Social security and other taxes	2,246	640
Pension - Employer's contribution	264	213
	<u>5,079</u>	<u>2,293</u>

**10. Pensions and other post-retirement benefits**

**Defined contribution plans**

The amount recognised in income or expenditure as an expense in relation to defined contribution plans during the year was £931 (2020: £526).

**11. Analysis of net assets between funds**

	Unrestricted		Restricted	Total funds
	General	Designated		
	£	£	£	£
Tangible fixed assets	-	1,761	-	1,761
Net current assets	115	-	15,415	15,530
<b>Net assets as at 31 March 2021</b>	<u>115</u>	<u>1,761</u>	<u>15,415</u>	<u>17,291</u>

	Unrestricted		Restricted	Total funds
	General	Designated		
	£	£	£	£
Tangible fixed assets	-	1,546	-	1,546
Net current assets	-	-	10,041	10,041
<b>Net assets as at 31 March 2020</b>	<u>-</u>	<u>1,546</u>	<u>10,041</u>	<u>11,587</u>

**12. Movement in funds**

	At 1 April 2020	Incoming resources and gains	Outgoing resources and losses	Transfers	At 31 March 2021
	£	£	£	£	£
<b>Unrestricted funds</b>					
Unrestricted	-	330	-	(215)	115
Designated	1,546	-	-	215	1,761
Total designated funds	<u>1,546</u>	<u>330</u>	<u>-</u>	<u>-</u>	<u>1,876</u>
<b>Restricted funds</b>					
City of London Corporation	10,041	72,680	67,306	-	15,415
Total restricted funds	<u>10,041</u>	<u>72,680</u>	<u>67,306</u>	<u>-</u>	<u>15,415</u>
<b>Total funds</b>	<u>11,587</u>	<u>73,010</u>	<u>67,306</u>	<u>-</u>	<u>17,291</u>

**Healthwatch City of London**  
**Notes to the financial statements (*continued*)**  
**For the year ended 31 March 2021**

	At 1 April 2019 £	Incoming resources and gains £	Outgoing resources and losses £	Transfers £	At 31 March 2020 £
<b>Unrestricted funds</b>					
General	-	125	-	(125)	-
Designated	-	-	-	1,546	1,546
<b>Total designated funds</b>	-	125	-	1,421	1,546
<b>Restricted funds</b>					
City of London Corporation	-	42,065	30,603	(1,421)	10,041
<b>Total restricted funds</b>	-	42,065	30,603	(1,421)	10,041
<b>Total funds</b>	-	42,190	30,603	-	11,587

**Purposes of restricted funds**

Grant from City of London Corporation is to cover costs of core services provided by the charity which are:

Health, social care services and community engagement.

**13. Capital commitments**

The Charity had no operating lease or capital commitments at the year-end.

**14. Related party transactions**

There are no related party transactions to disclose for the year.

**15. Legal status**

The charity is a Charitable Incorporated Organisation and has no share capital.

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**A guide to Audiology Services and Hearing Aid provision in the City of London**



**Christopher Gadsden on behalf of Healthwatch City of London**

## Introduction

Hearing loss affects an estimated 1 in 6 people in the UK, and the older we get, the more likely it is that our hearing will be affected - perhaps up to 70% of people who are over 70 years old.

Untreated hearing loss can contribute to the onset of dementia, making hearing health care about much more than simply being able to hear those around us. That makes it worrying that an estimated six million people in the UK would benefit from hearing aids, but only two million actually have them.

A geriatrician at Boston University, commenting on a recent study of healthy hundred-year-olds, said "I can't emphasize enough how important it is for people to optimize their ability to hear. There's a direct connection between hearing and preserving cognitive function. Being stubborn about wearing hearing aids is just silly. Hearing loss results in cognitive loss because you miss so much."

However old you are, if you suspect that your hearing is not what it should be, it is easy and free to do something about it.

[You do not have hearing aids but wonder if your hearing may not be what it was ....](#)

Usually, a person's family, friends or work colleagues are the first to notice that the person is not hearing everything, and the person themselves is often the last to realise.

It is said that the typical man takes six years to get around to getting hearing aids which is not ideal for them or those around them. The result of this is frequently a partner tearing their hair out, completely fed up with having to say everything twice and to shout over the roaring of the TV.

Anyone who has hearing loss is very fortunate to live in the UK where NHS hearing aids are available free of charge - even the spare batteries are free - and there is also a thriving market of private providers.

Modern digital hearing aids are amazingly small and effective, including the ones supplied free by the NHS. Privately purchased hearing aids can be smaller and have more advanced features, but people often see what the NHS can provide before looking further.

[You are concerned about your hearing for any reason ....](#)

If you are sure you will want to buy hearing aids privately, and not have NHS-funded ones, then you can go directly to any of the local audiology providers - listed below. If you do or might want NHS-funded hearing aids, then your first stop should be your GP, which in the City of London means the Neaman Practice.

If at any point, you would like advice, then the Sharon James of the RNID (Royal National Institute for Deaf People) is very happy to help at a clinic at the Neaman Practice (normally

on the third Wednesday of each month between 2pm and 4pm). For an appointment, please contact Sharon on 0293 227 6044 or 0755 106 3742 or [Sharon.James@RNID.org.uk](mailto:Sharon.James@RNID.org.uk).

Your GP will be able to look for the cause of any hearing problem you have - hearing loss, tinnitus (ringing in the ears), or maybe wax build-up - and steer you in the right direction. If your GP believes that you may require NHS hearing aids, they will direct you to one of these providers:

- InHealth at Hoxton Surgery - <https://www.inhealthgroup.com/service/audiology/>
- Scrivens Limited - <https://scrivens.com/hearing/>
- Specsavers Hearcare Group Limited - <https://www.specsavers.co.uk/hearing>

Alternatively, you might require a home hearing service from:

- The Outside Clinic - <https://www.outsideclinic.co.uk>

Each of those four providers has a contract with the City & Hackney Clinical Commissioning Group authorising them to supply NHS hearing aids at no cost provided that you have been referred by a GP.

Or, of course, you can go to any high street hearing health provider for a hearing test which will almost certainly be free, but your route to NHS-funded hearing aids is through your GP, so starting with a private provider is really the route to privately-funded hearing aids.

All audiologists, whoever they work for, will always put a patient's interests first, and the correct treatment will always be recommended whether or not the provider you have chosen can provide it. Audiologists are inspected by the Care Quality Commission.

Private providers other than those listed above (and therefore do not have NHS contracts) include:

- Boots Hearing Care - <https://www.bootshearingcare.com>
- Leightons Opticians - Hearing Care - <https://www.leightons.co.uk/hearing-care>  
Tel: 0207 283 4538
- Specsavers Opticians and Audiologists - <https://www.specsavers.co.uk/hearing>  
Tel: 0800 077 8659
- Hearology - <https://hearologyliverpoolstreet.uk>  
Tel: 020 3747 4615

*Please note that this is being written while the provision of all hearing care in the City is being affected by the Covid pandemic and the best thing to do at the moment is not to make a trip until you have checked online or by telephone if a provider is open.*

### You already have hearing aids ....

If you need advice, again, the hearing clinic on the third Wednesday of each month between 2pm and 4pm at the Neaman Practice is a good starting point. You can also obtain batteries there free of charge for NHS hearing aids. For an appointment, please contact Sharon James on 0293 227 6044 or 0755 106 3742 or at [Sharon.James@RNID.org.uk](mailto:Sharon.James@RNID.org.uk).

If you purchased your hearing aids privately, you can go back to the company that supplied them, or their local branch, but there is nothing to stop a person with privately purchased hearing aids going to the NHS via their GP. People who want small, concealed hearing aids often start at private centres, but it's always worth finding out what's available on the NHS.

It is also common for people who have started with NHS hearing aids to want smaller hearing aids or extra features. Some people struggle with the discomfort of even small NHS hearing aids or want extra features such as Bluetooth enabling them to use their phone or tablet or TV without disturbing others. There are several highly competent large private-sector manufacturers (who also make the NHS-supplied hearing aids) in strong competition with each other who make quite remarkable - but often expensive - hearing aids. Many, many people consider their prices well worth paying.

## Case Studies

### Mr T's real-life hearing aids experience - from private to NHS

Mr T had a hearing test with a private chain where it was thought that his hearing loss was due to shooting. He tried small studs (Completely In the Canal - CIC hearing aids) inside the ear which, not wanting to advertise his deafness to work colleagues, he preferred. However, they were not at all satisfactory and he eventually bought the same type but a different make from another private hearing chain. He persevered with these for a few years but didn't find they did much good.

Frustrated, he decided to try the NHS and was referred by the Neaman Practice to the clinic in Hoxton who fitted NHS hearing aids. They were uncomfortable, but the alternative he was offered were even bigger, so he persevered. They remain uncomfortable, but they are effective.

For repairs, he has been to Hoxton and Islington and says the service has been pretty good, except for one occasion when an appointment was cancelled without his being informed. He rates his NHS experience as generally quite good, and the NHS hearing aids have proved the best so far, though with a noisy background they are not good because the background noise is also increased.

### Mr G's real-life hearing aids experience - from NHS to private

Mr G eventually heeded his wife's pleading and was referred by his GP to an NHS clinic who prescribed NHS behind the ear (BTE) hearing aids which were effective but uncomfortable. He wore them for work but took them out as soon as he could because of the discomfort

A guide to Audiology Services and Hearing Aid provision in the City of London July 2021

Healthwatch of City of London, Portsoken Community Centre, 44-16 Somerset Street London E1 8AH



which did not please his wife. He is full of praise for the NHS and the audiologist who looked after him, but the discomfort persisted, and he decided he would have to look to the private sector.

Mr G recalls his shock as he started to look for a private hearing aid provider, and he found himself in a jungle with amazingly high prices and comparisons difficult. However, he was fitted with a pair of much smaller BTE hearing aids which were comfortable to wear. Their performance was no better than the NHS ones, but the comfort meant that he could wear them for a full day.

Comfort and appearance were improved by these hearing aids being of the receiver in the ear type (RITE) where a very thin tube goes into the ear, rather than using a large earmould as the NHS ones did.

He is now on a new generation of hearing aids which have the additional benefit of Bluetooth, meaning that he can listen to an iPad or iPhone without disturbing anyone else.

Mr G remains amazed by how much it costs to buy private hearing aids just to get smaller ones than the NHS supplies, and amazed also at how uncomfortable hearing aids can be that are too large. However, at the end of the day, whereas he felt his early hearing aids were helpful, the new ones he has made him feel as though he has got his hearing back.

#### Mr W's real-life hearing aids experience - from NHS to private

Mr W's hearing was badly damaged at 16 years old by being allowed to be too close to a machine gun. Nonetheless, he had a 30-year non-flying career in the RAF after which he joined the civil service. He says now that he probably already needed hearing aids by then, but he didn't actually get any for another ten years.

He finally went to the NHS whom he found extremely helpful, and they provided him with hearing aids which he thinks were primitive but effective. Another ten years passed, and he was given more advanced NHS hearing aids, but he was fortunate enough to see an advertisement advising people whose hearing had been damaged by the military could have access to private hearing aids funded by the military.

Mr W after trying a few private audiologists, finally found a very satisfactory one who was not part of a national chain and recommended what turned out to be excellent high-end hearing aids for which Mr W was recompensed. Interestingly, he still uses his NHS hearing aids when he is in a venue with a "loop" system which sends the audio straight to his hearing aids. His private ones do not have that facility.

## Types of hearing aids

### Behind the ear hearing aids (BTE)

Behind the ear hearing aids are the most common type. They're made up of a small plastic device that sits behind your ear. This is attached with a tube to a piece of plastic that fits in your ear (an earmould) or a soft tip that goes into the opening of your ear (an open fitting).

BTE hearing aids are one of the easiest types to use and are suitable for most people with hearing loss and are available in a range of colours.

### Receiver in the ear hearing aids (RITE)

Receiver in the ear hearing aids are similar to BTE hearing aids. The main difference is that with RITE hearing aids, the part of the hearing aid that sits behind the ear is smaller and is connected by a thin wire to a speaker placed inside the opening of the ear. RITE hearing aids are less visible than BTE hearing aids and are suitable for most people with hearing loss, but they can be more fiddly to use than BTE hearing aids.

### In the ear hearing aids (ITE)

In the ear hearing aids fill the area just outside the opening of your ear. They cannot be seen from behind, unlike BTE or RITE hearing aids, but they are visible from the side. ITE hearing aids are suitable for most people with hearing loss, although they can be trickier to use than BTE or RITE hearing aids.

### In the canal hearing aids (ITC)

In the canal (ITC) hearing aids are similar to ITE aids but are a bit smaller and just fill the opening of the ear. They're less visible than many other types of hearing aid but can be trickier to use and are not usually powerful enough for people with severe hearing loss.

### Completely in the canal and invisible in the canal hearing aids (CIC and IIC)

Completely in the canal and invisible in the canal hearing aids are the smallest types available. They fit further into the opening of your ear than ITC hearing aids and are barely visible.

These hearing aids are not usually powerful enough for people with severe hearing loss. They're also quite fiddly and some can only be put in and taken out by a hearing aid specialist.

### CROS/BiCROS hearing aids

CROS and BiCROS hearing aids can help if you've lost hearing in one ear. They come as a pair. The hearing aid in the ear with hearing loss picks up sound and sends it to a hearing aid

in your good ear. This can be done wirelessly or through a wire around the back of your neck.

### Body worn hearing aids

Body worn hearing aids are made up of a small box connected to earphones. The box can be clipped to your clothes or put inside a pocket. This type of hearing aid may be best if you have severe hearing loss and need a powerful hearing aid, or if you find the controls on smaller hearing aids tricky to use.

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