



Health and Wellbeing Board

Date: FRIDAY, 15 NOVEMBER 2024

Time: 11.00 am

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

Members:

Mary Durcan, Court of Common Council (Chairman)	Deputy Randall Anderson, Court of Common Council
Helen Fentimen OBE JP, Community & Children's Services Committee (Deputy Chairman)	Simon Cribbens, Safer City Partnership
Gail Beer, Healthwatch	Tony de Wilde, City of London Police
Nina Griffith, City and Hackney Place Based Partnership and North East London Integrated Care Board	Matthew Bell, Policy and Resources Committee
Deputy Marianne Fredericks, Port Health and Environmental Services Committee	Judith Finlay, Executive Director, Community and Children's Services
Dr Sandra Husbands, Director of Public Health	Ceri Wilkins, Court of Common Council
Gavin Stedman, Port Health and Public Protection Director	David Curran, Barts Health NHS Trust

Enquiries: emmanuel.ross@hackney.gov.uk - Agenda Planning
rhys.campbell@cityoflondon.gov.uk - Governance Officer/Clerk to the Board

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<https://www.youtube.com/@CityofLondonCorporation/streams>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic 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.

Whilst we endeavour to livestream all of our public meetings, this is not always possible due to technical difficulties. In these instances, if possible, a recording will be uploaded following the end of the meeting.

Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**

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 13 September 2024.

For Decision
(Pages 5 - 12)

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

Report of Town Clerk.

For Decision
(Pages 13 - 18)

5. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD (CHSAB) ANNUAL REPORT 2023/24**

Report of the Group Director Adults, Health and Integration.

For Information
(Pages 19 - 74)

6. **OVERHEATING AND HEALTH – OPPORTUNITIES TO COLLABORATE BETWEEN PARTNERS**

Report of the Director of Public Health.

For Decision
(Pages 75 - 94)

7. **REPROCUREMENT OF LONDON SEXUAL HEALTH E-SERVICES PROGRAMME**

Joint report of the Director of Community & Children's Services and the Director of Commercial Services.

- a) Pan - London Sexual Health E-Services Programme - City of London Corporation Role

For Decision
(Pages 95 - 102)

- b) Delegation Authority for host, leadership & reprocurement of Pan -London Sexual Health E-Services Programme

For Information
(Pages 103 - 110)

8. **HEALTHY WEIGHT - JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - WHOLE SYSTEM REVIEW**

Report of the Director of Public Health.

For Decision
(Pages 111 - 156)

9. **HEALTHWATCH UPDATE**

Report of Healthwatch.

For Information
(Pages 157 - 162)

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. **SECURE CITY PROGRAMME (SCP) ISSUES REPORT**

Report of the Executive Director of the Environment Department Commissioner, City of London Police.

For Information
(Pages 163 - 188)

14. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

HEALTH AND WELLBEING BOARD

Friday, 13 September 2024

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 13 September 2024 at 11.00 am

Present

Members:

Mary Durcan (Chair), Court of Common Council
Helen Fentimen OBE JP (Deputy Chair), Community and Children's Services (Chair)
Gail Beer, Healthwatch
Deputy Marianne Fredericks, Port Health and Environmental Services Committee Dr
Sandra Husbands, Director of Public Health
Matthew Bell, Policy & Resources Committee
Judith Finlay, Executive Director, Children's and Community Services Gavin Stedman,
Port Health and Public Protection Director

In Attendance

Officers:

Ellie Ward	- Community and Children's Services
Emmanuel Ross	- City and Hackney Public Health Service
Claire Giraud	- City and Hackney Public Health Service
Conor Melia	- City and Hackney Public Health Service
Jayne Taylor	- City and Hackney Public Health Service
Rhys Campbell	- Town Clerk's

1. APOLOGIES FOR ABSENCE

Apologies were received from Ceri Wilkins and Deputy Randall Anderson.

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

Deputy Marianne Fredericks declared that she was a Bridge Watch volunteer.

3. MINUTES

RESOLVED, that – the public minutes and non-public summary of the meeting held on 5 July 2024 were approved as an accurate record.

Matters arising

- An update was requested regarding the Neaman Practice, the Deputy Chair advised the Board that the practice was in the process of renegotiating their building lease.

4. BETTER CARE FUND 2024-25

The Board received a report from the Executive Director, Community and Children's Services in respect of The Better Care Fund (BCF) programme.

Officers advised the Board that the template listed in the report set out the allocation of funding for 2024-2025 noting that the amount of funding had increased, however money had been carried over from the Disabled Facilities Grant from the previous year. There were no major changes made to schemes outlined in the BCF, however there were several alterations made with a focus on hospital discharges. The Chair raised a question in relation to hospital discharges. Officers advised the Board that very good performances were shown in this area.

Regarding acute hospitals within the City's boundaries, Members were keen to know if there were any concerns surrounding demanding capacity and which parties were responsible for a patient's discharge. Officers confirmed that it was a joint effort involving both the City Corporation and the relevant hospital, however if a City resident needed ongoing social care following a discharge, then it would be City Corporation's responsibility to provide this. The Executive Director further advised the Board that it was a well-established protocol for acute hospitals to reach across boundaries to support patients.

In terms of placed-based partnerships, such as the City and Shoreditch Park neighbourhood, discussions had been held to identify what options were available to provide more services (such as SEND and Community Nursing) within the City boundaries since officers identified the difficulty for some City residents to travel long distances to receive such services. Feedback mechanisms within adult social care had strengthened and this provided opportunities for further improvement for service delivery.

The Chair raised a question in relation to carers and wanted to know if assistance was being provided to those who were registered as carers. Officers highlighted that although some carers mentioned within the census may choose not to take the option of support, the Carer's Service had recently been recommissioned for a further three years with their specification being to promote the services available to carers providing both support and advice in relation to carer's rights.

RESOLVED, that – Members of the Board approve the revised City of London Better Care Fund Plans 2024–25.

5. POPULATION HEALTH HUB UPDATE & HEALTH INEQUALITIES FUNDING

The Board received a report from the Head of Performance and Population Health, NHS NEL ICB in respect of the Population Health Hub Update & Health Inequalities Funding.

Following the Chair's query in relation to foot health, officers advised the Board that the Podiatry Team offered foot health services to patients who were house-bound, in an effort to fill an inequality gap, since it was identified that they could not access this service due to being house-bound.

The Deputy Chair raised a question regarding MATCH (eMbedding heAlth equiTy in City and Hackney). She cited the reduction in funding listed within the report with funding allocated for 2023-24 being £220,000 and asked officers if there was any expected impact because of this and whether there was any alternative funding available. Officers advised Members that they had scaled down the programme areas to test their approach when working with people in an effort to embed sustainable consideration of health equity. The five programme areas which had been identified in MATCH were maternity, cardiovascular disease, anti-racist commissioning, food poverty and women's health. It was confirmed that due to the reduction in funding, programme areas were to be scaled down and that funding allocated for 2023-24 was for the next three years with a suggestion that this may be made recurrent. The Director of Public Health also mentioned that there was a focus to transform the way services were delivered in an effort to be more equitable.

Members of the Board highlighted their concerns that the report was not City orientated. Officers advised the Board that a review of the MATCH project could be applied to the City, especially in terms of accessibility to services for City Residents.

RESOLVED, that – the report and its contents be noted.

6. HEALTHWATCH CITY OF LONDON PROGRESS REPORT

The Board received a report from the Chair, Healthwatch City of London which detailed the progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to the end of Q1 2024/25, and July and early August 2024.

The Board heard that Healthwatch had submitted their business plan to the City Corporation. Some objectives had been changed but these changes remained in line with Healthwatch England. Upcoming meetings were expected with Common Councillors to figure how the objectives were going to be attained within the next three years and how assistance may be provided in the east of City with the ward of Aldgate being mentioned.

The annual survey commented on how successful Healthwatch had been and was complimentary regarding their interactions with stakeholders and those they worked with, however Chair, Healthwatch understood that this needed to be conveyed to City residents.

The Chair, Healthwatch City of London highlighted ongoing projects and was keen to work with the Board to broaden CPR training. A campaign for men's health strategy was expected with a meeting with NEL ICB planned to discuss how best to launch the campaign and hoped to have a launch event, engaging with different stakeholders, to develop a comprehensive approach to men's health. The digital apps project was near completion with a report being finalised whereas the access to sexual health services for non-city residents project had been completed. However, there was still work to be done in relation to the

neighbourhood's programme and its delivery with a need for all parties involved to be aligned with programme's objectives.

In relation to the Patient Participation Group, the ICB had announced that they were to restrict the number of texts sent to patients as a cost cutting measure. Although other methods of communication were being explored, such as email distribution, it was important for the ICB to be aware of those patients who struggle with connectivity issues. The Chair, Healthwatch City of London was keen to know what ICB had planned to manage this.

The Executive Director asked if Healthwatch had any intentions of developing engagement with children and young people. Whilst acknowledging that neither the resources nor population were available, it would be a collaborative effort involving other organisations to develop an engagement strategy for children and young people.

Members of the Board thanked the Chair, Healthwatch City of London and her team for the immense work undertaken so far.

RESOLVED, that – the report and its contents be noted.

7. SUICIDE PREVENTION ANNUAL UPDATE

The Board received a report of the Director of Public Health, concerning an update on the suicide prevention action plan and data on suicide incidents in the square mile.

A Member raised a concern in relation to the support scheme(s) offered to City of London Police (CoLP) officers and wanted to know whether more support could be offered to CoLP staff and officers. Having undertaken suicide prevention training she was keen for this to be rolled out to all CoLP officers and she also thanked the Bridge Watch patrols for their work, and encouraged those who were willing to volunteer. The Port Health and Public Protection Director further advised the Board that ongoing discussions with City Bridge Foundation were taking place to identify methods of improving bridge safety with a more reasonable approach to bridge barriers to be discussed.

A Member noted that International Suicide Prevention Day was a several days prior to this meeting and wanted to know what the City Corporation could do to raise further awareness and reduce the overall stigma surrounding suicide in the hope of identifying further ways of suicide prevention. The Director of Public Health informed the Board that suicide prevention remained a high priority as part of a comprehensive action plan and that information regarding suicide had been placed in public spaces such as the London bridges.

The Chair thanked officers and volunteers for their work in relation to suicide prevention.

RESOLVED, that – the report and its contents be noted.

8. TOBACCO CONTROL JSNA

The Board received a report and presentation which included a summary of the recently published Tobacco Needs Assessment for City and Hackney, the local response to the evidence and intelligence and an overview of the newly re-commissioned City & Hackney stop smoking service, including new funding streams. The report set out a series of recommendations for Board Members to consider.

The Deputy Chair raised her concerns surrounding vaping and this was echoed by fellow Members of Board. Since the Board were aware of the potential central government plan to ban smoking in public spaces, Members were curious to know whether action could be taken locally by the City Corporation within its remit. The Deputy Chair was in favour of the City Corporation signing up to a smoke-free charter and Members of the Board were also keen to explore further funding to bring up further initiatives to help people stop smoking.

Officers advised the Board that voluntary smoking bans in public spaces had been attempted in the London Borough of Hackney, however there was an issue when it came to enforcement. Opportunities for smoke free pavement licences existed since there was legislation available to do this and signing up to the local government declaration would be the initial step in doing so. Members of the Board were in favour of receiving further information on this to see what the City Corporation could do in relation to its smoke-free commitments.

The cost of cigarettes was highlighted and it was suggested that focus could be shifted towards this in an attempt to stop people from starting smoking. Officers reminded the Board of the addictive nature of nicotine which meant that highlighting the cost of tobacco would not necessarily deter smokers. However, there were a number of tobacco free groups (some with NHS funding) where any smoker could access support, and officers wanted to ensure that these pathways remained opened to those willing to quit smoking. Officers acknowledged that although evidence had shown e-cigarettes as an effective way to stop smoking tobacco a range of options were provided to those willing to quit smoking and this included vapes. However, apart from people already smoking tobacco, it was strongly advised to discourage people from vaping since vaping was not risk-free.

The sale of illegal cigarettes was raised as a further concern. The Port Health and Public Protection Director updated the Board regarding a recent prosecution of an individual selling illegal tobacco and vapes. The press release was circulated to Members after the meeting.

RESOLVED, that – the Health and Wellbeing Board endorse the recommendations listed within the report which include a joint City & Hackney partnership commitment to reduce the harms from tobacco.

9. ANNUAL REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD

The Chair recommended that the number of co-opted Members on the Board should be extended from two Members to three Members.

The Town Clerk confirmed that there were outstanding vacancies for two co-opted Members and the NHS representatives listed within the constitution were external Members and not co-opted Members.

The Deputy Chair asked for further clarification within the Terms of Reference to ensure that it clearly stated who were the external Members and who were the co-opted Members since the wording was misleading. Officers highlighted that recent work from the Local Government Association could be used as feedback when drafting an updated version of the Board's Terms of Reference.

RESOLVED, that – the Town Clerk clarify the Membership listed in the constitution, extend the number of co-opted Members to three and to return to the Health and Wellbeing Board with a revised wording of its Terms of Reference for approval.

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

There were no questions.

11. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no urgent items of business.

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.

13. NON PUBLIC MINUTES

RESOLVED, that – the non-public minutes from the previous meeting held on 5 July be approved as an accurate record.

14. NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no non-public questions.

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

There no non-public urgent items of business.

The meeting ended at 12:48pm.

Chairman

**Contact Officer: emmanuel.ross@hackney.gov.uk - Agenda Planning
rhys.campbell@cityoflondon.gov.uk - Governance Officer/Clerk to the Board**

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Committee(s): Health and Wellbeing Board	Dated: 13 November 2024
Subject: Annual Review of the Board's Terms of Reference	Public: For Decision
This proposal: <ul style="list-style-type: none">• provides statutory duties• provides business enabling functions	N/A
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of:	Town Clerk
Report author:	Rhys Campbell, Governance Officer

Summary

The Annual Review of the Board's Terms of Reference enables any proposed changes to be considered in time for the annual reappointment of Committees and Boards by the Court of Common Council. The Terms of Reference for the Health and Wellbeing Board are attached at Appendix 1.

Recommendation(s)

Members are asked to:

1. Agree that the terms of reference of the Health and Wellbeing Board be approved for submission to the Court of Common Council in April 2025.

Main Report

1. The current Terms of Reference, as approved by the Court of Common Council in April 2024, are listed at Appendix 1.
2. One change has been made to the Board's Terms of Reference following a suggestion made at its last meeting held on 13 September 2024 and a footnote has been included to explicitly distinguish between Co-Opted Members and External Members, listed at appendix 2.

3. Following consideration of any changes to the Board's Terms of Reference, the Terms of Reference shall be received by the Board at a future meeting, to be approved for onward submission to the Policy & Resources Committee, and subsequently the Court of Common Council.

Appendices

- Appendix 1 – Court Order 2024/25 – Health and Wellbeing Board
- Appendix 2 – Court Order 2024/25 – Health and Wellbeing Board (Updated Version)

Rhys Campbell
Governance Officer

E: rhys.campbell@cityoflondon.gov.uk

MAINELLI, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 25 th April 2024, doth hereby appoint the following Committee until the first meeting of the Court in April, 2025.
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HEALTH & WELLBEING BOARD

1. **Constitution**

A Non-Ward Committee consisting of,

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- NHS representative of the City and Hackney Place of the North East London Integrated Care Board ("ICB") appointed by that agency.
- a representative of the Safer City Partnership
- the Port Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner
- NHS representative of the East London Foundation Trust ("ELFT") appointed by that agency
- NHS representative of the of the Barts Health NHS Trust (St Bartholomew's Hospital) appointed by that agency
- NHS representative of the Homerton Healthcare NHS Foundation Trust appointed by that agency

2. **Quorum**

The quorum consists of three Members, the majority of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2024/25**

- 5 (3) Mary Durcan
- 2 (2) Randall Anderson, Deputy
- 1 (1) Ceri Wilkins

Together with the Members referred to in paragraph 1 above.

Co-opted Members

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

4. **Terms of Reference**

To be responsible for:-

- a) carrying out all duties* conferred by the:- Health and Social Care Act 2012, Health and Care Act 2022 ("the HSCA") and Section 128A of the NHS Act 2006 for the City of London area, among which:-
 - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
 - ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

*All of these duties should be carried out in accordance with the provisions of the HSCA 2012 and 2022 concerning the requirement to consult the public and to have regard to the statutory guidance issued by the Secretary of State including "Statutory guidance on joint strategic needs assessment and joint health and wellbeing strategies (JHWBS)" <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance-and-non-statutory-guidance> " Health and wellbeing board – guidance" <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance> ;

- b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- c) appointing such sub-committees as are considered necessary for the better performance of its duties.
- d) to carry out the statutory duty to assess needs for pharmaceutical services in the City Corporation's area and to publish a statement of its first assessment and of any revised assessment.
- e) to be involved in the preparation of the joint forward plan for the ICB and its partner bodies including consideration of whether the draft takes proper account to of the Joint Local Health and Wellbeing Strategy.
- f) Approval of the Better Care Fund plan for the City of London area

5. **Substitutes for Statutory Members**

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

MAINELLI, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 25 th April 2024, doth hereby appoint the following Committee until the first meeting of the Court in April, 2025.
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HEALTH & WELLBEING BOARD

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- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
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- 2 (2) Randall Anderson, Deputy
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Together with the Members referred to in paragraph 1 above.

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

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- i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
- ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

*All of these duties should be carried out in accordance with the provisions of the HSCA 2012 and 2022 concerning the requirement to consult the public and to have regard to the statutory guidance issued by the Secretary of State including "Statutory guidance on joint strategic needs assessment and joint health and wellbeing strategies (JHWBS)" <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance-and-non-statutory-guidance> " Health and wellbeing board – guidance" <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance> ;

- b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- c) appointing such sub-committees as are considered necessary for the better performance of its duties.
- d) to carry out the statutory duty to assess needs for pharmaceutical services in the City Corporation's area and to publish a statement of its first assessment and of any revised assessment.

*The two co-opted non-City Corporation representatives shall be separate from the three NHS representatives (ELFT, St Bartholomew's and Homerton Healthcare) listed in the constitution.

- e) to be involved in the preparation of the joint forward plan for the ICB and its partner bodies including consideration of whether the draft takes proper account to of the Joint Local Health and Wellbeing Strategy.
 - f) Approval of the Better Care Fund plan for the City of London area
5. **Substitutes for Statutory Members**
Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

*The two co-opted non-City Corporation representatives shall be separate from the three NHS representatives (ELFT, St Bartholomew's and Homerton Healthcare) listed in the constitution.

Committee(s): Health and Wellbeing Board - For Information	Dated: 15/11/2024
Subject: City and Hackney Safeguarding Adults Board (CHSAB) Annual Report 2023/24	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1 and 2
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Helen Woodland <i>Group Director Adults, Health and Integration</i>	For Information
Report author: Shohel Ahmed <i>City and Hackney Safeguarding Adults Board Manager</i>	

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year.

This report outlines the key achievements of the Board as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the City of London Corporation is also included for reference.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults 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 2023/24.

Current Position

2. In line with its strategy, some of the key achievements of the Board in 2023/24 include:
 - The Board commissioned two discretionary Safeguarding Adults Reviews (SAR) throughout the year.
 - A learning event for the John SAR was held in June 2023, whereby the key themes from the SAR were discussed amongst relevant agencies and a multi agency action plan was drafted in line with the recommendations of the review.
 - The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 safeguarding courses delivered quarterly throughout the year.
 - Courses on offer included the following:
 - ❖ Safeguarding awareness training (webinar).
 - ❖ Trauma informed approaches to safeguarding (in person).
 - ❖ Safeguarding, Self-neglect & Hoarding (webinar).
 - ❖ Safeguarding Adults Workshop for Manager & Safeguarding Leads (webinar).
 - ❖ SAMs – Exploring the Roles, Responsibilities and Expectations of Safeguarding Adult Managers (webinar).
 - ❖ SAE – Undertaking S42 Safeguarding Enquiries (webinar).
 - ❖ Safeguarding, mental health and social isolation (webinar).

In total, over 150 people attended the various training sessions on offer.

- The Board organised a series of events throughout the whole month of November, in recognition of Safeguarding Adults Week. These included events on intergenerational domestic abuse, substance misuse, self neglect, homelessness and mental health. In total, over 120 professionals attended these sessions.
 - The City and Hackney Safeguarding Adults Board also helped organise a joint North East London conference, which focused on key learning and themes arising from Safeguarding Adults Review.
 - The Board undertook a self-assessment using the Safeguarding Adult Partnership Assessment Tool, which was analysed by the Board Manager and helped inform the strategic priorities during the partnership development day in March 2023.
 - There was Board attendance at a number of partnership groups including the suicide prevention group, strategic vulnerability board, community safety officer group and domestic abuse work streams.
 - Four safeguarding champions were trained to deliver 90 min sessions with community groups. Champions have delivered 3 sessions within the community across 2023-24. The Board is continuing to promote this across Hackney and City.
 - The CHSAB participated in the Safeguarding Adults Insight Survey from the LGA/ADASS, which sought to identify the impact of winter pressures and the cost of living crisis on safeguarding activity. The London Borough of Hackney was also profiled in a webinar organised by the LGA/ADASS where good practice was shared.
3. The Board has set itself the following strategic priorities for 2024/25:
- To continue to improve the quality of mental capacity assessments.
 - To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
 - To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
 - To identify and respond to the safeguarding needs of people who are homeless, people experiencing modern day slavery, people experiencing discriminatory abuse (hate crime) and young people (18-25 year olds).
 - To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
 - To support frontline practitioners to respond to complex issues relating to self-neglect.
 - To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews
 - To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

Options

4. N/A

Proposals

5. N/A

Key Data

6. Key data was collected in relation to safeguarding for the City of London Corporation:

- 49 safeguarding concerns were raised.
- 25 of the concerns led to a Section 42 Enquiry.
- A Section 42 Enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult. It aims to decide what, if any, action is needed to help and protect the adult.
- The trend over the last five years shows concerns have increased from 48 in 2019/20 to 60 in 2021/22 and then slightly decreased to 49 concerns in 2023/24. The conversion rate has slightly increased from 48% in 2022/23 to 51% in 2023/24.
- Out of 43 individuals that had a concern in the year, 29 were from a white ethnic background. Of which 16 met S42 enquiries.
- The most prevalent risk noted this year in safeguarding enquiries was Self-Neglect, accounting for 61% of all cases. This was closely followed by Financial or Material abuse, which constituted 35% of the risks. Discriminatory abuse, psychological abuse, domestic abuse, physical abuse, and neglect each represented 4% of the total risks identified.
- The majority of safeguarding enquiries related to alleged abuse that happened within the person's own home. Two enquiries happened in the community, 1 in the Hospital-Acute and 2 in other locations. The continued increase in cases in people's own home is consistent with national data which identifies that abuse typically happens within someone's own home.

Corporate & Strategic Implications

None

Financial implications

None

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

None

Climate implications

None

Security implications

None

Conclusion

7. The Annual Report summarises the key achievements of the Board and outlines the priorities going forward. The Annual Report will be published online.

Appendices

- Appendix 1 – CHSAB Annual Report 2023/24

Background Papers

N/A

Shohel Ahmed

City and Hackney Safeguarding Adults Board Manager

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CHSAB Annual Report 2023–24

**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**

Accessibility statement

If you require this document in a different format, please email



CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

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Introduction by Dr Adi Cooper

I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2023/24 (the Board), which is a key statutory duty. As the Independent Chair of the Board, I am extremely grateful to all partners for their continued engagement and support to safeguard people living in the City and Hackney in the context of ongoing challenges in responding to changing safeguarding risks and needs. The relationships between the Board's partners continue to be positive and collaborative, and appropriately challenging when seeking assurance that we are all meeting our safeguarding responsibilities.

The annual report describes what the Board has been doing as well as what individual Board partners have achieved during the year. It provides a picture of who is safeguarded and why. This helps to inform the Board's annual strategic plan and priorities for 2024/25. There continues to be learning from Safeguarding Adults Reviews that provide a focus for improvements in safeguarding practice and processes. This is reflected in the annual strategic plan and out priorities for 2024/25. There continue to be significant contextual factors that impact on people's lives and potentially increase safeguarding risks, such as the ongoing increases in the cost of living and the long-term legacy of the Covid-19 pandemic. The Board and its members continue to address these challenges and seek ways in which residents experiencing risks of abuse or neglect can be supported and protected.

I want to use this opportunity to thank all the practitioners and staff from the wide range of partner organisations and agencies, volunteers and residents in City and Hackney who are committed to keeping people safe in the City and Hackney. They have supported and continue to support people at risk of abuse or neglect, often without recognition, and make a huge and significant positive contribution to many peoples' lives.

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

What is the Safeguarding Adults Board?

Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to 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 lead or undertake work in respect of any other adult safeguarding issue it feels appropriate.

Membership

The CHSAB has three statutory partners: the Local Authority, Integrated Care Board (health), police, and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings:

2022-23	
Independent Chair	100%
London Borough of Hackney Adult Social Care	100%
Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, London Borough of Hackney	50%
North East London Integrated Care Board	75%
Homerton University Hospital	100%
Barts Health NHS Trust	75%
East London NHS Foundation Trust	75%

2022-23	
London Fire Brigade	25%
Metropolitan Police	100%
City of London Police	50%
Hackney Council Voluntary Service	100%
London Borough of Hackney Housing	50%
London Borough of Hackney Benefits and Homeless Prevention	100%
Age UK East London	75%
Turning Point	75%
Older People's Reference Group	75%
Department for Work and Pensions	100%
City and Hackney Public Health	50%

Principles

The Board's strategy and annual strategic plan is 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 informs 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."
- 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.”

- **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.”*

Board Governance

Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

Quality Assurance:

The group examines quantitative and qualitative data to help identify safeguarding trends and issues 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:

The group fulfils the Board's 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. It also monitors the embedding of action plans from reviews that have an adult safeguarding theme to them.

SAR action plan task and finish group:

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long term impact on improving practice.

Workforce Development:

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding.

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 allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities.

Anti-social behaviour and safeguarding:

This group was set up to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour. The group agreed to meet annually

to review the impact of particular workstreams overseen by the group.

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. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

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.

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 an adult safeguarding expertise.

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 allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities.

Budget

In 2023/24 the budget was £231,137 from the partners listed below:

Partner contributions to the CHSAB	CHSAB Partnership 2022/23 (£)
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)
Barts Health NHS Trust	(5,000)
City of London Police	(4,400)
LB Hackney	(127,352)
Total income	231,137

The expenditure for the Board in 2023/24 was £178,779

The remaining £52,348 were transferred to the reserve pot.

Supporting the CHSAB

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

CASE STUDY 1:



London Borough of Hackney Adult Social Care

Ben is a 54 year old man living in Temporary Accommodation arranged by the Hackney Benefits and Homelessness Prevention Team. A safeguarding concern was raised by his support worker at Thames Reach for self neglect. Ben has open sores on both his legs and he was refusing treatment. He would not attend hospital because of a previous negative experience. His sores were becoming necrotic and a safeguarding concern for self-neglect was made. A safeguarding enquiry was commenced. Contact was made with The Greenhouse Surgery, his recovery worker at Turning Point, Community nursing services and Thames Reach to identify what support Ben could access. A mental capacity assessment was completed regarding his capacity to consent to treatment.

Ben was identified as having the capacity to decide on his treatment options. He consented to the doctor from the Greenhouse supporting him with the treatment of his sores and engagement with District Nursing. He also agreed to the support of a care worker visiting him once a day to assist him in maintaining his personal hygiene and managing his home environment..

CASE STUDY 2:

North East London Integrated Care Board

Tommy had a bleed in his brain in December 2016 and as a result he spent six months in hospital for treatment and rehabilitation. He experienced brain damage that led to cognitive impairment. He returned to his family home with a small care package but predominantly to be supported by his wife. Tommy struggled to readjust and was frequently frustrated by his ability to complete everyday tasks. He experienced bouts of confusion that led to aggression and in some instances verbal and physical aggression towards his wife. During a crisis moment, Tommy's wife phoned the police to protect her safety. This phone call triggered a safeguarding response for Tommy and his family, by the police liaising with the Continuing Health Care team.



...He was assessed as having capacity to decide on his accommodation and care needs...

Initially Tommy's wife was supported with emergency alarms. However there were continuing incidents of threats and escalating levels of violence. At the same time, Tommy no longer wanted to engage with care agencies or support in his family home. In partnership with the Continuing Health Care team, options for alternative accommodation were discussed with him and his family. Tommy now lives in a brain injury supported living scheme with a good understanding of his behaviours and triggers. His family visit several times a week, and feel confident to do so as the staff are present in the event of a sudden change in his mood. He was assessed as having capacity to decide on his accommodation and care needs, and consented to remaining living in his flat with a 24 hour support worker and suitable restrictions in place.

CHSAB Achievements for 2022/23

Safeguarding Adults Review (SARs)

- The Board commissioned two discretionary Safeguarding Adults Reviews throughout the year.
- The JL discretionary SAR was commissioned in June 2023 to complement a local learning review by Adult Social Care services in Hackney.
- A practitioners event for JL was held in December 2023, whereby key lines of enquiries were explored and initial learning identified. The 7 minute briefing for JL was published on the Hackney SAR pages online.
- The FN discretionary SAR was commissioned in November 2023, but progress on this SAR stalled due to capacity issues. Work on the FN SAR resumed from April 2024, with plans to publish the SAR towards the end of 2024.
- A learning event for the John SAR was held in June 2023, whereby the key themes from the SAR were discussed amongst relevant agencies and a multi agency action plan was drafted in line with the recommendations of the review.
- The SAR action planning subgroup continued to meet throughout the year, to measure how well learning from published SARs have been embedded into practice.

Training and engagement with professionals

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 safeguarding courses delivered quarterly throughout the year.
- Courses on offer included the following:
 - Safeguarding awareness training (webinar).
 - Trauma informed approaches to safeguarding (in person).
 - Safeguarding, Self-neglect & Hoarding (webinar).
 - Safeguarding Adults Workshop for Manager & Safeguarding Leads (webinar).
 - SAMs – Exploring the Roles, Responsibilities and Expectations of Safeguarding Adult Managers (webinar).
 - SAE – Undertaking S42 Safeguarding Enquiries (webinar).
 - Safeguarding, mental health and social isolation (webinar).

- In total, over 150 people attended the various different training sessions on offer.
- The Board published quarterly bulletins for frontline staff providing them with updates on adult safeguarding issues.

Safeguarding Adults Week

- The Board organised a series of events throughout the whole month of November, in recognition of Safeguarding Adults Week.
- These included events on intergenerational domestic abuse, substance misuse, self neglect, homelessness and mental health. In total, over 120 professionals attended these sessions.
- The City and Hackney Safeguarding Adults Board also helped organise a joint North East London conference, which focused on key learning and themes arising from Safeguarding Adults Review.
- The conference was well received, with over 100 professionals across the North East London boroughs joining on the day.

Quality Assurance

- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was analysed by the Board Manager and helped inform the strategic priorities during the partnership development day in March 2023.
- The Independent Chair of the Board continued to meet with Board partners, in order to ensure that all safeguarding issues affecting residents were identified and addressed and that engagement with Board partners continued to increase. These check-ins also helped resolve any issues partners experienced within the system, and served to improve relationships with key stakeholders.

Multi-agency working

- There was Board attendance at a number of partnership groups including the suicide prevention group, strategic vulnerability board, community safety officer group and domestic abuse work streams.

Anti-Social Behaviour and Safeguarding Task and Finish Group

- The group reconvened in April 2023 to review the impact of the escalation protocol which was drafted as well as the document which mapped the existing panels within Hackney. Both these work streams were promoted widely at the time and were deemed to have led to positive outcomes across the partnership.



CASE STUDY 3:

HealthWatch

Eric was known to the HealthWatch Engagement & Co Production Manager as a volunteer patient representative. He attended various free activities in the community and volunteered helping refugee migrants. Eric himself is a refugee who found safety in the UK, after travelling here through a perilous route at the hands of people Traffickers. It was observed that his appearance has dramatically declined and that his normal chatty demeanour became very withdrawn. It was also spotted he was hungry all the time. A friendly chat with the patient first revealed he had been sleeping rough, due to an illegal eviction from a rogue landlord.

By raising this safeguarding concern, HealthWatch were able to get Eric into immediate, safe temporary accommodation, assist him with benefit & housing applications and support him getting online and trained digitally on the phone and laptop. This meant he could speak to his wife again who is still overseas.

A cohesive multi agency approach to Eric's case has resulted in him having permanent accommodation, a part time job, attending an ESOL course, much better health & financial prospects and increased social connectivity in the borough. An early concern being raised prevented the situation from escalating any further and the right support being put in place for Eric.

CASE STUDY 4:

Barts Health NHS Trust

Veronika was suffering from a chronic cardiac condition, physical disability as well as some cognitive impairment. She reported to the psychologist that she had concerns about her relationship with her mum, who would constantly undermine her and pretend to be Veronika to make health appointments which she would then miss. When she tried to create some distance from her mum, her mum reported her to adult social care saying she was self-neglecting. Veronika did not identify the abusive behaviour and emotional abuse from her mum, so advice was given to her psychologist to help support her in identifying this form of abuse and engage with the support that was provided.

Veronika subsequently consented to a referral to Adult Social Care, which resulted in more support for herself, whilst the GP was contacted about the mum's interference with care. The relationship with the psychologist continued to be a positive influence, who subsequently reported positive changes in Veronika's confidence and emotional health.

This case demonstrates the importance of supporting adults to identify and understand emotional abuse, which can sometimes be hard to identify especially when coming from a family member.

...reported positive changes in Veronika's confidence and emotional health....



Resident engagement

- Four safeguarding champions were trained to deliver 90 min sessions with community groups. Champions have delivered 3 sessions within the community across 2023-24. The Board is continuing to promote this across Hackney and City.
- The Board is committed to engage with people with lived experience, in order to identify how to improve safeguarding services for residents and ensure services are person centred. This remains a key priority for the Board, and plans to facilitate focus groups with service users throughout 2024 in order to ensure their voices can influence all aspects of the Boards work.

Engagement and partnership work

- The Board is part of a wider range of different stakeholder groups that includes the:
Carers Partnership Board, Suicide Prevention Board and domestic abuse work streams.

National work

- Members of the Board attend a number of national work streams including, the London Safeguarding Adults Board, SAB Chairs Network, SAB Manager Networks and Local Government Association and the Association of Directors of Adult Social Services Safeguarding workstream.
- The CHSAB participated in the Safeguarding Adults Insight Survey from the LGA/ADASS, which sought to identify the impact of winter pressures and the cost of living crisis on safeguarding activity. The London Borough of Hackney was also profiled in a webinar organised by the LGA/ADASS where good practice was shared.
- Members of the Board have presented at national safeguarding events that have occurred across England.



...Under Aaron's direction, a blitz clean was undertaken and fire detection equipment installed...

CASE STUDY 5:

City of London Corporation Adult Social Care

Aaron is a 47-year-old man living alone in privately rented accommodation. A referral was made to Adult Social Care by Tenancy Support following concerns around hoarding and self-neglect potentially leading to eviction.

A social worker visited and determined the property to be level 5 on the clutter image rating scale. This was discussed with Aaron who was struggling with his mental health and felt unable to make positive change on his own. A referral was made on his behalf to the Hoarding Self-neglect and Fire Risk panel; where a person-centred multi-agency risk plan was put in place involving Social Care, London Fire Brigade, Tenancy Support, Mental Health services and Environmental Health. Under Aaron's direction, a blitz clean was undertaken and fire detection equipment installed. A full Care Act assessment was completed with Aaron, and ongoing weekly specialist autism support was commissioned to support him in effectively maintaining his home environment.

Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that it was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2023/24, the Board commissioned two discretionary Safeguarding Adults Review.

JL: The discretionary Safeguarding Adults Review (SAR) into the death of JL was commissioned by the City and Hackney Safeguarding Adults Board (SAB) in April 2023.

JL was aged 77 when he died in his flat in February 2022. An inquest held in April recorded that his death was caused by pneumonia, frailty, chronic alcoholism, hyperthyroidism and frostbite. The review recommended strengthening input from housing partners within the Board as well as reviewing the Board's Escalation Policy.

FN: The discretionary Safeguarding Adults Review (SAR) into the death of FN was commissioned by the City and Hackney Safeguarding Adults Board (SAB) in November 2023. The FN had been known to services in Hackney since April 2020. FN was an extremely vulnerable individual who had cancer, and a long history of homelessness, trauma, alcohol misuse and substance misuse. A safeguarding referral was made to Hackney ASC in April 2023 due to concerns about his inappropriate housing, self neglect and inability to manage medication safely. FN experienced numerous hospital admissions and discharges between Dec 2022 and May 2023. FN was admitted to hospital in early May 2023 due to a fall and a head injury and died a few days later. The coroner's report noted his cause of death as 1a) Acute Respiratory Failure, 1b) Combined Opioid and Opiate Use and 2) Metastatic Testicular Seminoma, Hypertension, Chronic Obstructive Pulmonary Disease.

The review is currently still ongoing, with plans to publish the review towards the end of 2024.

CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult safeguarding. The Board renewed its Strategy in 2020 and published a five year plan on how it will deliver its goals.

In the forthcoming year (2023/24) the Board will focus on the following priorities:

1. To continue to raise awareness in relation to mental capacity assessment.
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
4. To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
6. To support frontline professionals to respond to complex issues relating to self-neglect.
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2023/34:

London Borough of Hackney Adult Social Care

- We developed and published the Self Neglect Toolkit in June 2023, which provided support to practitioners and agencies in identifying self-neglect and hoarding as a safeguarding issue and shape their responses. The guidance aims to help prevent harm to individuals who are at risk of self-neglect and improve consistency of approach across Hackney and the City of London by ensuring that there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect, there is effective multi-agency working and practice and individuals are empowered as far as possible to understand the implications of their actions or behaviours and supported to reduce any possible risks arising.
- We have ensured that our safeguarding approach is really person centred and outcome focused in line with the principles of Making Safeguarding Personal. Of the adults who were asked what their desired outcome was, 93% had their desires partially or fully achieved.

City of London Corporation Adult Social Care

- The City of London Homelessness and Rough Sleeping Service worked in conjunction with Adult Social Care in progressing cross boundary working to support homeless adults. The development of a City of London high support hostel in the London Borough of Southwark demonstrated the willingness of both local authorities to work together to find solutions to support one of the most at risk adult cohorts.
- Additionally, the City of London developed and implemented a more robust quality assurance programme across Adult Social Care (ASC) bringing in a full-time focused Principal Social Worker. This enabled a programme of audits across ASC which covered mental capacity assessments, safeguarding rough sleepers, and wider ASC casework. Actions arising from the audits include updating relevant recording forms and Practice Standards, implementation of good practice guidance and development of practice tools. The learning from audits was not focussed solely on action plans but included reflective practice sessions for practitioners across the service.
- The quality assurance programme also included bringing in external auditing, specifically around safeguarding practice which included interviews with social workers. The findings from this audit are being used to inform specific service wide reflective sessions focusing on broader

wellbeing outcomes for the Adult through curious practice around social isolation. A follow up audit is planned for next year to assess the impact of the work.

North East London Integrated Care Board

- The ICB continues to ensure that Adult Safeguarding is threaded through our health commissioning processes, internal activities and governance across the health economy. In this first full year there has been many opportunities to utilise the ICB infrastructure to grow and develop Adult Safeguarding activities. This is particularly relevant in the arena of learning from serious case reviews. A key example of this is the bolstering of the Learning Disability review programme LeDer: Learning from Lives and Deaths. Our recent achievements within this programme include the appointment of permanent and additional reviewers and the delivery of a learning from reviews conference. Alongside the LeDer programme the ICB continued its participation in other Adult Safeguarding enquiries including Safeguarding Adult Reviews and Domestic Homicide Reviews. A key aspect of this work has been the strategic analysis of SARs across NEL, drawing trends and key recommendations to share across all of our partnerships.
- As a statutory partner in Adult Safeguarding the ICB fully engaged in a number of projects and initiatives established to better support integrated safeguarding activity. This includes activities such as securing funding for the establishment of domestic violence trainer roles in health settings; supporting our partners to continually reduce the use of out of borough placements for City and Hackney residents who require residential care placements, and the establishment of a NEL wide information sharing forum to monitor quality issues that might arise in private providers. One such example of this partnership work includes our work in leading the local Refugee health steering group – a working group that sought to ensure that individuals placed in Home Office hotel accommodation will have full access to health and wellbeing resources whilst they live as citizens of City and Hackney. This work included arranging timely access to GP registration, vaccinations and immunisations alongside access to broader health and wellbeing activities. This work flourished as the local authority appointed specific staff to follow on project delivery.
- Finally, a significant development this year was the launch of the Serious Violence Duty - a statutory guidance that asks councils and local services to work together to share information and target interventions to prevent and reduce serious violence. There are specific expectations for ICBs within this guidance and we have already established a number of working groups to ensure that we are compliant to these expectations. A key aspect of this work is the collection of data from our health providers and the development of a coordinated strategic plan. We in the ICB benefit from being part of community safety partnerships in each of our local authority areas and we strive to bring this wider footprint of knowledge to each.



CASE STUDY 6:

City of London Corporation

Michael moved from Ireland to London as a young man and worked on construction sites throughout his working life. He has heart disease, experienced several infractions, and is dependent on alcohol. He tried to stop drinking to improve his health but started again when he had severe pain on his foot and could not find any other relief.

Safeguarding concerns were raised about his accommodation for many years. In addition to infestations, the flat was also not secure, with the front door in a state of repair.

When Michael was admitted to a London hospital with necrosis on his foot, he had to have surgery. Michael discharged himself earlier than recommended and refused to go back to any hospital; nor did he allow for his dressings to be changed. The risk of sepsis was high due to the environmental risks in his flat and his refusal of care.

Several health agencies worked together in ensuring that Michael had the right support in place. London Ambulance Service questioned if professionals had acted correctly in allowing Michael to self-discharge from hospital without a mental capacity assessment. The community matron coordinated service responses and ensured all information about risk was shared appropriately between hospitals and with community services. An Irish health worker managed to build a good relationship with Michael, which led to him trusting the health service enough to have his remaining foot checked regularly. The Single Persons Homeless project kept working with Michael although he no longer 'met their criteria'. Michael is doing well in his new supported accommodation. He is still not fully adhering to his treatment plan but he is engaging with services and doing much better.

Safeguarding data for 2022/23

The safeguarding data for 2022/23 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

City of London

49 safeguarding concerns were raised.

25 of the concerns led to a Section 42 Enquiry

19 concluded S42 enquiries in 2023-24 compared to **29** the previous year. **52%** of adults were asked about their desired outcomes and they were expressed. **90%** had their outcomes fully or partially met..

Concerns and Enquiries

The trend over the last five years shows, concerns have **increased from 48 in 2019/20 to 60 in 2021/22** and then **slightly decreased to 49 concerns in 2023/24**. The conversion rate has slightly increased from **48% in 2022/23 to 51% in 2023/24**.

Although the concern rate per **100,000** has been increasing in line with the national average in the last seven years, there has been a **slight decline in the last two years from 658 in 2021/22 to 613 in 2023/24**.

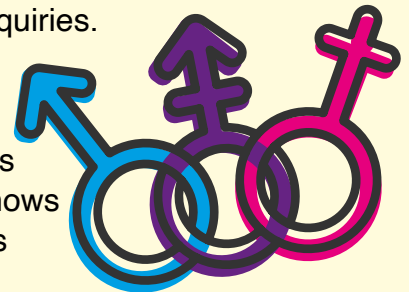


Ethnicity

The population adult structure of the city of London is mostly from the white ethnic background. The data shows the consistency that adults at risk are mostly from the white background. Out of **43** individuals that had a concern in the year, **29** were from a white ethnic background. Of which **16** met S42 enquiries.

Gender

The male population in the City of London Corporation makes up **55%** in the **18+** group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.



The data shows of the **43** individuals who had a concern during the year 2023-24, **18** were in the **18-64 age** grouping. The remaining 25 individuals were in the **65+** grouping.

Type of Risk

Upon concluding **19** S42 Enquiries, a total of **22** distinct risks were identified. The most prevalent risk noted this year in safeguarding enquiries was Self-Neglect, accounting for **61%** of all cases. This was closely followed by Financial or Material abuse, which constituted **35%** of the risks. Discriminatory abuse, psychological abuse, domestic abuse, physical abuse, and neglect each represented **4%** of the total risks identified.



In terms of the concerns raised during the 2023-24 period, Self-Neglect again topped the list, representing **57%** of all cases. This was followed by Financial or Material abuse at **24%**, and Neglect and acts of omission at **18%**.

Source of Referral and Risk

There was an increase in other referrals by **9%** from the previous year. The 'In line with the national and London average, the data shows **64%** of the client's risk comes from someone known to the individual. This is a decrease from the previous year 2022-23 of **74%**. A slight increase in service providers at **32%** compared to **24%** the previous year.

Location of Risk

The **majority** of safeguarding enquiries related to alleged abuse that happened within the **person's own home**. Two enquiries happened in the community, **1 in the Hospital-Acute and 2** in other locations. The continued increase in cases in people's own home is consistent with national data which identifies that **abuse typically happens within someone's own home**.

Making Safeguarding Personal

There were **19** concluded S42 enquiries in 2023-24 compared to twenty-nine the previous year. **52%** of adults were asked about their desired outcomes and they were expressed. Of which **90%** had their outcomes fully or partially met. **The local management system recording has been improved to capture the outcomes better than in previous years** and there has been some discussions at Safeguarding Adults Board Quality Assurance group around whether further improvements could be made to the form data fields to capture a more in-depth understanding of the MSP data.

London Borough of Hackney

Data has been collated from three different sources for this reporting year.

Concerns and Enquiries

1788 safeguarding concerns were raised

The number of accepted section 42 enquiries is generally in line with the previous two years.

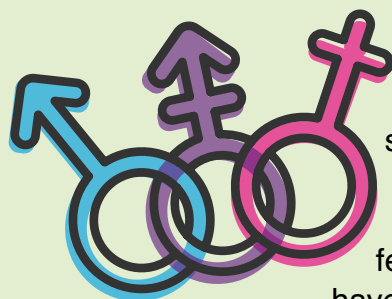


Ethnicity

The proportion of concerns broken down by ethnicity for 2023/24 remains very similar to previous years. The most concerns continue to relate to adults from a White or Black African, Caribbean, or British background, and is generally consistent with the demographic profile of the borough. The proportion without a declaration has **dropped from 18.4% in 2022/23 to 8.5% in 2023/24**; this is primarily due to a better case management system being used now compared to the interim systems used in 2021/22.



Gender



The proportion of concerns split by gender remain very similar to previous years, **with females amounting to 54.1% of concerns**. This is consistent with the 2021 census for Hackney, which shows the borough has more females compared to males, and therefore expected to have a higher proportion of concerns.



The highest number of concerns being raised in respect of age has remained the same as last year; **those between the ages of 26-64**. This contrasts with the national picture of safeguarding, which highlights that abuse is typically experienced by older adults. This contrasts with the national picture of safeguarding, which highlights that **abuse is typically experienced by older adults**. The younger demographic within Hackney could be an explanation for this.

Type of risk

The most common form of abuse reported **continues to be self-neglect, which makes up 26.9%** of all concerns reported. **Neglect and Acts of Omission and Financial or Material abuse make up the second and third most common types of abuse**, in line with what we saw over the past two years.



Source of Referral and Risk

The data shows that the source of risk is most likely to be someone known to the individual, **which makes 81% of concerns referred** to adult safeguarding. There has been a decrease in the service provider being identified as the source of risk, **from 15% in 2022/23 to 8.8% in 2023/24**.

The number of safeguarding concerns from Hospitals remains the most common source of referrals, amounting to 24.1%. There continues to be a consistent number of concerns raised by friends and family, which is encouraging for the Board and evidence of the engagement work done with many community groups over the past couple of years.

Location of Risk

The data continues to show that most abuse occurs within the home. This could **correlate with the increase in the cases of self-neglect**, which tend to occur within people's own homes.

Making Safeguarding Personal

In **89% of concluded section 42 enquiries**, adults were asked what their desired outcome was. This is **slightly down from the previous year's figure of 85%**.

Of the 89% that were asked, 92% had their desires partially or fully achieved (up from 88% last year). This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.

East London NHS Foundation Trust (ELFT)

249 safeguarding concerns were raised for 2023/24,

There were **95** accepted section 42 enquiries, which is generally in line with the previous two years.

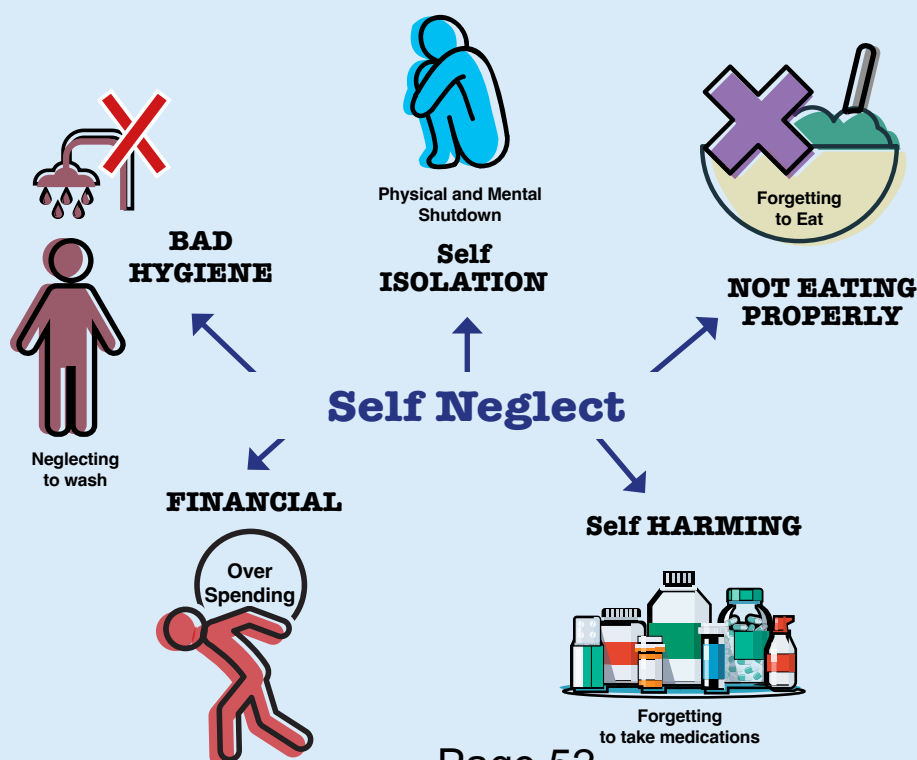
A large number of safeguarding concerns received by ELFT are raised in relation to mental health crises and have often been acted upon when the safeguarding concern is received.

This might explain the number of concerns that are not registered as s42 enquiries. It is worth noting that the level of complexity being managed in the communities has risen sharply within mental health services over the last couple of years, and many issues often in the safeguarding domain are managed under care coordination in community teams.



Type of Abuse

Financial or Material Abuse amounted to **27%** of all concerns, with **self neglect at 18%** and **physical abuse at 14%**. Since the pandemic, there have been increasing reports of financial abuse and self-neglect in the community. The high levels of physical abuse will be impacted by incidents of violence on the psychiatric wards and mental health crisis.





CASE STUDY 7:

Department for Work and Pensions

A 59 year-old male with eye condition and reading/writing difficulties was referred into Advanced Customer Support by a Universal Credit work coach, who had lost contact with the customer since July 2022. Multiple contact attempts were made including by phone, letters and with DWP Visiting Officers. The customer was a phone claim customer and notes on the system stated that he lived alone with no family support and there was no indication that he was engaging with any other professional organisations. His claim was at risk of being suspended due to non-engagement. The customer was possibly in financial hardship as DWP did not know if he had been collecting or cashing his payment vouchers. There were also concerns of self-neglect as the social worker had also noted no engagement since April 2022 despite multiple visits. The support worker, rent officer and Neighbourhood Watch team facilitated visits to the customer, who responded to a calling card and attended the Hackney Council office. He advised that he was unaware of the job centre's contact. Hackney supported him with attending a job centre appointment and contact remains consistent as of today. DWP have ensured contact details are kept up to date and that his vulnerabilities are noted on the system.



...eye condition and reading/writing difficulties was referred into Advanced Customer Support by a Universal Credit work coach,...

Homerton University Hospital NHS Foundation Trust

- Over the past 18 months there have been a number of incidents, serious incident review meetings and investigations that have identified a need for a multi-disciplinary forum to support staff to manage patients with complex behavioural, neurological, psychological and social needs. The complex patient panel has been established to provide staff with responsive, senior multi-disciplinary support to manage complex, ward-based patients. Chaired by the head of adult safeguarding, this meeting takes place weekly and has been effective since July 23.
- Training compliance has increased – over 30% of patient facing staff with a professional registration are now compliant with level 3 training and we will be mandating this from the spring 24.
- Multi-disciplinary simulation training commenced this year - the first time the SAT had used simulation in their training programmes. With the help of the simulation team, we devised an interactive communication course which aimed to help health care professionals explore communication strategies to better manage challenging conversation in the assessment of mental capacity.

East London Foundation Trust

- There has been a significant improvement in the length of time safeguarding concerns are open due to a number of teams reviewing their safeguarding process and assigning leads to oversee the process.
- Additional safeguarding training has been made available for clinicians, with specific training being available on areas such as dual diagnosis and safeguarding, coercion and control and intergenerational abuse. We are taking steps to address any learning needs on a continual basis.
- DIAS and Turning Point workers are now working in house to increase staff knowledge re dual diagnosis and domestic abuse, financial abuse, intergenerational abuse and coercion and control. Prevent training has also been organised by ELFT Safeguarding Lead for clinicians in ELFT.

Barts Health NHS Trust

- At the end of 2022, the structure of safeguarding teams within the Trust changed, with devolvement to the hospital sites and increased staffing for safeguarding processes, with new adult specific roles at the Royal London and St Barts Hospitals. Since then, the team is now fully staffed, which has allowed a significant improvement in the team's effectiveness. For example, with co-working with local authorities, we have reduced the number of open safeguarding concerns against the Royal London and St Barts sites have gone down to from over 60 to less than 20; with none open for longer than 3 months. There had previously been multiple concerns that had been open for over 6 months.

- Barts has also, taking learning from audits, safeguarding cases, and SARs, a Trust wide plan to improve staff knowledge and implantation of the Mental Capacity Act/DOLs, with renewed MCA processes, audits and embedding of MCA training within a wide variety of existing training schemes as well as delivering MCA specific training for staff.

Metropolitan Police Service

- Successful implementation of Right Care Right Person to be able to focus on core policing business driving change in partner agencies to improve and streamline their own processes to absorb the additional demand.
- Maintaining 'business as usual' high level of service throughout the cost of living crisis and associated increased societal unrest.

City of London Police

- We initiated the Bridge Watch Project, which is an initiative aimed to address the public health and safety issues in the areas surrounding the bridges of the City of London. Incidents involving people suffering mental crises and indicating intent to enter the water from these sites, account for a rising number of incidents around Thames bridges annually. The Bridge Watch pilot aims to provide a 'physical presence' of teams of volunteers that will patrol the areas on and around the bridges of London and who have a brief to engage with anybody indicating intent to enter the water.
- The Mental Health Street Triage team (MHST) remains an example of good practice amongst other forces, who are looking to replicate the model. The MHST has 3 full time staff members, and of the 40 referrals that were made to them over the past year, only 4 resulted in a 136 detention by police, with the rest being referred to alternative pathways freeing up valuable police time. The City of London Police remains integrated nationally around mental health and continues to improve the data we hold, the quality of it and how we share it for evaluation and analysis to improve the response to the mental health crisis.

Age UK East London

- In the face of increasing demand and complexity and the consequent recognition that there is a greater risk to vulnerable adults as a result, we have reviewed our processes and record keeping. We now ensure that any safeguarding concerns are case conferenced across our teams as a way of enhancing understanding of good practice.
- We have embedded Levels 2 and 3 training into our mandatory training for all staff and have added 'Safeguarding for Managers' for all managers.



CASE STUDY 8:

Turning Point

Andy is a 53 year-old male with a history of injecting opiates and alcohol difficulties. Currently compliant on methadone, however, continues to drink to dependent levels. Andy is a frequent attendee at several hospitals due to alcohol use, other health complications or because of his foot ulcer. Previously, there were incidents of poor discharge planning from hospitals, seeing Andy return to studio with a POC and often being readmitted within a few days. There are regular professionals' meetings which include Turning Points recovery worker, hospital staff, housing/tenancy support and social workers to discuss Andy's capacity, support and key decisions about his future and risk is discussed.

Andy has had several capacity assessments related to his continued alcohol use and lack of engagement with key services, whilst service professionals continue to work together to reduce the harm of Andy's self-neglect and alcohol use.

Turning Point

- Turning Point has an average of 1800 people registered for support with substance use difficulties and may have a combination of other support needs including mental health, domestic abuse or and homelessness. Our work is challenging as we continue to work with other agencies and professionals in efforts to support people with the complexities they present with, reduce risks and support in their recovery. Following discussions with the senior manager of the adult safeguarding teams, Turning Point now co-locate regularly at the civic centre amongst the various colleagues and teams, providing substance use information, responses to queries about the service and discussing mutual clients. This arrangement has been beneficial to improve communication, highlight where referrals can be made or where other interventions can be implemented to reduce risks.
- Domestic Abuse Intervention Services (DAIS) have continued to co-locate within the Turning Point service twice weekly, providing the opportunity for in person consultations on domestic abuse and reducing risks to adults and children, advising on referring to MARAC, using the updated domestic abuse risk assessment tool or encouraging consent from service users to complete a DAIS referral.
- We now have an appointed family, friends and carer worker within the service, who supports those affected by another's substance use. Assessing these individuals is often an effective way to get more information regarding risks and safeguarding concerns related to these individuals and their loved ones who are using substances and are also known to the service.

London Borough of Hackney Benefits and Homeless Prevention

- The service worked with the Head of Safeguarding and Head of Mental Health and Learning Disabilities on our hospital discharge procedure, which highlighted the need for the service to request for an up to date Care Act Assessment for patients being discharged from MH hospital but also for those who are under secondary MH services in the community. This was introduced so that we can be confident on the suitability of placements being considered for general needs accommodation or when considering alternative housing options, which are better suited for the individual's needs. We are currently in the process of embedding the new process.
- The service also has two social workers embedded into the service; one generalist and one mental health specialist social worker who continue supporting our frontline staff to better support residents presenting multiple disadvantages. They also facilitate weekly drop-in sessions for staff and

deliver quarterly lunchtime learning sessions for the service on various topics including; mental health crisis pathways in Hackney, Care Act Assessment and Mental Capacity Assessment.

- The service has delivered Trauma informed approaches and Reflective practice training to all frontline officers to ensure they have the right skills to support residents who present often with multiple traumas. Last year we also made a free training program produced by Aneemo mandatory for all frontline officers to enhance their knowledge and skills. The training is on Improving Access to Services for Clients Experiencing Multiple Disadvantage & Co-occurring Conditions.

Department for Work and Pensions

- The Department for Work and Pensions (DWP) has a suite of comprehensive guidance and learning products readily available for all colleagues on how to deal with vulnerable citizens including those citizens who discuss harming themselves. When a threat of self-harm is identified, staff follow a six-point plan that helps them take the right action at the right time; this could include alerting the emergency services. All Communications from the SAB are taken forward and communicated to the Jobcentres in local Jobcentres and to relevant national teams.
- DWP introduced mental health training for Work Coaches and this has better equipped them to identify customers' mental health issues or vulnerability, and take appropriate action to support them. The learning continues to be updated to ensure the content is relevant and in Redbridge we have more awareness sessions planned over the coming months for newer starters.
- Every Jobcentre has a complex needs toolkit containing links to local organisations who can help and provide support to those who require it. This toolkit is accessible by most customer facing roles. The toolkit was developed by a range of experienced officials across the department, to support, signpost and raise awareness of citizens with complex needs. All colleagues are currently being trained and refreshed in complex needs at face to face events and this includes Safeguarding.

CASE STUDY 9:

City of London Police

A friend of an elderly man suffering from Parkinson's and in supported accommodation identified that his carer was subjecting him to economic abuse and reported this to Social Services who contacted the City of London Police.

A joint professionals meeting was arranged, which led to a safeguarding referral to the agency employing the suspect and access to records in order to establish whether



there were any further vulnerable victims. A meeting between healthcare, social services and police reviewed the suitability of the man's accommodation and put measures in place so he could safely remain in his home address; including updating the police control room in respect of the man's vulnerability.

An interview to obtain evidence and permission to access his financial records was arranged using an intermediary as well as the man's social worker. The presence of the social worker provided support for the man who was anxious due to his condition as well as his limited interactions with the police. As a result, the suspect was arrested and a case file submitted to the Crown Prosecution Service.

CASE STUDY 10:

Metropolitan Police

The police became aware of **Amy**, who was a disabled resident with a serious medical diagnosis, being taken advantage of by drug users who were using her residence as a place to meet and take class A drugs. The Police worked with Hackney Council, to move towards a permanent resolution. Amy was safeguarded and moved to alternative accommodation and received ongoing medical treatment. The Police then continued with their investigation and arrested a wanted offender at the address that had been frequented by drug users. Other nearby residents had been victims of anti-social behaviour. Working with Hackney Council, police arranged for the venue in question to be boarded up preventing further drug consumption and anti-social behaviour. The resident who had been relocated is being supported.



...Amy was safeguarded and moved to alternative accommodation and received ongoing medical treatment..

Appendix A:

CHSAB Annual Strategic Plan 2023-2024

CHSAB Annual Strategic Plan 2024 – 2025

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

Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland / Georgina Diba /
City and Hackney ICB	Diane Jones / Celia Jeffreys / Mary O'Reardon
City of London Police	Alistair Marman
Barts Health NHS Trust	Clare Hughes
London Fire Brigade (City of London and Hackney)	James O'Neill
National Probation Trust	Stephanie Salmon
Healthwatch Hackney	Sally Beaven
Hackney CVS	Tony Wong
London Borough of Hackney and City of London Public Health	Andrew Trathen
Turning Point (substance misuse service)	Jude Unsworth
Older Person's Reference Group	Cynthia White
Commissioning LBH	Jenny Murphyl

Partner	Lead
City of London Corporation (CoL)	Chris Pelham
Hackney Metropolitan Police (MPS)	Vijay Gorania
Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
East London Foundation Trust (ELFT)	Jed Francique
Age UK	Larissa Howells
Department of Work and Pensions	Laura Anderson
Healthwatch City of London	Lesley Oblein
The Advocacy Project	Judith Davey
London Borough of Hackney Benefits and Housing Needs	Jennifer Wynter
City and Hackney Safeguarding Children's Partnership	Jim Gamble
City of London Commissioning	Sacha Lewis
City of London Housing	Liam Gillespie

Sub-group	Chair
SAR & Case Review	Chris Pelham
Quality Assurance	James Pearce
SAR Action Plan Group	Mary O'Reardon

Sub-Committee	Chair
City of London	Dr Adi Cooper

Task & Finish Groups	Chair
Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Safeguarding and Anti-Social Behaviour	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 continue to improve the quality of mental capacity assessments.	1.1 To undertake a multi agency case file audit including mental capacity assessments as a theme in order to monitor the improvement.	Quality Assurance Subgroup	<ol style="list-style-type: none"> 1. There is assurance that audits on capacity assessments improves practice. 2. There is more support offered to residents who have fluctuating or lack executive capacity. 	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”

Priority	Action	Lead	Intended Impact	Update
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.	2.1 The Board will train and induct a new cohort of Safeguarding Champions to deliver safeguarding awareness sessions across the community.	CHSAB Manager / HCVS	1. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney	
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board’s work	3.1 The Board Manager will coordinate/ facilitate focus groups for people with lived experience, in order to gain insight and feedback on their safeguarding journey.	CHSAB Manager	1. The Board will be able to identify how to improve adult safeguarding services for residents 2. The Board will be able to ensure that safeguarding services are person centred.	

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
4. To identify and respond to the safeguarding needs of people who are homeless, people experiencing modern day slavery, people experiencing discriminatory abuse (hate crime) and young people (18-25 year olds)	4.1 Raising awareness of the safeguarding needs of people experiencing homelessness and modern day slavery	CHSAB/ Executive Group	1. Increased reporting in these categories of abuse. 2.)Increased awareness of these categories of abuse.	
	4.2 Identify areas for improvement and develop plans to address these needs, and monitor how needs are being met.	CHSAB/ Executive Group	3. Increased efforts in prevention and early intervention to mitigate the risks associated with these categories of abuse/exploitation.	
	4.3 Work in partnership with the Community Safety Partnership on modern day slavery and hate crime.	CHSAB/ Executive Group		
	4.4 Work in partnership with the Safeguarding Children Partnership to address transitional safeguarding needs.	CHSAB/ Executive Group		

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
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.	5.1 The Independent Chair will continue to review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners.	Independent Chair of the Safeguarding Adults Board	1. The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners	
	5.2 The Board will seek assurance around the safeguarding of refugees and asylum seekers placed in hotel accommodations within the borough.	CHSAB/ Executive Group	1. The Board has oversight around the safeguarding mechanisms in place to protect refugees and asylum seekers from exploitation and harm.	
	5.3 To develop a multi agency dashboard that has a clear focus on outcomes and helps identify emerging safeguarding risks and trends.	Quality Assurance subgroup	1. The Board is better able to respond to emerging risks and trends within the community.	

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
6. To support frontline practitioners to respond to complex issues relating to self-neglect	6.1 The Boards will continue to offer and promote training to practitioners on recognising, assessing and responding to self neglect. This will be done through the Boards training offer, as well as sessions during safeguarding month.	CHSAB Manager	<ol style="list-style-type: none"> 1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect 2. There will be improved outcomes for people experiencing self-neglect 	
	6.2 To monitor the usage and impact of the self neglect toolkit.	Adult Social Care London Borough of Hackney & the City of London Corporation.	<ol style="list-style-type: none"> 1. The Board is able to assess the effectiveness of the toolkit and inform decision making. 2. Accessibility of the toolkit is enhanced 	

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
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews	7.1 A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney and the City of London to assess how future fire deaths can be prevented.	SAR sub-group	<ol style="list-style-type: none"> 1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be will be a reduction in fire related deaths in Hackney and the City of London 	
	7.2 The SAR protocol will be reviewed/ refreshed to ensure the SAR 'journey' is as efficient, effective and responsive as possible from start to finish.	SAR sub-group	<ol style="list-style-type: none"> 1. Agencies and professionals all have a clear understanding of their roles, responsibilities and procedures when conducting SARs 2. Learning from SARs will be embedded more efficiently 	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”

Priority	Action	Lead	Intended Impact	Update
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	8.1 The Board will work with its partners (including the voluntary sector) to raise awareness of safeguarding pathways (for professionals) and safeguarding risks (for residents).	CHSAB/ CHSAB Manager	<ol style="list-style-type: none"> 1. Professionals are better equipped to intervene more promptly when needed. 2. Residents are more resilient and empowered to raise concerns early to prevent harm/abuse. 	



Accessibility statement

If you require this document in a different format, please email



CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

City & Hackney Safeguarding Adults Board

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Committee(s): Health and Wellbeing Board – For decision	Dated: 15/11/2024
Subject: Overheating and health – opportunities to collaborate between partners.	Public report: For Decision
This proposal: <ul style="list-style-type: none"> • Delivers Corporate Plan 2024-29 outcomes 	<ul style="list-style-type: none"> • Leading Sustainable Environments • Providing Excellent Services • Diverse Engaged Communities
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	£ -
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Dr Sandra Husbands, Director of Public Health	For Decision
Report author: Tim Munday <i>Lead Environmental Resilience Officer, Environment</i> Jayne Taylor <i>Consultant in Public Health, CCS</i> Ratidzo Chinyuku <i>Senior Public Health Specialist, CCS</i> Rebecca Waters <i>Deputy Programme Manager Net Zero & Anchor Organisations, NEL ICB</i>	

Summary

With the increase in temperatures expected due to climate change, the City of London and elsewhere can expect to be impacted by more frequent incidence of overheating. The resulting disruption and direct impacts will affect public health.

There will be a disproportionate distribution of these impacts with vulnerable members of society being unfairly impacted. Work to mitigate these risks forms an important part of a Just Transition.

The high number of workers coming into the Square Mile and its geographic position makes the risk of overheating to the City of London unusual. Complex interactions

govern the relationship between health, climate change and everyday life. Certain characteristics increase vulnerability to overheating.

This paper follows work to understand in detail the links between overheating-related climate risks and how they interact with various elements of health. These have then been considered in reference to key areas of work of the Health and Wellbeing Board. The details arising from this exercise are available in Appendix 1.

This paper sets out recommendations for continued and closer collaboration between teams working in Public Health and Climate Action. The paper includes potential actions which the board could take forward as shared actions between members.

Recommendations

Members are asked to:

- Note the report.
- Endorse the continued collaboration between officers working in Public Health and Climate Action, and others on the issues outlined in the report.
- Consider further collaboration between partners on the areas identified within the report.
- Advise on areas for (further) collaboration to maximise the collective impacts of local action on overheating (and climate change more generally) to protect and improve population health (and reduce health inequalities) in the City of London.

Main Report

Background

1. As the climate changes we can expect to see a broad range of impacts including higher temperatures, more frequent heatwaves, and the disruption resulting from these. By the 2050s central London can expect to have 19 days of heatwaves a year, rising to 56 days by 2080. This is already having broad-ranging implications for health and health inequalities, and without action this will continue to worsen. Many systems in the UK are already facing unacceptable impacts, costing an estimated £6.8 billion per year.
2. The Health and Wellbeing Strategy sets out three priorities (increasing financial resilience, increasing social connection, improving mental health) which can each be demonstratively shown to be negatively impacted by higher temperatures and also create greater vulnerability. When considered alongside the other direct effects to health (heat related illness and mortality) and indirect effects (air quality, food/water supply, economic productivity, disruption to services etc) it is clear that the risks from extreme temperatures are one of the most important climate impacts for health. These impacts will be spread disproportionately, falling more heavily on the most vulnerable.

3. The link between heat and direct impacts to health is well established including exacerbating existing conditions, adverse mental health outcomes, and heat-related hospitalisations. There is an increasing trend between extreme heat days and heat-associated deaths in data from 2016 to 2023 and the number of heat-related deaths per year may triple by 2050.
4. These direct impacts increase demand on healthcare services at a time when the effects of heat will have a negative impact on the health and social care system itself. This occurs where care settings are not designed for higher temperatures, with staff being disrupted by transport and reduced productivity, and issues with supply chains and availability.
5. Prolonged higher temperatures will at the same time be negatively impacting the wider determinants of health. Amongst other things reducing the availability of fresh food, limiting opportunities to be active, and disrupting learning environments. Significantly though higher temperatures increase the risk of social isolation, often for those who are more vulnerable and at a time when having strong social connections plays an important role in ensuring that vulnerable community members receive the help and support they need.
6. Overheating and extreme hot weather is interlinked to wider environmental impacts. This includes poorer air quality, associated drought conditions, and a cascading risk where periods of heatwaves are often followed by thunderstorms and flash flooding. Each of which can result in negative impacts to health.
7. Overheating risks are particularly acute within the Square Mile. With its central position within the capital it is significantly impacted by the Urban Heat Island (UHI). The UHI effect results from the built environment absorbing heat during the day and then slowly releasing heat over time, increasing nighttime temperatures. This can result in temperatures up to 5 degrees higher on the hottest days than recorded in rural areas.
8. The demographics of the City of London's populations increase this risk yet further. The Square Mile has a residential population that primarily live within apartment buildings and that skews towards older age groups. In addition there is a significant workday population that largely commutes in via public transport. This includes a sizable and under-recognised workforce of those working outside or in already hotter conditions (such as kitchens) and are therefore more likely to be exposed to higher temperatures.
9. In London inequity is exaggerated compared to national averages. Where groups are at an increased risk of harm from overheating and/or are less resilient to or less able to recover from these harms, they will be disproportionately impacted. These groups may have existing social vulnerabilities that climate change will exacerbate. A Just Transition demands a fair approach, reducing the impacts on those most vulnerable and worst affected. However, care needs to be taken to ensure that these actions don't have unintended health 'disbenefits' or widen health inequalities.

10. Unlike some other climate impacts such as flooding, managing risks from overheating is not a well-established field. There is a lack of clarity and fragmentation as to who holds responsibility for managing risk. The UK Health Security Agency (UKHSA) plays a lead role in managing the health impact of overheating. They do this through the Adverse Weather and Health Plan. For the immediate future the UKHSA considers the main risk associated with temperature to be from extreme cold and this is therefore the primary focus on the plans.
11. This lack of clarity is noted in the London Climate Resilience Review (LCRR), the full report of which was published in July 2024. A key recommendation from the review is that the Mayor of London takes on a regional responsibility for coordinating local actions to ensure that the risks from heat are managed holistically. The LCRR makes a number of further recommendations in relation to health and climate resilience.

Current Position

12. Work has already been undertaken locally on climate action that addresses overheating. The North East London Integrated Care System Green Plan (NEL ICS Green Plan) sets out the partnership's journey to Net Zero. And the City of London Corporation's Climate Action Strategy (CAS) sets its own ambitious objectives on net zero and climate resilience within the Square Mile. Issues associated with extreme heat are covered in the Severe Weather Emergency Protocols as part of the City Corporation's Homelessness and Rough Sleeping Strategy.
13. Through the CAS work, a City Specific Heat Risk Index has been created. This combines datasets on vulnerability (population characteristics that increase the risk from overheating) with datasets on exposure (characteristics that increase the likelihood of a place being hotter). This Index has then been mapped to aid understanding heat risk across the Square Mile (see Appendix 1).
14. Detailed reviews for key target areas associated with the work of the Health and Wellbeing Board have been undertaken. The key target areas considered are:
 - a. Healthcare settings and their surroundings
 - b. Healthcare provision and services
 - c. Education and libraries
 - d. Housing
 - e. Homelessness and rough sleeping
 - f. Ports and markets
15. The specific climate-health impacts for each of these areas have been identified and this has been used to see where possible solutions align with existing CAS works or there may be future opportunities for further work. Climate action includes both mitigation (Net Zero) and adaptation. This review also considered where climate actions could result in unintended negative health consequences or maladaptation.

Options

16. Option 1: This option would see the current level of engagement between partners continue, working on a case-by-case basis on specific projects where shared interests align **(not recommended)**.
17. Option 2: This option would see the Health and Wellbeing Board - as a collective body and as leaders within their organisations - use its influence to strengthen local partnership action on climate-health impacts **(recommended)**.

Proposals

18. The Health and Wellbeing Board is being asked to endorse enhanced collaboration to continue to explore and take forward shared actions to prevent/reduce the harms of extreme temperatures. Members are asked to consider and advise on the following potential Climate-Health Actions:
- a. Place-based partnership: setting up a climate-based partnership to look at specific place-based interventions. This should include guidance for local occupiers.
 - b. Roofs designed to cool: sharing best practice on cooling roofs and targeting a white roofs programme for key buildings. Working with the planning team to ensure that overheating is accounted for in new developments. Using heat index and data to identify key sites and working with partners to prioritise and apply for funding.
 - c. Heat Plan exercise: partaking in a joint exercise of Extreme Weather Plans to test responses to heatwave incidents.
 - d. Cool spaces network: expanding the network of cool spaces within the Square Mile, tailoring to City requirements and needs. Focusing on supporting vulnerable settings, areas and population groups. Using heat index and data to identify key sites and working with partners to prioritise and apply for funding.
 - e. Community Champions: explore opportunities for wider community engagement, including through the existing City & Hackney Community Health Champions programme.
 - f. Further suggestions and opportunities from Board Members and partner organisations.
19. Should they agree to the above, Health and Wellbeing Board partners are asked to express how they would wish to see these actions taken forward and the frequency with which progress updates should return to this Board.

Key Data

20. There is an increasing trend in both extreme heat days and heat-associated deaths. The five periods of heat during summer 2023 resulted in an estimated 2295 deaths in England. The population size for the City of London is too small to

give meaningful statistics, which is not to say that works would have limited impacts.

21. As part of the CAS, climate sensor networks have been installed across the Square Mile. These will give longer term data on the number of extreme heat days within the City of London and granular detail of how these events are felt within the public realm.

Corporate & Strategic Implications

Strategic implications

Progressing work outlined within this paper will contribute towards Corporate Plan aims of Leading Sustainable Environment, Diverse Engaged Communities, and Providing Excellent Services through creating the conditions for places, people and processes to be more resilient to overheating. The work actively fulfils objectives within the Climate Action Strategy and Health and Wellbeing Strategy.

Financial implications

There are no new financial implications arising from the proposal within the paper at this stage.

Resource implications

There are no new resource implications arising from the proposal within the paper at this stage.

Legal implications

None.

Risk implications

The proposals in this paper seek to actively address and mitigate risks arising from climate change and overheating.

Equalities implications

If unmitigated, the impacts from overheating will have a disproportionate impact on some groups of people associated with protected characteristics. The Just Transition approach proposed within this paper actively prioritises reducing the impacts on those most vulnerable and worst affected. Subsequent works outlined should it be taken forward may require a full Equality Impact Assessment.

Climate implications

The primary aim of this paper is to further mitigate and adapt to the impacts of climate change, using opportunities to specifically address health related impacts. The proposals outlined would increase climate resilience of the most vulnerable and seek to ensure that climate action minimises potential unintended health disbenefits.

Security implications

None.

Conclusion

22. Overheating is one of the main risks to public health from climate change. Without action it will have a disproportionate impact on already vulnerable groups. The City of London has specific challenges due to its location and population characteristics.
23. This paper seeks to gain high level support from the Health and Wellbeing Board to continue to progress a range of collaborations which would manage the risks from overheating to health.

Appendices

- Appendix 1 – Overheating and health – Presentation to Health and Wellbeing Board.

Background Papers

[Climate & Health – Opportunities for Collaboration](#) [Presented to City Health & Wellbeing Board on 24/11/2023]

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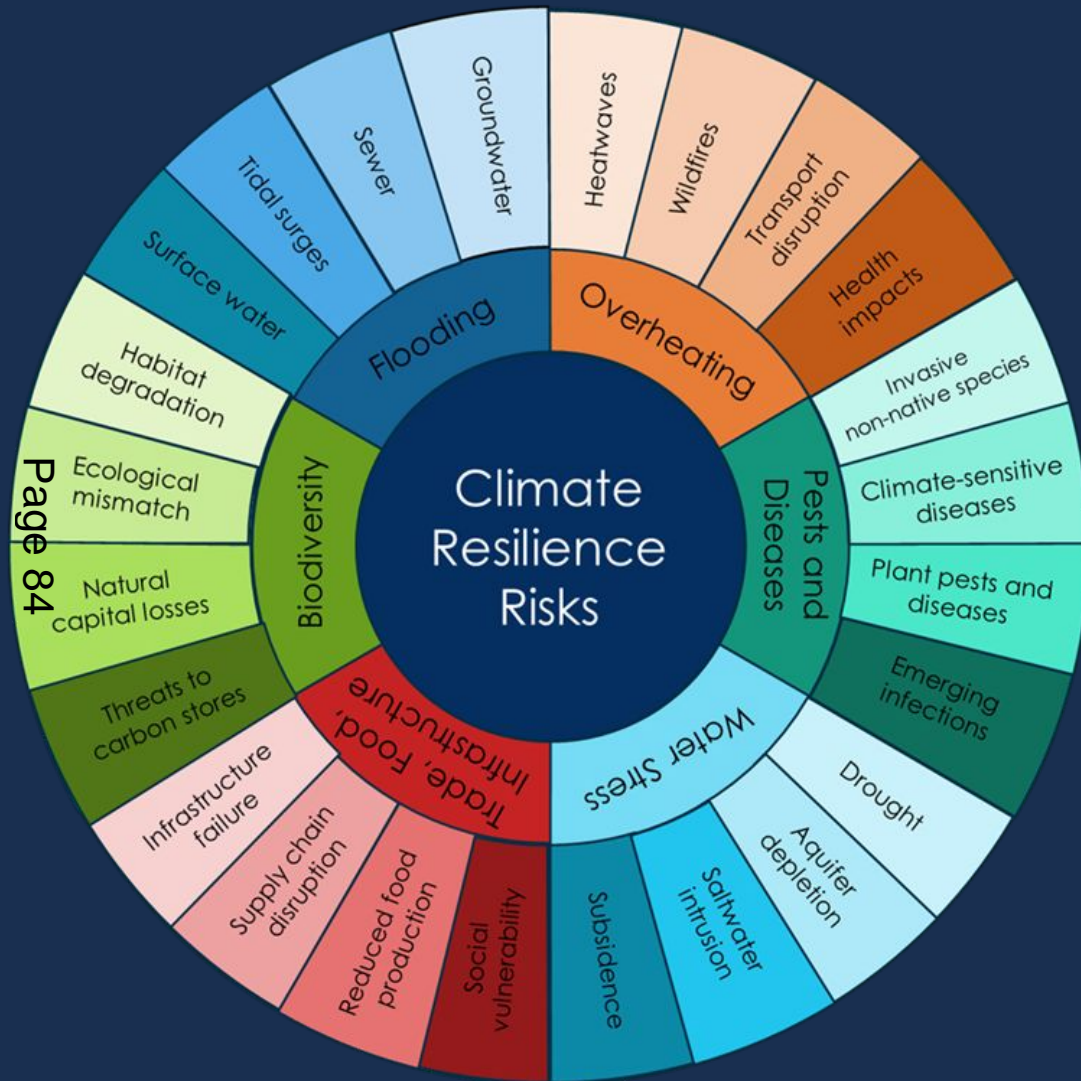
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Overheating and health

Health and Wellbeing Board

15th November 2024

Climate, overheating and health: an understanding



Climate change poses a **significant public health** threat, overheating is one of the most critical impacts. Systems in the UK are already facing **unacceptable impacts**, costing an estimated **£6.8 billion per year**.

The **impacts of overheating** are wide ranging and **disproportionately affect** certain individuals, communities and groups. Addressing overheating presents unique public health opportunities but can introduce risks to the **social determinants of health**.

To effectively prioritise action, it is essential to consider the identified overheating impacts and their effects on health, as well as the broader social determinants such as **housing, education, and health**, among others.

Collaborative action in these areas is essential for targeting interventions that **reduce overheating** risks and **health inequalities**.

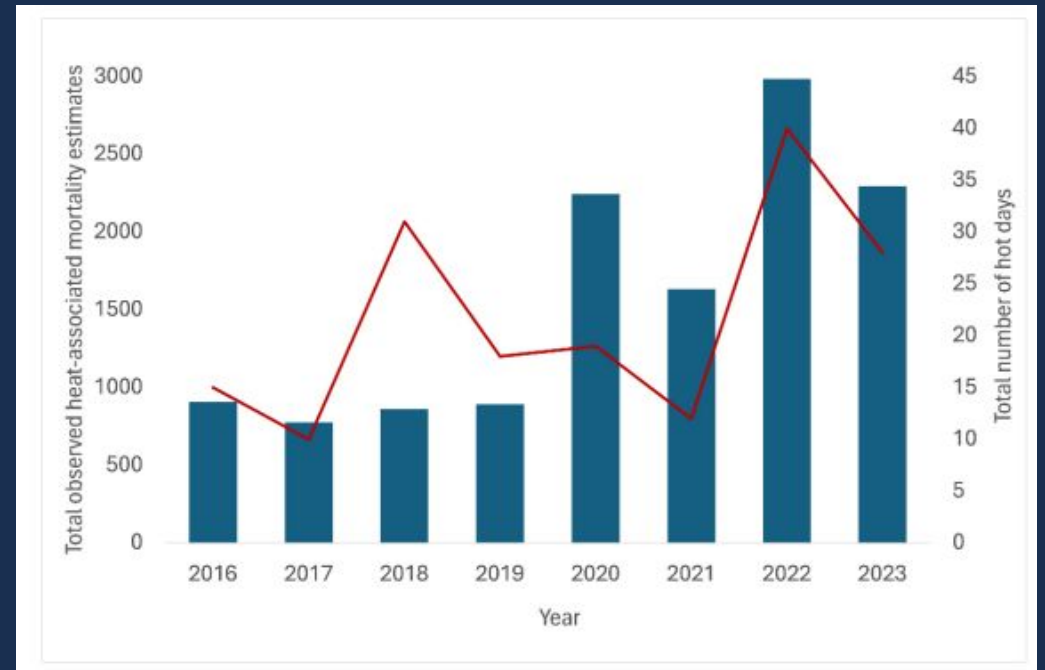
Overheating trends and impact in England

Overheating trends in England

- Increasing trend in terms of **extreme heat days** and **heat-associated deaths** between 2016 and 2023.
- Number of heat-related deaths per year may **triple by 2050**.

2023 heat-health impacts

- Estimated **2,295 deaths associated** with the 5 periods of heat during **summer 2023**.
- Highest heat-associated deaths per one million population observed in the **Southeast region**.
- Heat-associated deaths were significant in all **age groups above 65**.



**UKHSA Heat mortality
monitoring report: 2023**

Overheating direct and indirect impacts to health

Direct impacts

- Worsening pre-existing conditions
Heat-related hospitalizations & deaths
Increased mental health issues (e.g., suicide, bipolar disorder)

Indirect impacts

- Disruptions in health care (staff shortages, resistant organisms)
Spread of zoonotic & vector-borne diseases
Declining air & water quality
Reduced social connection

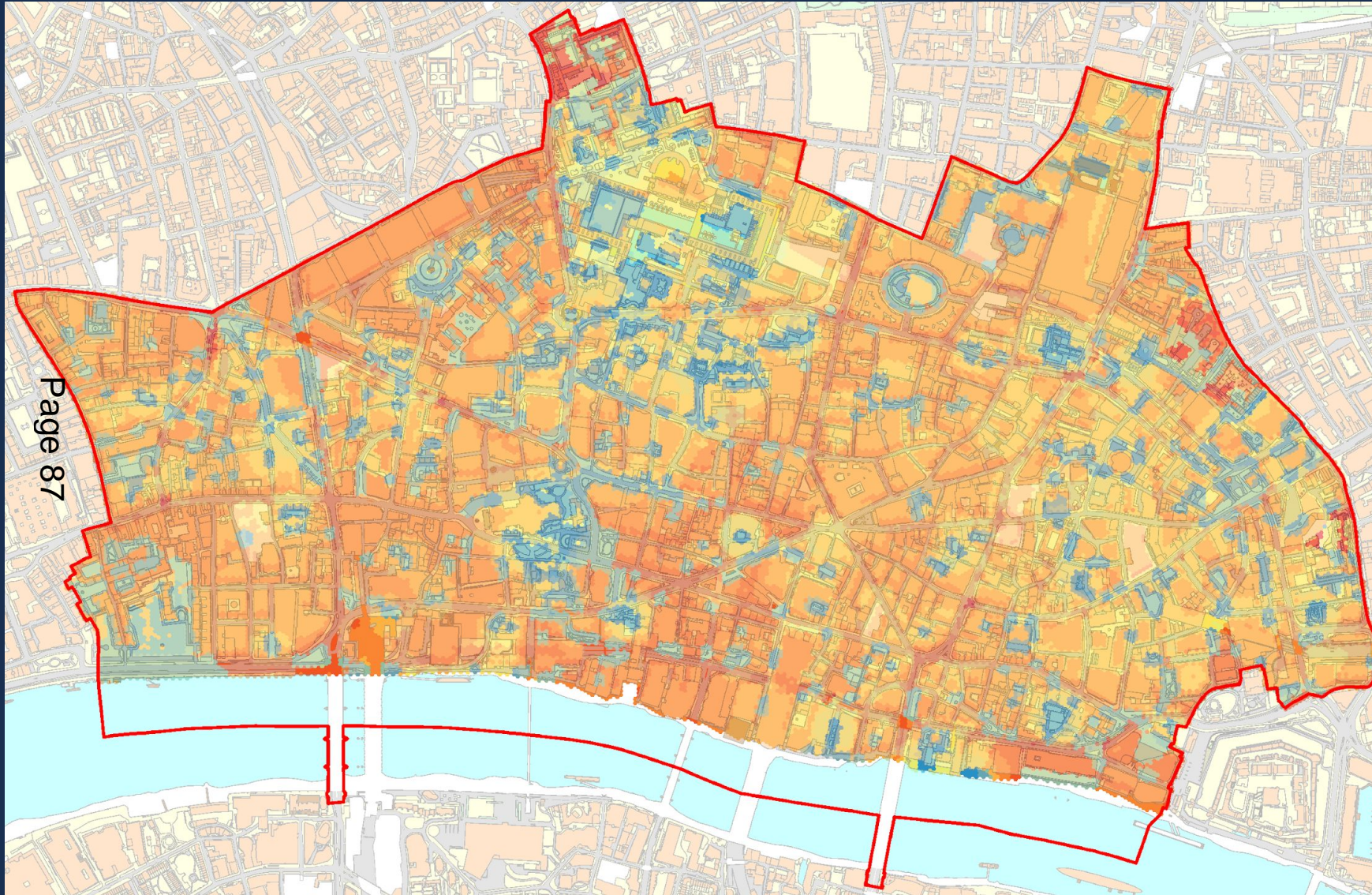
Wider impacts

- Infrastructure disruptions (housing, transport, supply chains)
1 in 5 UK homes may overheat, worsening health

Environmental risks

- Poor air quality, drought, wildfires
Thunderstorms, flash flooding—leading to death and disease outbreaks

Overheating Risk and Vulnerability in the City



This map has been created using a **City specific heat index**.

The index combines both **exposure factors** (land temperature, shading, etc) and **vulnerability factors** (age, work type, etc).

Redder = more vulnerable

Bluer = less vulnerable

Further refinement of the heat could provide evidence as part of future **Joint Strategic Needs Assessment**.

Climate-Health: Overheating – Just Transition

In London **inequity is exaggerated** compared to national averages, with a higher proportion of households at the bottom and top of the wealth distribution and **a greater gap between** these groups.

Page 88 **Complex interactions** govern the relationship between health, climate change and the way we live, learn, work and play exacerbate existing health inequities, but also present opportunities for co-benefits.

Key risk factors for overheating vulnerability:

- **Personal:** age, health conditions (inc. mental health), ethnicity, etc.
- **Environmental:** housing, green spaces, occupational exposure etc.
- **Socioeconomic:** income, deprivation, social isolation.

In the City of London particularly **vulnerable groups** include:

- **Elderly**
- **Young people**
- **Construction workers** (working externally)
- **Kitchen workers** (working in hot conditions)

These groups are **at increased risk** of harm from climate change/overheating and **less resilient** to/able to recover from these harms. A **just transition** demands a fair approach, reducing the impacts on **those most vulnerable and worst affected**. However, care needs to be taken to ensure that these actions don't have **unintended health 'disbenefits'** or widen health inequalities.

Action to address climate change through mitigation and adaptation

National:

- **The National Adaptation Programme (NAP):** sets out actions that the UK will take to adapt to climate change.
- **UKHSA Adverse Weather and Health Plan (AWHP):** outlines guidance on planning and response to adverse weather.
- **UKHSA Met-Office Health Alert System:** provides early warnings, to communicate risk and aid preparation and response to adverse weather.

Pan-London:

- London Climate Resilience Review
- Zero Carbon London 2030
- Climate Adaptation
- Green New Deal Fund
- London Business Climate Leaders
- NEL ICS Green Plan

City of London (Corporation):

- **City of London Corporation Climate Action Strategy (2020-27):** aims for net zero by 2040, investing £68 million to achieve this goal, with dedicated focus on the Square Mile including:
 - Resilient buildings and retrofitting
 - Cool streets and greening
 - Active travel and car use reduction
 - Carbon removal and land management
- **London Resilience Forum:** holds remit to warn and coordinate response action.
- **Communication, Warning, Informing and Alerting:** through the Emergency Planning team, ensuring that those supporting those at-risk can respond appropriately to the adverse weather health alert in place.
- **City of London Air Quality Strategy**

Climate-Health Actions: Overheating

General idea	Case study	Health component	Climate component	Board options and considerations
Place- based partnerships	Newham Climate Partnerships – 50 Steps commitments and alignment	Co-ordination to improve patient and staff environment surrounding health care facilities.	Prioritisation of street improvement works and green corridors. Improvement to building stock.	Setting up a climate based partnership in the Square Mile. Guidance for local occupiers.
Roofs designed to cool/ planning and retrofit support	<u>Aldgate Solar Power</u> – installing solar panels onto roofs at Middlesex Street Estate	Solar panels reflect sunlight and reduce heat from vulnerable top floor flats.	Local renewable power generation and mitigation of Urban Heat Island. Resilient new development and retrofit	Consider combining with white roofs. Roll out to identified key sites (schools, housing).
Heat Plan exercise	Operation Helios – exercising a London wide incident.	Brings in health elements to test response.	Exercise wider climate responses to assess.	Working together to run a similar exercise to test local extreme weather plans.
Cool spaces network/ support for vulnerable settings	<u>GLA –Cool Spaces project</u> Registered spaces which enable people to take respite	Provides sites for vulnerable people to cool at early stages of heat stress.	Provides climate resilience to wider population and aides with response.	Expand network in City. Work to develop more tailored venues (homelessness, businesses). Work to identify and prioritise for funding key sites.
Community Champions	Havering Climate Change Community Champions	Network of community members to support vulnerable.	Enhanced communication and behaviour modelling.	Explore opportunities including through the existing City & Hackney Community Health Champions programme









Appendix A:

Target Areas and Climate-Health Risks

Target area: Healthcare settings and their surroundings

Healthcare settings become unusable 	Health settings fire damaged or unavailable 	Reduce availability emergency services 	Staff unable to get to work in health and other settings 	Patients unable to reach treatment 	Disruption to usual supply chains/ unavailability 		
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Target area: Healthcare provision and services

Increased demand for services 	Increased respiratory issues from smoke drift 	Increased presentation of burns 	Increased cardiovascular risk 	Increased dehydration and associated risk 	Mental health impacts 	Heat stress incidents 	Sun stroke and sun exposure associated risk 
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Target area: Education and libraries

Impacts to education facilities 	Increased isolation 	Staff unable to get to work in other settings 	Disruption to usual supply chains/ unavailability 				
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Key: Direct Health Impacts Facilities Patients Staff Supply chains Social determinants

 Heatwaves

 Transport

 Wildfires

 Direct Health

Target area: Housing

Homes unsuitable for care 	Increased isolation 	Cold related illness 					
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Target area: Homelessness and rough sleeping

Increased demand for services 	Increased homelessness 	Staff unable to get to work in health and other settings 	Increased dehydration and associated risk 	Mental health impacts 	Heat stress incidents 	Sun stroke and sun exposure associated risk 	
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Target area: Ports and markets

Outside working unviable 	Increased food wastage 	Staff unable to get to work in other settings 	Disruption to usual supply chains/ unavailability 	Reduced food availability 			
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Climate-Health Actions: Overheating (2)

1. Homeowner and Business Guidance

- Develop guidance on domestic improvements to reduce overheating risk.

2. Planning and Retrofitting Support

- Educate colleagues on reducing overheating in planning, regeneration, and retrofitting projects.
- Seek to ensure that designs for any new accommodation or rebuilds factor in greater climate resilience than older buildings.

3. Support for Vulnerable Settings, Areas and Population Groups

- Provide proactive advice and action cards for vulnerable settings (care homes, community centres, etc.).
- Identify building stock at increased risk (e.g., care homes, social housing) and prioritise retrofit plans.
- Refine heat-risk mapping to target vulnerable populations (e.g., elderly, kitchen workers, physical laborers, young children).
- Lobby for, partner with and/or bid for further funding (using available data and evidence) from central government to deliver small-to-large scale adaptations, rebuilds and retrofit projects for priority settings that are known to be at higher heat-risk.

4. Vector-Borne Disease Monitoring

- Monitor changes in vector-borne diseases and ensure clear guidance in case of an outbreak.

Committee(s) for Stage 1A	Dated:
Policy & Resource Committee – For Decision Health & Wellbeing Board - For Decision	7th November 2024 15th November 2024
Subject: Pan -London Sexual Health E-Services Programme – City of London Corporation Role	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly? Diverse engaged communities, providing excellent services	Outcome 2
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	Externally Funded
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Joint report of the Director of Community & Children’s DCCS and the Director of Commercial Services	For Decision
Report author: Mona Hayat, Director of Sexual Health, DCCS	

Summary

30 of London’s local authorities, including the City of London Corporation (CoLC), collaboratively commission “open access” sexual health services, with the City Corporation acting as the Lead Authority for the participating authorities.

A small Programme team, the London Sexual Health Programme (LSHP) hosted by City Corporation as the Lead Authority and accountable body, manages the Pan-London Sexual Health E-Services contract on behalf of the 30 participating Authorities which has transformed sexual health for residents through digitally enabled solutions for self-care which are both convenient and cost effective. This contract is fully funded by the 30 participating authorities, inclusive of the London Sexual Health Programme (LSHP) team costs. The programme is also governed through the participating Authorities individual authorisation processes.

The Pan-London Sexual Health E-Services contract, valued at just over £200m, was initially awarded for 5 years in 2017 with the option to extend it by up to a further 4 years. The authorities have requested that the LSHPT continues to act as a single point of leadership and management for the (re)procurement of a new service, and the City Corporation as Lead Authority and accountable body.

This report seeks approval for the City Corporation to continue to act as the Lead Authority, and the accountable body and host of the LSHPT for the next phase of the LSHP with a view to re-procuring the service. This would be subject to each

participating authority, including the City Corporation acting by its Health and Wellbeing Board, taking their local decisions to renew the arrangements and to meet the joint costs of the service (both the hosting costs and the service contract) with the City Corporation acting as the accountable body. Due to the potential risks the City Corporation also needs to be satisfied that the arrangements agreed adequately protect the City Corporation acting as the Lead Authority and this report sets out the case for those arrangements continuing. Future decisions on the re-procurement will be brought back to Members for consideration and decision in accordance with the City Corporation's usual procurement procedures.

Recommendations

Members are asked to approve that:

- a. the City Corporation continues to act as the Lead Authority and accountable body for the procurement of a new Pan-London Sexual Health E-services contract and the host of the programme management service under an inter-authority agreement subject to:
 - i. those terms being satisfactorily agreed by all the participating authorities (including the City Corporation in the discharge of those functions acting through the Health and Wellbeing Board), and
 - ii. the City Corporation being satisfied that the arrangements adequately protect the City Corporation acting as the Lead Authority; and
- b. the Executive Director of Community and Children's Services in consultation with the Chamberlain and Comptroller and City Solicitor be authorised to settle the terms of a new inter-authority agreement for the City Corporation as Lead Authority.
- c. Once agreed in principle and terms are agreed including sign off of the new Inter Authority Agreement (IAA), the procurement will proceed with adherence to the procurement code, via CoLC authorisation process.

Main Report

Background

1. London's Sexual Health E-Service is part of the Pan London Sexual Health Program (LSHP) which aims "to manage and deliver an efficient virtual service as part of a wider healthcare system that responds effectively to the sexual and reproductive health needs of London's residents."
2. In 2017 the 30 London local health authorities, including the City Corporation acting in that capacity, agreed to collaborate to deliver these sexual health services under an Inter-Authority Agreement (IAA) dated 16 May 2017, with the City Corporation also agreeing to be appointed as the Lead Authority, being the accountable body responsible for hosting the programme management service and procuring the E-service.
3. The contract for the provision of the E-Service, valued at over £200m, was awarded by the City Corporation on 15 August 2017, for a minimum 5-year term

with options to extend it by a maximum of 4 years. The contract was extended for a further 3-year extension in 2022, allowing for a further 1-year extension up to 14 August, 2025.

4. The E-Service is provided by Preventx Ltd who sub-contract with Chelsea and Westminster NHS Trust and Lloyds Online Doctor for clinical leadership, patient care and the supply of medical treatments.
5. It provides online assessment for sexual health testing services by post with remote treatment for chlamydia. The E-Service is partnered with London's NHS Trusts who provide ongoing care to E-Service users as required. It provides contraception to residents of 16 authorities, who have called off this optional service line.
6. The E-Service has performed well against the key performance indicators, the supplier has been responsive to our evolving needs and service user feedback is consistently positive. When compared with providing similar care pathways in a traditional clinic setting, the E-Service provides value for money to the participating Authorities and convenience for their residents.
7. A small Programme team, the London Sexual Health Programme Team (LSHPT), hosted by the Department of Community and Children's Services within the City Corporation, manages the E-Service contract on behalf of 30 participating authorities under the IAA. The arrangements provide for the costs of the hosting to be met by the participating authorities as well as for recharging each of the local authorities for their residents' usage in a timely manner so that liquidity risk is managed for the City Corporation as the accountable body.
8. An E-Service Management Board (ESMB), comprising of representatives from each participating authority, provides strategic oversight for the contract and makes recommendations to the City Corporation when variations, including extensions, to the contract are needed.

Current context

9. The 30 participating authorities have recommended to the City Corporation, via the E-Services Management Board (ESMB) meeting held on the 31 August 2024, that the current E-Services contract is extended by 1 further year from 15 August 2025 to 14 August 2026.
10. This extension will ensure there is adequate time for all participating authorities to obtain their own authorisations to extend the arrangements, including hosting and procurement by the City Corporation as the Lead Authority and accountable body, and to participate in any subsequent service contract awarded by the City Corporation; and for the delivery of a comprehensive competitive procurement process by the City Corporation as Lead Authority. Shared legal advice continues to be procured for the benefit of all those participating to advise on the revised IAA and proposed competitive procurement, which will be funded by all the authorities.
11. With the City Corporation as Lead Authority, the competitive procurement of the new service will be guided by the expertise of City Corporation's Finance, Governance & Commercial Services, and as the City Corporation will be entering into the legal agreements as Lead Authority, the Comptroller & City (CCS)

Solicitor's. The CCS Department will oversee the execution of the legally binding service contract and would advise the City Corporation in relation to matters arising on the joint advice for the City Corporation, and as lead authority on the procurement unless this substantive commercial legal advice was within the brief of the external legal advisers where the CCS would be limited to the drafting of the provisions for insurance and indemnities (alongside the Chamberlain under the Corporate governance framework of the CoLC) and execution formalities for the CoLC.

Consideration and evaluation of options

12. The request to act as the Lead Authority and accountable body to host the Programme support, and (re)procure the Pan-London Sexual Health E-Services contract, is indicative of the esteem in which London's authorities hold the LSHP as hosted by the City Corporation and their confidence in our ability to continue to deliver this important work.
13. The COVID19 pandemic negatively impacted clinical service delivery and the programme has shown itself to be an effective vehicle for leadership and collaboration between authorities and the NHS. The programme coordinated the introduction of routinely commissioned Pre-exposure prophylaxis (PrEP), to prevent human immunodeficiency viruses (HIV), and it continues to support the authorities in taking a consistent approach to cross-charging arrangements relating to the use of clinics by residents from other authorities.
14. The Pan-London Sexual Health E-Service is the world's largest remote sexual health service, its work has been published in peer-reviewed medical journals and its highly visible success is greatly enhancing London's reputation for excellence and innovation in sexual health and MedTech. This has raised the profile of the City Corporation on the international stage and the City Corporation LSHP have hosted a number of international delegates during the current contract to showcase the good practice and leadership associated in delivering this high-profile regional programme. The LSHP is multi-award winning.
15. Authorities who participate in the LSHP have indicated their in-principle support, by an overwhelming majority, to continue to receive the benefits of an efficient virtual service after the current contract ends; one that continues to operate as part of a wider healthcare system that responds effectively to the sexual and reproductive health needs of London's residents.
16. Whilst each authority will need to take local decisions to authorise their ongoing participation and financial commitment, preliminary work has been undertaken. The constituent authorities participating in the programme have taken and considered joint legal advice on the new Provider Selection Regime (PSR) from the external legal advisers instructed to advise the LSHP and a consensus has emerged that the potential award of a new contract is within the scope of the new regulatory framework and a procurement strategy should be implemented accordingly.
17. A full evaluation of the existing hosting and delivery arrangements by the City Corporation as the Lead Authority and accountable body has been undertaken by the Community and Children's Services Department, as the responsible Department. No substantive issues have arisen in delivery which attributed to

any unmitigable risks to the City Corporation. The arrangements have operated well under the current IAA and associated working arrangements, well supported by the LSHP. (See also Financial, Legal and Risk Implications below.) Hosting the programme and holding the contract as the accountable body for the participating London authorities has been demonstrated to enhance the reputation of the City Corporation in dealing with other local authorities and related public services providers in London, national stakeholders and around the world.

Recommended options

18. So that the local authorities of London can continue to enjoy the benefits of collaboratively commissioning Pan-London Sexual Health E-Services for the benefit of their residents, it is recommended that the City Corporation agrees to continue to act as the Lead Authority and accountable body for the procurement of a new Pan-London Sexual Health E-services contract and the host of the programme management service under an inter-authority agreement subject to those terms being satisfactorily agreed by all the participating authorities, and the City Corporation being satisfied that the arrangements agreed adequately protect the City Corporation acting as the Lead Authority and accountable body.

Results Savings, efficiencies and benefits

19. The current contract for E-services provides value for money to the participating authorities when compared with providing similar care pathways in a traditional clinic setting. Currently the participating authorities are spending £11 million less on STI interventions than in 2019/20. The greater the proportion of activity that happens online, the greater the efficiencies for the authorities individually and collectively. OHID predict that the next 10 years will see a return on investment based on £9.00 saving for every £1 invested in publicly provided contraception.
20. The E-Service is addressing accessibility challenges for residents from deprived areas. 69% of STI Kits were ordered from the top 5 most deprived areas in London with 74% for routine contraception and 81% for Emergency contraception.
21. Providing the same care at lower prices enable the participating authorities to meet the challenge of rising demand for sexual health testing that accompanies expanded uptake of Pre-Exposure Prophylaxis (PrEP) and fulfil the London's commitment to becoming the first nation in the world to achieve zero new HIV transmissions by 2030.
22. The LSHP Team have a new dedicated senior Health Business Analyst joining the team in September 2024 to undertake all the data and financial modelling to detail the efficiency, effectiveness, value and behaviour of the Pan-London residents accessing the Sexual Health E-Service and how it is critically improving health outcomes across all participating authorities. This information will underpin the impending Business Case for the new procurement to be approved across all Related Authorities to proceed to market via a Provider Services Regime route.

Financial Implications

23. City Corporation acting as a trusted broker on behalf of the LSHP is of no cost to the Corporation. The value of the monthly invoices from the existing supplier under the current contract requires enhanced approval processes involving the Chamberlain, Chamberlain's Department, and the Executive Director of Community & Children's Services. The programme team includes a dedicated resource for recharging the participating authorities each month according to their residents' usage. The level of liquidity in the funds under the arrangements is regularly reviewed with the Chamberlain and any new measures to manage risk for the City Corporation as the accountable body are then implemented.

Legal Implications

24. The existing IAA permits the arrangements, and associated service contract to be extended by one year, should the participating authorities each agree, with City Corporation procurement procedures being followed to affect this extension.
25. A continuation of the joint arrangements requires the participating authorities to each formally agree the terms governing the arrangements, including financial commitments; this will include the City Corporation as local authority which decisions are for the Health and Wellbeing Board and will be considered separately by that Board should this report's recommendations be supported. A new IAA will be required. Once those arrangements are agreed the City Corporation, as the Lead Authority, can take the relevant steps to (re)procure the Sexual Health E-Service in accordance with the City Corporation's standard procurement procedures.
26. Legal advice will be taken on the drafting of the IAA for the City Corporation as a participating authority and as Lead Authority, and on the terms of the new E-services contract.

Risk Implications

27. There is significant risk for London's sexual health system if the City Corporation does not continue to host the programme on behalf of the Related Authorities.
28. If the mandate is not approved as recommended by the Related Authorities, this would create significant risk of major reputational damage for all participating authorities, including the City Corporation, as well as a significant rise in sexual health costs. This is because the activity currently managed through the sexual health E-Service will be transferred back to in-person clinics across London.
29. An alternative for the Programme would be for another London local authority to take over as Lead Authority. If the City Corporation decides this would be the appropriate outcome, all 30 Related Authorities (including the City Corporation as a participating authority) will be asked for a consensus in identifying a new Lead Authority. This will require consideration of the transfer of the management of the programme (the LSHP), inclusive of TUPE and related employee considerations, as well as the process for separate procurement of the new E-service in a timely way. We are engaging in the City Corporation decision-making processes at this early stage to allow ample time put in place revised

arrangements should the City Corporation not be supportive of continuing as Lead Authority and accountable body.

30. Under the leadership of the LSHP, the impact of the Mpox outbreak was managed pan-London in 2022. This was shortly after the impact of Covid-19. A transfer of the Lead Authority functions to another authority may result in less experience of managing these widespread public health challenges that directly affect sexual and reproductive health could create a significant risk to the success of the programme.
31. Furthermore, there are risks in all **procurement processes** and in undertaking the role of host and contract management of the programme by City Corporation on behalf of the participating Authorities. The following cites the key risks and mitigations:
 - (a) **Inaccurate forecasting** mitigated by the comprehensive pan London Needs Assessment and comprehensive qualitative and quantitative research methods.
 - (b) **Compliance management** mitigated by subject matter expertise support from the commercial, legal and finance teams within City Corporation with external support from the Equalities & Human Rights Commission to ensure Public Sector Equalities Duty compliance.
 - (c) **Recourse for City Corporation hosting the funds on behalf of pan London Authorities.** There is to be a robust disclaimer within our Inter Authority Agreement (IAA) that CoLC will not be held responsible.
 - (d) **Diverse Participating Authority timelines** mitigated by clear LSHP Programme Management Office and governance oversight.
 - (e) **Cybersecurity threats** mitigated with the support of the City Corporation DITS to ensure the protection of sensitive data and procurement software security.
 - (f) **Data privacy issues** mitigated through compliance with City Corporation data protection regulations to avoid legal penalties and significant financial risks.
 - (g) **Legal Challenge** in the event that the City Corporation receive a legal challenge as a consequence of the contract award, the LSHP have the support of their external legal advisers instructed to advise all the participating authority, alongside the City Corporation commercial and legal teams (Contracts, Litigation and Governance) which are involved from inception of the procurement timelines.
 - (h) **Adverse Publicity** mitigated with advice and support from the CoLC communications team.

Equalities implications

32. The Programme has sought external support from the Equalities & Human Rights Commission to ensure Public Sector Equalities Duty compliance. To ensure the Programme remains fully compliant throughout the duration of the Programme an Equalities Diversity & Inclusion Advisory Group (EDIAG) has been established as part of the existing governance structure to provide advice to the Statutory Board and Clinical Advisory Board on all matters related to the delivery of the Programme. The EDIAG consists of diverse service user representation to ensure service users' voices are heard and represented on all matters related to

the Programme. This Group will be consulted on the Equalities Impact Assessment (EQIA) completed by the Programme.

Climate implications

N/A

Security implications

N/A

Conclusion

33. The City Corporation as a Lead Authority (and through its own participation as a local authority) has successfully hosted the commissioning arrangements of digitally enabled solutions for self-care on transforming sexual health care for residents and hosting the management of the programme for the past 7 years to date.

By extending these arrangements, the City Corporation is provided with the opportunity to continue to enhance outcomes for its own residents and those in Greater London, as well as enhancing the City Corporation's reputation for delivering excellent public services, technological innovation and cost effectiveness.

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Committee(s) for Stage 1B	Dated:
Health & Wellbeing Board - For information Procurement & Projects Sub Committee - For Decision Finance Committee - For Decision Court of the Common Council – For Decision	15th November 2024 9th December 2024 10th December 2024 TBC January 2025
Subject: Delegation Authority for host, leadership & reprocurement of Pan -London Sexual Health E-Services Programme.	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly? Diverse engaged communities, providing excellent services	Outcome 2
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	The Public Health Grant
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Joint report of the Director of Community & Children’s DCCS and the Director of Commercial Services	For Information
Report author: Mona Hayat, Director of Sexual Health, DCCS	

Summary

30 of London’s local authorities, including the City of London Corporation (CoLC), collaboratively commission “open access” sexual health services, with the City Corporation acting as the accountable body for the participating authorities.

A small Programme team, hosted by The London Sexual Health Programme (LSHP) hosted by City Corporation as the Lead Authority and accountable body, manages the Pan-London Sexual Health E-Services contract on behalf of the 30 participating Authorities which has transformed sexual health for residents through digitally enabled solutions for self-care which are both convenient and cost effective. This contract is fully funded by the 30 participating authorities, inclusive of the London Sexual Health Programme (LSHP) team costs. The programme is also governed through the participating authority’s individual authorisation processes.

The Pan-London Sexual Health E-Services contract, valued at just over £200m, was initially awarded for 5 years in 2017 with the option to extend it by 4 further years.

A 12-month allowable extension is required to complete the reprocurement of the E-Services contract within an achievable timescale. The 30 participating Authorities have recommended to the City Corporation, via the E-Services Management Board (ESMB) of the 31 August 2024, that the current E-Services contract is extended by 1 further year from 15 August 2025 to 14 August 2026.

This report seeks a decision for the City Corporation as lead Authority and accountable body to extend the current E-services contract with Preventx Ltd dated 15th August 2017 currently due to expire on the 15th August 2025 for a further year to expire on 15 August 2026.

This decision is required concurrently with the policy decision for the City of London Corporation to continue act as the Lead Authority, being the accountable body and host of the London Sexual Health Programme Team for the next phase of the LSHP with a view to re-procuring the service. This is subject to each participating authority, including the City Corporation acting by its Health and Wellbeing Board, taking their local decisions to renew the arrangements and to meet the joint costs of the service (both the hosting costs and the service contract) with the City Corporation acting as the accountable body. Due to the potential risks, The City Corporation also needs to be satisfied that the arrangements agreed adequately protect the City Corporation acting as the Lead Authority.

Recommendations

It is recommended that:

- a. the current E-services contract with Preventx Ltd dated 15th August 2017 currently due to expire on the 15th August 2025 is extended for a further year to expire on 15 August 2026.

This recommendation is made concurrently with the approval of City Corporation continuing to act as the Lead Authority and accountable body for the procurement of a new Pan-London Sexual Health E-services contract and the host of the programme management service under an inter-authority agreement (Committee Report Stage 1A)

Main Report

Background

1. London's Sexual Health E-Service is part of the Pan London Sexual Health Programme (LSHP) which aims "to manage and deliver an efficient virtual service as part of a wider healthcare system that responds effectively to the sexual and reproductive health needs of London's residents."
2. In 2017 the 30 London local health authorities, including the City Corporation acting in that capacity, agreed to collaborate to deliver these sexual health services under an Inter-Authority Agreement (IAA) dated 16th May 2017, with the City Corporation also agreeing to be appointed as the Lead Authority, being the accountable body responsible for hosting the programme management service and procuring the E-service.

The contract for the provision of the E-Service, valued at over £200m, was awarded by the City Corporation on 15 August 2017, for a minimum 5-year term

with options to extend it by a maximum of 4 years. The contract was extended for a further 3-years extension in 2022, allowing for a further 1-year extension up to 14 August, 2026. The cost of the 12-month extension is £27m.

3. The E-Service is provided by Preventx Ltd who sub-contract with Chelsea and Westminster NHS Trust and Lloyds Online Doctor for clinical leadership, patient care and the supply of medical treatments.
4. It provides online assessment for sexual health testing services by post with remote treatment for chlamydia. The E-Service is partnered with London's NHS Trusts who provide ongoing care to E-Service users as required. It provides contraception to residents of 16 authorities, who have called off this optional service line.
5. The E-Service has performed well against the key performance indicators, the supplier has been responsive to our evolving needs and service user feedback is consistently positive. When compared with providing similar care pathways in a traditional clinic setting, the E-Service provides value for money to the participating Authorities and convenience for their residents.
6. A small Programme team, the London Sexual Health Programme Team (LSHPT) hosted by the Directorate of Community and Children's Services within the City Corporation, manages the E-Service contract on behalf of 30 participating authorities under the IAA. The arrangements provide for the costs of the hosting to be met by the participating authorities as well as for recharging each of the local authorities for their residents' usage in a timely manner so that liquidity risk is managed for the City Corporation as the accountable body.
7. An E-Service Management Board (ESMB), comprising of representatives from each participating Authority, provides strategic oversight for the contract and makes recommendations to the City Corporation when variations, including extensions, to the contract are needed.

Current context

8. The 30 participating Authorities have recommended to the City Corporation, via the E-Services Management Board (ESMB) of the 31 August 2024, that the current E-Services contract is extended by 1 further year from 15 August 2025 to 15 August 2026.
9. This extension will ensure there is adequate time for all participating Authorities to obtain their own authorisations to extend the arrangements, including hosting and procurement by the City Corporation as the Lead Authority and accountable body, and to participate in any subsequent service contract awarded by the City Corporation, and for the delivery of a comprehensive competitive procurement process by the City Corporation as Lead Authority. Shared legal advice continues to be procured for the benefit of all those anticipating to advise on the revised IAA and proposed forthcoming competitive procurement, which advice will be funded by all of the participating authorities.
10. The new Provider Selection Regime (PSR) sets out the rules for procuring health care services in England by organisations termed Relevant Authorities. The key criteria under regulation 5 of the PSR are (a) quality and innovation, (b) value, (c) integration, collaboration and service sustainability, (d) improving access, reducing health inequalities and facilitating choice and (e) social value.

11. The participating Authorities reached a consensus in the ESMB of the 18 April 2024 for a competitive process to be undertaken for the (re)procurement of the Sexual Health E-services and this was endorsed by the authorities at a subsequent meeting of the LSHP's Strategic Board. City Corporation as the host authority has taken this decision on behalf of the Related Authorities via the IAA.

Consideration and Evaluation of options

12. The request to extend the current E-services contract with Preventx Ltd for a further year to expire on 15 August 2026 will ensure there is adequate time for all Authorities to obtain authorisation to extend the arrangements, including hosting and procurement by the City Corporation as the Lead Authority and accountable body, and to participate in any subsequent service contract awarded by the City Corporation, and for the delivery of a comprehensive competitive procurement process by the City Corporation. This will be guided by the expertise of City Corporation's Finance, Governance & Commercial Services, and Legal Services the Comptroller & City (CCS) Solicitor's. The CCS Department will oversee the execution of the legally binding service contract and would advise the City Corporation in relation to matters arising on the joint advice for the City Corporation, and as lead authority on the forthcoming procurement unless this substantive commercial legal advice was within the brief of the external legal advisers where the CCS would be limited to the drafting of the provisions for insurance and indemnities (alongside the Chamberlain under the Corporate governance framework of the CoLC) and execution formalities for the CoLC.
13. A small number of participating Authorities (less than 15%) who participate in the LSHP have indicated that the reprocurement timetable could be achieved in a more time efficient manner of 7 months with the intension of aligning the new contract award date with the commencement of the new financial year (April 2026). . This is based on the assumption that each participating authority will be undertaking local decisions to authorise their on-going participation and financial commitment concurrently.

Recommended options

14. So that the local authorities have time to ensure there is adequate time for all Authorities to obtain authorisation to extend the arrangements, and to participate in any subsequent service contract awarded by the City Corporation, and the delivery of a comprehensive competitive procurement process by the City Corporation it is recommended that the City Corporation
 - (a) agrees to the current E-services contract with Preventx Ltd is extended for a further allowable year to expire on 14 August 2026 under the management of City of London Corporation as Lead Authority and accountable body for the procurement of a new Pan-London Sexual Health E-services contract and the host of the programme management service under an inter-authority agreement. This is aligned to the terms agreed by the majority of participating Authorities at the ESMB on the 31st August 2024.

Results Savings, efficiencies and benefits

15. The current contract for E-services provides value for money to the participating

authorities when compared with providing similar care pathways in a traditional clinic setting. Currently the participating authorities are spending £11 million less on STI interventions than in 2019/20. The greater the proportion of activity that happens online, the greater the efficiencies for the Authorities individually and collectively. Public Health England predict that the next 10 years will see a return on investment based on £9.00 saving for every £1 invested in publicly provided contraception.

16. The E-Service is addressing accessibility challenges for residents from deprived areas. 69% of STI Kits were ordered from the top 5 most deprived areas in London with 74% for routine contraception and 81% for Emergency contraception.
17. Providing the same care at lower prices enable the participating Authorities to meet the challenge of rising demand for sexual health testing that accompanies expanded uptake of Pre- Exposure Prophylaxis (PrEP) and fulfil the capital's commitment to becoming the first nation in the world to achieve zero new HIV transmissions by 2030.
18. The LSHP Team have a new dedicated senior Health Business Analyst joining the team in September 2024 to undertake all the data and financial modelling to detail the efficiency, effectiveness, value and behaviour of Pan-London residents accessing the Sexual Health E-Service and how it is critically improving health outcomes across all participating authorities. This information will underpin the impending Business Case for the new procurement to be approved across all Related Authorities to proceed to market via a PSR route.

Financial Implications

19. City Corporation acting as a trusted broker on behalf of the LSHP is of no cost to the Corporation.
20. The extension of the E-Service contract for a further 12 months would result in a status quo position regarding how City Corporation manages the financial model on behalf of the participating authorities.
21. The value of the monthly invoices from the existing supplier under the current contract requires enhanced approval processes involving the Chamberlain, Chamberlain's Department, and the Executive Director of Community & Children's Services. The programme team includes a dedicated resource for recharging the participating authorities each month according to their residents' usage. The level of liquidity in the funds under the arrangements is regularly reviewed with the Chamberlain and any new measures to manage risk for the City Corporation as accountable body are then implemented.

Legal Implications

22. The existing IAA permits the service contract to be extended by one year with City Corporation procurement procedures being followed to effect this extension.
23. A continuation of the joint arrangements for a further 12-months means there will be a continuation of the existing governing arrangements, including financial commitments; this will include the City Corporation as local authority which decisions are for the Health and Wellbeing Board and will be considered

separately by that Board should this reports recommendations be supported. The City Corporation, as the Lead Authority can then take the relevant steps to (re)procure the Sexual Health E-Service in accordance with the City Corporation's standard procurement procedures and a new IAA will be required after approvals are confirmed at City Corporation Stage 2 authorisation.

24. The IAA will clearly state the apportionment of liabilities across all participating authorities.

Risk Implications

25. There is significant risk for London's sexual health system if the City Corporation does not approve the 12-month contract extension on behalf of the Related Authorities.
26. If the mandate is not approved as recommended by the participating Authorities, this would create significant risk of major reputational damage for all participating Authorities and potential adverse publicity for all Authorities, including the City Corporation because the activity currently managed through the sexual health E-Service will be transferred back to in-person clinics across London. If this were to occur the LSHP team will have to support participating authorities with a streamlined contingency plan service due to service disruption and financial constraints.
27. Under the leadership of the LSHP, the impact of not approving a 12-month contract extension will limit the Programme's capability to seek a more effective and efficient supplier in a competitive market under the PSR regime. The current pan London Needs Assessment indicates that there are critical changes in resident profiles and trends that require a an updated service model and specification. The impact would mean service status quo and the existing contract will continue to deliver services out of contract.
28. A lack of continuity of service will create a significant rise in financial burden for all participating authorities that has not been accounted for. The LSHP would have to seek advice and guidance from each participating authority finance teams (including City Corporation through its own participation).

A disruption in service will have a impact on residents requiring STI and contraception support across the region. This is counter-intuitive to the values and principles of the City Corporation's Corporate Plan, specifically Outcome 2: Diverse engaged communities, providing excellent services.
29. Conducting an end-to-end procurement that meets the City of London Corporation procurement code will be untenable due to a lack of adequate time to deliver the procurement in a meaningful and compliant manner. This is would be a digression from the City Corporation's Corporate Plan.
30. The LSHP team are committed to ensuring a 12-month contract extension is negotiated carefully with the advice and support of the CoLC legal team (contract and governance) to aligns with the original contract's objectives. This is to avoid unintended consequences such as changes in terms, duration, and additional obligations. LSHP will be prudent in reviewing the terms of the extension.

Equalities implications

31. The Programme has sought external support from the Equalities & Human Rights Commission to ensure Public Sector Equalities Duty compliance. To ensure the Programme remains fully compliant throughout the duration of the Programme an Equalities Diversity & Inclusion Advisory Board (EDIAB) has been established as part of the existing governance structure to provide advice to the Statutory Board and Clinical Advisory Board on all matters related to the delivery of the Programme. The EDIAG consists of diverse service user representation to ensure service users' voices are heard and represented on all matters related to the Programme. This Group will be consulted on the Equalities Impact Assessment (EQIA) completed by the Programme.

Climate implications

N/A

Security implications

N/A

Conclusion

32. The City Corporation as a Lead Authority (and through its own participation as a local authority) will ensure an exemplary LSHP procurement process will be undertaken on behalf of all participating authorities with the approval of a 1-year extension that will provide timeline assurance.

By extending these arrangements, the City Corporation is provided with the opportunity to continue to enhance its reputation for delivering excellent public services, technological innovation and cost effectiveness.

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Committee(s): City of London Health & Wellbeing Board	Dated: 15 11 2024
Subject: Review of the City & Hackney 'whole system' response to tackling obesity - including findings from the healthy weight Joint Strategic Needs Assessment (JSNA)	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2 & 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	n/a
What is the source of Funding?	City and Hackney's Public Health grant
Has this Funding Source been agreed with the Chamberlain's Department?	n/a
Report of: Dr Sandra Husbands <i>Director of Public Health</i>	For Decision
Report author: Donna Doherty-Kelly <i>Principal Public Health Specialist</i>	

Summary

This paper presents an update on two pieces of work related to healthy weight: a review of the City & Hackney 'whole system' response to tackling obesity and findings from the 2024 Healthy Weight Joint Strategic Needs Assessment (JSNA).

The City and Hackney Healthy Weight JSNA was developed between 2023-2024. Alongside this piece of work, the City and Hackney 'whole systems' approach (WSA) review, which began in March, aimed to work with stakeholders from across the system to understand the local context in relation to healthy weight initiatives, services and programmes to identify gaps, challenges and opportunities for action.

The review has now concluded and a series of recommendations have been developed. This paper provides an update on the process for this work and outlines draft recommendations from the JSNA and review.

Recommendations

Members are asked to:

- Note the emerging findings from the healthy weight JSNA and whole system review.
- Advise how the Board (and membership organisations) can support implementation of the report's recommendations.

Main Report

Background

1. Hackney has been working towards a 'whole system' approach to reducing obesity since February 2016, initiated through the formation of the Obesity Strategic Partnership, renamed the Healthy Weight Strategic Partnership (HWSP) in 2019.

Whole system approaches

A whole system approach is about 'responding to complexity' through a 'dynamic way of working', bringing stakeholders, including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change.¹

2. Under the leadership of the HWSP, the Healthier City & Hackney Framework was co-developed. The evidence within the JSNA is structured under each of our five local City and Hackney healthy weight priorities, listed below.

Box 1: Healthier City & Hackney Framework

Our ambition: To improve health and wellbeing for all by making City and Hackney a place where everyone can be a healthy weight.

Our priorities:

- *Working together.* We will support the development of a social movement for healthy weight. We will build on the strengths and resources in our local communities and existing partnerships.
- *Targeted help for those who need it most.* We will ensure that individuals, families and communities at greatest risk of obesity-related harm receive the support they need to live a healthy life.
- *Easy access to affordable healthy food.* We will make it easier for people to buy and prepare affordable healthy food.

¹ [Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight](#). Public Health England, 2019.

- *A healthy environment that makes it easy for people to be active.* We will continue to work to improve the design of local spaces and places so more people can be active as part of their everyday lives.
- *Easy access to information.* We will make it easy for everyone in City and Hackney to find information about what action they can take, and what help they can get, to live a healthy life.

3. The aim of the healthy weight JSNA is to:
 - explore the evidence related to whole system approaches to excess weight
 - identify local unmet needs related to weight, diet and physical activity
 - identify areas of good practice in the delivery and offer of services and any gaps
 - develop a set of recommendations for system partners related to healthy weight in City and Hackney.
4. The JSNA informed the whole system approach (WSA) review, to create a shared understanding of the evidence base, local needs and assets across City and Hackney.
5. The WSA review was overseen by a Healthy Weight Task and Finish Group (T&FG) which brought together a wide range of stakeholders, including Council, NHS, and Voluntary and Community Sector (VCS) representatives, to oversee the review process. The T&FG focussed on mapping local healthy weight interventions, identifying system gaps, and prioritising actions for a refreshed approach to supporting healthy weight in City and Hackney.
6. Alongside the T&FG, wider stakeholder engagement was conducted through one-on-one meetings and attending forums and networks to assess existing services and identify further opportunities for action. A mapping exercise highlighted the complex landscape of interventions contributing to the healthy weight agenda, funded by various partners.
7. The group identified priority actions and shaped the recommendations for the work moving forwards. As a result, a series of recommendations and a high level Healthy Weight Plan have been drafted.

Current Position

8. Using the evidence collected through the JSNA and Whole System Approach review, we understand that there is a lot more work to be done locally to shift the dial on obesity, requiring a coordinated, sustained effort at multiple levels by partners across the system.
9. There is no 'quick fix' to reduce obesity prevalence and related harms. Certain interventions have a good evidence base for achieving and maintaining a healthy weight. These include:
 - supporting women to breastfeed for longer
 - making changes to school environments to increase healthy eating/reduce unhealthy eating

- pharmacotherapy² combined with behaviour change interventions to help people lose weight
 - making changes to the built environment to increase physical activity
10. Evidence is positive, but still emerging, on a number of other initiatives, such as: the removal of HFSS (foods high in fat, sugar and salt) advertising; 'whole system' approaches; health promoting planning policies; School Streets and Low Traffic Neighbourhoods; Healthy Start schemes; Healthy Early Years and Healthy Schools award schemes and the Daily Mile. Some of these approaches can be very difficult to evaluate, this does not necessarily mean that they are not effective.
11. The evidence on the longer term impacts of weight management programmes is mixed, and there is limited evidence on programmes that work for our local populations and communities. Locally, there are wider opportunities to influence the parts of the system that are likely to impact healthy diets and physical activity- through local healthier food advertising, working with local food businesses and developing healthier food environments in early years, schools and through our planning system and wider built environment.

Engagement with City of London Corporation and residents

12. City of London residents were invited to take part in resident focus groups, which were delivered in 2023 as part of the JSNA process. City and Hackney stakeholders working with residents also fed into the JSNA and whole system review.
13. A City of London corporation workshop was delivered in October 2024 to review and discuss the findings from the JSNA and the whole systems review recommendations, considering the local context and needs of the City of London. Colleagues from policy and strategy, climate, commissioning, sports and early years attended this workshop. There was agreement that the recommendations below were applicable to the City of London. Particular barriers to healthy weight highlighted in the workshop included: equitable access to physical activity; lack of green spaces; food accessibility. Opportunities identified within City of London Corporation to take this work forward included:

Health in all Policies

- a. Explore opportunities to embed healthy diet and physical activity principles into the new education strategy that is being developed.
- b. Integrate healthy diet and physical activity into wider City of London strategies, and join up work across teams where there are synergies in objectives (such as joining up work around food access with physical activity initiatives).

Healthy environments

- c. Discuss emerging recommendations with Environment and Planning colleagues at City of London Corporation.
- d. Develop the urban environment further to encourage residents to build

² Pharmacotherapy is the treatment of a condition or disease with medication.

physical activity into their daily lives.

- e. Use Community Infrastructure Levy³ fund to expand the food hub offer in the City of London. Ensure that the food provided is healthy and nutritious.
- f. Consider food access stigma (in relation to food hub/pantry models), and how this can be addressed to normalise accessing food in the City of London.
- g. Explore opportunities to engage local business leaders to increase access to healthy, affordable food in the City of London.

Tackling obesity related inequalities, inequity and stigma

- h. Consider the JSNA and WSA review recommendations and data in the procurement of the new leisure contract; consider inequalities in JSNA as part of the work.

Targeted support for those who need it most

- i. Possible role for Social Prescribers⁴ (having diet and physical activity discussions with residents), although need to consider the fact that residents in the east of the City do not attend the Neaman Practice.

14. The recommendations below have also been shared with the Department of Community and Children's Services DLT.

Recommendations

15. The JSNA and 'whole system' review that it has informed, points to a number of recommendations, which are themed and summarised below. These recommendations also map onto the five local healthy weight priorities.

System Leadership	
Subtheme	Recommendation
Leadership	Work with senior leaders to champion and prioritise the healthy weight agenda to build understanding and support for the importance of a collaborative multi-sector, multi-level approach.
	Re-establish the Healthy Weight Strategic Partnership (or similar) to provide leadership and to drive the whole systems approach forwards.
Governance	Develop a clear governance structure to ensure stakeholders are held to account, agreed actions are taken forwards and momentum is maintained.

³ The Community Infrastructure Levy (CIL) is a charge that local authorities can set on new development in order to raise funds to help fund the infrastructure, facilities and services - such as schools or transport improvements - needed to support new homes and businesses.

⁴ Social prescribing links people to a wide range of community groups and services. This may include creative activities such as art, dance, and singing or other activities such as knitting, cooking or sports, for social support and to improve wellbeing.

	Refresh and relaunch the Healthier City and Hackney framework to ensure it recognises the priorities of stakeholders across City and Hackney. Develop a delivery plan to support the framework based on the gaps, opportunities and actions identified by stakeholders.
Funding	Reprioritise resources including funding and investment to address recommendations raised through the review.
Evidence and data	
Data collection and analysis	Improve data collection and analysis on the environmental determinants of obesity to enable the development of tailored and targeted approaches and to identify levers to support the work.
	Better understand uptake and health outcomes for local healthy weight services, where appropriate and relevant.
Evidence and insight	Develop further insights in areas currently less understood locally for example what strategies for long term behaviour change, culturally specific support and what information residents need and how they would like to access it.
Monitoring and evaluation	Develop a framework for evaluating actions and approaches to enable a culture of continuous improvement and to celebrate success across the partnership.
Healthy environments	
Active environments	Prioritise physical activity in the planning and development process to create and maintain spaces that encourage physical activity.
	Champion community spaces that are examples of a healthy environment which make it easy for people to be active.
	Ensure that early years, youth and schools settings prioritise play and physical activity
	Increase the number of schools participating in the Daily Mile
	Improve understanding about the impact of local interventions, such as School Streets and Low Traffic Neighbourhoods on active travel
Food	Ensure community spaces are used to access healthy, affordable

environments	food.
	Explore opportunities to incentivise convenience stores, supermarkets and market traders to provide affordable, healthy foods in underserved areas.
	Develop an approach to create 'fast food buffer zones' around schools to restrict street traders such as ice cream vans, ensuring consistency with planning applications on hot food takeaways.
	Improve the food environment in early years settings and schools
	Support more families in need to be able to purchase fresh food and vegetables
	Increase food growing in schools
	Explore opportunities to decrease unhealthy food advertising
Supporting long term behaviour change	Shift focus towards long-term behaviour change by integrating complementary strategies that address social and environmental factors within programmes and services where appropriate.
Training and capacity building	
Workforce development	Develop a comprehensive training and capacity-building plan to build the knowledge, skills and confidence of the workforce
Harness the knowledge and connections of the VCS	Develop capacity within the VSC to maximise their long standing, trusted relationships with residents and enhance their ability to engage and empower communities around diet, physical activity and healthy weight
	Co-design a peer support model to support communities to make changes to their behaviour and sustain changes in the longer term
Nutritional standards & training	Identify spaces and settings where access to affordable healthy food is limited
	Develop healthy catering guidelines and training for providers to improve the food provided and the food environment.
	Support community food distribution initiatives such as food banks, food pantries and community food shops to ensure they provide balanced and nutritious food options as part of their offer to communities.

Tackling obesity related inequalities, inequity and stigma	
Focus on health inequalities	Strengthen partnerships with key services who are well placed to engage key at risk populations e.g. people on a low-income, people with disabilities or learning disabilities and global majority communities.
	Develop targeted support for people with very complex needs
	Work closely with stakeholders to ensure obesity related inequalities are at the heart of service planning and delivery.
Proportionate universalism	Consider how resources are allocated and interventions are delivered to the needs of populations that are disproportionately affected by obesity and related health issues e.g. people on a low-income, people with disabilities or learning disabilities and global majority communities.
Addressing weight stigma & discrimination	Develop a comprehensive programme of work to tackle weight stigma.
Settings and life course approaches	
Life course approach	Engage stakeholders working with people at key life stages e.g. maternity, children's and older peoples services to ensure they are actively involved and opportunities are maximised to support the healthy weight agenda.
	Continue to support new mothers to breastfeed for longer
	Ensure access to affordable healthy food starts from the beginning of the life course working with and through programmes such as Healthy Early Years and Healthy Schools to influence food and physical activity provision.
Intergenerational approaches	Explore with partners the opportunities for intergenerational approaches to improving access to food through meaningful connections between different generations through cooking, growing and eating good food.
Workplace health	Work across anchor institutions and other employers to develop workplace health charter/support for employees to promote active workplaces and improve access to healthy, affordable food
Cross-sector collaboration	

Networking and sharing good practice	Develop opportunities to facilitate networking, sharing of good practice and collaboration.
Integrated pathways	Improve care pathways and develop integrated approaches which respond to need and focus on inequalities.
Partnership building	Strengthen partnerships with key stakeholders e.g. healthcare providers, education providers, businesses to further develop the shared objectives of the programme and create a true 'whole system approach'
Communications and engagement	
Community engagement	Leverage local knowledge and resources by working collaboratively with community leaders and community members in planning and implementing the Healthy Weight Action Plan.
Co design and co production	Test and co design approaches with at risk populations
Communication s plan	Develop a coordinated communications plan based on insight to ensure clear, consistent and accessible messages are given around healthy weight.
Improving Health Literacy	Develop a streamlined approach to support residents to access information and services about nutrition, physical activity and weight management which they can find, understand and use to support them to make decisions and take action.

Next steps

16. A high level City and Hackney Healthy Weight Plan has been drafted, based on the emerging recommendations listed above. This work will be developed and progressed after the recommendations are agreed.

Key Data

17. One in five children in Reception and two in five in Year 6 were above a healthy weight in 2022/23 in City and Hackney. Boys, those living in areas of higher deprivation & children from certain ethnic groups were associated with higher levels of childhood obesity, mainly in Year 6.
18. In 2023, around 45% of City residents (18+) with a BMI recording in the last five years were either overweight or obese. Sex, ethnicity and deprivation were associated with higher obesity prevalence among City and Hackney

adults in 2022.

19. One in two pregnant women were obese at their first antenatal appointment and inequalities exist.

20. Obesity prevalence was higher than average among City and Hackney adults with a recorded learning disability or severe mental illness diagnosis.

Corporate & Strategic Implications

These recommendations align with numerous corporate plans and strategies and there are many co-benefits:

- City of London Corporate Plan (outcome 2 and 4).
- Local Plans - City Plan 2036 (building healthier environments that promote active travel, physical activity, play and healthier food environments).
- Transport Strategies - City Streets - through promotion of active travel.
- Climate Action Strategy- increasing active travel and increasing the number of residents eating locally sourced, fresh, plant based diets.
- City of London Health and Wellbeing Strategy- obesity is related to all three strategic priorities (both as causes and consequences of obesity).
- North East London Integrated Care Strategy- recommendations align with numerous priority areas in the Integrated Care Strategy, including:
 - providing the best start in life for babies, children and young people of North East London
 - to support everyone at risk of developing a long term condition in North East London to live a longer and healthier life
 - to improve the mental health and wellbeing of people in North East London.

Financial implications

None.

Resource implications

City of London Corporation stakeholders working in relevant departments will be asked to consider opportunities to progress the healthy weight work plan actions, where relevant.

Legal implications

None.

Risk implications

Taking no action to support residents to achieve and maintain a healthy weight can have physical, mental and social implications for residents.

Equalities implications

Equalities and equity considerations are central to the data analysis conducted within the healthy weight JSNA and the draft recommendations.

Climate implications

There are a number of co-benefits related to action to tackle obesity for climate mitigation- these include actions such as increasing active travel and increasing the number of residents eating locally sourced, fresh, plant based diets.

Security implications

None.

Conclusion

The Healthy Weight JSNA and Whole System Review recommendations will enable the City of London and Hackney to better support its residents to achieve and maintain a healthy weight, through whole system actions.

Appendices

Appendix 1 – Review of the City & Hackney 'whole system' response to tackling obesity - info pack and recommendations [CoL HWBB]

Donna Doherty-Kelly

Principal Public Health Specialist, City and Hackney Public Health

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Review of the City & Hackney 'whole system' response to tackling obesity - including findings from the healthy weight Joint Strategic Needs Assessment (JSNA)

Donna Doherty-Kelly

Relevance to City of London's Health & Wellbeing Board



Overweight and obesity - 2nd most important risk factor for poor health, major driver of health inequalities and demand for health and care services.

Relevant to all three of City of London's Health and Wellbeing Board's strategic priorities (both as causes and consequences of obesity)

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Our focus areas for partnership action over the next four years are:

**improving mental
health**

**increasing social
connection**

**supporting greater
financial security**

City and Hackney's Healthy Weight JSNA



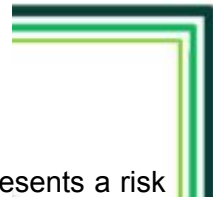
The aim of the healthy weight JSNA is to:

- explore the evidence related to whole system approaches to excess weight
- identify local unmet needs related to weight, diet and physical activity
- identify areas of good practice in the delivery and offer of services and any gaps
- develop a set of recommendations for system partners related to healthy weight in City and Hackney.

The scope of the JSNA includes **children, young people and adults**.

During the process of developing this JSNA, we spoke to many residents and those working with residents during the process of developing this assessment. These insights complement the detailed data analysis and evidence review undertaken for this report, and have helped us understand the local picture and inform our recommendations, and can be seen throughout the report.

Context



The World Health Organisation (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. Body Mass Index (BMI) is a commonly used measure of how much fat a person is storing in their body. dividing a person's weight in kilograms by their height in meters squared. The higher the figure, the more overweight a person is and the greater the health risks. BMI is only one way of assessing the health-related risks of overweight/obesity and it is not universally appropriate.

Obesity is a significant driver of poor health and increases the risk of many physical and mental health conditions.

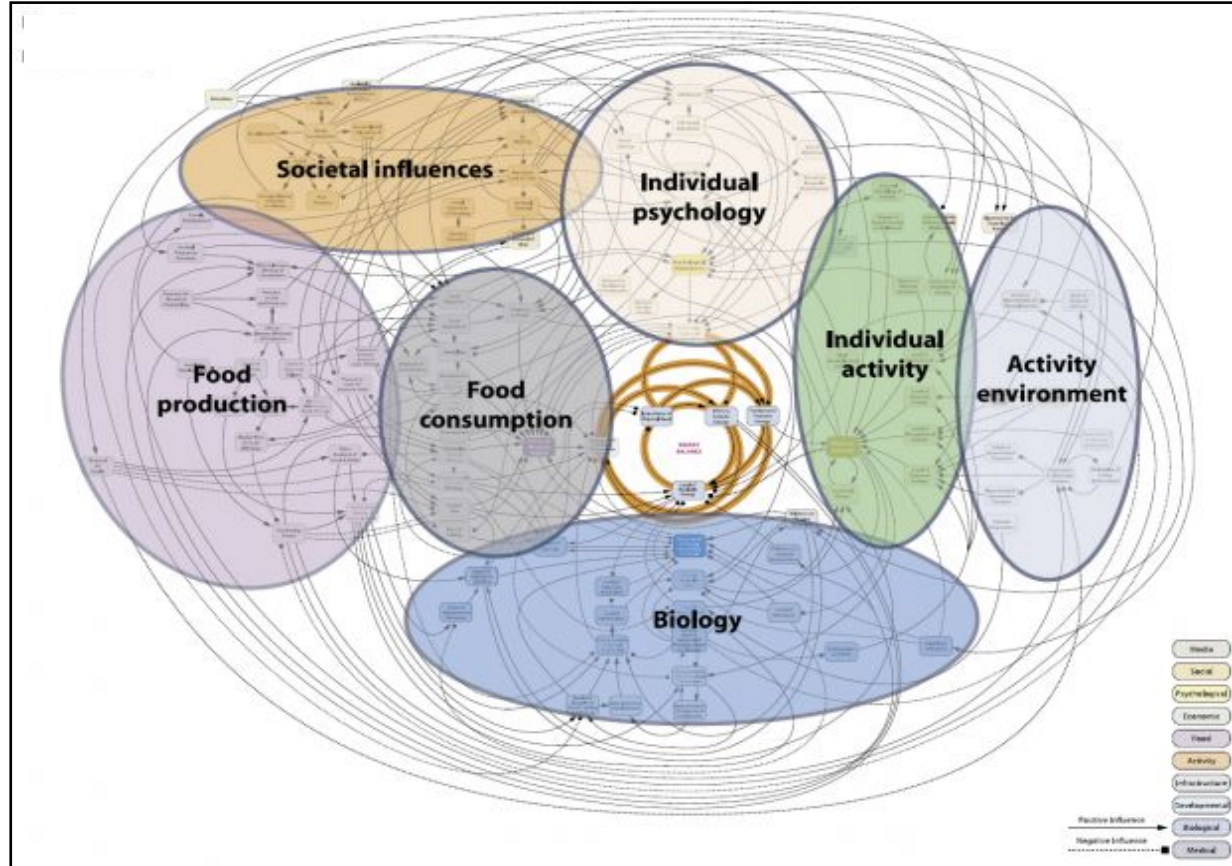
There are significant inequalities in relation to obesity in children, young people and adults, including higher levels of obesity in the most deprived communities, those from certain ethnic backgrounds, older adults and among people with disabilities.

Obesity is a complex matter to address - there are many influences that contribute to a healthy weight including biology, food consumption, individual activity, individual psychology, food production, the activity environment and societal influences.

Locally, we understand that preventing and reducing the harms from obesity requires the development of a sustained whole system approach – addressing individual, environmental and societal influences – and this requires the participation of a broad partnership of stakeholders. We have been working on a whole system approach to obesity since 2016.

We refer to this whole system approach throughout the JSNA, and apply this 'whole system' lens when appraising the evidence for healthy weight interventions and policies in this document.

Why take a whole system approach to obesity?



The benefits of a whole systems approach to obesity

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Policy context

National and regional context



There is action being taken nationally, regionally and locally to shift the dial on obesity.

- In 2020, the Government published [Tackling obesity: empowering adults and children to live healthier lives](#), which sets out actions to decrease obesity. This strategy promised action to restrict advertising and point of sale/volume promotions of unhealthy food, and extend calorie labelling to restaurants and takeaways. However, many of these actions have not progressed since the strategy was published in 2020.

There are also a number of London policies and strategies that focus on actions to increase healthy diets across the population, reduce food poverty and prevent excess weight:

- [Healthy Place Healthy Weight recovery mission](#)
- [Every Child A Healthy Weight, Ten Ambitions For London](#)
- [London Food Strategy](#)

City and Hackney's healthy weight priorities

Our ambition: to improve health and wellbeing for all by making City and Hackney a place where everyone can be a healthy weight

Our priorities:

- *Working together.* We will support the development of a social movement for healthy weight. We will build on the strengths and resources in our local communities and existing partnerships.
- *Targeted help for those who need it most.* We will ensure that individuals, families and communities at greatest risk of obesity-related harm receive the support they need to live a healthy life.
- *Easy access to affordable healthy food.* We will make it easier for people to buy and prepare affordable healthy food.
- *A healthy environment that makes it easy for people to be active.* We will continue to work to improve the design of local spaces and places so more people can be active as part of their everyday lives.
- *Easy access to information.* We will make it easy for everyone in City and Hackney to find information about what action they can take, and what help they can get, to live a healthy life.

Local strategic context

This work contributes to, and is influenced by, a number of local priorities, strategies and plans including:

- City of London Corporate Plan
- Local Plans - City Plan 2036
- Transport Strategies - City Streets
- Climate Action Strategy
- City of London Health and Wellbeing Strategy
- North East London Integrated Care Strategy



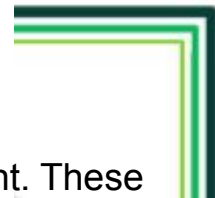
**North East London
Health & Care
Partnership**





Evidence base and good practice

Evidence base and good practice



Certain interventions have a good evidence base for achieving and maintaining a healthy weight. These include:

- supporting women to breastfeed for longer
- making changes to primary school environments to increase healthy eating/reduce unhealthy eating and increase physical activity
- weight loss drugs combined with behaviour change interventions, as part of a specialist weight management service
- making changes to the built environment to increase physical activity

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Evidence is positive, but still emerging, on a number of other initiatives that contribute to preventing/reducing obesity-related harms, such as: **‘whole system’ approaches; the removal/restriction of advertising of HFSS food/drinks; early years interventions that address healthy eating and/or physical activity; health promoting planning policies; School Streets and Low Traffic Neighbourhoods; Healthy Start schemes; Healthy Early Years and Healthy Schools award schemes and the Daily Mile.** Some of these approaches can be very difficult to evaluate; lack of evidence does not necessarily mean that they are not effective.

Evidence base and good practice



Evidence on longer term impacts of weight management programmes is mixed; follow-up data is lacking.

Specialist weight management programmes are showing some promise of sustained health benefits for eligible cohorts.

Lack of evidence on the effectiveness of weight management programmes in general for culturally diverse and socially deprived communities.

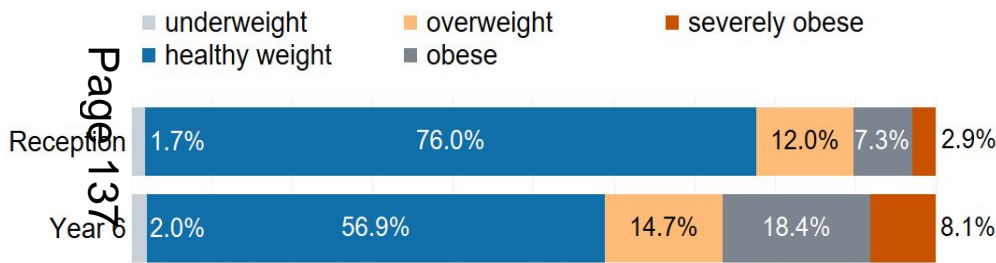
Locally, there are wider opportunities to continue to influence the parts of the system that are likely to impact healthy diets and physical activity - through **local healthier food advertising, working with local food businesses and developing healthier food environments in early years, schools and through our planning system and wider built environment.**



Local Picture

1 in 5 in Reception and 2 in 5 in Year 6 were above healthy weight in 2022/23

Proportion of children by weight category, City and Hackney 2022/23

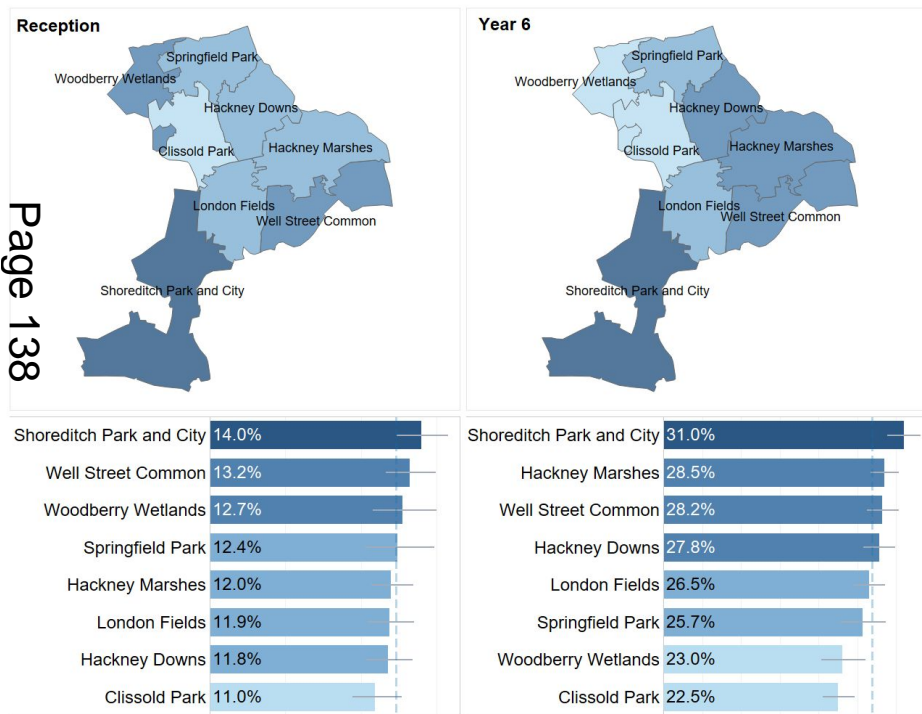


Data source: OHID, National Child Measurement Programme local data, November 2023

- The National Child Measurement Programme (NCMP) measures all Reception and Year 6 pupils annually.
- 1 in 5 children in Reception and 2 in 5 children in Year 6 were above healthy weight in 2022/23.
- Overall, the proportion of obese children increased during the pandemic and returned to pre-pandemic levels after that.

Boys, those living in areas of higher deprivation & certain ethnicities are associated with higher levels of obesity, mainly in Year 6

Proportion of obese (including severely obese) children by Primary Care Network, City & Hackney 2017/18 to 2022/23



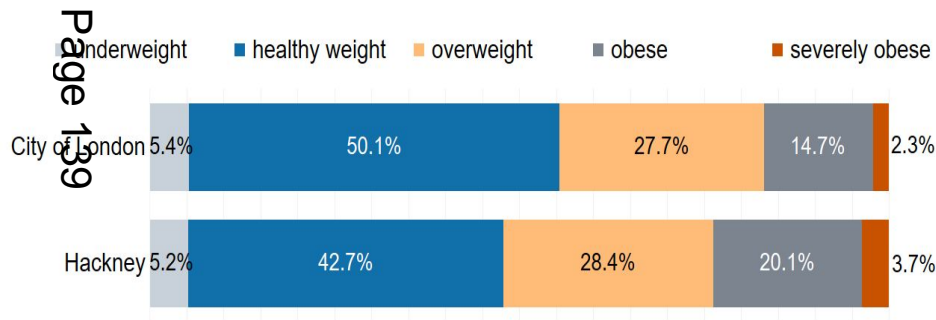
Data source: National Child Measurement Programme local data, November 2023

- Male pupils & those living in more deprived areas have higher obesity prevalence
- Using ethnicity-adjusted data, Reception boys and girls from all South Asian ethnicities combined and boys from white non-British backgrounds had a higher than average prevalence
- In Year 6, boys from Bangladeshi, Indian/Pakistani, & white non-British backgrounds and girls from Bangladeshi and mixed white and black backgrounds had a higher than average prevalence of obesity.
- These differences were not the same when non-ethnicity-adjusted data were used.
- **Shoreditch Park and the City neighbourhood** had the highest levels of obesity among Reception & Year 6 children.

Around 1 in 2 City & Hackney adults with a BMI recorded were above a healthy weight in 2023



Proportion of NEL GP registered adults (18+) with valid BMI by weight category, City and Hackney, 2022/23



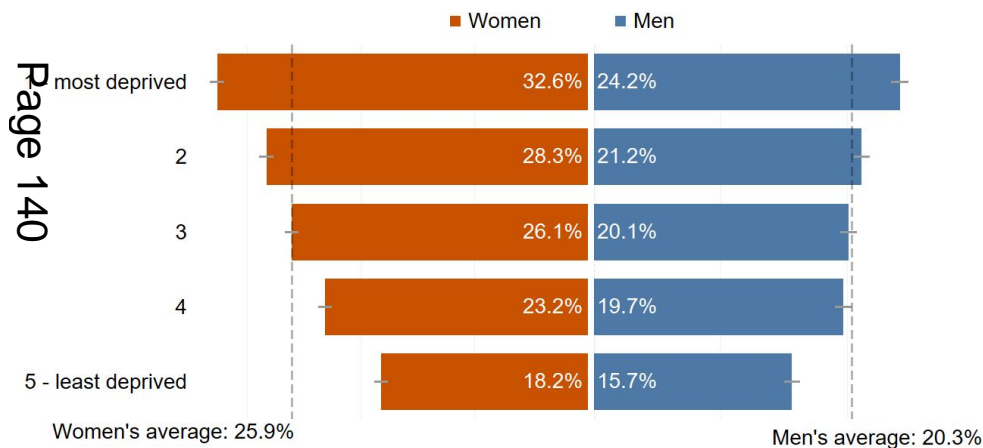
Data sources: Clinical Effectiveness Group, East London Database, 2022; Office for Health Improvement and Disparities (OHID)

- In 2023, around **45% of City residents (18+)** and around 50% Hackney residents (18+) with a BMI recording in the last 5 years were either overweight or obese.
- In the same year, **17% of adults in the City** and 24% in Hackney were recorded as obese or severely obese.

Sex, ethnicity & deprivation were associated with higher obesity in adults



Obese prevalence in adults (18+) by local deprivation quintile and sex, City of London and Hackney, 2023



Data source: Clinical Effectiveness Group, East London Database, 2023

- Overall, more women than men were recorded as obese in GP data.
- However, there is variation across different age groups: obesity prevalence was similar for men and women among those aged 18-24, but significantly higher among women than men from the age of 25. Obesity prevalence increased up to age 50-64 age group for women and 65-74 for men and then declines with age.
- A higher than average prevalence of obesity was observed among adults from Pakistani and all black ethnicities.
- Similar to the patterns observed for children, the prevalence of obesity among adults in City and Hackney increase with levels of area deprivation. The gap between the least and most deprived areas was greater among women.

Almost 1 in 2 pregnant women are above a healthy weight at booking appointment, and inequalities exist



Nearly half of those attending their first antenatal appointments were above a healthy weight, 20% of whom were obese.

Combining the data from 2019/20 to 2023/24, a significantly higher prevalence of overweight/obesity at first antenatal appointment is observed among the following groups:

- those from black ethnicities (varying from 38% to 41%), mixed white and black ethnicities (from 32% to 39%) and Bangladeshi patients (27%)
- those with recorded physical and/or learning disabilities (31%)
- current smokers (29%).



Summary: key messages



1 in 5 children in Reception and 2 in 5 in Year 6 were above a healthy weight in 2022/23 in City and Hackney.

Boys, those living in areas of higher deprivation & children from certain ethnic groups were associated with higher levels of childhood obesity, mainly in Year 6.

1 in 2 City and Hackney adults with a BMI recorded were above a healthy weight in 2023.

Sex, ethnicity and deprivation were associated with higher obesity prevalence among City and Hackney adults in 2022.

1 in 2 pregnant women were obese at their first antenatal appointment and inequalities exist.

Obesity prevalence was higher than average among City and Hackney adults with a recorded learning disability or severe mental illness diagnosis.

The data on diet and physical activity behaviour is limited, notably for CYP.

Local response

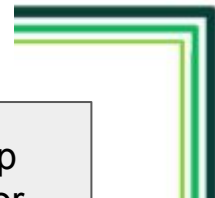


There are a number of wider local strategies, plans and interventions across City and Hackney that make an important contribution towards local action to prevent and/or reduce obesity.

However, we know there is more that we can do to prevent obesity and support our residents to achieve and maintain a healthy weight.

We need to take coordinated, sustained action at multiple levels across the system to have a lasting impact.

A suite of services and interventions



Food support

Cookery classes

Starting solids
support

Food vouchers

Health visiting
(breastfeeding & diet)

Physical activity
programmes

Transport strategies
that encourage active
travel

Green spaces

Planning policy

Climate action plans
on food

Healthy schools &
early years
programmes

Targeted group
interventions for
those above a
healthy weight

Digital weight
management
interventions

Community
champions

MECC

Key messages from the JSNA (1)



There is broad consensus among experts and policy makers on what is driving obesity and the harm it is causing. However, evidence around what works for preventing and treating obesity needs to be strengthened.

A large number of local residents (both children and adults) are above a healthy weight and stark inequalities exist. Many residents have told us that they struggle to eat a healthy affordable diet and to be active. There are many barriers and enablers to eating healthy food and being active.

There is no 'quick fix' to reduce obesity prevalence and related harms. Certain interventions have a good evidence base for achieving and maintaining a healthy weight. These include:

- supporting women to breastfeed for longer
- making changes to school environments to increase healthy eating/reduce unhealthy eating
- pharmacotherapy* combined with behaviour change interventions to help people lose weight
- making changes to the built environment to increase physical activity

Key messages from the JSNA (2)



Evidence is positive, but still emerging, on a number of other initiatives, such as: the removal of HFSS advertising; 'whole system' approaches; health promoting planning policies; School Streets and Low Traffic Neighbourhoods; Healthy Start schemes; Healthy Early Years and Healthy Schools award schemes and the Daily Mile. Some of these approaches can be very difficult to evaluate, this does not necessarily mean that they are not effective.

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The evidence on the longer term impacts of weight management programmes is mixed.

Key messages from the JSNA (3)



National government holds many of the levers to influence the social and economic drivers of obesity.

However, at local level there are many opportunities to influence dietary and physical activity behaviours through changes to the food, physical activity and social environment.

Opportunities for local action include: **healthier food advertising; working with local food businesses; increasing access to food voucher schemes; creating more active environments; developing healthier food environments in early years and schools settings, and through our planning system and wider built environment. There is also a need to improve care pathways and develop integrated approaches which respond to need and focus on inequalities.**



Review of the City & Hackney 'whole system' response to tackling obesity - recommendations

The Review



- Stakeholder engagement:
 - A Task and Finish Group was established to contribute to and oversee the review process
 - Stakeholder engagement to consider the range of gaps, opportunities and actions required to promote and support healthy weight and enable the system to maximise opportunities and impact.
- Understanding the Local Picture:
 - Finalising the Healthy Weight JSNA
 - Completed a mapping exercise to build on and update what we know exists across the 'healthy weight system'
- Prioritising Action:
 - Through the Task and Finish Group we collaboratively identified effective actions, both new and existing, to help shape recommendations and a whole system healthy weight plan.
- Disseminating findings and recommendations:
 - Findings and recommendations will be shared widely with key stakeholders, co-design participants and relevant strategic partnerships.

Findings - at a glance



	System Leadership	Evidence and data	Healthy environments	Training and capacity building	Tackling inequality, inequity and stigma	Settings and life course	Cross sector collaboration	Communications and engagement
Working Together	✓	✓					✓	
Targeted support for those who need it most		✓		✓	✓	✓		✓
Easy access to affordable healthy food		✓	✓	✓	✓	✓		✓
A healthy environment that makes it easy for people to be active		✓	✓	✓	✓	✓		✓
Easy Access to Information				✓	✓			✓

Summary of Recommendations (draft)



Theme	Sub-theme	Recommendations
System Leadership	Leadership	<ul style="list-style-type: none"> • Work with senior leaders to champion and prioritise the healthy weight agenda • Re-establish the Healthy Weight Strategic Partnership (or similar)
	Governance / structures	<ul style="list-style-type: none"> • Develop a clear governance structure • Refresh and relaunch the Healthier City and Hackney framework • Develop a delivery plan to support the framework
	Funding	<ul style="list-style-type: none"> • Reprioritise resources including funding and investment to address recommendations raised through the review.
Evidence and Data	Data collection and analysis	<ul style="list-style-type: none"> • Improve data collection and analysis on the environmental determinants of obesity
		<ul style="list-style-type: none"> • Better understand uptake and health outcomes for local healthy weight services, where appropriate and relevant.
	Evidence and Insight	<ul style="list-style-type: none"> • Work with communities to better understand barriers to people being active, culturally specific support and what information residents need and how they would like to access it. • Explore partnerships to help address the gaps in evidence and insight around these areas.
	Monitoring and evaluation	<ul style="list-style-type: none"> • Develop a framework for evaluating actions and approaches taken forward within the action plan and associated activity

Theme	Sub-theme	Recommendations
Training and Capacity Building	Workforce Development	<ul style="list-style-type: none"> Develop a comprehensive training and capacity-building plan to build the knowledge, skills and confidence of the workforce in relation to healthy weight, nutrition and physical activity
	Harness the knowledge and connections of the VCS	<ul style="list-style-type: none"> Undertake a training needs analysis to inform a tailored training programme Develop training and resources for Voluntary and Community Sector (VCS) organisations Co-design a peer support model to support communities to make changes to their behaviour and sustain changes in the longer term
	Nutritional Standards and Training	<ul style="list-style-type: none"> Identify spaces and settings where access to affordable healthy food is limited Develop healthy catering guidelines and training for providers to improve the food provided and the food environment. Support community food distribution initiatives such as food banks, food pantries and community food shops to ensure they provide balanced and nutritious food options as part of their offer to communities.

Theme	Sub-theme	Recommendations
Healthy environments	Active Environments	<ul style="list-style-type: none"> • Prioritise physical activity in the planning and development process • Champion community spaces that are examples of a healthy environment • Ensure that early years, youth and schools settings prioritise play and physical activity • Increase the number of schools participating in the Daily Mile • Analyse the impact of local interventions, such as School Streets and Low Traffic Neighbourhoods on active travel
	Supporting long-term behaviour change	<ul style="list-style-type: none"> • Shift focus towards long-term behaviour change by integrating complementary strategies that address social and environmental factors.
	Food Environments	<ul style="list-style-type: none"> • Use of community spaces to develop food growing spaces and enable people to shop locally • Explore opportunities to incentivise convenience stores, supermarkets and market traders to provide affordable, healthy foods in underserved areas. • Develop an approach to create 'fast food buffer zones' around schools to restrict street traders such as ice cream vans, ensuring consistency with planning applications on hot food takeaways. • improve the food environment in early years settings and schools • Support more families in need to be able to purchase fresh food and vegetables • Increase food growing in schools • Explore opportunities to decrease unhealthy food advertising

Theme	Sub-theme	Recommendations
Tackling inequality, inequity and stigma	Focus on health inequalities	<ul style="list-style-type: none"> Strengthen partnerships with key services who are well placed to engage key at risk populations e.g. people on a low-income, people with disabilities or learning disabilities and global majority communities. Develop targeted support for people with more complex needs Work closely with stakeholders to ensure obesity related inequalities are at the heart of service planning and delivery.
	‘Proportionate universalism’ approach	<ul style="list-style-type: none"> Consider how resources are allocated and interventions are delivered to meet the needs of populations that are disproportionately affected by obesity and related health issues e.g. people on a low-income, people with disabilities or learning disabilities and global majority communities
	Addressing weight stigma	<ul style="list-style-type: none"> Develop a comprehensive programme of work to tackle weight stigma
Settings and life course	Life course approach	<ul style="list-style-type: none"> Engage stakeholders working with people at key life stages to ensure they are actively involved and opportunities are maximised to support the healthy weight agenda. Ensure access to affordable healthy food starts from the beginning of the life course working with and through programmes such as Healthy Early Years and Healthy Schools Continue to support new mothers to breastfeed for longer
	Intergenerational approaches	<ul style="list-style-type: none"> Explore with partners the opportunities for intergenerational approaches to improving access to food and physical activity uptake.
	Workplace	<ul style="list-style-type: none"> Work across the anchor institutions and other employers to develop workplace health charter/support for employees



Theme	Sub-theme	Recommendations
Cross-Sector Collaboration	Networking and sharing good practice	<ul style="list-style-type: none">• Develop opportunities to facilitate networking, sharing of good practice and collaboration.
	Integrated pathways	<ul style="list-style-type: none">• Improve care pathways and develop integrated approaches which respond to need and focus on inequalities.
	Partnership building	<ul style="list-style-type: none">• Strengthen partnerships with key stakeholders to further develop the shared objectives of the programme and create a true 'whole system approach'
Communications and engagement	Community engagement	<ul style="list-style-type: none">• Leverage local knowledge and resources by working collaboratively with community leaders and community members in planning and implementing the Healthy Weight Action Plan.
	Communications Plan	<ul style="list-style-type: none">• Develop a coordinated communications plan based on insight to ensure clear, consistent and accessible messages are given around healthy weight and support available locally.
	Health literacy	<ul style="list-style-type: none">• Develop a streamlined approach to support residents to access information and services about nutrition, physical activity and weight management which they can find, understand and use to support them to make decisions and take action.

Question for the Board



Q How can the Health and Wellbeing Board - *as a collective body and as leaders within your organisations* - use your influence to implement the emerging recommendations?

Committee: Health and Wellbeing Board - For information	Dated: 15/11/2024
Subject: Healthwatch City of London Progress Report	Public
Report author: Gail Beer, Chair, Healthwatch City of London	

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 the end of Q2 2024/25, and October 2024.

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.

The City of London Corporation has funded a Healthwatch service for the City of London since 2013. The first contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCOL). HWCOL is registered on the on the Charities Commission register of charities as a Charitable Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand. The current contract for Healthwatch City of London was awarded in September 2024.

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

1.1 Healthwatch City of London

The HWCOL team continue to operate from the Portsoken Community Centre and through hybrid working – both at the office and home working.

The communication platforms continue to provide residents with relevant information on Health and Social care services via the website, newsletters, bulletins, and social media.

1.2 Contract with the City of London Corporation

The new contract has been awarded to Healthwatch for a three-year term with the option of a two-year extension. The contract value remains unchanged at £93,000 per annum.

The contract was awarded via direct award following approval at category board, and a published notice to which no objections were received.

2 Public Board Meetings

On 18th October HWCOL held its AGM and Annual Public Meeting. The meeting was held in St Giles Cripplegate church in the Barbican and was very well attended by residents, health professionals, voluntary sector, and Councillors. However, representation from Mansell Street and Petticoat Lane was limited

The Chair, Gail Beer, outlined the achievements of Healthwatch in 2023/24, presented the annual accounts, thanked the Board, the staff team, the volunteers, and the City of London Corporation for their support.

The priorities for 2024/25 and the projects the team are currently working on were outlined.

The AGM was followed by the Annual Public Meeting. The keynotes speakers were Mary Durcan, Chair, City of London Health and Wellbeing Board (HWB), and Dr Sue Mann, National Clinical Director for Women's Health and Consultant and Clinical Lead for Women's Health, City and Hackney.

Mary gave an overview of the HWB, its membership and priorities for the coming year and answered several questions from the audience which ranged from the use of the private healthcare providers to reduce the wait times in the NHS, to why City and Hackney are paired together for service provision.

Dr Mann introduced her role as National Clinical Director for Women's health but kept the focus of her presentation to her more local role in City and Hackney. She highlighted the importance of women's health, in particular increasing the awareness of women's health issues. Webinars as well as referral sessions are currently being held to discuss all aspects of women's health, such as menstrual cycles, fertility, contraception, and menopause.

In the subsequent Q&A Dr Mann described how women are able to access those sessions, which can be through a referral through a GP.

Attendees raised the need for an increase in services within the City, an example of this was the Menopause Café, located in Homerton Hospital, which although provides important services and care, is hard to access from the City. The main take away was that services are not as well advertised or sign posted as they could be.

Members of the public appreciated the speakers' willingness to answer questions.

The event was also supported by local service providers and voluntary organisations who had stalls for attendees to visit for information and advice. These were Imago, Age UK City of London, City Advice, Family Information Service, Together Better Programme and the OPRG.

The team at HWCoL would also like to thank Ellie Ward for her support with the event.

3 City of London Corporation Boards

3.1 Adult Social Care Assurance Board

HWCoL met with new Independent Chair of the Adult Social Care Assurance Board, John Goldup, to discuss how service users views and experiences can be fed to the Board. It was agreed that HWCoL would attend the Board meetings and report back any insights and information from projects or resident/service user feedback.

3.2 Health Scrutiny Committee

HWCoL attended the last Health Scrutiny committee to give an overview of the 2023/24 annual report, projects, and achievements.
The report was well received by the committee.

4 Communications and Engagement

4.1 Patient Panels

Patient panels are designed as information sessions on topics of concern or interest to residents. They also enable residents to give feedback on those services and share ideas for improvements.

4.1.1 Patient Panel September – Cardio-pulmonary resuscitation (CPR) training with the LAS. Another very well attended session with the London Ambulance Service. Another session is scheduled for March 2025.

4.1.2 Panels scheduled for Winter 2024/25 include:

- 21st November: Diabetes Advice and Information with Roz, a volunteer from Diabetes UK who will be presenting on diabetes and highlighting the services you can access in the City. (World diabetes day 14th Nov)
- 5th December: Mental Health support over the festive season with Katie Pomeroy from City and Hackney Talking Therapies.

4.2 Neighbourhoods Programme engagement

HWCoL attended the Neighbourhoods City action group chaired by the new Shoreditch Park and City Neighbourhoods co-ordinator. Attendees emphasised the need to engage with City residents on their priorities for the programme. It was agreed that an overview of the programme would be produced to send to residents via the Corporations engagement channels, following that a forum would take place to allow discussion on the priorities.

5 Issues raised on behalf of residents

5.1 Staying Steady classes

M.R.S Independent Living are currently the only organisation who provides fall prevention and strengthening classes to older residents in the City. The course is a

24-week weekly class. They are funded by City and Hackney Public Health team who have informed them that funding for the City provision will stop in early 2025. HWCoL have written to the Public Health team and the CoL Corporation to ask for the funding to continue.

HWCoL are waiting for M.R.S Independent Living to provide attendance numbers and more specific information of the work they carry out in the City.

HWCoL believe that this is a vital provision for the older population in the City, it also falls into the new Governments' priorities of moving from sickness to prevention. The Board are asked to note the possible change to service.

5.2 Covid vaccination

HWCoL have raised the issue with the Neaman Practice and the PCN on the availability of options when having the Covid vaccinations. Currently the only option offered by the PCN is the Moderna vaccination. For those who have reactions to the Moderna vaccination currently have to pay for an alternative. HWCoL have received reports that this is costing up to £98. The PCN are looking into making the Pfizer vaccination available for the drop-in vaccination day on 19th November at the Neaman Practice, but this is far from guaranteed.

The HWCoL team have signposted to alternative venues to receive the Covid vaccination other than Richmond Road for those living in the west of the City. These include many easy to reach local pharmacies in the City and the vaccination centre at Guys Hospital.

6 Projects

6.1 Digital Apps in Healthcare

This project focuses on the plethora of apps used by both Primary and Secondary Care services. The team are exploring accessibility, integration, and usefulness.

The report has been completed and is currently with the designer for production. This will be published in November 2024.

Key findings are:

The number of apps/digital platforms that are now used is confusing.

The different apps/platforms do not connect to each other; therefore, patients have to access several to get the information needed.

There are issues with accessing information for the cared for by their carers and specific info not being given for appointments.

Similarly, proxy access is not always simple to obtain and when granted, it is not always possible to see the same information that the patient would be able to, which is needed in cases of carers etc.

The level of information is different according to who is providing it and what service it is linked to.

There is a lack of language and disability access options.

Multifactor authentication/complex verification processes are increasingly becoming a barrier to accessing digital services.

There are many worries about data storage and privacy with little information available regarding this.

Ordering medication/repeat prescriptions has become easier for patients

Booking a GP appointment is usually easier than calling at 8am

The text reminders for appointments are helpful

The report also highlights the need for further work in this area including access to social care.

6.2 Awareness of Men's Health Campaign

HWCoL are working with colleagues across Health services to highlight the importance of men's health. There was an event scheduled for late November, however due to lack of speaker availability this has been postponed until early 2025. The event will feature speakers who provide health and wellbeing services specifically for men. The inability to find a speaker is perhaps an indication that more work needs to be done to raise awareness and to determine the level of planning of services for men's health and wellbeing.

6.3 Patient Advice and Liaison services

A HWCoL volunteer has undertaken a project to assess the accessibility and information provided by PALS services in Healthcare settings attended by City residents. The report is very detailed with some interesting insights into the different levels of provision across the NHS Trusts

HWCoL will be producing a summary to residents to access, with the full report being sent to providers, Healthwatch England and NEL ICB.

7 Enter and View programme

Healthwatch have a statutory function to conduct Enter & View visits to health and care services to review services at the point of delivery.

7.1 Barts Health NHS Trust Cardiology Department

The enter and view visits took place in June and July. The report with its recommendations is currently with the Cardiology department for comment on its recommendations, after which the report will be published.

7.2 Neaman Practice

HWCoL have discussed conducting an Enter and View visit to the Neaman Practice in Q4 this year. The visit is scheduled to take place in February.

8 Q2 Performance Framework (Contractual Obligations)

There has been no notable change in performance as measured by the Key Performance Indicators. 22 green indicators and two amber indicators. Attendance at public HWCoL has significantly increased over the past two quarters. The Patient Panel series have proved particularly popular with new people attending each time.

9 Planned activities in Quarter 3 2024/25

In support of the delivery of the business plan during Q3 the team at HWCoL will:

- Publish the report into Digital Apps.
- Publish the Enter and View report from the Barts Cardiology Department visit
- Publish the PALS research project and summary report carried out by a volunteer.
- Continue with the Patient Panel Series covering diabetes care and mental health and wellbeing support over the festive period.
- Hold a festive party to bring together the community.

10 Conclusion

In conclusion it has been a busy few months at HWCoL, producing the reports on the digital apps project and Enter and View visit to St Bartholomew's and hosting the AGM.

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