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Health and Wellbeing Board

Date: **FRIDAY, 7 FEBRUARY 2025**

Time: **11.00 am**

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

Members:

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

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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 public minutes and non-public summary of the previous meeting held on 15 November 2024.

For Decision
(Pages 5 - 14)

4. **HEALTH AND WELLBEING BOARD DEVELOPMENT**

Joint Report of The Executive Director of Community and Children's Services and the Director of Public Health.

For Decision
(Pages 15 - 24)

5. **ANNUAL REVIEW OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE**

Report of the Town Clerk.

For Decision
(Pages 25 - 28)

6. **ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT**

Report of The Director of Public Health.

For Information
(Pages 29 - 86)

7. **NEL MATERNITY & NEONATAL DEMAND AND CAPACITY**

Joint Report of The Associate Director of Midwifery Newham University Hospital.

For Information
(Pages 87 - 110)

8. **PUBLIC HEALTH CONTRACTS**

Report of The Director of Public Health.

For Information
(Pages 111 - 120)

9. **CITY AND HACKNEY IMMUNISATIONS STRATEGIC ACTION PLAN (2024-2027)**

Report of The Director of Public Health.

For Information
(Pages 121 - 192)

10. **ANNUAL REPORT ON IMPLEMENTATION OF THE CITY & HACKNEY SEXUAL AND REPRODUCTIVE HEALTH STRATEGY AND ACTION PLAN**

Report of the Director of Public Health.

For Information
(Pages 193 - 204)

11. **THE SEND NEEDS ASSESSMENT AND THE SEND AND ALTERNATIVE PROVISION STRATEGY**

Joint Report of The Director of Community and Children's Services and The Director of Public Health.

For Information
(Pages 205 - 328)

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

Report of Healthwatch, City of London.

For Information
(Pages 329 - 358)

13. **FINALISED CITY OF LONDON AIR QUALITY STRATEGY 2025-2030**

Report of The Executive Director, Environment.

For Information
(Pages 359 - 416)

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

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

16. **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

17. **NON PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 15 November 2024.

For Decision
(Pages 417 - 418)

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

19. **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, 15 November 2024

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 15 November 2024 at 11.00 am

Present

Members:

Mary Durcan (Chair), Court of Common Council
Helen Fentimen OBE JP (Deputy Chair), Chair Community and Children Services Committee
Deputy Marianne Fredericks, Port Health and Environmental Service Committee
Dr Sandra Husbands, Director of Public health
Deputy Randall Anderson, Court of Common Council
Simon Cribbens, Assistant Director Partnerships & Commissioning
Matthew Bell, Policy and Resources Committee
Deputy Ceri Wilkins, Court of Common Council

In Attendance

Gavin Stedman, Port Health and Public Protection Director
Judith Finlay, Executive Director Community and Children's Services

Officers:

Ellie Ward	-	Community and Children's Services
Mona Hayat	-	Community and Children's Services
Adrian Kelly	-	Community and Children's Services
Emmanuel Ross	-	City and Hackney Public Health Service
Donna Doherty-Kelly	-	City and Hackney Public Health Service
Jayne Taylor	-	City and Hackney Public Health Service
Raz Chinyuku	-	City and Hackney Public Health Service
Ruth Kocher	-	Environment
Tim Munday	-	Environment
Lorenzo Conigliaro	-	City of London Police
Rebecca Waters	-	NHS North East London ICB
Rachel Cleve	-	Healthwatch
Preet Desai	-	Town Clerk's
Rhys Campbell	-	Town Clerk's

1. **APOLOGIES FOR ABSENCE**

Apologies were received from Judith Finlay, however she attended this meeting virtually.

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 minutes from the previous meeting held on 13 September 2024 be approved as a correct record.

Matters arising:

- In relation to tobacco and vaping, a Member highlighted that Hackney Council had set up a working group which was focused on the impacts of smoking, and wondered if a report could be submitted in respect of health implications from smoking tobacco and vaping. Officers confirmed that this was not a Hackney working group but instead a London-wide group and there was a potentiality that a Member of the City Corporation could be nominated to join this group. However, there was a local City and Hackney tobacco control alliance which included CoL representatives.

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

The Board received a report of the Town Clerk in respect of the annual review of the terms of reference of the Health and Wellbeing Board.

The Executive Director, Community and Children's Services asked whether the possibility of public attendance at meetings and to contribute to the meetings. The Deputy Chair believed this to be a helpful suggestion and was keen for more involvement from local people, residents and workers who are interested in the Board's work.

Following a further question raised in relation to the footnote included in appendix 2, first page the Town Clerk reminded the Board that the two co-opted non-City representatives were separate from the three NHS representatives (Barts, Homerton and ELFT) listed in the constitution. The Deputy Chair asked if the vacancies for the two co-opted Members had been advertised and the Town Clerk agreed to investigate further and update the Board at its next meeting.

An officer advised the Board of an upcoming Local Government Association workshop and recognised it as an opportunity to think about Board membership more broadly, and how public involvement on the board could take place. The Chair agreed that this would be helpful before approving the annual review of the Board's terms of reference and requested that this report be deferred to the next meeting.

RESOLVED, that – the report concerning the annual review of the terms of reference of the Health and Wellbeing Board be deferred to the next meeting.

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

The Board received a report of the Group Director Adults, Health and Integration in respect of an annual report outlining what the City and Hackney Safeguarding

Adults Board (CHSAB) had achieved in respect of adult safeguarding in the previous year.

A Member asked a question in relation to membership and attendance, and whether representatives could be sent. Officers confirmed that representatives could be sent to CHSAB if needed.

A Member raised concerns about the increase in rough sleepers within the City of London and acknowledged that this could be an issue in the coming year. She wondered whether rough sleepers had any access to care and support. Officers confirmed that the safeguarding of rough sleepers was being prioritised and work had been undertaken with health colleagues and there was a dedicated health resource within the homelessness team to support those sleeping rough. Officers agreed to submit a report to the Board providing further operational detail at a future meeting.

The Deputy Chair mentioned that the photographs which accompanied each of the case studies listed in the report were misleading and created a misrepresentation. The Chair requested that officers included a note to explain that those in the photographs were not clients to which officers agreed.

The Chair extended the Health and Wellbeing Board's thanks and appreciation to Dr Adi Cooper for her work in support of the Board and wished her all the best in her future endeavours.

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

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

The Board receive a report of the Director of Public Health in respect of the links between overheating-related climate risks and how they interact with various elements of health.

Officers advised the Board that overheating had become one of the most critical impacts and it had affected systems across the UK with an estimated cost implication of £6.8 billion each year. Overheating presented both direct and indirect impacts to health contributing to worsening pre-existing conditions, resulting in increased heat related hospitalizations and increased heat related mortality. Officers sought further endorsement to collaborate with partners as well as working within the Community to encourage resilience behaviours including more heat planning exercises.

The Deputy Chair found the report helpful and wanted to know if the report could be shared with other Boards and Committees since the report had been produced for the Health and Wellbeing Board only. She was interested to see what methods of mitigation could be explored, water fountains and shady spaces being mentioned and believed that others within the City Corporation would be interested in the work surrounding this report. A Member agreed that the Planning and Transportation Committee would be interested in this report.

A Member agreed and advised officers that it was important to be prepared for all forms of weather, not just extreme heat, and to ensure methods of mitigation in public spaces across the City were available and encouraged the relevant departments across the City Corporation to be aware of how they could support this. Officers confirmed that they do integrate with other departments as part of the City Corporations' Climate Action Strategy but agreed that more collaboration could be done.

A Member raised a question in relation to protected historical buildings and what was being done to retrofit these buildings to ensure that structurally they were in line with the Climate Action Strategy. Officers confirmed that a 'historic buildings toolkit' was available to them and this contained further details on how to retrofit buildings to be more carbon efficient and resilient. Solar panels had recently been introduced at Merchant Taylor's Hall (a grade one listed building) but coincidentally many historic buildings within the remit of the City Corporation were located at "cooler" sites.

Members asked officers to be mindful of the effects of overheating on residential properties and to those who work within the hospitality sector who may feel the effects of overheating whilst working (e.g. kitchen staff). They encouraged officers to consider forward planning and resilience before resulting to mitigation.

RESOLVED, that – Members endorse the continued collaboration between officers working in Public Health and Climate Action, and others on the issues outlined in the report.

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

A. **PAN - LONDON SEXUAL HEALTH E-SERVICES PROGRAMME - CITY OF LONDON CORPORATION ROLE**

The Board received a joint report of the Director of Community & Children's DCCS and the Director of Commercial Services seeking approval for the City Corporation to continue to act as the Lead Authority, and the accountable body and host of the London Sexual Health Programme Team (LSHPT) for the next phase of the LSHP with a view to re-procuring the service.

Officers advised the Board that 30 London Local Authorities, including the City of London Corporation, collaboratively commissioned Open Access sexual health services, with the City Corporation currently acting as the lead authority for participating authorities. The contract with Preventx Ltd had been fully funded by the 30 participating authorities, inclusive of the London Sexual Health programme team costs which per annum was approximately £450,000.

The Pan London Sexual Health E Services contract valued at just over £200 million, was initially awarded for five years in 2017 with the option to extend for a further 4 years. authorities had requested that London's sexual health programme team continues to act as a single point of leadership and

management for the re-procurement of the new service with the City Corporation as lead authority and accountable body.

RESOLVED, that – Members approved the following:

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.

B. **Delegation Authority for host, leadership & reprocurement of Pan - London Sexual Health E-Services Programme**

The Board received a joint report of the Director of Community & Children's DCCS and the Director of Commercial Services seeking a decision for the City Corporation as lead Authority and accountable body to extend the E-services contract with Preventx Ltd.

Officers advised the Board that the reasoning to extend the contract was to ensure that adjustments could be made within adequate time, however the E-Services programme had received consistently positive feedback from service users.

Whilst the Chair acknowledged the cost savings listed in the report she requested for further clarification on the process of the programme once since there had been a shift to online provision. Officers confirmed that the shift to an online provision of the sexual health E-service programme maintained confidentiality whilst endorsing self-care since there were difficulties for some to attend appointments in-person. Work had been done to ensure a seamless provision between the E-services programme and the 13 acute clinics across London, and an inpatient consultation with a clinician was available if required.

Officers advised the Board that the data contained within this report could be expanded on the capabilities of matrix learning with other relevant partnerships and had a positive impact on further collaboration with these partnerships.

In response to this a Member raised query regarding the accuracy of the data and officers informed the Board that past issues relating to data inaccuracy had been resolved.

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

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

The Board received a report from the Director of Public Health in respect of the review of the City & Hackney 'whole system' response to tackling obesity, including findings from the Healthy Weight Joint Strategic Needs Assessment (JSNA).

Officers advised the Board of two healthy weight projects and, locally, their five City and Hackney key areas of priority: working together; targeted help for those who need it most; easy access to affordable healthy food; a healthy environment that makes it easy for people to be active and easy access to information. Collaboration with stakeholders has taken place across the system to identify areas where there is potential to strengthen local approaches to prevent and/or manage obesity. Obesity levels are still high amongst children and adults in City and Hackney. The Board were informed that the JSNA was developed in consultation with City Corporation colleagues and City Residents through focus groups, workshops and interviews, exploring barriers and facilitators to healthy weight, diet and physical activity. Officers recommended the need for strong leadership and good governance to attain this new work plan.- several JSNA recommendations have been developed in relation to leadership and governance of future work.

Building healthy environments was identified as a strong priority in the City of London workshop, to promote healthy eating and physical activity. There were a number of JSNA recommendations related to the training and capacity building of those working with residents to improve their knowledge, skills and confidence to have conversations with residents about healthy diets, and healthy behaviours and build physical activity into their day. The importance of resident engagement was also mentioned, with a need to ensure that effective communications across City and Hackney are developed so that residents can be advised on how to eat a healthy, affordable diet and the importance of physical activity.

The Deputy Chair appreciated the work done by officers but wondered if more focus could be given to children and believed it would be useful to focus on early years, family and schools, in the hopes of tackling obesity as early as possible. Members agreed with this and were in favour of seeing an action plan which spans all relative departments within the City Corporation and viewed that more should be done on a local level to reduce levels of obesity and that the Board receive regular progress updates so that they may assist where possible. The Deputy Chair made officers aware of local community services, such as

residential gardening clubs, which are beneficial and cost-effective options for tackling obesity and promoting health. A Member also highlighted that there should be more support for women who breastfeed and wanted the benefits of breastfeeding to be highlighted, whilst also recognising and supporting those who could not breastfeed.

Officers informed the Board that a service called *"Family Action"* offered access to food pantries in Aldgate and Saint Luke's and this service had provided additional funding to Family Action to ensure that fresh fruit and vegetables were available at local food clubs. They had applied to CILNF for further support to ensure food provisions were available during daytime and evening time. In response to a concern raised by a Member about those who were unable to access assistance, officers advised the Board that families in need could be directed to family centre services and household support could be provided also, and they were aware that there was a need to reassure people that healthcare options were available.

Members were willing to endorse the recommendations but instructed officers to also provide an action plan so that areas of prioritisation could be identified to which officers agreed and were pleased that the Board would have oversight of this work.

With respect to food advertisements, officers informed the Board that further action could be taken locally to prevent junk food advertising since local policy can be implemented by councils/corporations which would prevent the advertisement of food high in fat, salt and sugar. The Chair asked for a report listing further information surrounding the advertisement of junk food and what measures City and Hackney have taken in response to this.

RESOLVED, that – Members endorse the recommendations listed in the report and that an action plan be implemented to identify areas of prioritisation.

9. **HEALTHWATCH UPDATE**

The Board received a report from Healthwatch, City of London in respect of an update 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.

Officers advised the Board that the current contract of Healthwatch had been signed for a three-year term with the option of a two-year extension. The Healthwatch Annual General Meeting had been held in the previous month and it was a well-attended event. Officers were expected to also attend the Adult Social Care Assurance Board going forward and had attended the Health Social Care Scrutiny Committee to present an annual report. The Board was further advised that the Neaman Practice would be hosting a Covid-19 Vaccination Day in December 2024, and that the Men's Mental Health Campaign was postponed until 2025.

Whilst the Healthwatch Digital App report was overdue, officers advised the Board that it would be published in the following weeks and a report would be

submitted at the next meeting. The interim view of Bart's Health report and Patient Advice and Liaison Services report were expected to be published soon also.

In response to this, a Member was concerned that there were those who were expected to pay £98 to have an alternative Covid-19 vaccination to Moderna. She believed the price to be expensive and wanted to know the justification for this price. Whilst unsure of the reasoning for the price difference officers did highlight that under the previous Covid-19 campaigns an alternative vaccine was provided for free under the NHS and officers would investigate further.

In respect of fall prevention clinics, officers advised the Board that this service was commissioned by Public Health, jointly for City and Hackney, and the City Corporation contribution was approximately £5,000 per year. However, funding was expected to be withdrawn from this service because it had become unviable and it was hoped that this service would instead be commissioned by the NHS. It was confirmed that the service would continue until March 2025, due to contract expiration, and the service would then need to be reprocured if they were to continue. However, there was a risk of hiatus in service and officers were keen to keen to mitigate the impact that this would have on City residents.

Members of the Board were strongly supportive of a continuation of service until fall prevention clinics gained support from the NHS or separate entity.

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

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

A Member raised further concerns surrounding fall preventiveness and highlighted to the Board that City residents may experience difficulties travelling to Hackney to access services. She wanted to know what services were being funded by Public Health and if funds were going to be repurposed, and whether prior notification should have been given to the Board regarding the closure of the fall clinic. The Chair reminded the Member that the proposal to close the fall clinic would be a decision taken by Hackney Health and Wellbeing Board but no decision had been made to stop City Corporation funding.

The Executive Director, Community and Children's Services maintained that the partnership with Hackney was beneficial but was aware that the City Corporation was feeling some impacts from decisions made by Hackney Council as a local authority. Officers were prepared to bring back further information regarding public health funding decisions at the next meeting. Whilst Members were satisfied with the partnership, there was concern that public health related decision-making had been undertaken by Hackney Council without consultation. The Director, Public Health informed the committee that there was a mismanagement of communication and that the decision to close the fall clinic would not cause a negative impact on City residents. The Executive Director advised the Board that falls prevention was a priority for City Residents and the City Corporation would ensure some arrangement would be available in the City if the clinic were to close.

The Deputy Chair reminded officers that service continuation shall be needed if there is action taken by Hackney Council which puts this service and City Residents at risk with the option to extend the service for an additional year being seen as most appropriate.

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

There were no urgent items of business.

12. **EXCLUSION OF PUBLIC**

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

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

The Board received a report of Executive Director of the Environment Department Commissioner, City of London Police in respect of Secure City Programme (SCP) Issues Report. The SCP sought to establish a stable CCTV security platform and capability that was commensurate with the needs of modern-day security and services across The City.

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

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 were no non-public urgent items of business.

The meeting ended at 13.04 pm

Chairman

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City of London Corporation Committee Report

Committee: Health and Wellbeing Board – For decision Health and Social Care Scrutiny Committee – For info	**Dated:** 7 February 2025 7 May 2025
Subject: Health and Wellbeing Board Development	**Public report:** For Decision
This proposal: • **delivers Corporate Plan 2024-29 outcomes** • **provides statutory duties**	Corporate Plan: Diverse and Engaged Communities Excellent Services
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of:	Judith Finlay, Executive Director of Community and Children's Services Sandra Husbands, Director of Public Health
Report author:	Ellie Ward, Community and Children's Services

Summary

Health and Wellbeing Boards, established in 2013, are statutory partnerships bringing together political, clinical, professional, and community leaders to improve the health and wellbeing of local populations and reduce health inequalities.

During 2024, the Local Government Association undertook some work with the City of London Health and Wellbeing Board to explore areas of strength and development relating to its role and purpose.

During a development session in December 2024, members of the Health and Wellbeing Board discussed specific areas for development and how this should be taken forward.

This report sets out the proposed way forward for development of the City of London Health and Wellbeing Board and asks members of the Board to formally approve these. This new approach will start to evolve from May 2025.

Recommendation(s)

Members are asked to:

- **Note** the feedback from the LGA work
- **Approve** the proposed way forward for the Board

Main Report

Background

1. Health and Wellbeing Boards (HWBs) established in 2013, are statutory partnerships bringing together political, clinical, professional, and community leaders to improve the health and wellbeing of local populations and reduce health inequalities. The City of London HWB has been in existence since then.

Current Position

2. In the latter half of 2024, the Local Government Association (LGA) brought its experience of working with HWBs nationally to work with the City of London Health and Wellbeing Board to consider its strengths and areas for development. This included a development session on 16 December 2024 and a full write up of the session is included in Appendix 1.

3. Following on from these discussions, the following is proposed:

Focus of the Health and Wellbeing Board

4. Members of the Board agreed its focus should be addressing health inequalities through a structured outcome focused approach and that there should be a focus on topics that need a partnership rather than a single agency approach

5. It was agreed that the priorities of the Joint Local Health and Wellbeing Strategy (improving mental health, financial resilience and social isolation/connection) will form the basis on which the work plan for the Board is built.

6. It was already noted that these areas needed more work in terms of identifying partnership approaches within them and it was agreed that short term task and finish groups would be established to look at each of these areas in more detail. These task and finish groups are emerging now.

7. This strengthened focus of the Board will now impact on the agendas and workplan going forward. This will start to evolve from the May 2025 meeting.

8. A checklist will be aligned with this new focus of the Board and will be used to measure the relevance of agenda items coming to the Board. Any reports that do come will be asked to have a specific focus on how it specifically impacts on the health and wellbeing of the local population and how it tackles local health inequalities in the City of London. There will also be periodic deep dives into specific issues from a partnership perspective.

9. It should be noted that general service focused papers which do not require specific action from the Board would be more appropriately considered in the Health and Social Care Scrutiny Committee (see below).

Relationships within the Corporation and with other committees and external bodies

10. As noted above, there is a link between the work and focus of the HWB and that of the Health and Social Care Scrutiny Committee (HSCSC) whose role is to scrutinise the delivery of health and social care services locally. Access to health services and the quality of these are related to health inequalities and therefore feedback from the Health and Social Care Scrutiny back to Health and Wellbeing Board will be vital. These links will be developed further with regular summaries back to HWB.

11. Integrated Care Systems (ICS) are also responsible for having regard to meeting the health and wellbeing needs of local areas and therefore the priorities of local health and wellbeing strategies. Feedback noted that this link did not feel particularly strong at the present time. This will be taken forward as part of wider conversations.

12. HWB (political) members felt that the Board did not enjoy the same profile as other City of London Corporation Committees. This is partly due to its nature – the HWB is not a committee in the traditional sense – it is a partnership board, established by specific statute and without any budget. However, there is work that can be done here to raise its profile within the Corporation and adopt a Health in All Policies approach.

Community voice and needs

13. Throughout the work with LGA and the development day, a strong commitment came through from the Board that they wanted to understanding community needs better, have more City of London specific data and hear from residents directly. Further exploration of these areas will be built into the workplan of the Board.

Membership

14. Members of the Board recognised that given the scope of partners who play a role in improving the health and wellbeing of the local population and tackling health inequalities, membership of the current Board was potentially limited.

15. As a result, the membership of the Health and Wellbeing Board will be reviewed to include the voluntary and community sector, more relevant police representation and to ensure that housing and other services are sufficiently linked in (this is likely to be through the Director of Community and Children's Services who sits on the board) along with representatives of the business community.

Corporate & Strategic Implications

Strategic implications – Health and Wellbeing Boards, Joint Local Health and Wellbeing Strategies and Joint Strategic Needs Assessments are all statutory requirements from the Health and Care Act 2012.

The work of the Board cross cuts several outcomes in the Corporate Plan including Diverse and Engaged communities and Sustainable Environment.

Financial implications - none

Resource implications - none

Legal implications - none

Risk implications - none

Equalities implications – Improving the health and wellbeing of the local population and tackling health inequalities responds to several issues that specific protected characteristic groups may face. For example, disabled people may face more barriers to employment and as a result experience greater health inequalities. Some health conditions are more prevalent in certain ethnic groups and therefore equal access to services and treatment is vital.

Climate implications - none

Security implications - none

Conclusion

16. This report sets out some areas of development and a new way forward for the Health and Wellbeing Board which better helps it deliver its role and purpose.

17. These are based on feedback and decisions that follow from work LGA did with the Board.

18. The new way forward will be implemented from the next meeting in May 2025.

Appendices

- Appendix 1 – Write up report of Health and Wellbeing Development Day

Ellie Ward
Head of Strategy and Performance

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Appendix 1

City of London Corporation

Health and Wellbeing Board Development Day

12th December 2024

LGA Write Up Report

Feedback from interviews

- Agree that the key points made in the interviews as summarised in the slides shown are a very reasonable reflection
- Need to continue to use the signed off strategy to guide work programme, as currently gets 'parked' once signed off
- Agree that HWB has a lower profile amongst Corporation committees and need to address that plus the interaction with Health Overview and Scrutiny Committee and the relationship between the two committees. One issue here is how the HWB generates interest within the Corporation about the HWB and its issues. Not sure where outputs from HWB go within the Corporation
- Also relationship with ICB as do feel the HWB is seen as a 'tick box' for the NHS
- Need to be much clearer about unique purpose
- Do need to look at membership linked to renewed purpose. Have got good engagement with health providers and primary care, less good with ICB. Involvement and engagement with communities and VCFSE sector is not strong. The 'business' community are a unique feature of this HWB. How would we engage and involve that sector?
- Need to determine what an effective partnership looks like with health in all its aspects
- Agree we do not focus on micro issues but if they are not discussed at HWB where would they be discussed?
- We are not good at answering the 'so what' question and also need to improve on how we measure success and have the data to support that.

Role of the Board

To take a clear, focussed approach to inform partner decision making and thereby meet population health needs.

- Based on evidence and data
- Considering residents' and workers' needs
- Focus on a small number of key actions/topics
- Tackling the wider determinants/building blocks of health
- Influencing decisions
- Optimising partnerships
- Setting and measuring outcomes
- Not duplicating the work of other Boards

Identified gaps

- Understanding how best to feed back and influence City of London Corporation
- Creating a louder voice for residents and the VCFSE sector
- Specific datasets for the City of London
- Clarity of relationship with other groups such as the City and Hackney partnership and the Overview and Scrutiny Committee and better understanding of role of each Board
  What are 'fair shares' for the City?

What should the focus be?

- Addressing health inequalities through a structured outcome focussed approach
- Improving mental health of residents and workers
- Tackling wider determinants – focus on topics that need a partnership not single agency response
- Including the views of the public
- Choosing topics that are important to partners – opportunism
- Creating high impact change

What is needed?

- Better agenda planning
- Greater ownership of the agenda, and responsibility for delivering this, by all partners
- All Board members need to consider HWB priorities in all their work, not just when at the HWBB meetings: HWBB members should act as advocates for prevention and health
- Commitment to and accountability for delivering agreed actions
- SMART targets

Responding to the 3 set priorities

- Firstly, we all need to be clearer about what the actual priority for focus is, and they are currently very broad. We need to better understand what's underpinning each one.
- We need to identify any opportunities that exist across the partnership created by the HWB and each member of the Board's role in taking action.
- We must also be clear about what the data and local intelligence is saying about the issue for the specific city population (not based on City AND Hackney wide data) and what are current experiences about services telling us and where our gaps are. We need to be aware of any national or ICB 'must do's too.
- JSNA needs to have much better City ONLY data
- We then need to develop an action plan for each of the three priorities with clear and measurable actions and smart targets.
- We must then be confident to hold each person to account for delivery but not in a 'scrutiny' sense, based on our renewed Partnership, and holding a 'mirror up' to each other on how we are progressing agreed actions

Actions agreed

Undertake SWOT analysis through establishing time limited Task and Finish Groups to start discussions on what could be in an action plan for each of the following:

1. Mental Health

2. Financial Resilience
3. Social Connections

Further considerations/actions for the HWBB

- What admin and other support is needed for the HWBB to deliver the actions?
- Ensuring that only relevant items are on the agenda, and we are confident to say 'no' and are respected to do that
- How should meetings be run? - meetings in public for decisions? Are there other meetings needed as well?
- How often should the Board meet?
- What should the 'rhythm' of meetings look like – business meetings and development / deep dive/ thematic type meetings linked to priorities
- Discussion with HOSC about relationship, agendas, planning and focus
- In our relationship with City and Hackney Partnership Board, consider having an annual focus on the City rather than always City AND Hackney
- Agreement of joint working principles (EW to draft)
- Revision of membership: Housing, VCS, community policing etc.

Timeline:

February Board

- A paper on the new approach to be taken by the HWBB, including the role of the Task and Finish groups in undertaking deep dives, and the focus on action plans
- A proposal for engagement with the mental health redesign

May Board

- Revised ToR and membership

Eleanor Roaf and Julie Wood 19th December 2024

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Committee(s): Health and Wellbeing Board	**Dated:** 7 February 2025
Subject: Annual Review of the Board's Terms of Reference	**Public:** For Decision
This proposal: • **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's Department
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:

a) Agree that the terms of reference of the Health and Wellbeing Board, subject to any comments, be approved for submission to the Court of Common Council in April, and that any further changes required in the lead up to the Court's appointment of Committees be delegated to the Town Clerk in consultation with the Chairman and Deputy Chairman;

b) Members consider whether any change is required to the frequency of the Board's meetings.

Main Report

1. One change has been made to the Board's Terms of Reference following a suggestion made at the previous 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.

2. Following consideration of any changes to the Board's Terms of Reference, then authority shall be delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to consider such changes in the lead up to the Court of Common Council's appointment of Boards and Committees in April 2025.

Appendices

- Appendix 1 – Court Order 2024/25 – Health and Wellbeing Board (Revised 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 25th April 2024, doth hereby appoint the following Committee until the first meeting of the Court in April, 2025.

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 Trist 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.

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

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.

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

Committee(s): Health & Wellbeing Board	**Dated:** 07 Feb 2025
Subject: Annual Director of Public Health Report	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**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: Dr Sandra Husbands *Director of Public Health*	**For Information**
Report author: Sarah Lawson *Public Health Registrar, DCCS*	

Summary

The Director of Public Health (DPH) annual report (appendix 1) is presented to the Health and Wellbeing Board before publication in early 2025. The DPH has a statutory responsibility to prepare an annual report on the health of the local population.

The theme for the 2024/5 report is the role of social capital in improving health and wellbeing. The three recommendations of the report concern:

- designing and evaluating our approach to building social capital with the community
- considering the role of physical spaces in building social capital
- working in partnership and building on existing networks and assets.

The theme of the 2025/6 report will be healthy weight.

Recommendation(s)

The Board is asked to:

1. note the summary of progress on implementing the previous DPH report *Sexually Healthy*
2. consider how the recommendations made in the *Social Capital* report can be implemented across the partnership
3. note the theme for the 2025/6 report will be on healthy weight
4. suggest any stakeholders that should be involved in the 2025/6 report on healthy weight.

Main Report

1. Background

1.1. The Director of Public Health (DPH) has a statutory responsibility to prepare an annual report on the health of the local population. This is an independent report, with the DPH responsible for its content and structure. It is an opportunity to draw attention to an aspect of the local population's health and to consider areas where further action might be recommended.

1.2. The 2023/4 report *Sexually Healthy* considered sexual and reproductive health (SRH) with a particular focus on young people under 30 and on testing for sexually transmitted infections (STIs). An overview of progress since this report is included in appendix 2. This progress includes the development of the 2024-29 City and Hackney SRH strategy and a range of actions targeted at young people. For example: work through Young Hackney to improve access to SRH services, "let's talk about…" workshops to provide SRH guidance to people working with young people and creative communications including the development of a new sculpture to promote and celebrate sexual wellbeing.

1.3. This year's report focuses on the role of social capital in improving health and wellbeing. The report was developed in consultation with stakeholders across the City of London and Hackney, and informed by a review of local provision and published research. The full cross-sector advisory group is included in appendix 3.

1.4. Social capital refers to the people we connect with, how we connect with people including behaviours and norms, and how these networks allow us to access and share resources. The DPH report brings together:

- Evidence on social capital and the opportunities and risks it presents for health.

- Data relevant to social capital in City and Hackney. This includes national indexes, locally collected data and local case studies to understand the current context.
- A literature review of published reports on “what works” to build social capital and promote health.

2. Current Position

2.1. The report highlights the strong basis to build upon in City and Hackney. For example, the high levels of formal volunteering in the City of London.

2.2. The central thread of the report is how the public health team, wider council along with our partners across the community and statutory sector can build on this further through working together.

3. Recommendations:

1. **Design and evaluate our approach with the community**: we need to increase our understanding of the parts of social capital that matter to residents, where there might be risks, and where action is needed. The report recommends developing neighbourhood-level community-led needs assessments. This approach would draw on existing work to build social capital in City and Hackney and involve processes that aim to strengthen relationships, e.g. participatory arts. This community-led approach should also be brought through to evaluation.
2. **Consider places as well as people**. Physical spaces play an important role in supporting connections and relationship building and the community-led needs assessment should include a focus on how the spaces in City and Hackney can support and enhance social capital. For example, access to open spaces in and around the City of London.
3. **Work in partnership**. All partners, including public health, need to work with networks and assets that already exist. There is a role to build capacity in existing networks through: disseminating training on areas such as grant bid writing; working in partnership to identify funding opportunities; and helping businesses make investment decisions that enhance social capital.

4. Theme for the 2025/6 report

4.1. Healthy weight continues to be of high relevance and importance nationally and locally. The national obesity strategy was published in 2020, although there have been delays and challenges in implementation, and weight-loss medical treatments have been high on the political and media agenda. In City and Hackney, 1 in 5 reception

children are above a healthy weight, rising to 2 in 5 by the end of primary school[1].

4.2. Healthy weight is a key driver of good health and reduces the risk of a number of physical and mental health conditions including type 2 diabetes and depression. Body weight is influenced by a range of factors at the individual, environmental and societal level. This includes the significant influence of the wider environments in which we live, including access to healthy and affordable food and physical spaces that encourage people to be active.

4.3. Action on healthy weight therefore demands a whole systems approach that addresses this wide range of influences. The next DPH report will be used as a vehicle to highlight positive work underway on healthy weight in City and Hackney and to advocate for an approach that addresses individual, environmental and societal influences.

4.4. A healthy weight needs assessment for City and Hackney will be published shortly, which highlights both the scale of the issue locally and recommendations for action.

4.5. The DPH report will build on the recommendations in this report, including those under the “working together” priority of the Healthier City and Hackney Framework: we will support the development of a societal movement for healthy weight in City and Hackney. To do this, we will build on the strengths and resources in our local communities and existing partnerships.

5. Corporate & Strategic Implications

5.1. This project aligns with the improving health and wellbeing priority of the corporate plan. Specifically it contributes to the social connection element of the health and wellbeing strategy.

6. Financial implications

- N/A

7. Resource implications

- N/A

8. Legal implications

- N/A

9. Risk implications

- N/A

[1] NHS England Digital. National Child Measurement Programme. Available from: https://digital.nhs.uk/services/national-child-measurement-programme

10. Equalities implications

10.1. Equalities implications will be considered in the development of a working group, analysis of the issues concerning healthy weight and in the recommendations of the report.

11. Climate implications

11.1. There are significant co-benefits that can be achieved through addressing healthy weight and taking action on climate and sustainability. For example, promoting active travel and supporting local food production can positively contribute to both health and climate outcomes.

11.2. A whole systems approach, where partners across different sectors are committed to act on healthy weight, is more likely to lead to sustainable change than short-term interventions that don't address the root causes of healthy weight.

12. Security implications

- N/A

13. Conclusion

13.1. A DPH report on the theme of social capital will be published in 2025 alongside work to build on the recommendations from this report. The 2025/6 report will focus on healthy weight and we welcome any suggestions of stakeholders to involve in the development of this report.

14. Appendices

Appendix 1: Director of Public Health Report, Healthy Connections: the role of social capital in City & Hackney (shared as PDF)

Appendix 2: Progress against the recommendations in the 2023/4 DPH report: Sexually Healthy.

15. Recommendations from the 2023/4 DPH report:

1. Work hand in hand with communities: health providers and commissioners should reconfirm, and put into action, their commitment to collaborate with young people in the co-production of services.
2. Services must be easily accessible to young people: refine existing SRH services and collaborate with young people to make accessing services as easy as possible.
3. Young people must be aware of when and how to access support.
4. Focus on enhancing collaboration and partnership working across SRH.
5. Continue to identify and address inequalities in SRH, including through ongoing research and audit with communities and committing to address identified inequalities.

16. Progress against these recommendations includes:

Since the publication of the last DPH report, a Sexual and Reproductive Health Strategy has been developed for City and Hackney at both Health and Wellbeing Boards focusing on: healthy and fulfilling sexual relationships; good reproductive health; STI prevention and treatment; living well with HIV and work towards zero HIV infections; and inclusion communities and those with complex needs. There is also an action plan to monitor and demonstrate progress that will be updated annually.

Examples of progress for young people specifically include:

- The development of the **"Super Youth Hub"** project in response to the need for a more youth-centric approach to health and wellbeing services. Feedback from Children and Young People (CYP) highlighted the need for more aligned services. The Super Youth Hub caters for young people (aged 11-25) in City and Hackney and provides CYP with autonomous and independent access to a range of services including sexual and reproductive health (SRH) services. It involves cross-sector working across public health, primary care, mental health, CVS and Young Hackney.
- **"Let's talk about…" workshops** with people including those working in the community and voluntary sector and health champions. These workshops provide tailored conversations on SRH topics and include information and guidance, myth-busting facts and scenarios, as well as links to local services.
- **A central online resource** for SRH is in development, which will provide information, advice and signposting to all SRH services in City and Hackney with booking links where possible.
- **A sculpture by the artist STIK** to promote and celebrate sexual wellbeing and act as a lasting communication tool and local landmark has been created and is going to be located outside the main entrance at the Homerton Hospital.
- Ongoing work through **Young Hackney's Health and Wellbeing Service** to improve access to SRH services including: health promotion and outreach, partnership working (e.g. with pharmacies), training (e.g. through school assemblies), condom distribution, and communications and promotion.
- Ongoing work to increase **access to condoms**. For example, since initiating the free condoms scheme for under 25s in 2022, managed by Young Hackney, new registrations have increased from 511 in 2022/23 to 1949 in 2023/24.

- Specific **young people's SRH in-reach and outreach** as part of the sexual health contract with the Homerton University Hospital NHS Foundation Trust

Appendix 3: cross-sector advisory group for 2024/5 DPH report

Alison Crawshaw, Outreach & Engagement Lead, LBH

Amy Wilkinson, Director of Partnerships, Impact and Delivery, North East London ICB

Caroline Westhart, Interim Area Regeneration Manager, LBH

Chris Lovitt, Deputy Director of Public Health, City & Hackney Public Health Team

Christopher Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, LBH

Daniel Farag, Director of Innovation and Practice, Young Foundation

Diana Divajeva, Public Health Intelligence Lead, City & Hackney Public Health Team

Duleni Herath, Public Health Registrar, City & Hackney Public Health Team

Ellie Ward, Head of Strategy and Performance, City of London Corporation

Frankie Webster, Citizens UK

Helen Fentiman, Councillor, City of London Corporation

Jacqui Roberts Webster, Chief Executive of Shoreditch Trust

James Baggaley, Head of Comms & Engagement UCL Policy Lab

Jane Taylor, Volunteer Centre Hackney

Jenny Zienau, Strategic Lead, LBH

Joia De Sa, Consultant in Public Health, City & Hackney Public Health Team

Laura Austin Croft, Director of Population Health, East London NHS Foundation Trust

Lauren Tobias, CEO, Hackney Volunteer Centre

Lynn Strother, Trustee, City of London Healthwatch

Nicola Joyce, ESAL employment pathways Programme Manager, LBH

Richard Allen, Supported Internship Manager, Employment and Skills, LBH

Rhiannon Barker, Assistant Professor, London School of Hygiene and Tropical Medicine

Sadie King, Neighbourhoods Programme Lead, Homerton University Hospitals NHS Foundation Trust

Samira Ben Omar, Independant Consultant

Sally Beaven, Hackney Healthwatch

Sarah Weiss, Interlink Orthodox Jewish Voluntary Action

Stephanie Coughlin, Clinical Director, NHS North East London, City & Hackney, ICP lead

Tony Blissett, Public Health Registrar, City & Hackney Public Health Team

Tony McKenzie, Co-Production Consultant

Tony Wong, Former CEO, Hackney CVS

Sarah Lawson

Public Health Registrar

sarah.lawson@cityandhackneyph.hackney.gov.uk

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Healthy Connections:
the role of social capital in City & Hackney

CITY OF LONDON

Contents

Foreword

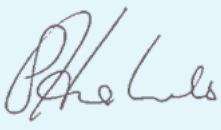
This year, my annual report focuses on the role of social capital in creating health and wellbeing.

Drawing on local and national evidence, it focuses on how people connect across City & Hackney and how these networks allow people to access and share resources.

We have seen the value and risks of social capital play out in recent years. The COVID-19 pandemic brought into focus the importance of connections as we were restricted from spending time with the people we cared about. It also highlighted great examples of communities coming together to support people to stay physically and mentally healthy. More recently, during the riots in the summer of 2024, we have seen the negative effects that civil unrest has on local communities and that some people will actively seek to divide, undermine and cause widespread harm.

This report therefore provides a timely picture of social capital in City & Hackney, alongside evidence and recommendations to inform our approach going forward. As with my 2023 report on sexual health, I will be using this year's report as a basis to make progress on a specific area of health. Since the publication of 'Sexually Healthy', a Sexual and Reproductive Health Strategy has been developed for City & Hackney at both Health and Wellbeing Boards focusing on: healthy and fulfilling sexual relationships; good reproductive health; STI prevention and treatment; living well with HIV and work towards zero HIV infections; and inclusion communities and those with complex needs. There is also an action plan to monitor and demonstrate progress that will be updated annually.

In this year's report on social capital, I draw out three key recommendations to build and strengthen social capital in our population. At the core of these recommendations is the importance of working closely with the rich network of communities and organisations that make up the City & Hackney. We start from a strong place - in a recent Hackney Residents' Survey 85 % of residents agreed they belong in their local area and this report also points to strengths in the City such as high levels of formal volunteering. I look forward to working with our residents and partners to build on these assets and further strengthen social capital across City & Hackney.



Dr Sandra Husbands
Director of Public Health
for City and Hackney

Executive Summary

Relationships are often our most valuable assets. Whether it's our family, friends, work colleagues or neighbours, these relationships shape who we are, how we spend our time and our overall sense of health and wellbeing. These connections are important routes to the things we need in life. Whether that's material resources like housing or food, or harder to define areas like companionship or a safety net in times of need.

Social capital is a term which brings these ideas together, including:

- who we connect with in our day to day lives;
- how we connect with people, including the expectations and behaviours in our relationships;
- how these networks allow us to access and share resources.

There are different forms of social capital, which broadly refer to the connections we make with people:

- we share common characteristics with such as religion or age - bonding;
- we have less in common and/or spend less time with - bridging;
- who have more or less power than we do - linking.

This report summarises what we know about social capital and the opportunities and risks it can present for health, bringing concepts to life through case studies from across City & Hackney.

Like many assets in our lives - whether it's a new technology, money or social capital - there is the potential for them to benefit or harm our health and wellbeing. The key thread of this report is how we, as a public health team, can work with partners across City & Hackney to build social capital to benefit people's health. We draw out three core foundations in particular:

1. Design and evaluate our approach with the community
2. Consider places as well as people
3. Work in partnership

Design and evaluate our approach with the community

The people who understand their connections and networks best are communities themselves. While this report draws on evidence from regional and national indexes and an annual survey of residents in Hackney, it would be valuable to have a fuller picture of the parts of social capital that matter to residents, where there might be risks, and where action is needed.

As the public health team in City & Hackney, we recommend developing neighbourhood-level community-led needs assessments. This approach would draw on existing work to build social capital in City & Hackney and involve processes that aim to strengthen relationships, e.g. participatory arts.

A community-led approach should not stop at assessing need. Good design also means building strong mechanisms for feedback and evaluation. We should build on existing resident surveys to, for example, use our needs assessment process to understand new information and why it is important to both local people and social capital. We may also want to advocate for a residents' survey for the City of London, aligning with similar themes to the Hackney annual residents' survey.

Finally, wherever possible we should seek to share our approach and build on others' work to make it easier for us to compare our progress with other places.

Consider places as well as people

While social capital is fundamentally about people, the environments that support connections need to be considered too. The indexes in this report identify physical spaces where our team, Hackney Council, the City of London Corporation, and our wider partners may want to focus attention to support connection. For example, access to open spaces in and around the City of London and creating environments that improve people's perceived feelings of safety in Hackney. This is supported by findings from the Hackney Residents' Survey which, for example, includes parks and playgrounds as places where Hackney residents are more likely to mix with people from different backgrounds. The survey also highlights issues around crime and community safety as a top priority.

The community-led needs assessment should include a focus on how the spaces in City & Hackney can support better social connections and in doing so improve health, wellbeing and reduce health inequalities.

This will involve working across sectors and not simply local authority owned spaces. For example, this report highlights the role of business in shaping places and supporting social capital. For example, connections formed with people in shops, high streets and community businesses.

Work in partnership

This report draws on policies and programmes relevant to building social capital, from specific projects that have been successful to broad themes and principles. Unsurprisingly, it highlights that developing connections in communities means working in collaboration.

As a public health team, we need to work with networks and assets that already exist. This includes across local authority teams and with the wealth of businesses as well as voluntary and community organisations in City & Hackney. There is a role for us to build capacity in these existing networks, including through disseminating training on areas like grant bid writing. We also need to work in partnership to resource our joint work on social capital, including identifying funding opportunities from research bodies and other funders and helping businesses make investment decisions that enhance social as well as financial capital and return on investment.

What is social capital?

At the heart of social capital is the importance and value of relationships. The people we spend time with - from family to friends, work colleagues and people working in businesses - are central to our everyday lives and have a significant influence on our health and wellbeing.

For many years sociologists, economists and political theorists have tried to define social capital and its impact.

> "Features of **social organisation** such as networks, **norms, and social trust** that facilitate coordination and cooperation for mutual benefit."
>
> (2)
>
> *Robert Putnam, Political Scientist and Professor of Public Policy, Emeritus*

> "Social capital is a term used to describe the **extent and nature of our connections** with others and the **collective attitudes and behaviours between people** that support a well-functioning, close-knit society."
>
> (1)
>
> *UK Office for National Statistics*

> "Social capital is defined by its function. It is not a single entity, but a variety of different entities having two characteristics in common: they all consist of some aspect of **social structure,** and they **facilitate certain actions of individuals** who are within the structure."
>
> (3)
>
> *James S Coleman, Former president of the American Sociological Association*

In brief, social capital is a term which brings ideas together, including:

- who we connect with in our day to day lives;
- how we connect with people, including the expectations and behaviours in our relationships;
- how these networks allow us to access and share resources. (4)

Figure 1 provides further detail on the connections, norms and behaviours that underpin social capital.

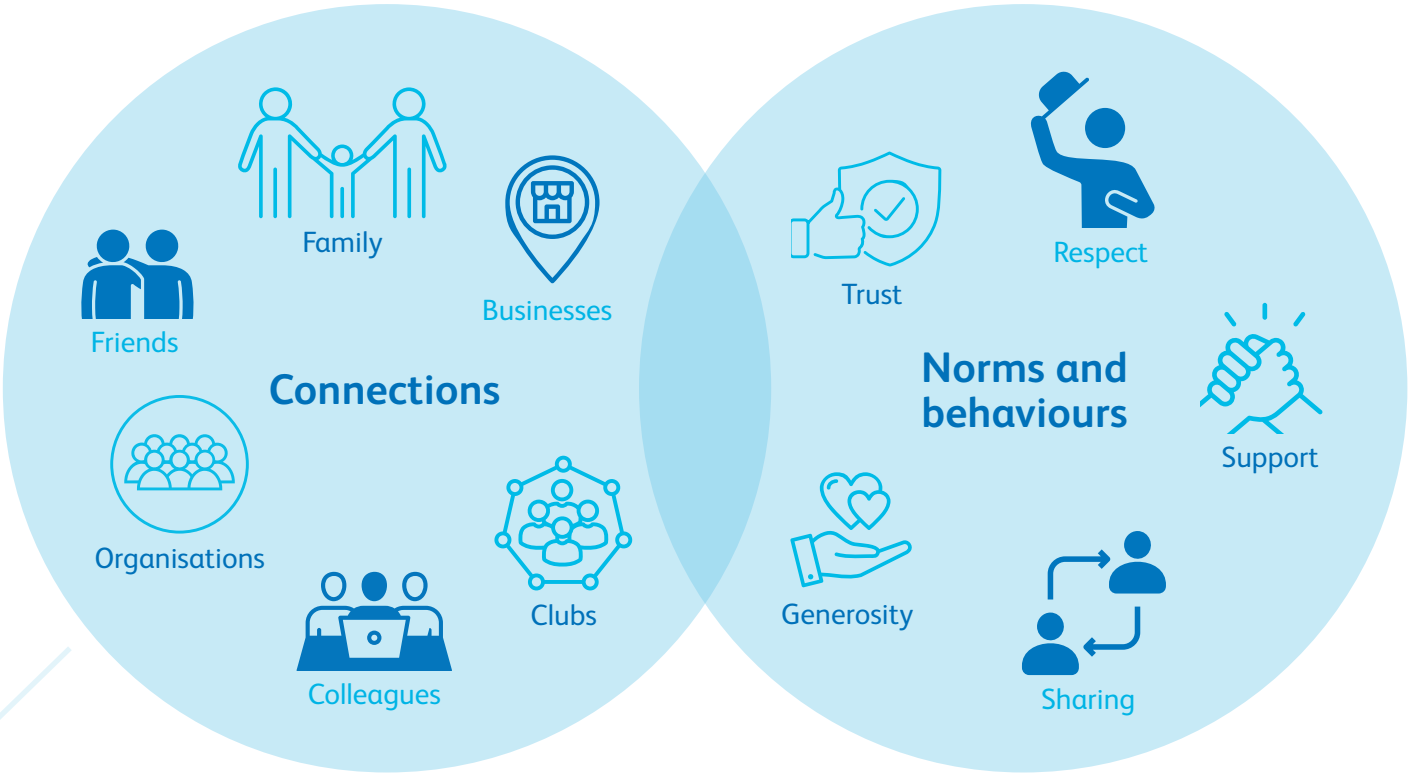


Fig 1: Illustration of the types of connections, norms and behaviours on which social capital depends. Developed by Duleni Herath.

Social capital is an important route to the things we need in life. By investing in relationships, we can access material resources like housing and food or things that can be harder to define like companionship, friendship or a safety net in times of need. This is where the concept of 'capital' comes in - our connections enable us to 'buy' or 'give' resources.

> "The aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition."
>
> (5)
>
> ***Pierre Bourdieu, Sociologist and public intellectual***

> "The ability of actors to secure benefits by virtue of membership in social networks or other social structures."
>
> (6)
>
> ***Alejandro Portes, Professor of Sociology, Emeritus***

Figure 2 provides further detail on
the tangible and intangible resources that social networks allow us to access or provide.

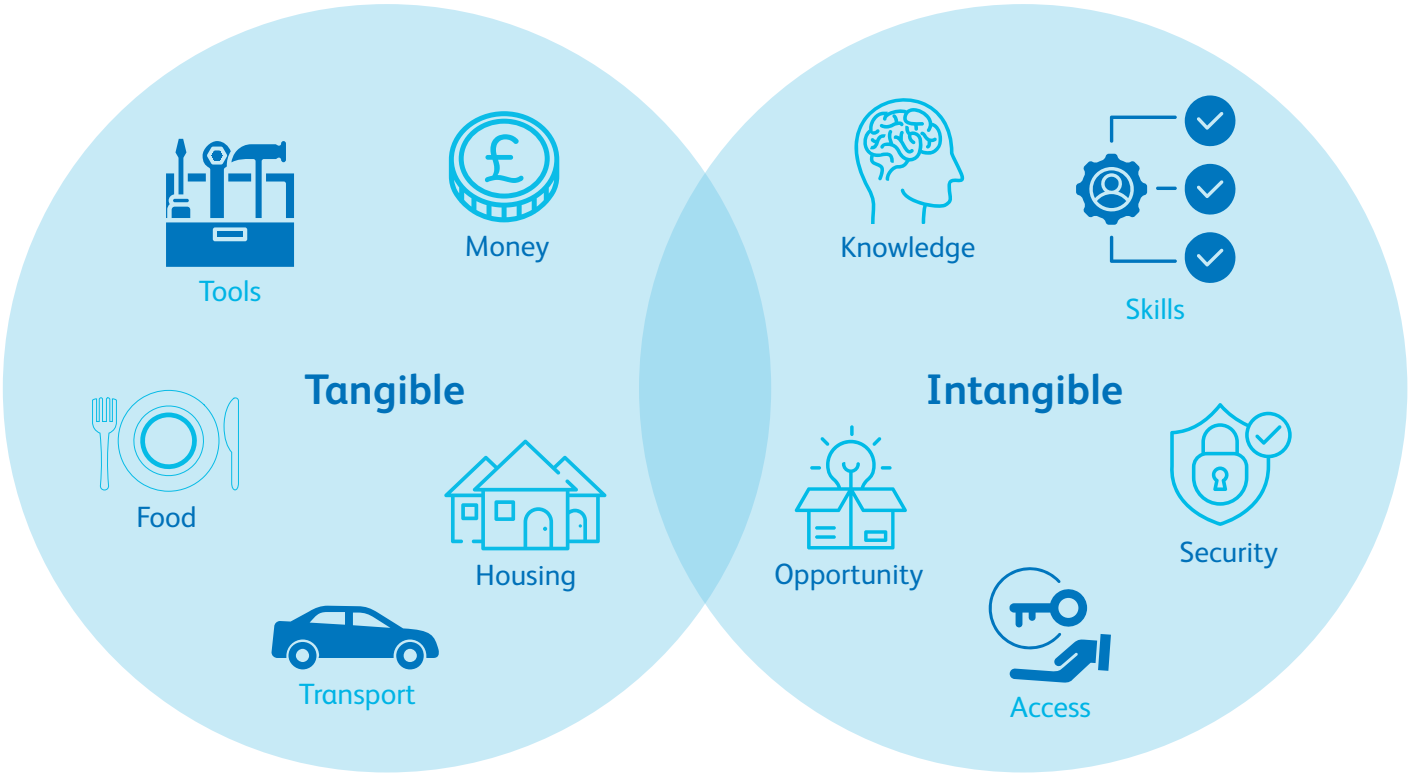


Fig 2: Illustration of the types of connections, norms and behaviours on which social capital depends. Developed by Duleni Herath.

The different forms of social capital: bonding, bridging and linking

A common framework that is used to think about the different forms of social capital is bonding, bridging and linking.

Bonding	**Relationships between people who have similar characteristics, e.g. religion or age, and tend to spend time in similar social circles with strong social ties.**
	Bonding case study: Hackney Lunch Clubs Network Hackney CVS (HCVS) A network of 12 lunch clubs around Hackney for over 55s, providing healthy meals and an opportunity for older people to make connections and take part in activities. The majority of these lunch clubs serve culturally appropriate food to specific groups. For example the Hot Line Meals Lunch Club's kosher meals; North London Muslim Community Centre men's and women's groups; and the Halkevi Kurdish/ Turkish lunch club. One of the key benefits of these clubs for many global majority residents is having a place to go where others

Bonding *continued*	understand their culture and can speak in their first language, without feeling socially excluded. The Network's 2023 impact survey showed that 94% of respondents had made new friends at lunch clubs and these clubs appear to be meeting a key need in the community: 59% of those who attend clubs do not attend other social activities. (10)
Bridging	**Relationships between people across groups who are often less likely to spend time together**
	Bridging case study: Hackney Faith Forum London Borough of Hackney Established in 2016, the Faith Forum celebrates the contribution of the faith community in Hackney and brings their collective efforts together. It aims to harness the unique positions faith leaders and organisations hold across their communities, in an effort to work together to tackle systemic challenges and issues, such as poverty and inequalities. By bringing together different communities across Hackney, the Faith Forum has a role to play in bridging social capital. The Faith Forum has also been important in building connections between faith organisations and the Council's service for refugees, migrants and asylum seekers (Welcome Hackney). Through regularly meeting with the council to provide feedback on upcoming policy, the Faith Forum also demonstrates the third form of social capital: 'linking'. (11)
Linking	**Relationships across a gradient of power or authority - a 'vertical connection' on a hierarchy. For example, a teacher and a student.**
	Linking case study: City & Hackney Community Health Champions, VCH, City & Hackney Public Health Community Health Champions are trusted members of diverse local communities (often from community organisations) who act as a link between communities and the local health system. They benefit local health partners in understanding barriers and issues to health within diverse communities and benefit communities by enabling tailored and accessible health messaging to be shared with local people. (12) The programme was initiated during the Covid-19 pandemic to raise awareness and share information about the public health response. Following the pandemic, the programme has expanded to cover a breadth of topics relating to health and wellbeing. The current 2024 priorities include physical activity, smoking and

Linking *continued*

vaping, cancer (prevention, screening and awareness), and healthy eating.

This builds connections between communities and those with the power to make changes in how healthcare is delivered and therefore supports linking social capital. It empowers residents to make decisions on their own health and wellbeing based on accurate information they receive from trusted members of their community.

Fig 3: An explanation of bonding, bridging and linking social capital. Note: Gittell and Vidal(7) are sometimes credited with coining the terms bonding and bridging and Woolcock(8) with describing linking social capital as above, however multiple researchers have contributed to the development of these concepts. Source: Institute of Social Capital. (9)

How does social capital affect our health?

Evidence points to social capital as a route to better physical and mental health outcomes

There was a rapid growth in the number of published articles exploring social capital from a public health perspective in the mid-90s. (13) Systematic reviews on the subject have found:

- Associations between trust and better physical health, where trust is an indicator of social cohesion (the strength of relationships and solidarity between people in the community). (13)
- Living in a neighbourhood with strong social connections can benefit your health. These benefits include: children having better oral health, adults being more likely to have an active lifestyle and better mental health. (14)
- The evidence for a positive association between social capital and health outweighs negative associations or where associations are not conclusive. (15)

Social capital can affect health and wellbeing in different ways

Figure 4 shows how social capital can affect people's health and wellbeing at the individual level, through information and resources, and at the collective level, through social contagion, informal social control and collective efficacy. (16)

Fig 4: Mechanisms by which social capital is thought to affect health.
Source: Social epidemiology (2 edn). (16)

The relationship between social capital and health is complex and not without risk

While figure 4 demonstrates the positive routes through which social capital can affect health, it can also create risks. For example:

- A network could spread disinformation about a health condition or intervention.
- Unhealthy behaviours can also spread through social contagion. (17) For example, you may be more likely to smoke if you spend time with others who smoke.
- Tight social networks might also lead to exclusion of those who are seen as external to the group and social norms might lead to a loss of freedom or rigid demands on individuals to fulfil their duties. (18) For example, an individual may be stigmatised due to cultural or religious norms, sometimes leading to exclusion from the group.

Social capital can play a role in tackling health inequalities

Bonding and bridging social capital can act as a buffer against the negative health effects of poverty. There is some evidence to suggest that people who are more deprived gain greater health benefits from social capital than those who are less deprived. Social capital could help to reduce the difference in health outcomes between these groups. However, researchers also warn that exclusion from these networks or a lack of money to participate can have a negative effect on health. (19)

Social capital in policy and practice

The World Health Organisation 2023 report: Transforming the health and social equity landscape looks at the interaction between social capital, the economy and health and the role this can play in recovering from crises like the pandemic. Key priorities for action include rebuilding trust and making societies more inclusive. (20)

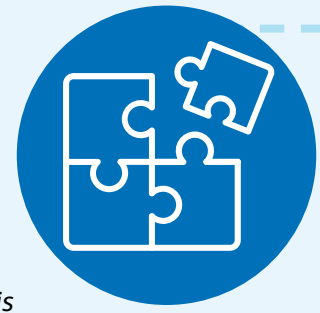
The UK Government released the Civil Society Strategy in 2018, which described how they could work with civil society to strengthen connections and make the most of existing assets in communities. (21) In the same year 'A Connected Society: A Strategy for Tackling Loneliness' was published, which included a focus on how community infrastructure, e.g. community spaces and housing, can support social connection. (22)

The 2020 Levelling Up Our Communities report noted that, during the pandemic, people were more likely to respond positively to measures such as social distancing if they felt part of the community. (23) Supporting people to rebuild social capital and address loneliness was also seen as central to recovery from the pandemic in 'Emerging Together: The Tackling Loneliness Network Action Plan'. (24)

Most recently the **2024 'Khan Review: Threats to Social Cohesion and Democratic Resilience'** highlighted that investing in strong and cohesive communities is a crucial part of making sustainable change. (25)

Figure 5 summarises regional and local policies to support social capital building in City & Hackney.

All Of Us: The Mayor's Strategy For Social Integration

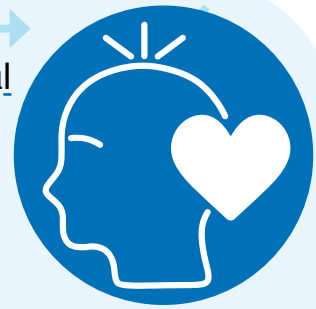


Social integration is ***'the extent to which people positively interact and connect with others who are different to themselves'***

The approach is divided into four themes:

- promoting shared experiences
- supporting Londoners to be active citizens
- tackling barriers and inequalities
- improving London's evidence base on the topic of social integration. (26)

City of London Social Wellbeing Strategy



This strategy focuses on reducing loneliness and building communities.

Recommendations include:

- asset based development- acknowledging people are experts in their own lives
- shared spaces for the development of relationships
- early intervention to tackle loneliness before it affects health
- building skills such as communication skills. (27)

City & Hackney Community Cohesion and Social Networks report

This report considers resident satisfaction with their local area.

Themes include:

- the challenge of maintaining social cohesion with a perceived rise in inequality and the rising cost of living
- the value of engaging with and responding to the views of residents in this area
- priority areas for action including targeted support for ageing populations and support to take up volunteering activities. (28)

Hackney Community Strategy

This strategy set out the council's vision for Hackney in 2028 across five themes:

- a borough with a good quality of life where the whole community can benefit from growth
- engaged residents who want to contribute to community life
- a green and environmentally sustainable borough
- an open, cohesive and supportive community
- a borough with healthy, active and independent residents. (29)

Hackney Inclusive Economy Strategy

This strategy is based on the idea that communities should shape how economic growth benefits them. The priorities in the strategy are:

- support neighbourhoods and town centres to thrive and be inclusive and resilient
- champion local business and social enterprise in Hackney
- connect residents to high quality employment support and opportunities for good quality work. (30)

City of London Joint Health and Wellbeing Strategy And Hackney Joint Health and Wellbeing Strategy

Health and Wellbeing Boards exist to improve health and wellbeing and reduce health inequalities.

The three priority areas for both City & Hackney are:

- improving mental health
- increasing social connection
- supporting greater financial security. (31), (32)

Fig 5: Regional and local policy which provides a foundation for social capital in City & Hackney.

Measuring social capital

Regional and national indexes

Social capital is difficult to measure because it is made up of lots of different things like trust, respect and community involvement.

Social capital is measured through its determinants and outcomes. (33) There are several indexes which combine some of these determinants and outcomes - including volunteering levels, election turnout and people's sense of belonging - into a summary value for different places. This report considers three indexes relevant to social capital:

Civic Strength Index

Developed by the Young Foundation, the project was funded by the Greater London Authority as part of the Building Strong Communities mission of the London Recovery Programme. (34)

Thriving Places Index

Developed by the Centre for Thriving Places to guide policy and action in support of 'the wellbeing of people, places and the planet'. (35)

Co-op Community Wellbeing Index

Developed by a partnership of the Co-op, the Young Foundation and Geolytix to measure community wellbeing at the neighbourhood level. (36)

The indexes were chosen because they include indicators relevant to social capital, provide scores for geographical areas across London (by borough, ward or constituency), and are available for public use. In this report, we have benchmarked scores for City & Hackney against both our geographical neighbours, Newham and Tower Hamlets, as well as our statistical neighbour, Southwark. (37)

These indexes can be used to identify areas of strength for social capital in City & Hackney as well as areas for improvement. For example, Hackney scores highly in areas including:

- opportunities for community life, e.g. events like parkrun in the area
- social support, drawing on indicators such as formal volunteers and registered charities
- community spaces, including access to open spaces and number of community centres
- community action including food parcel distribution.

However, Hackney scores less well on safety, including the percentage of adults who feel safe outside in the local area.

Case study: building on community assets in Hackney

Well London, Woodberry Down

Well London provides a framework for neighbourhoods to improve health and wellbeing, build resilience and address inequalities. The approach builds on existing community assets to build community capacity through activities and resources and action on specific local needs and issues. Well London has worked in thirty neighbourhoods in London since 2007, including Woodberry Down. Projects include lunch clubs, cooking classes, children's cycling classes and ceramics courses.

The programme supports bonding social capital through bringing groups of people together and may also facilitate bridging social capital across groups with different characteristics. (38)

Meanwhile, the City scores highly on levels of volunteering, financial resources including spending power and the number of jobs per capita, and voices and participation. However, the City scores less highly on equality, including house prices and education, and access to open space.

Case study: volunteering in the City of London

Age UK, City of London

A programme of activities open to older people in the City of London, including workers and residents. Activities include exercise classes, such as Tai Chi and Zumba, as well as health walks, coffee afternoons, craft and more. Older people can build connections between people of a similar age (bonding social capital) and build bridging connections, e.g. the aerobics classes have engaged a mix of women from the local Bengali community and other groups in the area.

The organisation also offers online activities and a digital inclusion project to support people to get online. By making the digital world more accessible, these activities may develop bridging connections with people of different ages, backgrounds and experiences.

The organisation maintains an emphasis on peer support and there is no distinction between the volunteers and the 'other' members. (39)

A full analysis of each index for City & Hackney can be found in the appendix.

While the indexes are useful at highlighting potential areas of strength and improvement, they should be used with caution. The indicators used within these indexes are subjective and might not align with the priorities or experiences of communities in City & Hackney. The use of different indexes can also lead to a lack of consistency in identifying where we score highly and where we do not, which can make it more difficult to establish priority areas for action. For example, the Thriving Places Index scores Hackney lower than Southwark in the Equality areas, whereas the Community Wellbeing Index scores Hackney higher than Southwark.

Locally collected data

The people who understand their connections and networks best are communities themselves. It is this understanding that will help partners across City & Hackney to build social capital. This is considered further in the recommendations of this report (page 25), including plans to conduct a community-led needs assessment on social capital.

As a public health team, we can also draw on high-level views and experiences through existing resident engagement. Hackney commissions an annual residents' survey, which includes questions on community cohesion. (40) 1001 people took part in face to face surveys for the 2024 edition. Responses are benchmarked against previous years and an LGA benchmark. The City does not have an equivalent survey. Key findings relevant to social capital include:

Hackney residents report a high sense of belonging but this varies by group

There are high levels of belonging in Hackney with 85 % of residents agreeing with the statement that they belong to their local area but this varies by group. For example, people are more likely to feel they belong in their area if they are over 65, belong to a global majority ethnic group or have been living in the borough for 10 years or more. Sense of belonging is consistent across different neighbourhoods in Hackney but there was variation by neighbourhood across other measures of community cohesion. For example, connections between people from different socio-economic or class backgrounds and the proportion of people who felt able to ask neighbours for advice.

Hackney residents agree that bridging social capital is important but fewer report seeing it in action

86 % of respondents agreed with the statement 'it is important for people from different backgrounds to mix with one another'. But while people tend to agree it is important, the figures for those who report bridging social capital in action are slightly lower. For example, 75 % of people agree their neighbourhood is an area where people from different socio-economic or class backgrounds get on well together. This is however an improvement from the 2022 survey (70 %).

Nearly a third of people couldn't go to someone in their neighbourhood for advice

67 % of people agree that they could go to someone in their neighbourhood for advice and 37 % agree that if a new neighbour moved in nextdoor, they would wait for them to introduce themselves first. These are the two lowest scores for the 'views on the neighbourhood' part of the community cohesion survey section.

Case study: tackling loneliness in Hackney

Connect Hackney, HCVS

The Connect Hackney programme aimed to address loneliness and social isolation for those aged 50 and over and ran from 2015-2022. It was funded by The National Lottery Community Fund's 'Fulfilling Lives, Ageing Better' and was co-designed with participants. It included activities based in community venues, emotional and practical support, and projects to target groups who were underserved by more general activities - for example, people with complex needs, ethnically diverse groups, and men. Many of these projects sought to support bonding social capital by bringing together people with experiences in common.

An evaluation report found that 'the offer to connect with others through meaningful activities was an important driver of initial engagement and ongoing retention' and benefits included 'new social connections and friendships, improved wellbeing and mental health'. (41)

Shops, parks and playgrounds are areas with potential for developing social capital

When residents were asked about places where they were more likely to mix socially with others from a different socio-economic background, shops, parks and playgrounds scored most highly. Similar scores were also recorded against: other people's homes; work and education environments; and pubs, clubs, cafes or restaurants. Places that scored less highly included charity and community groups and day centres. However, this is specifically about bridging social capital across socio-economic groups and these places may foster other forms of social capital including bonding.

Crime and community safety is a high priority for residents

Linked to environments that could support social capital, when residents were asked what they valued most locally, 56 % reported 'a safe area, free from crime and bad behaviour', with a 24 % percentage point lead over the next highest answer of 'clean streets'. It also scored highest as the area where residents would like to see money spent.

These findings from the Hackney Residents' Survey provide a richer picture of social capital in City & Hackney than the indexes can alone. For example, while the indexes rank Hackney highly for 'social support', it relies on data such as the number of formal volunteers and registered charities. This survey includes more direct measures of social support including self-reported data on the extent to which people can ask neighbours for advice. However, there are limitations, e.g. all data is self-reported in response to prescribed questions. Qualitative data collection that allows community-led conversations and follow-up questions would be useful.

The evidence: building social capital for health

As part of the development of this report, we conducted a 'review of reviews' on building social capital and promoting health. We focused on reviews published since 2020 using the MEDLINE database. Literature searches for this project were completed by Charlotte Bruce, Knowledge and Evidence Specialist, UK Health Security Agency Knowledge and Library Services. 23 relevant reviews were included.

Developing and implementing policies to build social capital

The review identified factors to consider when developing and implementing policy to build social capital.

To build social capital activities that will be sustainable consider:

- The welfare of volunteers. (42, 43)
- The relationships between organisations in the system. Voluntary and community organisations working with regional and national public health organisations can help to maintain and develop community assets. (42, 43)
- The availability of resources, including staff's ability to make grant applications. (42, 43)

Case study: building relationships between organisations in the system in Hackney

Together Better, Volunteer Centre Hackney (VCH)

The Together Better programme supports patients and volunteers to run over 140 free social activities in GP surgeries, including coffee mornings, fitness groups and art sessions and is now available to all residents registered with a City or Hackney GP. Support staff for the programme are funded through the NHS Additional Roles Reimbursement Scheme. Patients are often referred to activities through social prescribing and participating and volunteering has led to increased confidence, new contacts and increased engagement with their GP practice as well as other statutory services. (44)

A survey of patients, volunteers and staff across practices found that 91 % of respondents had created new friendships through the programme; 96 % had received the support they needed and 80 % noted an improvement in their health and wellbeing. (45)

'My eagerness to participate is a testament to the benefits these gatherings offer, not just in terms of social interaction, but also in nurturing my mental and emotional resilience.'

Patient testimonial (46)

As well as building bonding and bridging social capital, these activities are also supporting linking social capital through increased patient voice within the health system.

To facilitate joint community action in response to issues:

- Provide participants with autonomy and choice, create opportunities to build new social connections and create a sense of belonging. These factors were identified in a review of community-based responses to loneliness. (47)
- Financially support community projects (48), focus on sustainable community development (49) and ensure a network of 'cooperative corporations' is present to support

self-help for communities. (50) These factors were identified in a study on social capital and community resilience following disasters. (51)

To engage the population in decision making processes consider:

- Building community capacity through training. (52)
- Identifying common interests between the community and policy makers to set joint priorities. (53)
- Monitoring outcomes (54), for example through adopting a health equity tool in local processes. (55)

Developing programmes and interventions to build social capital

The review looked at potential programmes and interventions which can improve social capital outcomes.

Digital interventions had some promising results on social capital outcomes. In a review of programmes promoting virtual connections for disabled young people, there were increases in the quality and quantity of virtual connections across all nine included studies. These programmes either trained participants to access virtual spaces or provided virtual activities to encourage interactions. (56)

A review which looked at digital health interventions for adults with chronic conditions identified several social support outcomes including informational and emotional support. (57) The evidence for effectiveness on social capital outcomes was weaker in reviews on digital interventions in older adults. (58, 59)

A review on peer-based **community physical activity** programmes for mental health service users highlighted the benefits of sharing experiences and advice. 9 out of 13 studies reported a significant increase in social support perceived by participants. (60) Another study looked at social outcomes of sports participation, which ranged from pro-social behavioural traits to greater connectedness. (61)

Case study: community physical activity in Hackney

Kings Park Moving Together, *London Borough of Hackney (LBH)*

This local delivery pilot programme, funded by Sport England, builds on the strong sense of community in Kings Park to understand and overcome barriers to participation in physical activity through an asset based approach. The programme includes funding partner organisations such as the Hackney Playbus and Pedro Club Active Families:

Hackney Playbus provides mobile play and support services to families, including pop-up play provisions, in-hostel groups, and weekly 'bonding with baby' groups. The Playbus encourages children and families to be more active by providing a safe and accessible space for parents to play with their children. A qualitative analysis of impacts found that 'by bringing together socially excluded and often isolated families, Hackney Playbus helps build local networks and connect families to essential services'.

Pedro Club Active Families offers exercise classes for older adults from the African-Caribbean community, including people with health conditions and mobility issues. The social connections formed in these sessions have continued into participants' daily lives, with people often spending time after the classes sharing stories and supporting each other with issues. More broadly the Pedro Club

is an established community space, which supports the development of connections across the community and across generations. (62)

These examples showcase support for bonding and bridging capital and demonstrate some of the benefits these can bring: support, knowledge and a sense of belonging.

Participatory arts like music, drama and creative arts classes demonstrated bonding social capital outcomes. For example, promoting connections and providing emotional support and a sense of belonging. These activities also contributed to bridging social capital through improved access to resources and information, building trust and addressing social divisions. They also supported political engagement and therefore the linking domain of social capital. However, some participatory arts projects were vulnerable to projecting stereotyped views of certain groups and it was noted that bringing groups together could lead to 'heightened awareness of unequal relationships'. (63)

Three reviews considered **integration programmes and interventions for refugees (64); migrants (65) and those with lived experience of homelessness. (66)** Some interventions looked to indirectly improve integration through providing access to resources and skills. For example, access to childcare for refugees (64, 67), language training programmes for migrants (65) and housing solutions for people experiencing homelessness. (66) It was noted that interventions which addressed housing issues alone were not sufficient in promoting community integration. Other strategies worked more directly on social capital, e.g. community groups for refugees (64) or linking migrants with long-term residents. (65) Linking migrants with long-term residents reduced loneliness and increased participants' perception of support and integration. (65) 'Psychosocial interventions' (including psychotherapeutic interventions) for those with experience of homelessness was the most effective group of interventions for positive social and psychological integration outcomes in the relevant review. (66)

Community friendship groups, structured or unstructured groups to facilitate connections at a certain place and time, helped to develop social support in structured groups. (68)

A review looking at **intergenerational activity programmes** on the wellbeing of older people found mixed results on social capital outcomes. (69)

Community reminiscence programmes, which involve participants sharing memories of past experiences, were found to be beneficial for building connections both within and outside of the programme. (70)

Community exchange and time currencies programmes involve members of the community providing a service to others in the community, e.g support with a daily task. Members are rewarded with credits which can be exchanged for goods or services. Benefits included increases in social support and bonding and bridging capital, as well as 'political citizenship'. (71)

Further reviews did not specify a specific intervention type, but instead explored broad intervention types with respect to social capital outcomes. (72), (73), (74), (75) These are not explored in detail here, but relate to either specific populations, such as those in long term care homes (72) or those with mental health diagnoses (74) or compare characteristics of different interventions (73), (75).

It is likely that a variety of policies and

programmes are needed to support the needs of diverse communities in building social capital.

As explored earlier in this report, measuring outcomes such as social connection and social support is difficult. Across the reviews, a mixture of objective measures (e.g. number of connections) and subjective measures (e.g. perceived social support) are used. There are also a number of observational studies included where researchers look for links between events and outcomes, without testing an intervention in a controlled way. While interventions may be linked with a positive effect, they may not be directly causing it. Other considerations include weaker reporting of negative results and outcomes, which may skew the effects seen, and publication bias, where articles showing interesting results are more likely to be published.

Recommendations for building social capital in City & Hackney

This report has explored the relationship between social capital and health, how it is measured, positive work underway in City & Hackney, and literature that can help build on this success further.

Like many assets in our lives - whether it's a new technology, money or social capital - there is the potential for benefit or harm to our health and wellbeing. To build social capital for better health we, as a public health team, need to work with wider partners in Hackney Council, the City of London Corporation and across sectors to ensure the right foundations are in place. Our recommendations highlight three foundations in particular:

1. Design and evaluate our approach with the community
2. Consider places as well as people
3. Work in partnership

Design and evaluate our approach with the community

This report draws on indexes that are a useful barometer of social capital in City & Hackney and help to identify areas of strength and areas for improvement. But the people who understand their connections and networks best are communities themselves, which the indicators in these indexes may not reflect.

This is in part addressed through the Hackney Residents' Survey. However, this does not include City residents and it would be useful to have a fuller picture across City & Hackney of the parts of social capital that matter to residents, where there might be risks and where action is needed. This is difficult to do through closed, prescribed survey questions alone. As the public health team in City & Hackney, we recommend starting this through **neighbourhood-level community-led needs assessments.** This approach should:

- Be asset-based, drawing on the strengths and existing work to build social capital in City & Hackney. We should use existing links and a 'snowball' methodology to engage people who are currently underserved.
- Be at the neighbourhood level. We may wish to start with one of the neighbourhoods that scored comparatively low on community cohesion in the 2024 Hackney Residents' Survey or in the City of London given the absence of a comparable residents' survey.
- Involve a process that aims to strengthen relationships across the bonding, bridging and linking domains of social capital, e.g. through participatory arts.

Throughout this process we should be aware of potential risks and seek to mitigate these.

A community-led approach should not stop at assessing need. Good design also means **building strong mechanisms for feedback and evaluation.** Hackney already commissions an annual residents' survey, which includes questions on community cohesion and we may wish to advocate for a residents' survey for the City of London. We could build on these surveys further, e.g. **use our needs assessment process to understand new data we might want to collect.** We may also want to include social capital in other measurement and reporting mechanisms, e.g. include social capital in the local assets section of the Neighbourhood Insights reports (next update Spring 2025).

How we **align this locally collected data** with national data is also important in order to benchmark our progress and compare nationally. For example, a government harmonised standard now exists for collecting

data on social capital. This standard could be incorporated into our residents survey at regular intervals in order to have a consistent record of progress which we can compare to national standards.

Consider places as well as people

We need to think about the environments that support relationships and connections to form. The indexes considered in this report identify where the local authority and wider partners in City & Hackney may want to focus to create physical spaces that support connection. For example, **access to open spaces in the City of London** and creating spaces that improve people's **perceived level of safety in Hackney.** This is supported by findings from the Hackney Residents' Survey where, for example, parks and playgrounds are identified by residents as places where they are more likely to mix socially with others from a different socio-economic background. This survey also highlights crime and community safety as a top priority for residents.

This will involve working across sectors and not simply council-owned spaces and places. For example, healthy high streets support social capital, demonstrating the role of businesses in creating connections across the community. (76) This is supported by the Hackney Residents' Survey which highlighted the role of shops in bringing people together from different socio-economic backgrounds. Community businesses also have a role in developing social capital, including through the services or products they supply, employment opportunities and building a sense of 'pride, possibility and positivity.' (77)

The community-led needs assessment should include a focus on how the spaces in City & Hackney can support better connections.

Work in partnership

As a public health team, we need to work with networks and assets that already exist. This includes across local authority teams and with the wealth of businesses and voluntary and community organisations in City & Hackney.

Building capacity with our networks

The literature review in this report found that building capacity was key to fostering social capital for communities and individuals. We recommend:

- Building on our strong links with VCS organisations to disseminate training, including Making Every Contact Count (MECC) and grant bid writing training.
- Building on the case studies in this report to create a learning resource for partners. Identifying examples across bonding, bridging and linking domains is a useful framework, which partners have described as a fresh perspective.

Resourcing joint work on social capital

As a public health team, we should continue to explore external funding for our work on social capital.

The Community Infrastructure Levy and section 106 are also important mechanisms to resource joint work on social capital. This income from developers can be used to fund community infrastructure to support social capital and mitigate potential harmful impacts of new developments.

As a public health team, system or advisory group we should have a function to monitor funding opportunities from research bodies and other funders relevant to this area. Where these opportunities are available, we should link eligible VCS partners to maximise benefits.

Appendix

Index 1: Civic Strength Index

Civic strength can be summarised as how the community can provide people with the support and resources they need to build relationships and get involved in the things they care about.

The framework for this index was co-produced with Londoners through an asset-based approach and is divided into three themes:

- relationships and social capital
- democratic engagement
- public and social infrastructure.

There are several domains under each theme, which are scored from 0-100 relative to other wards or boroughs. The indicator measures take into account the size of the population. Scores were not calculated for the City of London due to differences in data, however data was collected where this was available. The report for the first iteration of the index was published in 2021. (34)

Hackney scored particularly well in: opportunities for community life; social support; community action; financial resources and community spaces. Perceived safety, under the infrastructure theme, scored lower.

The unique characteristics of the City of London make it difficult to compare to other areas using this methodology. However the available data shows a high number of volunteers, community interest organisations and mutual aid groups. One area of weakness was access to open space.

Limitations of the index include the use of older data, particularly for open spaces and transport, and not all data is available at the ward or borough level. (34)

The following data and information on the Civic Strength Index has been made publicly available by the Young Foundation and Greater London Authority, for full details of the index, and sources for indicators see London Datastore

Theme 1: Relationships and Social Capital

Opportunities for community life

Hackney	Southwark	Newham	Tower Hamlets
100.0	66.0	49.0	39.0

This domain considers the number of play streets and parkrun events, as well as the percentage of the population who had used the internet (as a proxy for searching community events). Hackney wards all scored in the top quintile for this domain across London wards.

While play streets and parkruns present opportunities for connection with readily available data, it is a limited selection of events from which to draw conclusions on community life. Different communities may prefer different types of events and the City of London had neither of these activities. While the authors intended to study

wider community groups and events, these types of activities didn't have the consistency or regularity of data to be included. Internet use is also a limited proxy for finding out about community events. People may find out about events through other routes, e.g. word of mouth or may not have access to technology or digital literacy.

Social support

Hackney	Southwark	Newham	Tower Hamlets
57.1	24.2	9.5	24.0

This domain looked at the sum of formal volunteers, the number of registered charities and the number of community interest groups. All Hackney wards scored in the top quintile for this domain and the City of London has extremely high figures for formal volunteers and community interest groups (larger than the total resident population). This is likely affected by volunteers who are not resident in the City and organisations with their headquarters in the City.

The indicator on the number of charities only includes charities working at the level of one local authority and may therefore exclude national charities which operate in the local area.

Relationships*

Hackney	Southwark	Newham	Tower Hamlets
78.5	53.7	53.6	53.9

This domain looked at net internal and international migration (as proxies for population change), the percentage of adults chatting to their neighbours at least once a month, and those who feel they belong in their neighbourhoods. The latter two indicators are at London level only - 65% and 59% respectively(78).

The City of London had the highest degree of population change across London, reflecting its highly mobile population.

*From the underlying data it appears that higher population change leads to a higher score, which is unusual given high population change would reduce the chance to develop meaningful connections. This is not explored in the report and it might be that a higher score for population change should have been inverted for a lower overall score in this domain.

Trust and social cohesion

This domain was not scored or included in the overall index score, as data is only available at regional or national level.

The indicators included:

- the percentage of adults who agree their local area is a place where people from different backgrounds get on (84 % across London. (78)
- the percentage of adults who feel people in their neighbourhood can be trusted (England level - data not provided).

Community action

Hackney	Southwark	Newham	Tower Hamlets
36.6	24.4	37.9	-

Note: the borough scores above represent the median of ward scores within each borough. This data was not normally distributed as only a few wards differed in score based on the grants indicator.

This domain looked at 'below the radar grants' (grants to small organisation not registered with a regulator); the number of food parcel distribution centres; the number of food parcels distributed; the percentage of adults who agree that people in their neighbourhoods pull together to improve their area; and the percentage who participate at least once a month in informal volunteering. The final two indicators were at regional or national level with 28 % of Londoners participating in informal volunteering. (78)

There were no City of London indicators on grants and food parcel distribution. All Hackney wards score in the top 2 quintiles for this domain. The Tower Hamlets score is omitted because missing data meant the score was calculated using an average of nearby boroughs, which included Hackney.

The grants indicator is intended as a proxy for grassroots activity but is limited because it would not include organisations working without external funding. In addition, food bank activity may be affected by available funding and factors such as demand due to food insecurity.

Theme 2: Democratic Engagement

Institutional trust

Hackney	Southwark	Newham	Tower Hamlets
41.0	35.4	40.2	49.1

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the proportion of people on the electoral roll, the number of ballots cast in Mayor of London and London Assembly elections, the percentage of adults who trust their local council, and the percentage who are satisfied with different types of services provided by their council. The last two indicators were at London level.

There was no City of London data for this domain. It is interesting to note the range in values between Hackney wards: the proportion of the population on the electoral roll ranged from 36 % in Stamford Hill to 66 % in Lea Bridge. (79)

Accessible engagement

This domain was not scored or included in the overall index score, as data granularity is at regional level.

The domain looked at the percentage of adults who participated in civic consultation in the last 12 months (23 % across London) and the percentage of adults agreeing that they can personally influence decisions in their local area (33 % across London). (78)

Civic responsibility

Hackney	Southwark	Newham	Tower Hamlets
12.1	25.1	6.0	9.8

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the number of mutual aid groups which emerged through the pandemic; the percentage of adults who had participated in civic activism in the past year; and the percentage of adults who took part in civic participation in the past year. The last two indicators were at London level (9 % and 44 % respectively at London level. (78)

The number of mutual aid groups is sourced from a crowd sourced database, which maps groups geographically. (80) It is voluntary to add this data and may not therefore be a robust way of capturing all mutual aid groups in an area.

Theme 3: Public and Social Infrastructure

Public services

Hackney	Southwark	Newham	Tower Hamlets
35.2	44.0	19.9	10.0

This domain looked at the total number of libraries in an area; the number of hours libraries are open; funding allocations; and number of registered patients per Clinical Commissioning Group (which have now been replaced with Integrated Care Boards). It also looked at GCSE attainment and proportion of young people who are not in employment, education or training (NEET) at the London level. While the City of London has nearly 10 times the number of libraries per capita compared to the next highest borough, this value is likely due to the unusually small population size.

Financial resources

Hackney	Southwark	Newham	Tower Hamlets
15.6	77.9	6.6	12.3

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the number and value of grants from central government, lottery distributors and grant making organisations. It also included information on the gross expenditure of charities working at local authority level; core spending power of local authorities; the number of jobs per resident; and the percentage of new businesses which survive 1 year. There was City of London data for the last 4 indicators.

All Hackney wards score in the top 2 quintiles for this domain.

The City was in a unique position due to its small population size and its position as a financial and business centre. For example, compared to the next highest borough it had:

- Core spending power per capita which was over 7 times higher. (81)
- 20 times as many jobs per resident. (82)
- Gross charitable expenditure which was over 18 times higher than the next highest borough. (83)

Community spaces

Hackney	Southwark	Newham	Tower Hamlets
58.5	39.6	23.6	47.9

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at transport accessibility levels; the percentage of households with access to open space; the number of community centres; the number of cultural spaces (excluding libraries and cultural centres) and Healthy Streets scores. The Healthy Streets Scorecard includes factors such as speed limits, bus priority and active travel rates. (84)

The City of London had data for all items within this domain and fared well on most with the exception of access to open space where it scored lowest compared to all London boroughs. (85) All Hackney wards score in the top quintile for this domain.

Safety

Hackney	Southwark	Newham	Tower Hamlets
72.2	75.9	79.5	76.3

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the ward level crime count, the percentage of adults who feel safe outside in the local area during the day and the percentage who feel safe outside during the night. The last two indicators were at London level. There is no City of London data for this domain. 10 Hackney wards score in the lowest quintile for this domain.

Fig 6: An exploration of the Civic Strength Index scoring in depth with benchmarking of Hackney against neighbouring boroughs. Source: London Civic Strength Index(86)

Index 2: Thriving Places Index

The Thriving Places Index is designed to provide a framework to support wellbeing and components of the index are relevant to social capital. It is divided into three headline areas: Local Conditions, Equality, and Sustainability. Each of these is divided into different domains with scores ranging from 0-10. The City of London was not scored by this Index. (87)

For full details of the headline areas and domains, visit the index.

This report includes the aspects of this index which are most relevant to social capital:

- The Equality headline area in its entirety, which is made up of measures of inequality in life expectancy and income, as well as measures of social mobility and black and ethnic minority (BAME) representation amongst local councillors.
- Two domains of the Local Conditions headline area - participation and community cohesion. The Participation subdomain explores measures related to volunteering in sports, the presence of clubs and societies, and membership of organisations. The Community Cohesion subdomain relates to neighbourhood belonging and social fragmentation. (88)

Hackney scores favourably compared to local authorities nationally in the Equality element, however it fares less well in the Participation and Community Cohesion domains.

	Hackney	Southwark	Newham	Tower Hamlets
Equality (headline element)	5.50	5.96	6.67	5.74
Participation (subdomain)	4.49	5.22	2.98	3.51
Community cohesion (sub domain)	4.28	3.59	3.60	2.80

Fig 7: Scores for Hackney and neighbouring boroughs for selected components of the Thriving Places Index.
Note: the City of London is not scored by this index. *The colours reflect classification of scores within the index when comparing all included local authorities nationally, from low (red) to high (green)*
Source: Explore your Thriving Places Index score (88), (89)

Index 3: Co-op Community Wellbeing Index

As with the Thriving Places Index, the Co-op Community Wellbeing Index looks at areas beyond social capital but there are components which are of interest. It is a national index and scores are given at constituency level with a range from 0-100. (90) Visit the index for full details.

The index covers three themes: people, place and relationships. We explored the relationships theme in further detail, which covers:

- Relationships and trust, including measures on the availability of social spaces, community and household composition, the burden on long term illness (which may limit connections), and crime.
- Equality, including measures of inequality in house prices and education.
- Voices and participation, including voter turnout, petition signing and Co-op member engagement. (91)

This is the only index of the three with scores for the City of London. City scores highly against our comparator boroughs on the voices and participation area, but scores poorly on equality.

	City of London	Hackney	Southwark	Newham	Tower Hamlets
Relationships and trust	46.2	45.5	49.3	56.8	48.5
Equality	6.4	13.4	10.1	39.5	21.7
Voices and participation	58.7	52.2	53.9	43.3	47.3

Fig 8: Mean scores across constituencies in the City of London, Hackney and neighbouring boroughs.
Source: Community Wellbeing Index Mapping Tool (92)

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Fig 9: Social Capital Advisory Group members

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Accessibility statement

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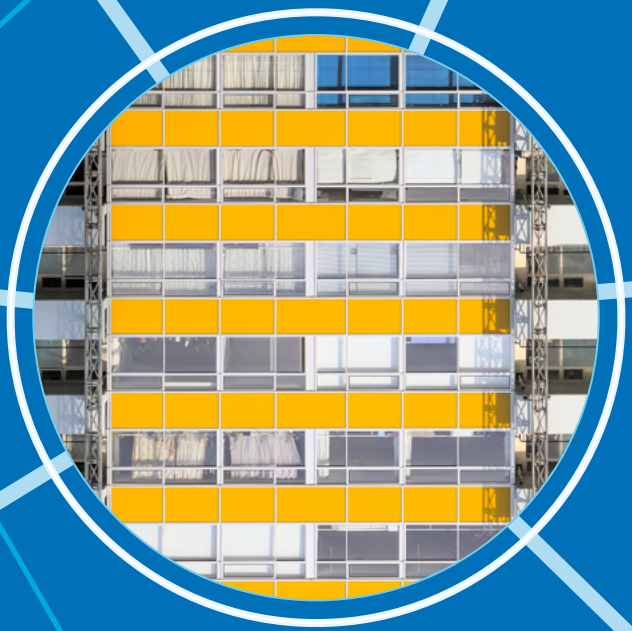
We'll consider your request and get back to you in 5 working days.



Holding Hands, Hoxton Square, STIK 2020

Sexually Healthy

Working hand in hand to improve the sexual and reproductive health of young people in the City of London and Hackney

Annual report of the Director of Public Health for the City of London and the London Borough of Hackney

Summary 2023/24

The full report can be viewed at cityhackneyhealth.org.uk.

For further information please contact public.health@hackney.gov.uk.

CITY OF LONDON

Hackney

Sexually Healthy

Sex is a vital part of life, and people's sexuality is an important source of pleasure and wellbeing.

This year's Director of Public Health's annual report is about the sexual and reproductive health of people in Hackney and the City of London. It is about making sure we have the right information, support and services available so we can enjoy enriching and pleasurable relationships, choosing when and if to have sex, when and if to get pregnant.

There are, of course, certain risks to do with sex. In fact, there are significant concerns around sexual health in our part of London and these are described in the report. For example, Hackney and the City have extremely high rates of **sexually transmitted infections** and this is a particular focus of the report.

The report provides an overview of the situation in Hackney and the City but looks more closely at issues relating to younger people. We know that people under 30 use sexual health services more often than others. We know younger people are more likely to have sexually transmitted infections. The report explores how we can improve **young people's access to sexual and reproductive health services**.

The report provides **five recommendations** to address local needs and reduce health inequalities. While the recommendations focus on young people, the principles they contain apply across sexual and reproductive health. These must also inform work with other specific groups and communities. The first recommendation is about ensuring real collaboration with local communities. It is the most important recommendation because it determines how to approach all the others.

Berlin Wall with NOIR, STIK 2019

Sexually transmitted infections

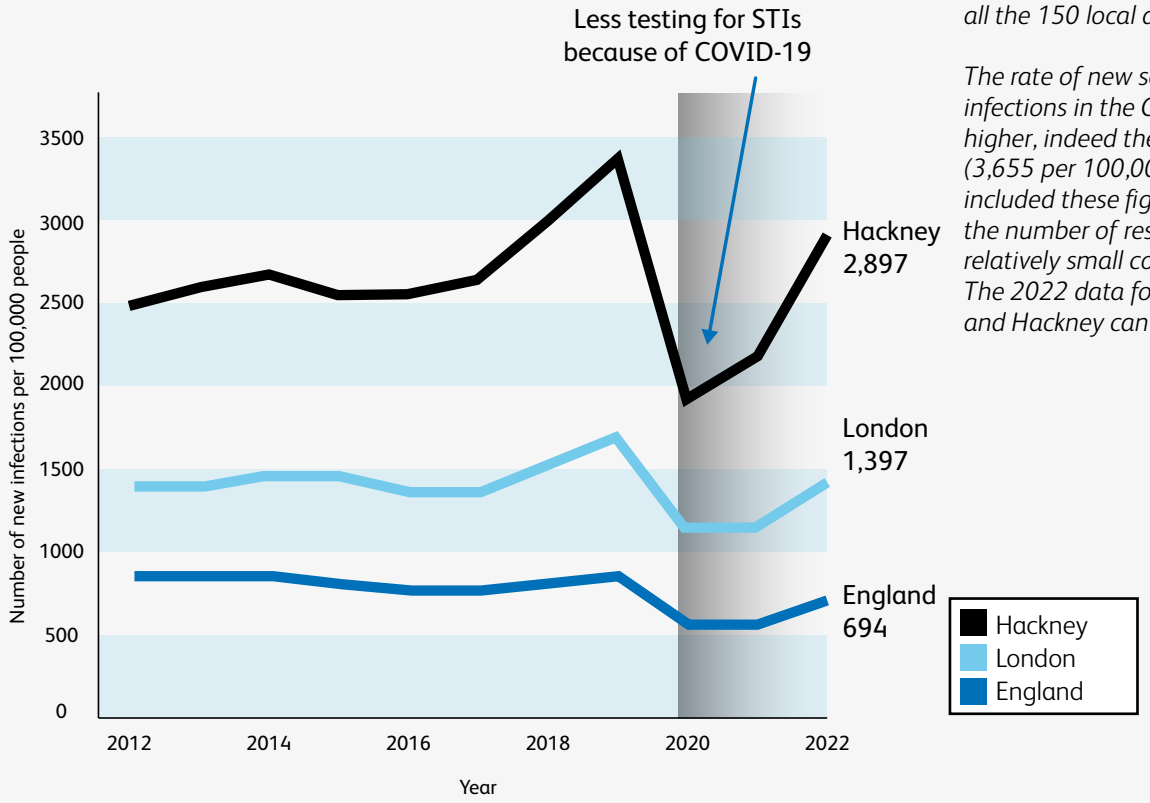
The number of sexually transmitted infections diagnosed in Hackney and the City each year is extremely high (see Figure 1). These infections can be treated and managed but the earlier they are diagnosed the better.

Early diagnosis means fewer health complications for individuals, less chance of other people being infected, and cheaper, more effective, treatment. Unfortunately, we are not testing for these infections as much now as we did before the COVID-19 pandemic and this is contributing to the ongoing high rates in the community.

Ensuring prompt diagnosis and treatment of sexually transmitted infections, as well as notification of sexual partners who may be at risk, is a fundamental principal of effective sexual and reproductive health services. It is an area where further improvements can, and must, be made.

New diagnoses of sexually transmitted infections

Figure 1: Sexually transmitted infections by area of residence



In 2022, the rate of new diagnoses of sexually transmitted infections in Hackney was more than double the average rate for London and more than four times the average rate for England. Hackney had the fourth highest rate of new infections out of all the 150 local authorities in England.

The rate of new sexually transmitted infections in the City of London was even higher, indeed the highest in England (3,655 per 100,000). We have not, however, included these figures in the chart because the number of residents in the City is relatively small compared to other areas. The 2022 data for both the City of London and Hackney can be viewed **here**.

Improving young people's access to sexual and reproductive health services

One important way to improve the sexual and reproductive health of people living in Hackney and the City is to make sure they have easy access to sexual and reproductive health services.

There are two aspects to this: first, we need to make sure that our services are the best they can be; and second, we need to make sure people are aware of the services and feel comfortable using them. People need to know where they can go for help when they don't feel right, when things go wrong, or when they just need advice.

The report examines the challenges facing young people and provides recommendations for how we can improve access to sexual and reproductive health services. In this way, we also throw light on wider issues affecting sexual and reproductive health in Hackney and the City and propose general principles to guide future work.

Broome and Lafayette, LA2 and STIK 2016

Keith's Garage, Bentley Road, 2008

Recommendations

The five recommendations made in the report will enhance sexual and reproductive wellbeing. They are addressed to the people and organisations that provide sexual and reproductive health services and those that fund them, as well as the communities and individuals who use those services. The report emphasises the importance of everyone working together - putting collaboration at the centre of our strategies.

Work hand in hand with communities…

1. **Community involvement is essential to providing high quality services:** we need the people who provide services, and the people who fund them, to work more closely with the communities they serve. People need to work together to design services, to increase people's awareness of those services, and to improve attitudes to sex and sexual health in our communities. This is the most important recommendation in the report because it determines how to approach all the others.

to help people, especially younger people, access services when they need them…

2. **Services must be easily accessible to young people:** refine existing sexual and reproductive health services and explore new initiatives in collaboration with young people to make accessing services as easy as possible.

3. **Young people must be aware of when and how to access support:** improve young people's awareness of services and their willingness to access them. Relationship and sex education in schools and colleges is essential but we need to go further so that we can have sex positive conversations throughout our communities.

with everyone collaborating to improve those services despite financial and staffing pressures…

4. **Focus on enhancing collaboration and partnership working:** continue to develop collaborative working practices across sexual and reproductive health services and beyond, in order to mitigate pressures on services and improve user experiences.

never forgetting to identify and combat inequalities.

5. **Continue to identify and address inequalities in sexual and reproductive health:** we need ongoing research and audit, undertaken in collaboration with communities, to identify inequalities, with findings communicated to all concerned partners. Efforts to enhance research and audit activities must be coupled with a commitment to address those inequalities that are identified. Focus on enhancing collaboration and partnership working: continue to develop collaborative working practices across SRH and beyond to mitigate pressures on services and improve user experiences.

Key messages

Public health is concerned with health creation – our approach must be community based and participatory. We need to find a shared purpose with the communities we serve and be guided by meaningful collaboration and a desire for the true co-production of services.

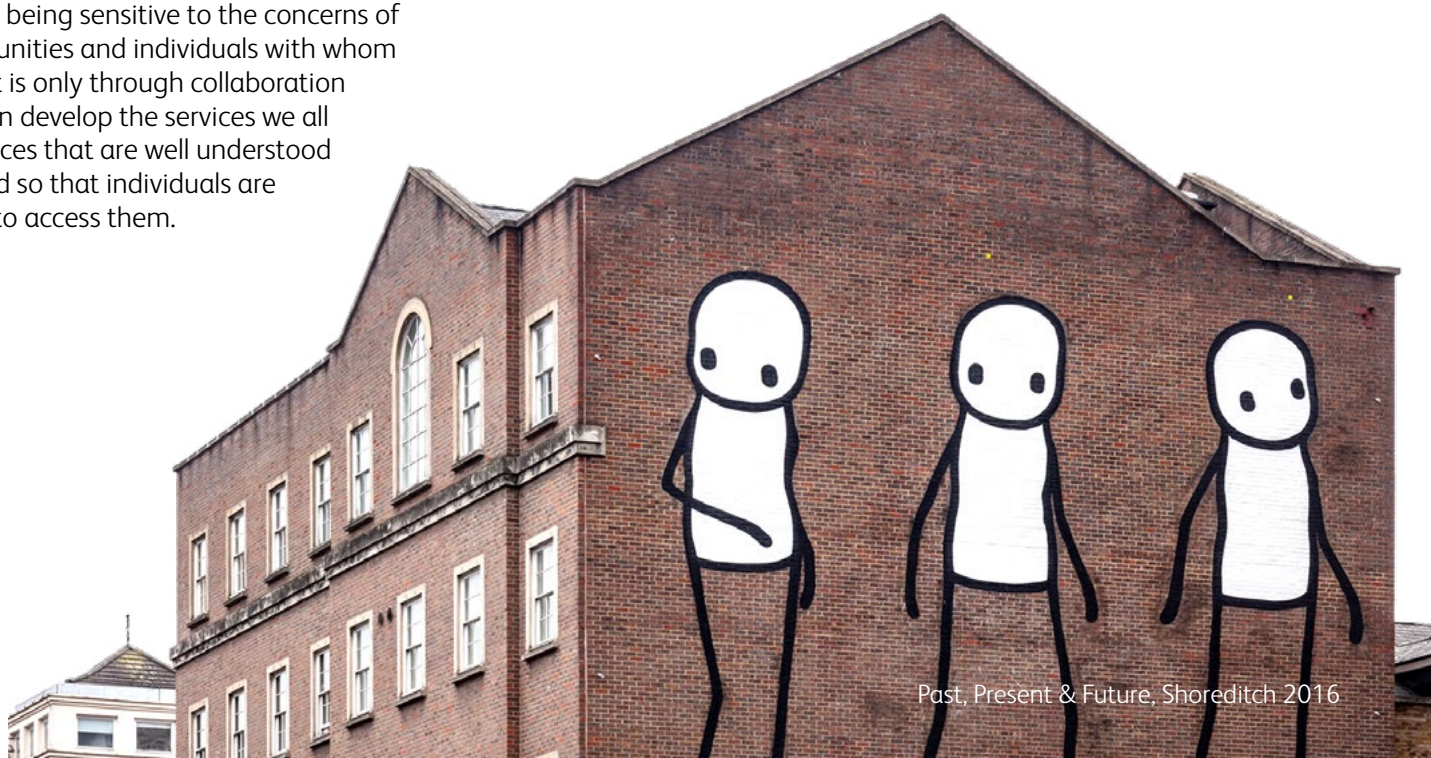
We need to recognise how important sexual and reproductive health is to our entire population. Sexual and reproductive health goes beyond the presence or absence of an infection. It involves choice, consent, pleasure, and good relationships. The World Health Organisation describes sexual health as "fundamental to the overall health and well-being of individuals, couples and families". It is fundamental to the wellbeing of our communities.

We must support every individual's right to enjoy a fulfilling sexual life and loving relationships. We need to empower people and foster their sense of control. People have sex for lots of different reasons but they should always be able to choose whether or not to have sex, free from coercion or violence; choose whether to get pregnant; and know what to do and where to go if they have problems.

We must adopt a sex-positive approach that is "open, frank and positive about sex, that challenges negative societal attitudes to sex and that emphasises sexual diversity at the same time as emphasising the importance of consent". **(Pound & Campbell, 2017)**

Issues related to sexual and reproductive health are deeply linked to our individual identities and cultures; and this is why it so important that we work together with communities. We need to normalise conversations about sex – so people feel comfortable asking for help – while at the same time being sensitive to the concerns of the communities and individuals with whom we work. It is only through collaboration that we can develop the services we all need: services that are well understood and trusted so that individuals are confident to access them.

We want to have the best sexual and reproductive health services possible. Services that improve the health of our communities through promoting healthy behaviours and giving people good information; preventing ill health; treating concerns quickly and effectively; and reducing inequalities. All with the aim of promoting the enjoyment of rich and fulfilling lives. We must remember that "high-quality sexual health services are the cornerstone of ensuring good population health." **(BASHH, 2019)**



Past, Present & Future, Shoreditch 2016

This is a summary of the 2023/24 Annual Report of the Director of Public Health for the City of London and the London Borough of Hackney.

The full report can be viewed at **cityhackneyhealth.org.uk**.

For further information or to view the full report, please visit **cityhackneyhealth.org.uk** or contact the Public Health team at **public.health@hackney.gov.uk**

HDS17072

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Committee(s): Health & Wellbeing Board	**Dated:** 07 Feb 2025
Subject: NEL Maternity & Neonatal Demand & Capacity Case for Change	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
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	**External**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Joanna Kabel *Associate Director of Midwifery Newham University Hospital* Sarah Latham *Director of Midwifery & Lead for Neonatal Nursing, Homerton Healthcare NHS Foundation Trust*	**For Information**
Report author: Carnall Farrar Consultant Ltd	

1. Summary

1.1. NEL ICB has been working with stakeholders to gain a greater in-depth understanding of how maternity and neonatal services in North East London can meet the changing needs of women (pregnant people) and their babies in developing future services.

1.2. The programme of work includes meeting the needs of local people providing maternity and neonatal care that is safe, high quality and accessible.

1.3. This work is being supported and led by clinicians and system leadership, working together across health and care organisations in an open transparent and collaborative way to develop this programme

1.4. NEL ICB (working with key stakeholders) have considered information from families, NHS staff and community representatives, reviewed service data, and looked at areas such as population growth, inequalities and health needs.

1.5. We have written a Case for Change which sets out the findings of this review and engaged with the public for their views, suggestions and feedback on the findings of the review.

1.6. The Case for Change found that in North East London we have a growing population, more complicated pregnancies and births, more babies needing medical care when they are born, and health inequalities that impact pregnancies, births and babies.

2. Recommendation(s)

2.1. It is recommended that the Board review the case for change and the approach NEL ICB has taken to engage with the public and stakeholders. This includes an extensive public engagement, titled: Best Start in Life Shaping Future Maternity and Neonatal Services in North East London which concluded on 8 September 2024.

2.2. How we engaged with the public:

- We ran public engagement from 16 July – 8 September 2024
- The case for change and how to have our say on it was promoted widely to the public, stakeholders and staff over this time using a range of communications channels
- Engaged with seldom heard groups, representatives of our communities, and families.
- We heard from almost 500 people, through a mix of discussions, meetings, presentations, written feedback and survey responses.

2.3. We are currently doing a detailed analysis of the feedback which includes key areas of priority based on the response from the public

3. Main Report

Background

3.1. This piece of work is the starting point for exploring how maternity and neonatal services in North East London can meet the changing needs of women and babies and will inform how services in NEL in the future will meet the needs of local people through provision that is safe, high quality and accessible.

3.2. The first stage of this work has involved understanding the current state. This is through collating and analysing data to understand current activity and look at future demand projections, as well as synthesis of existing work done to date in NEL and national guidance, and stakeholder engagement. These findings have been brought together into a case for change which identifies opportunities for the future.

3.3. The second stage of the work was to co-design best practice care models for maternity and neonatal services, considering the opportunities identified in the case for change, national guidance and best practice examples. These care models were developed with clinicians and wider stakeholders and are intended as a starting point for future work

3.4. The high-level care models set out areas for further data-driven exploration to develop more detailed care models that are deliverable, sustainable, make the best use of system assets and deliver on the opportunities identified in the case for change.

4. Current Position

Key findings in the Case for Change

4.1. The birth rate is growing - the number of babies born in north east London will continue to increase as the number of people living in north east London grows.

4.2. People are having more complicated pregnancies and births, so more people need the right hospital-based care. This will continue to grow.

4.3. Our neonatal beds are often full, making delivering care to babies at the right place and at the right time challenging. It also means some babies have to be cared for in hospitals outside our area.

4.4. If we continue with the same type of care we have at the moment, the number of beds we have in the places where care needs to be delivered won't match the number of people needing them in the future.

4.5. This doesn’t just mean having more beds or space for maternity and neonatal care in our hospitals, there are opportunities to provide care differently to support this need.

4.6. Our staff are hard-working, resilient and working together to provide safe care, but they are under a lot of pressure.

4.7. With more people needing more intensive clinical care, and opportunities to provide care differently we need a workforce and model of care that fits this.

4.8. Challenges to things like the workforce mean some people have different options and experiences of birth depending on where they choose to have their baby.

4.9. There are inequalities that can affect the health of the pregnancy and baby for people from different population groups.

4.10. Some women or pregnant people could have less complicated or lower risk pregnancies or births if they receive advice and support earlier

4.11. Doing some things differently before and during pregnancy could help make important improvements in these areas and reduce inequalities.

5. Options

N/A

6. Proposals

[Please see information above]

7. Key Data

[NONE]

8. Corporate & Strategic Implications

None

9. Strategic implications

None

10. Financial implications

None

11. Resource implications

None

12. Legal implications

None

13. Risk implications

None

14. Equalities implications

None

15. Climate implications

None

16. Security implications

None

17. Conclusion

17.1. The feedback, views, ideas and suggestions on our Case for Change are being used to inform potential future care models for maternity and neonatal services. They will be based on all this information and insight as well as best practice examples and national guidance including Better Births, Ockenden Report, and the Neonatal Critical care review

17.2. This is being done in together with experts, clinicians and community representatives and is underway, We are anticipating having these potential future models of care in the next few months.

17.3. No decisions have been made yet and when we have some options for how future maternity and neonatal care could look in the future we will share these with the public for your views so you can continue to help shape them.]

18. Appendices

18.1. NEL Maternity & Neonatal Case for Change

19. Background Papers

19.1. None

NHS
North East London

NEL maternity and neonatal demand & capacity

Summary document

This document is a summary of the work that has been carried out as part of the maternity and neonatal demand and capacity programme

This piece of work is the starting point for exploring **how maternity and neonatal services in North East London can meet the changing needs of women and babies** and will inform how services in NEL in the future will meet the needs of local people through provision that is safe, high quality and accessible.

The first stage of this work has involved **understanding the current state**. This is through **collating and analysing data** to understand current activity and look at future demand projections, as well as **synthesis of existing work** done to date in NEL and national guidance, and **stakeholder engagement**. These findings have been brought together into a **case for change which identifies opportunities for the future**.

The second stage of the work was to **co-design best practice care models** for maternity and neonatal services, considering the opportunities identified in the case for change, national guidance and best practice examples. These care models were **developed with clinicians and wider stakeholders and** are intended as a starting point for future work

The high-level care models set out areas for further, data driven, exploration to develop more detailed care models that are deliverable, sustainable, make the best use of system assets, and deliver on the opportunities identified in the case for change.

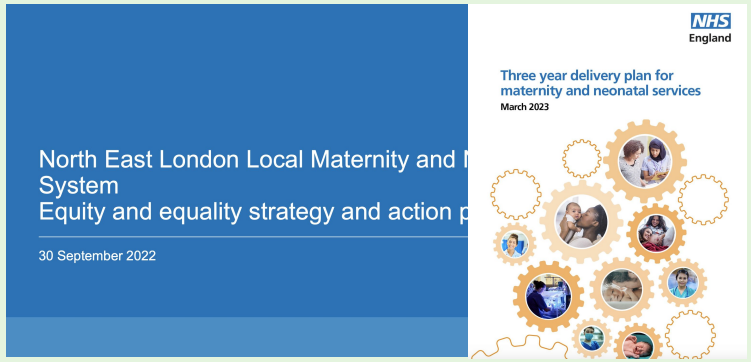
The case for change themes were developed through the engagement with stakeholders, desktop review and analysis and modelling

Stakeholder engagement

- Conducted 1:1 or small group interviews with over 50 stakeholders from across the system including service user representatives, Trusts, ICB, LMNS, ODN, LAS and Local authority colleagues
- Gathered views on current strengths of services, challenges and opportunities for the future

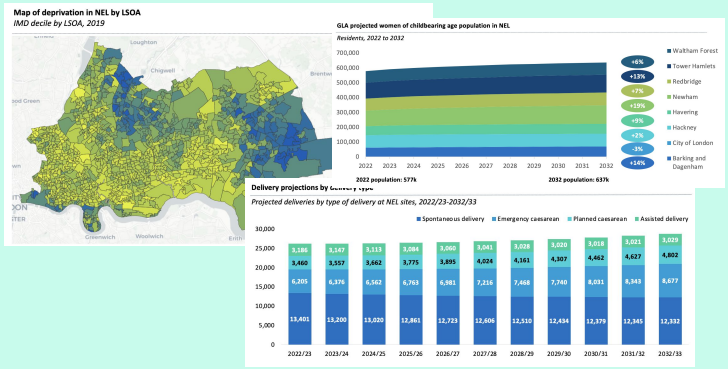
Desktop review

- Reviewed local NEL strategy, planning and work completed to date around maternity and neonatal services
- Reviewed service user feedback including from Healthwatch and CQC
- Reviewed national guidance and best practice documentation



Analysis and modelling

- Developed demand and capacity modelling to understand the projected future position in a 'do nothing' scenario
- Conducted further analysis including workforce, activity in and outflows and activity profiles by site



There is an opportunity to ensure maternity demand and capacity are matched across NEL, and to strengthen pathways and models of care to remove unwarranted variation

Matching demand and capacity across the system

- **Population growth** in NEL will outweigh a declining birth rate, which means that the NHS will need to support **more births** over the next 10 years
- Pregnancies and births are also **increasingly complex**, meaning **more resources are required for each birth**
- There is a need to **ensure capacity is matched to the needs of birthing people** in NEL

Strengthening antenatal and postnatal care pathways

- A high proportion of pregnant people in NEL have **other health conditions and may experience complex social factors** which mean their pregnancies are not low risk
- There are opportunities to **improve early booking** and **ensure effective communication**
- In addition to strengthening antenatal pathways, improving **pre-conception healthcare and prevention** is key
- **Postnatal care pathways** are a key element to contribute to improving health and care outcomes for families

Addressing variation in quality, access and experience

- **Service offer, pathways and processes are not consistent,** meaning pregnant people with similar needs have a different experience depending on where they choose to give birth
- There are opportunities to **ensure best practice is followed** (eg. around induction of labour)
- Service users report opportunities to improve access and their experience of care

Reducing health inequalities

- There are **stark and persistent inequalities in outcomes** for people from different population groups, for example, babies born to Black and Asian women are more likely to have a **low birth weight** and these women are **more likely to have a stillbirth** than White women
- Women in NEL are **more likely to book pregnancies later**, **particularly pregnant people from global majority communities**, which has implications for antenatal care and outcomes

There are opportunities for neonatal services to ensure care is delivered in the most appropriate setting, which will improve quality and safety

Delivering neonatal care in the appropriate setting

- It is important that neonatal care is provided in the most appropriate setting to ensure the highest possible quality of care is provided to each baby
- High occupancy levels in neonatal units increases quality and safety risks for babies; repatriating babies to LNUs from NICUs can free up vital capacity to care for the sickest babies
- Currently, **NEL neonatal units are experiencing high occupancy levels,** particularly at Royal London, and particularly in intensive care and high dependency
- There are opportunities both to **facilitate in-utero transfers** so babies are born in the appropriate care setting for their needs, as well as to ensure **repatriation of babies to their local unit** when they are well enough

Enhancing transitional care and care at home for neonatal services

- There is an **opportunity to improve transitional care across all neonatal units in NEL** to support improved discharge processes whilst maintaining contact between mother and baby, avoiding separation
- Transitional care supports the bond between the baby and their mother whilst maintaining support from midwives and neonatal nurses, which facilitates mothers being able to pick up issues more readily post discharge
- Developing the **neonatal outreach service** in NEL provides an opportunity to readily discharge babies and their families that require support which could be provided at home
- **Strong transitional care and outreach teams provide a better experience** for babies and their families whilst contributing to freeing up capacity on the neonatal unit at NEL hospitals

Stakeholders have described significant opportunities to ensure workforce models optimise the use of resources and prioritise staff wellbeing

Making the most effective use of staff resource

- There are **significant pressures on staff** across the system in both maternity and neonatal services with high **vacancy rates** and staff shortages being the cause of most escalations
- Alongside vacancies, **increasing acuity puts additional pressure on staff**, but the workforce model and model of care have not changed
- There is an opportunity to **optimise the future workforce model** to make best use of staff resources, ensuring **resourcing is aligned with case mix** and enabling staff to operate at the top of their skills and competencies
- There is also a need for **innovative approaches** to support recruitment in these areas

Improving staff wellbeing

- Stakeholders praise staff working in maternity and neonatal services as **hard-working, resilient and working together to provide safe care** in a challenging environment
- However, staff are feeling the pressure of the situation, increasing the **risk of burnout**
- NHS staff surveys show **reductions in staff morale and sense of wellbeing** in staff, particularly for midwives in NEL trusts
- Focusing on staff wellbeing is important for **their experience**, the ability to **retain and recruit** staff, as well as improving the **quality of care and experience for their patients**

The care models were developed based on a combination of national guidance, best practice and stakeholder engagement

- The case for change identified opportunities for improvement in maternity and neonatal services
- These opportunities provided a basis to understand what the future provision of maternity and neonatal services should be min NEL to best meet the needs of the population that they serve
- Considering the opportunities identified, initial drafts of future clinical models for maternity and neonatal services in NEL were developed based on best practice examples and national guidance including Better Births, Ockenden Report, the Neonatal Critical care review and BAPM Standards
- The care models were then shared and co-designed with clinicians and stakeholders in a workshop setting
- The current care models require further iteration with stakeholders in the next phase of work, so they can act as the basis for determining how services should be organized in the future and address all aspects of the case for change, including improving staff wellbeing

Maternity care pathway summary

This is a draft best practice model of care and represents how care could be delivered in the future and does not reflect the current care pathway

DRAFT WORK IN PROGRESS

Pre-conception

Pre-conception support

- General advice
- Specialist advice
- Perinatal mental health support

Access to care

Woman or person confirms pregnancy:

- Self-referral (online)
- Primary care referral
- Institutional referral
- Hospital referral

If needed

Central booking system for preference selection*

**Booking appointment*Helpline available*

- Risk stratification of all pregnant women including women being induced
- Personalised care plan
- Options to book interpreters for all appointments
- Social support advice
- Mental health support

Antenatal care

Choice of Site and birth plan

- Home birth
- Standalone Midwife led unit
- Obstetric led unit
- Alongside Midwife led unit

Routine care

- Advice and education (obesity, smoking, alcohol)
- Routine appointments, investigations & scanning
- Immunisation hub
- Health visitor
- Antenatal education & classes
- Diabetes support and care

Additional services if required

- Community / peer support / VCSE
- Antenatal screening +/- referral to fetal medicine
- Mental health support

Additional care / specialist input

- Maternal medicine pathway
- Fetal medicine pathway (incl. counselling and other specialist clinics)
- Diabetes/ other condition support & care
- Placenta accrete network

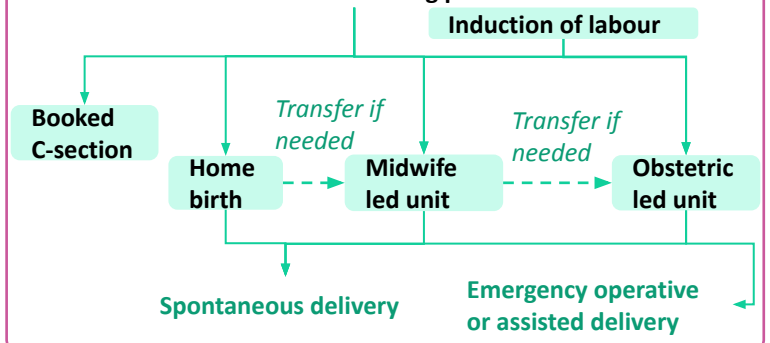
Birth and treatment

Care may be transferred to an alternative unit (patient choice or clinical indication) during the antenatal or birthing period or can be performed in-utero

Birthing

Triage of birthing location can occur earlier for a planned c-section

Triage to reassess suitability of birthing location and birthing plan:



If needed

Complications

Pregnant woman or person
- Maternity HDU
- Adult ICU

Baby – enhanced ward-based care
- Transitional care

Baby – neonatal care
- Neonatal outreach
- Neonatal unit (LNU / NICU) co-located with an obstetric led unit

Access to mental health support / risk assessment if needed

Postnatal care

Parent and baby

- Postnatal ward / readmissions
- Transitional care
- Specialist neonatal referral
- Feeding support
- Home visits
- Health visitor
- Neonatal community outreach
- Repatriation to local unit
- Social care support
- Long-term education for a healthy lifestyle

Post partum woman or person specific

- Primary care support
- Mental health support
- Physiotherapy
- Community midwife
- Family planning
- Bereavement support (across whole maternity pathway)
- Postnatal education
- Referral to other healthcare services incl. pre-conception
- Care for complex woman and people

Social prescribing is provided throughout

The maternity care model is split into four key phases with details around each to be iterated further (1/2)

Pre-conception and access to care

- Personalised pre-conception care for women or people considering pregnancy is key to support people to be in the best health before a pregnancy and increases the chances of conception, reduces the risks associated with a pregnancy, for example reducing the chances of a miscarriage or stillbirth, and optimise outcomes for the mother and the baby.
- These services should be community-based and delivered through proactive outreach, public health, social prescribing and the VCSE.
- Identification of people who should be signposted to pre-conception support services should be informed by risk stratification including demographic to target support to those who are most at risk of poor outcomes.
- Once someone identifies that they are pregnant, they can either self-refer to maternity services, or access maternity care via their primary care practitioner.
- There is an opportunity to provide a more streamlined approach to accessing care through a centralised booking system, providing a single point of access to book a first midwife appointment.

Antenatal care

- It is important that during the antenatal phase, care focuses on checking the health of the baby and pregnant woman or person, providing accessible information to support a healthy pregnancy and discussing the options and choices for care.
- It is important that previous birth experiences and baby loss are considered and targeted support provided as required. Additionally safeguarding and advocacy must be a core part of antenatal care pathways, as well as interpreting services for those who need them.
- The risk profile of pregnant women and people is increasing because of increasing complexity so access to specialist care and support must be optimised so that capacity matches demand.
- Multi professional working is key in understanding the right unit for a pregnant woman or person to book into for their delivery, particularly for those with co-morbidities.
- There must also be collaborative working across organisations including with public health, the VCSE and primary care, so that there is additional support for vulnerable women.

The maternity care model is split into four key phases with details around each to be iterated further (2/2)

Birth and treatment

- A pregnant women and people will be supported to make an informed choice as to where and how to give birth through the antenatal phase and this could be at home, in a midwifery led unit, or in an obstetric led unit.
- The profile of births in NEL has changed with the projected case-mix suggesting a greater share of more complex deliveries through planned and emergency caesarean deliveries and shift away from spontaneous, lower risk deliveries.
- Pregnant women and people need to be able to choose a place of birth that is best suited to their individual needs
- To provide the full range of choice, NEL would like to provide a standalone midwifery led unit as an option if feasible, but it is important that these units are sustainable and have sufficient staff to deliver high quality, safe care
- There is an opportunity to leverage learning from other hospital care pathways, such as inpatient elective care to optimise efficiency and use of resources for planned procedures. There is an appetite for further exploration of a hub for planned caesarean sections, for those whose medical needs are not highly complex.

Postnatal care

- High-quality postnatal care ensures that the mother and baby are recovering well and can have a significant impact on the life chances and wellbeing of the women or person, baby and family.
- Postnatal care can be provided to both the parent and baby or care that is specific to the post-partum woman or person and can range from routine care received following all births through to specialised care for the most complex women.
- Primary and community-based care will play a key role in providing equitable, high quality postnatal care for parents and their babies.
- Having postnatal pathways and services locally available to all residents makes it easier to navigate following delivery NEL sites and ensures that all women receive care in a fair and equitable manner.
- Currently it is mainly proactive women from affluent communities that make use of postnatal services so it is crucial that all women and people are made aware of the information and services that are available to them following their birth.

Neonatal care pathway summary

This is a draft best practice model of care and represents how care could be delivered in the future and does not reflect the current care pathway

DRAFT WORK IN PROGRESS

Labour | **Decision to admit** | **Inpatient stay** | **Onward care**

Triage to an appropriate site based on need

Choice of site can be made at any point up until the onset of labour

In-utero transfer to an alternative birth setting if anticipated level of neonatal care exceeds local availability with receiving units doing everything possible to take the transfer

Driven by BAPM standards

Delivery out of hospital with midwifery care

Presentation in labour at an Emergency Department

Delivery at an alongside midwifery-led unit

Delivery at an obstetric-led unit

Transferred to nearest neonatal unit in the ICB

Admission to neonatal unit on site

Transitional care can occur immediately after delivery if admission to neonatal unit is not required

Neonatal unit on admission (co-located with an obstetric unit)

Type of unit on admission depends on local availability:

- **NICU (level 3)**
- **LNU (level 2)**

Type of care provided:

- **Intensive care**
- *Step down in care*
- **High dependency care**
- *Step up in care*
- **Special care**

If needed

If specialist input is required

2 **Transfer between hospitals in the ICB**

NICU *Repatriation* **LNU**

Uplift

3 **Transfer to alternative NICU if specialist treatment is required**

Transfer to Royal London Hospital if specialised surgery is required

If needed

4 **Transfers to an appropriate level unit outside of the ICB**

Repatriation back to local hospital from specialist unit or unit outside of ICB

Transitional care on labour, neonatal and postnatal wards incl. feeding support

Mental health support for parents incl. wellbeing support

Community neonatal outreach

Outreach from the specialist hospital

Postnatal midwifery review and support for maternal health

Baby specific

- Repatriation to LNU closer to home
- Follow-up appointments (neonatal or paediatrics)
- Multidisciplinary team follow up
- Specific neurodevelopmental follow up for high-risk infants
- Primary care follow up
- Hospital at home services
- Feeding support
- Referral to social/palliative care
- Neonatal community outreach

Pregnant woman or person specific

- Onward referral
- Postnatal education
- Mental health support
- Primary care input
- Community midwife
- Physiotherapy
- Family planning advice
- Bereavement support
- Community support groups and networks
- Social care
- Referral to other healthcare services inc. pre-conception

The neonatal care model has three phases and will be subject to iteration in the next phase of work (1/2)

Labour and decision to admit

- To ensure care is delivered in the most appropriate setting, pregnant women and people would be advised to deliver at a unit where the level of neonatal support available is in line with their baby's anticipated needs.
- Babies that are expected to be at the highest risk of needing support from intensive care will deliver in an obstetric unit with a co-located NICU (level 3), aligned to the BAPM standards.
- Babies can be transferred in-utero transfer to an appropriate birth setting would ideally be undertaken to prevent mother and baby separation when there are unexpected complications which require an uplift in care
- Coordination across units in NEL could include establishing neonatal units as a single bed base for neonatal care which would be centrally managed and would enable collaboration between sites to manage flow
- Neonatal transfer and transport services with sufficient capacity to meet demands are critical to support this

Inpatient stay

- All neonatal inpatient care in NEL would continue to be delivered at either an LNU or a NICU; inpatient capacity at both levels needs to be aligned to demand
- The future care model should clearly define the catchment population for NEL and aim for all babies within that catchment area to be able to receive care within the system
- Capacity also needs to be sufficient to meet the needs of babies from other systems needing NICU care
- If a baby requires an uplift in care, they may require a transfer to another unit within or outside the ICS, or to a specialist hospital. A transfer for an uplift in care would typically result in a move from an LNU to a NICU.
- If a baby has been transferred for an uplift in neonatal care, they will be repatriated back to their closest LNU at the earliest opportunity where it is safe to do so. Enhancing repatriation processes ensures that the baby and parents can be as close to their family and support network as possible.
- The proposed care model would have a set of objective criteria for repatriating babies back to their local neonatal unit from the NICUs in NEL, utilising the neonatal ODN repatriation guidelines.

The neonatal care model has three phases and will be subject to iteration in the next phase of work (2/2)

Onward care

- An enhanced, properly funded Neonatal Transitional Care service will facilitate the smooth transition of care from a hospital setting back into the home setting following discharge.
- Transitional care will allow mothers and babies to be cared for together away from the neonatal unit, freeing up crucial capacity to allow for babies to be cared for in the most appropriate setting.
- Following discharge, babies and their families would have access to a range of onward care support services.
- A key aspect of the onward care will be the neonatal outreach service which will be operational 7 days a week and will provide care for these service users in the community setting and at home.
- Stakeholders expressed a desire to explore the opportunity to expand hospital at home services to include neonatal care to provide care away from the hospital setting where feasible.
- The future care model will have clear guidance on the step from neonatal to paediatric care across NEL to ensure that high quality, safe care continues for service users.

There are key enablers for the effectiveness of the proposed care models (1/2)

Culture of collaboration	• Developing a culture of collaboration across the ICS is a key condition for the future success as the draft care models are reliant on organisations in NEL working together to provide care that is centred around the service user. • It is crucial that all stakeholders deliver maternity and neonatal care as **one system** with individual organisations working as collaborative parts within the overall system, and service users experience a seamless set of services
Communications and engagement	• Clear and consistent communication across NEL is key to developing trusted relationships between organisations. • Engaging with other hospitals breaks down existing siloes and creates teams that want to work together which positively contributes to the development of a culture of collaboration. • It is important that communication is enhanced across all parts of the maternity and neonatal pathway
Digital and information systems	• Currently not all units are linked together, with some units still using paper records which limits the effectiveness of the care model. • An interoperable connected system would improve the way in which the organisations within NEL can work together by accessing data in a readily manner whilst facilitating transfers and network working.
Technology	• Enhancing the provision of technology across services in NEL is crucial in ensuring that care can be delivered effectively and productively in a capacity constrained system where demand is projected to increase. • The population has changed since these services were first designed and technology is key in making best use of the current configuration of space within the units in NEL.

There are key enablers for the effectiveness of the proposed care models (2/2)

Workforce strategy

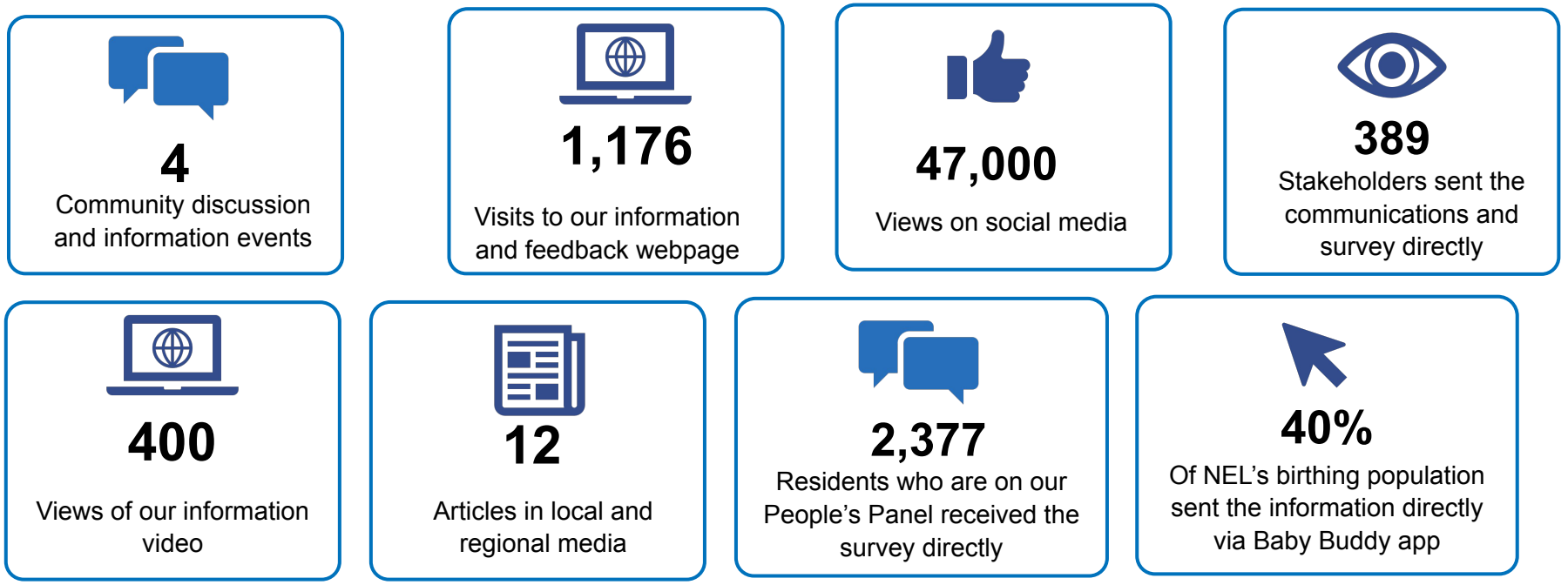
- Developing a workforce strategy in NEL is crucial to the future success of the proposed care model to ensure that staff resource is being most effectively whilst considering their overall well-being.
- Looking after the workforce in maternity and neonatal services is key for the future success of the care model as will encourage staff buy in whilst improving retention and recruitment.
- Staff should feel heard regarding their ways of working preferences with consideration of their preferred work-life balance where possible through flexible working patterns with careful consideration.

Estates and resources

- The proposed draft care models require estates and resources to be aligned to the pathways that have been developed to ensure the success of the care model in the future.
- This may require a degree of flexibility within how estates are configured to ensure that there is sufficient space and resources available to meet the proposed pathway changes.
- The current estates were not built for the world that we have now and as such it is important to map the future requirements of the proposed care model to what the estates are currently to understand any gaps in consideration of potential capital constraints.

How we engaged the public

- We ran public engagement on the Case for Change from 16 July – 8 September 2024, this included time outside of the school holidays
- The case for change and how to have our say on it was promoted widely to the public, stakeholders and staff over this time using a range of communications channels
- We engaged seldom heard groups, representatives of our communities, and families.



Public feedback on the Case for Change

We heard from almost 500 people, through a mix of discussions, meetings, presentations, written feedback and survey responses.

- 53% of respondents had had a baby that was cared for in a neonatal unit
- 64% of respondents were residents, others were NHS staff
- 94% of respondents understood why services needed to change
- 94% of respondents also agreed with the need for change

499

Responses received

94%

Understand and agree with the need for change

Public feedback on the Case for Change

We are currently doing a detailed analysis of the feedback. From what we know so far, below are the areas of the case for change which have come out as key areas of priority based on the response from the public:

Matching demand and capacity across the system

Making sure we have enough of the right care in the right place

Delivering neonatal care in the appropriate setting

Delivering care to newborn and ill babies in a place that is best for them

Strengthening antenatal and postnatal care pathways

Improving advice and support before and after pregnancy, and pregnancy loss, ensuring it is clear and accessible.

Addressing variation in quality, access and experience

Always showing kindness, respect, compassion and cultural awareness

Next steps

- The feedback, views, ideas and suggestions on our Case for Change are being used to inform potential future care models for maternity and neonatal services.

- They will be based on all this information and insight as well as best practice examples and national guidance including Better Births, Ockenden Report, and the Neonatal Critical care review

- Again this is being done in together with experts, clinicians and community representatives and is underway

- We are anticipating having these potential future models of care in the next few months

- No decisions have been made yet and when we have some options for how future maternity and neonatal care could look in the future we will share these with you and the public for your views so you can continue to help shape them.

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City of London Corporation Committee Report

Committee(s): Health & Wellbeing Board - For information	**Dated:** 07 Feb 2025
Subject: Public Health Contracts	**Public report:** For Information
This report: • **Provides an update on the implications of Hackney's funding changes to joint Public Health Contracts from 24-25**	Diverse Engaged Communities; Providing Excellent Service
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	£n/a
What is the source of Funding?	Ring-fenced Public Health grant
Has this Funding Source been agreed with the Chamberlain's Department?	N/a
Report of:	Dr Sandra Husbands, Director of Public Health for the City and Hackney
Report author:	Chris Lovitt, Deputy Director of Public Health for the City and Hackney

Summary

This paper summarises the use of the City of London ring-fenced public health grant and the current arrangements under the present combined service Service Level Agreement (SLA) between the City of London Corporation (the City Corporation) and the London Borough of Hackney (LBH). An update is provided on the schedule of rechargeable joint public health services for the City and Hackney for the 24–25 financial year and proposed recharges to the 25-26 financial year.

Recommendations

Members are asked to:

- Note the report.

Main Report

1. Background

City and Hackney Public Health operates as a joint service across two local authorities, under the jointly appointed Director of Public Health. A service level agreement is in place between the two authorities, under which all Public Health staff are employed by and most commissioning of public health services across City and Hackney is carried out by Hackney Council. A recharge for staff and related contract values is then made by LBH to the City Corporation for relevant services.

All local authorities have received below inflation increases in grant allocations in recent years and face significant financial pressures. LBH has identified that it needs to make £36m of savings from April 2025, followed by savings of £13m in 2026-27 and £18m in 2027-2028. These savings are contained with the medium term financial plan (MTFP) approved by Hackney cabinet[1].

2. Current Position

Members requested a paper on the funding arrangements for Public Health and whether any decisions made by Hackney Council in relation to its Public Health grant and commissioned services may have an impact on the City of London.

All upper tier and unitary local authorities, including the City of London, receive a grant from the Department of Health and Social Care to assist with discharging their responsibilities for improving the health of their local population and reducing health inequalities. The grant is ring fenced for use on public health functions and is accompanied with an annual statement setting out the conditions of the grant[2]. The allocation of the grant for 2024/25 and three preceding years in previous years is detailed in table 1 below. The allocation for 2025/2026 has yet to be announced.

3. Summary of joint public health recharges

Table 1	21-22	22-23	23-24	24-25
CoL Public Health Grant	1,656,399	1,702,931	1,758,476	1,781,647
LBH recharge (staffing + contracts)	1,398,684	1,517,335	1,678,009	1,686,659
Contribution to CoL CCS Commissioning, Strategy and Performance service	74,786	115,000	115,000	115,000

[1] https://hackney.moderngov.co.uk/documents/s90217/08-5%20-%20September%20OFP%20Appendix%205%20-%20Revised%20Medium%20Term%20Financial%20Plan%202025_26%20to%202027_28%20-%20Google%20Doc.pdf

[2] https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2024-to-2025

Liability Insurance[3]	2,253	1,500	1,000	1.000
Supervision and Management[4]	28,000	28,000	28,000	28,000

The 2024-25 recharge summary will be calculated at the start of the financial year, once the grant allocation has been confirmed. As such, the recharge summary for 2025- 2026 will not be available until after the new financial year grant has been confirmed.

Public Health funding has increased over the past four years but has not kept pace with inflationary increases. An additional payment was received in quarter 4 of 2024-2025 to assist, where appropriate, with meeting some of the pay awards in clinical services commissioned from the NHS.

[3] PH contribution to the liability insurance of the City of London Corporation, which provides protection against claims stemming from injuries or property damage within the corporation's domain.

[4]PH contribution to the supervision and management costs of the Commissioning, Strategy and Performance service.

4. Public Health Contracts delivering services to the City of London

Table 2 provides an overview of the services that are funded from the public health grant received by the City of London in 2024/25 and any changes in 2025/26. Where a service is changing the comments provide details as to the likely impact on the City of London.

Table 2

			CoL Recharge			CoL Recharge	
#	Description	24/25 Contract Value	%	£	25/26 Contract Value	%	£
1a	**Domestic Violence training in Primary Care**	£89,940	3.40%	£3,058	nil	nil	nil
This service, which exclusively provides training to primary care staff, was historically jointly-funded by Public Health and City & Hackney Clinical Commissioning Group (CCG)/ NHS North East London Integrated Care Board (NEL ICB). Responsibility for funding GP training sits with the NHS and so Public Health funding is being withdrawn from the end of March 2025. The £3,058 (3%) contribution to this contract from the City PH grant will be available for reallocation to alternative services to City residents.							
1b	**Domestic violence training and case consultation service**	£106,667	3.40%	£3,627	£106,667	3.40%	£3,627
The service provides domestic violence training and case consultation support to resident-facing practitioners in the City of London and Hackney including Council and Corporation staff, NHS services (excluding primary care) and the voluntary and community sector. There is no planned reduction to this contract.							
2	**Oral Health Service**	£235,560	1.45%	£3,416	£235,560	1.45%	£3,416
This service provides oral health promotion and fluoride varnish treatments to children. This is a contract where a saving has been identified and initial conversations indicate the current provider is willing to engage to help identify the most appropriate and least impactful way to achieve savings, when the contract is due for renewal in the 26-27 financial year. Once options are finalised, engagement will be carried out with relevant local partners, stakeholders and the public this will include the City.							
3	**Condom distribution scheme - Young People under 25**	£105,000	3.00%	£3,150	£105,000	3.00%	£3,150

4	**Young people's substance misuse services**	£386,000	1.60%	£6,176	£386,000	1.60%	£6,176
5	**Young Hackney Educational Outreach Health and Wellbeing service**	£250,000	3.00%	£7,500	£250,000	3.00%	£7,500
The current SLAs for these services (lines 3 to 5) will be replaced with a single, integrated service for school-age children and young people. Redesign work is in progress to develop the new service scope, in collaboration with the service provider and other relevant system partners. The scope of the new integrated service will be finalised by Spring 2025 with a view to transition operational delivery from September 2025. A £75,000 saving will be delivered as part of the service redesign work. We will work with Young Hackney and partners form the City of London to ensure the impact on City schools and children is mitigated.							
6	**Commercial Sex Worker service (Open Doors)**	£381,120	fixed	£57,056	£338,766	fixed	£54,938
The service is currently being recommissioned with a total reduction in contract value. It is expected that there will be a small reduction in the number of outreach sessions that will be delivered in City and Hackney as a result of the reduction in contract value.							
7	**CEG - GP Data Collection**	£41,000	3.00%	£1,230	0	0	00
	This contract was not renewed and data reporting will be included in the City & Hackney Integrated Primary Care (IPC) primary care contracts.						
8	**Hackney and City Integrated Drug and Alcohol Service**	£4,829,694	Fixed	£259,000	£4,841,592	Fixed	£259,000
This service provides inpatient and outpatient treatment for people who are addicted to drugs and/or alcohol. The contract value includes what is paid from the City and Hackney public health grants, plus an annual contribution from MOPAC. has been extended and is now due to end in March 2027. A reduced envelope for a new contract after this date will include a challenge to fundamentally redesign the core substance use service, based on learning from the past few years. The City of London Police contribute £52,500 to the annual contract total, while MOPAC contributes £210,000.							
9	**Dedicated Young people's Sexual Health Provision**	£187,793	3.00%	£5,634	£187,793	3.00%	£5,634
£100,000 investment to support young people-specific activity as part of the core Homerton Sexual Health Service and £87,793 for a dedicated nurse to carry out sexual health clinical in/outreach for young people. No reductions are planned to this budget							
10a	**School Based Health Service**	£609,393	3.00%	£18,281.79	n/a	n/a	n/a

	(old service, 5 months)						
10b	**School Based Health Service (new service, 7 months)**	£818,084	3.00%	£24,542.52	£1,567,925	3.00%	£47,038
11	**Enhanced Health Visiting Service (includes Family Nurse Partnership)**	£6,970,000	Fixed	£159,650	£7,085,246	Fixed	£159,650
The school based health service provides school nursing through all state maintained schools in the City and Hackney. It will not be subject to any savings. Line 10a refers to the old service that ran up till June 2024 and line 10b refers to the newly commissioned service, with an updated specification, that began in July 2024. The health visiting service provides routine health visiting services to all 0 to 5 year olds and their families and an enhanced service to families with additional, specific needs. Neither of these services for children and young people will be subject to any savings.							
12	**0-5 Obesity Service**	£198,000	3.00%	£5,940	£198,000	3.00%	£5,940
A universal and targeted healthy weight service for children aged 0-5 years and their families. It will not be subject to any savings.							
13	**5-19 Healthy Eating and Obesity Service**	£109,167	3.00%	£3,275	£131,000	3.00%	£3,930
No change and no savings planned.							
14	**HIV Preventative Services (Lot 1)**	£98,220	5.00%	£4,911	£98,220	5.00%	£4,911
15	**HIV Preventative Services (Lot 2)**	£15,862	3.00%	£475.86	£15,862	3.00%	£475.86
No change proposed but a new contract will be commissioned in 2025/26							
16	**Support for Vulnerable Babies (HIV baby milk)**	£7,500	3.00%	£225	nil	nil	nil
The continuation of this service will be commissioned and provided by the NHS, which will liberate a small saving in Public Health, which can be repurposed.							
17	**Falls Prevention Service**	£65,000	Fixed	£5,000	nil	nil	nil
This service provides rehabilitation and falls prevention training for people who have already had a fall requiring clinical treatment. The contract ends 31 March 2025 and Public Health is working with NHS colleagues from NEL ICB to review and redesign the entire falls pathway. Public Health plays a critical role in the primary prevention of falls through promotion of population-wide physical activity interventions. This more 'upstream', primary prevention approach aims to delay and reduce the risk of a first fall among the wider population of older people across the City and Hackney.							

The £5,000 City contribution to this service is available for allocation to alternative City of London service provision.							
18	**NHS Health Checks**	£220,000	3.00%	£6,600	£220,000	3.00%	£6,600
This service is currently being recommissioned and is due to start from 1st April 2025, there are no planned savings and no impact on the City.							
19	**GP Enhanced Services (Sexual Health)**	£350,000	3.00%	£10,500	£339,500	3.00%	£10,185
This service is currently being recommissioned and is funded on an activity basis. The reduced budget reflects the lower than planned activity over previous years and includes the requirement for data reporting previously commissioned as a separate contract. There is no impact expected on the City of London							
20a	**Stop Smoking (to June 2024)**	£218,753	Fixed	£10,500	n/a	n/a	n/a
20b	**New Stop Smoking service (from July 2024)**	£536,100	Fixed	£37,500	£719,000	Fixed	£50,000
A redesign of this contract has released minimal savings from Hackney's service provision, which will have no impact on service delivery to the City of London							
21	**Making Every Contact Count (MECC)**	£34,300	Fixed	£2,500	£32,500	Fixed	£2,500
No change as to how the service is delivered or funded							
22	**Community Kitchens**	£60,000	2.00%	£1,200	£44,250	2.00%	£885
The contract value is being reduced and the impact on the City is still being assessed.							
23	**LBH Trading Standards Alcohol and tobacco enforcement**	£66,101	3.00%	£1,983	£66,101	3.00%	£1,983
No change as to how this service is provided or funded							
24	**Community Champions service**	**£115,000**	**5.00%**	**£5,750.00**	**£115,000**	**5.00%**	**£5,750.00**
No change as to how this service is provided or funded							
25	**Pathway Analytics licence (sexual health data)**	**£3,000**	**50.00 %**	**£1,500**	**£3,000**	**50.00%**	**£1,500**
No change as to how this service is provided or funded							

26	**Mental Health Wellbeing Network**	**£1,344,250**	**3.00%**	**£40,328**	**£1,094,250**	**3.00%**	**£32,827**
An agreed reduction in funding planned will begin from October 2025.. The City contribution will remain at 3% of the reduced annual contract value. Detailed discussions are underway to develop options for the new level of funding available by early February 2025.							
27a	**ICT Management and Monitoring System for Community Pharmacies (i)**	£4,716	3.00%	£141	£4,716	3.00%	£141
27b	**ICT Management and Monitoring System for Community Pharmacies (ii)**	£6,669	3.00%	£200	£6,669	3.00%	£200
No change as to how this service is provided or funded							
28	**Community Based Peer Mentoring, Advice and Signposting Service**	£75,000	3.00%	£2,250	£75,000	3.00%	£2,250
Service provides a community-based peer mentoring programme comprising one to one support for socially vulnerable pregnant women and new mothers from a mixture of staff and trained volunteer community peer mentors. There is no planned change to the service or funding.							
29	**Sexual Health Pharmacy Service (includes STI)- PbR**	£165,000	3.00%	£4,950	£160,000	3.00%	£4,800
This service is currently being recommissioned and once the new contract has been confirmed by the 1st April 2025 recharge will likely move to payment by eligible City of London activity							
30	**Project Community (Positive East)**	£79,895	3.00%	£2,397	£79,895	3.00%	£2,397
No change proposed but a new contract will be commissioned in 2025/26							
31	**Healthy Start vitamins**	£30,000	3.00%	£900	£30,000	3.00%	£900
No change as proposed as to how this service is provided or funded							
32	**Alexander Rose voucher scheme**	£20,000	3.00%	£600	£20,000	3.00%	£600
No change as proposed as to how this service is provided or funded							
33	**Community Wellbeing Team**	£170,000	nil	nil	nil	nil	nil

This service was previously funded only from the Hackney grant but does operate in the City. A recharge appropriate to the level of activity will be determined.							
34	**Sexual health services accessed by CoL residents outside of C&H**	**N/A**	**Annual actuals TBC**	**£210,000**	**n/a**	**Annual actuals TBC**	**£210,000**
This is recharged by providers based upon activity.							

5. Conclusion

The current arrangements of a public health service level agreement with Hackney allow the City of London to receive significant benefits from shared and expert capacity and services to residents. These include detailed expertise of a broad range of public health staff members along with effective and efficient commissioning of services that continue to ensure the needs of the City of London are fully considered at all stages of the commissioning cycle.

Detailed reports on how each local authority spends the public health grant are published through the official statistics, including both planned spend at the start of the financial year and actual spend at the end of the year.[5] In addition to this, the Director of Public Health and Director of Finance of each authority are required to send an annual assurance statement, confirming that all expenditure has been in accordance with the grant conditions.

[5] https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing

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Committee(s): City Health & Wellbeing Board	Dated: 07 Feb 2025
Subject: City and Hackney Immunisations Strategic Action Plan (2024-2027)	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 3, 4, 9 and 10
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Dr Sandra Husbands, Director of Public Health	For Information
Report author: Carolyn Sharpe, Public Health Consultant, DCCS Ratidzo Chinyuku Senior Public Health Specialist, DCCS	

1. Summary

1.1. After clean water, immunisation programmes are the most effective means of safeguarding individuals and communities against vaccine-preventable diseases (VPDs).

1.2. Residents in the City of London are however at risk of VPDs due to a downward trend and inequalities in vaccination coverage across the lifecourse. Existing inequalities mean that the burden of VPDs are likely to disproportionately impact certain communities than others. With increasing pressures on the health and care system, as well as financial pressures on public health investment, it is essential to ensure that vaccination programmes in the City reach their full potential.

1.3. This report presents the strategic approach to improving vaccination coverage and addressing inequalities across the City of London and Hackney. The plan aims to *safeguard all communities from VPDs by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.* The plan aims to deliver this vision by:

- Reaching high-risk groups with vaccinations in community spaces.
- Co-creating resources and campaigns with local communities.
- Using better data to plan and deliver services.
- Making sure services are efficient and evidence-based.
- Training staff to make every interaction an opportunity to promote vaccination.

1.4. The plan was approved and ratified at the City & Hackney Place-Based Partnership Executive Group (previously the Neighbourhood Health and Care Board) in November 2024. Although implementation of the plan is underway, there are several risks which could impact its full and effective delivery:

- **Data quality and accessibility**: most immunisation data is aggregated to the City and Hackney combined level. This is a longstanding issue which, despite multiple attempts to escalate and/or co-develop a solution, has not yet been resolved. This issue has been escalated to the North East London (NEL) data team and NHS England London commissioners to try and identify a solution. Although there were discussions within NEL to develop an immunisation data dashboard, as is in place in other Integrated Care Systems, progress towards this appears to have stalled. The lack of City-specific data risks data-driven planning, monitoring and evaluation.
- **Insufficient and non-recurrent funding:** the implementation of this plan is reliant on multiple funding streams (see funding implications section). Non-recurrent funding (e.g. for the coordination of immunisation activities, campaigns, communications and community engagement work) is however, often tied to specific campaigns, thereby preventing long-term strategic planning.
- **Lack of clarity over devolved commissioning arrangements:** intentions to 'delegate responsibility for commissioning NHS vaccination services to ICBs' by April 2025, as outlined in the NHS vaccination strategy, have been delayed at least until April 2026. No details surrounding this delegation have been provided, including relating to funding, which hinders local abilities to plan and prepare for this transition.

1.5. The Board is therefore requested to consider the outlined risks, provide guidance on addressing the associated implementation challenges, and share input on actions that may further optimise the plan.

2. Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

1. Review the strategic action plan, in particular, the plan's vision, objectives and actions.
2. Provide guidance on the risks outlined (particularly those related to data and funding challenges) and those associated with implementing the plan; and
3. Provide input regarding additional actions we should consider to achieve the plan's vision.

Main Report

3. **Background**

3.1. The Strategic Immunisation Action Plan outlines the approach to improving vaccination coverage and addressing inequalities in uptake in the City of London and Hackney.

4. **Current Position**

4.1. The plan was approved and ratified at the City and Hackney Place-Based Partnership Executive Group in November 2024.

4.2. Implementation of the plan is already underway, and will be overseen by the CYP Immunisations Group and the Vaccination and Immunisation Steering Group.

4.3. Oversight and strategic input will take place at the Health Protection Forum.

4.4. Overall accountability sits with the Health and Care board, via the Place-Based Partnership Delivery Group and the Place-Based Partnership Executive Group.

5. **Options**

5.1. While there are no specific decisions required from the Board at this stage, this strategic action plan is intended to be a live document. Therefore, the Board is asked to consider the identified risks and provide input on mitigating the implementation challenges. Additionally, the Board is invited to suggest any further measures it sees fit to optimise the plan's outcomes.

6. **Proposals**

6.1. No further recommendations are proposed at this stage beyond those already highlighted.

7. **Key Data**

- Childhood vaccination coverage across London is significantly below the national average, and does not meet the WHO target of 95% required for herd immunity.

- The City's single GP practice, The Neaman Practice, serves 78% of the population. The rest are mostly registered with Goodman's Field (10%) and Spitalfields Practice (8%), both located in Tower Hamlets. A large proportion of the City of London's more deprived population, living close to the border with Tower Hamlets, are also more likely to be registered with Goodman's Field and Spitalfields. Estimates from the Neaman Practice alone may therefore not fully reflect borough-wide immunisation coverage.
- Routine childhood immunisation coverage at the Neaman Practice is 92% and above (Table 1), higher than neighbouring borough practices (75% to 89%).
- The 2023-24 school-age vaccination programme highlighted that secondary schools performed above the national average on most programmes.
- The 2023/24 autumn booster programme (for City and Hackney combined) highlighted increasing uptake with age, with optimal coverage in care homes (69%).

Table 1. Childhood vaccination coverage at GP practices serving City of London residents, compared to London and national averages (2023/24).

GP Practice	6-in-1 vaccine (12 months)	MMR 1st dose (24 months)	DTaP/IPV (5 years)	MMR 2nd dose (5 years)
Neaman	93%	94%	92%	92%
Goodman	89%	82%	90%	81%
Spitalfield	84%	83%	75%	75%
London	86%	82%	72.8%	73%
National	91%	89%	83%	84%

8. **Corporate & Strategic Implications**

8.1. The plan supports the Corporation's objectives of 'contributing to a flourishing society' and 'shaping outstanding environments'.

8.2. The plan has been developed through a comprehensive needs analysis and stakeholder engagement. The plan has identified solutions to address complacency, convenience and confidence barriers. Implementation of the plan will support progress towards equitable vaccine access. Furthermore, delivery of the plan places an emphasis on community engagement and co-productive approaches,

thereby supporting ‘cohesive communities’ with the ‘facilities needed’ to drive vaccine uptake.

8.3. By addressing these barriers, the plan will increase coverage, lower the risk of VPDs and deliver broader public health benefits, including reduced morbidity and mortality.

9. Financial Implications

9.1. Implementation of this Strategic Action Plan is reliant on multiple funding streams including health protection expertise and resource from City and Hackney Public Health Team; NHS England funding to primary care and school age immunisation providers; and non-recurrent funding from NHS NEL ICB for the coordination of immunisation activities, campaigns, communications and community engagement work.

9.2. Non-recurrent funding is also sometimes made available from NHS England, typically to support local responses to specific VPD risks/threats. Often, as a consequence, deliverables tied to this funding therefore tend to be reactive. In summary, sustainable and sufficient recurrent funding would support more effective and proactive immunisation efforts.

9.3. While commissioning responsibilities are set to transfer to ICBs in 2026, there are still many unknowns regarding how devolved commissioning will operate at regional and local level, including specifics around budget allocations, resource requirements, and the structure needed to support local vaccination models. As a result, this plan remains a live and iterative action plan that will be continuously updated to reflect potential changes in the commissioning landscape, and to ensure that goals and deliverables are aligned with the latest funding and operational frameworks.

10. Resource Implications

10.1. Effective implementation of the plan will require the allocation of resources (e.g. for vaccine outreach etc). The resource implications are however closely tied to the financial considerations outlined.

11. Legal Implications

11.1. There are no negative legal implications associated with the plan itself. However, under the Health and Social Care Act (2012) and other relevant legislation, Directors of Public Health and local authorities have a duty to safeguard the population from risks to health. Implementation of the plan aligns with these legal responsibilities.

12. **Risk Implications**

12.1. Proxy coverage for the City of London exceeds the London average but remains below the 95% herd immunity target. This risks localised transmission and outbreaks of vaccine preventable diseases, with potential impacts on individual and population health outcomes.

13. **Equalities Implications**

13.1. The plan's core vision is to reduce health inequalities and remove barriers to vaccination uptake among underserved and disadvantaged groups.

14. **Climate Implications**

14.1. The plan has adopted a multi-pronged approach, placing an emphasis on co-produced solutions, community engagement and optimised service delivery.

14.2. Improved vaccination coverage also confers additional wider sector benefits and reduced resource demand (e.g. those arising from increased morbidity due to preventable disease incidence).

14.3. However, sustainability may be impacted by risks such as non-recurrent funding or funding tied to specific campaigns, resulting in more reactive, rather than strategic and targeted efforts.

15. **Security Implications**

15.1. There are no security implications associated with implementation of this plan.

16. **Conclusion**

16.1. The plan presents a critical opportunity to reduce poor health outcomes associated with sub-optimal vaccination coverage in City and Hackney. However, risks related to financial and strategic planning, as well as limited access to disaggregated data, pose challenges to effective implementation. We welcome contributions from the Board to optimise the plan's deliverables, and address its risks as well as implementation challenges.

17. **Appendices**

Appendix 1:
City and Hackney Immunisations Strategic Action Plan 2024-2027

Appendix 2:
Data and Evidence Review

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City and Hackney Immunisations Strategic Action Plan 2024-2027

Developed in collaboration with City and Hackney Public Health Team and the North East London Health & Care Partnership

Published: September 2024

NHS North East London

LONDON

Hackney

Executive Summary

After clean water, immunisations are the most effective public health intervention in the world for saving lives and promoting good health. The UK offers a comprehensive vaccination programme across the life-course, protecting millions of people each year from vaccine-preventable disease (VPDs) and outbreaks, severe illness and death.

Despite the above, coverage for routine immunisation programmes nationally, regionally and locally has been in decline in recent years accompanied by large inequalities in uptake between population groups. Coverage for several programmes falls below the World Health Organisation (WHO) targets, resulting in localised outbreaks of VPDs such as measles and pertussis in recent years. The unique population demographic composition in City and Hackney, coupled with widening inequalities in vaccination coverage, underscores the need for a comprehensive immunisation strategic action plan.

The need to improve vaccination coverage has been widely acknowledged in global and national policies, including recent publications like the NHS Vaccination Strategy (2023). As such, this plan aligns with the national direction of travel and equally reflects the priorities set forth in City and Hackney Joint Strategic Needs Assessments.

Considering the above, our future approach to vaccination will be guided by community-, data- and system-led insights to address barriers to vaccination, and support delivery of immunisations to all eligible residents. The five strategic priorities, to be delivered over a three-year span between 2024-27, are set as follows:

1) reduce inequalities in immunisation coverage among inclusion and high-risk groups;
2) engage local communities to build trust and cultivate a co-productive approach;
3) enhance data systems to drive quality improvement;
4) optimise service delivery through evidence-based practice, system-feedback, and resource planning; and
5) provide guidance, training and development across the system as part of the approach to Making Every Contact Count (MECC).

In developing the strategy, we have sought the views of a wide range of stakeholders including commissioners, providers and organisations supporting vaccination programme delivery. An emphasis has also been placed on engaging stakeholders with a community focus, as well as those who directly interface with eligible residents. This approach supports our ambitions to raise awareness of vaccination as part of MECC, and building trust within the community. These partnerships will play an important role in the successful delivery of this plan.

Key stakeholders will maintain oversight of the delivery and implementation of this plan. The plan will be delivered over a three-year period (2024-27) with a mid-term review scheduled for 2025. As a living document, the plan and its deliverables, will undergo continuous process evaluation, which will inform future activity and priorities.

City and Hackney Immunisations Strategic Plan on a Page

VISION

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

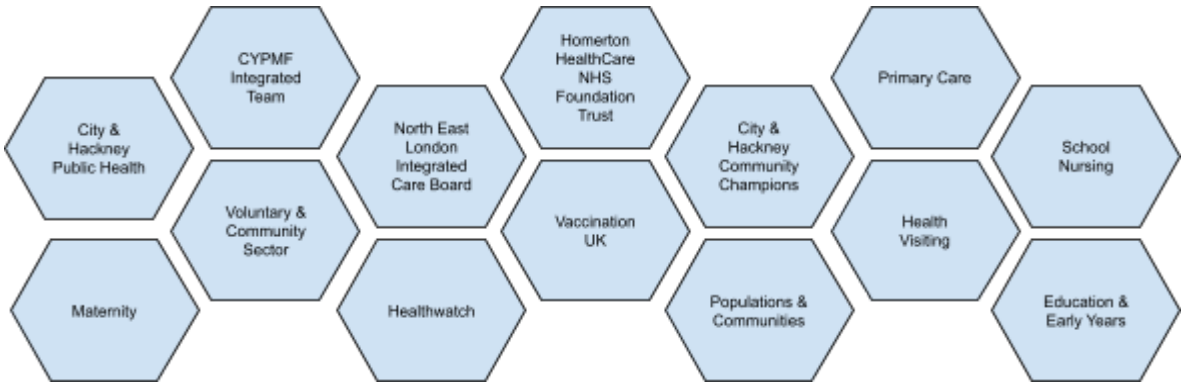
STRATEGIC PRIORITIES

- Reduced inequalities in inclusion & high-risk groups
- Community engagement and co-production
- Enhanced data systems to drive quality improvement
- Optimised service delivery and resource planning
- Guidance, Training and Making Every Contact Count

OUTCOMES

Enhanced outreach offer	Comprehensive stakeholder mapping	Improved data quality and accessibility	Strengthened quality improvement	Vaccination advocacy in commissioned services
Targeted channels for engagement	Strengthened partnership working	Data and intelligence led activity	Best practice call and recall	Training for clinical and non-clinical staff
Targeted campaigns	Co-produced resources and initiatives	Campaign monitoring and evaluation	Alternative vaccination sites and delivery	Opportunistic awareness raising and engagement

PARTNERS



1. Introduction aims and objectives

1.1 Background

After clean water, immunisation programmes are the most effective means of safeguarding individuals and communities against vaccine-preventable diseases (VPDs). (1) A comprehensive routine and selective vaccine programme is in place in England, which targets ages across the lifecourse, and specific groups at greater risk of exposure or susceptibility to VPDs (Appendix 1). (2)

Globally, vaccination is estimated to prevent 3.5-5 million deaths per year. Vaccination programmes have also contributed to the marked reduction in the incidence of vaccine-preventable cancers and morbidity attributed to infectious diseases like polio (Fig. 1). (3) These achievements have been accompanied by additional public health benefits, such as a reduced demand for antibiotics (thus reducing antimicrobial resistance), as well as savings to the health and social care system over time.

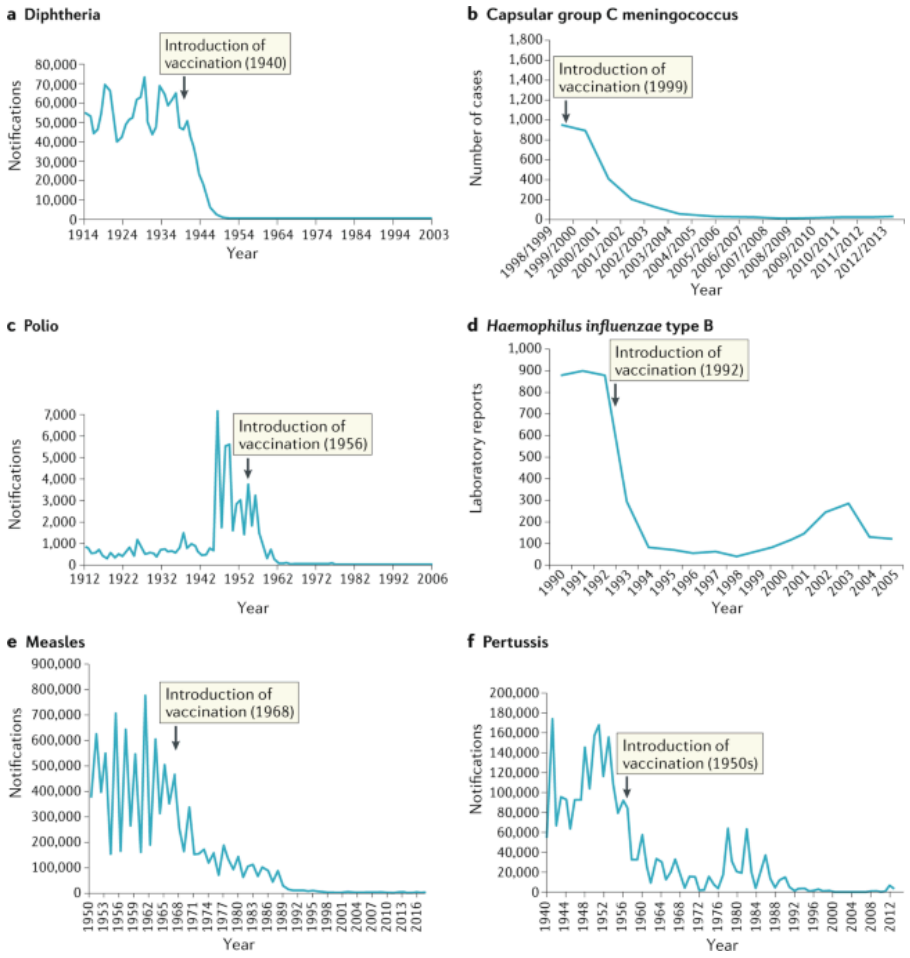


Figure 1. The impact of vaccination on selected diseases in the UK overtime.

However, over the last decade, there has been a concerning downward trend in vaccine coverage nationwide. (4) As a consequence, the UK has failed to achieve the WHO's 95%

target for herd immunity[1] resulting in the loss of its elimination status for diseases like measles. This decline leaves populations, particularly vulnerable groups, exposed to the risk of VPD outbreaks, which could have severe and disproportionate consequences. With increasing pressures on the health and care system as well as financial pressures on public health investment, it is essential to ensure that vaccination programmes in City and Hackney reach their full potential.

1.2 Why we need a City and Hackney Immunisation Strategic Action Plan

Across England, immunisation coverage rates for routine immunisation programmes have continued to decline since 2013, exacerbated by the COVID-19 pandemic, and growing erosion of trust around vaccinations.

In London, childhood immunisation coverage rates have declined at a steeper rate compared to the national trend. (4) The rates of decline observed in City and Hackney are even greater (Appendix 2), thereby raising concerns regarding the risk to public health from VPDs.

As a point of illustration, recent modelling by the UKHSA has estimated a threat of a measles epidemic of between 40,000-160,000 cases in London, driven by sup-optimal measles, mumps and rubella vaccine (MMR vaccine) rates across the capital. This risk has already materialised in London boroughs, including Hackney, with small measles outbreaks as well as pockets of pertussis reported since 2018 (Fig. 2).

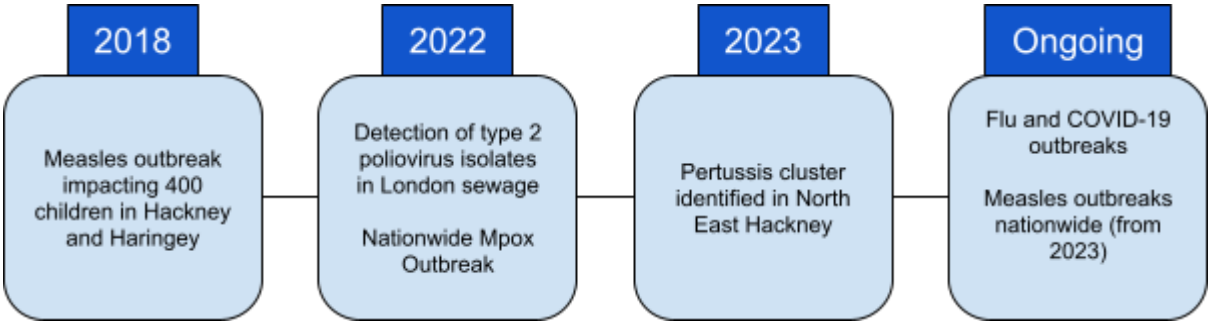


Figure 2. Timeline of infectious disease outbreaks and events in Hackney, London and England between 2018 and 2024.

Inequalities in immunisation uptake are influenced by multiple factors. Certain population groups, such as residents who live in more deprived and urban areas, and those belonging to specific ethnic minority backgrounds, have consistently lower immunisation uptake rates than others, both nationwide and locally. Contributing factors include cultural and language barriers, misinformation and vaccine hesitancy, institutional mistrust and accessibility challenges for some population groups.

City and Hackney are dynamic and diverse inner London areas with a rich cultural and ethnic mix. Hackney ranks amongst the top 10 most deprived authorities in England, accompanied by a child poverty rate of 43%. It is estimated that 64% of Hackney and 62% of

[1] Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through infection .

City of London residents come from a non-white British ethnic background. (5) Therefore, achieving optimal vaccine uptake and reducing inequalities in vaccine coverage is a key local challenge.

The burden of VPDs are likely to disproportionately impact disadvantaged and vulnerable communities, thereby exacerbating existing health inequalities. As such, a comprehensive and targeted approach to immunisation is required to address the unique needs of City and Hackney.

1.3 How we developed this strategic action plan

A comprehensive approach was undertaken in the development of this strategic action plan. Specifically, the plan is underpinned by (Fig. 3):

- an Immunisations Data Review (Appendix 2) to provide a profile on immunisation coverage in City and Hackney;
- a literature review of interventions shown to increase vaccine uptake (Appendix 3) to inform evidence-base recommendations for action;
- visits to general practices across City and Hackney, to gather qualitative insights and local intelligence around the drivers of immunisation uptake across the footprint;
- alignment with national, regional and local policy context, vision and priorities;
- stakeholder engagement in shaping the actions outlined in this plan.

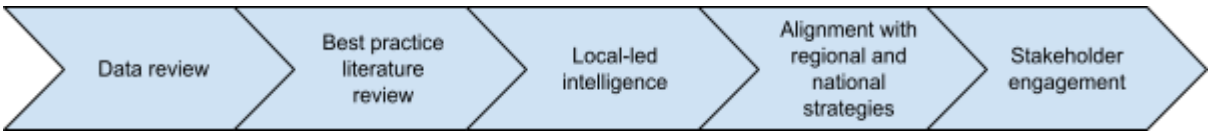


Figure 3. Strategic Action Plan Development Approach

1.4 Our vision and strategic priorities

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

Taking into consideration our overarching vision, our five strategic priorities are:

- **reduce inequalities** in immunisation coverage among inclusion and high-risk groups;
- engage **local communities** to build trust and cultivate a **co-productive approach**;
- enhance **data systems** to drive **quality improvement**;
- **optimise service delivery** through **evidence-based practice, system-feedback,** and **resource planning**; and
- provide **guidance, training and development** across the system as part of the approach to **Making Every Contact Count**.

2. Policy Context

2.1 National Policy

The City and Hackney Immunisation Strategic Action plan is underpinned by national policy and strategy. Notably, our local plan aligns with priorities set out in the:

- NHS Long-Term Plan (2019) which prioritises improvements in childhood immunisation to meet minimum standards; (6)
- Public Health England Immunisation Inequalities Strategy (2019) which aims to address inequalities and ensure equity in the delivery of the national immunisation programme; (7)
- NHS Vaccination Strategy (2023) which outlines clear priorities in delivering vaccinations through targeted outreach and a joined up prevention offer; (8)
- National Framework for Action on Inclusion Health which provides a framework for optimising health services to effectively meet the needs of those who may be socially excluded and or experience multiple interacting risk factors for poor health. (9)

2.2 Regional Policy

City and Hackney fall within the North East London (NEL) footprint. Formally established in July 2023, the NEL Health and Care Partnership operates as a statutory committee, bringing together a diverse range of system partners to plan and deliver joined up health and care services. (11) Notably, the NEL Integrated Care Strategy (2023) recognises vaccination as a key strategic priority in improving health outcomes, particularly among ethnic minority groups. (11)

This strategic action plan also reflects the principles detailed by the London Immunisation Board Principles for London Vaccination Programmes in 2023, (12) and the internal publication of the NEL Vaccination and Immunisation Strategy (2024-27) (which City and Hackney colleagues helped shape) and it's underpinning pillars which prioritise:

- reducing inequalities and improving uptake in underserved and inclusion health groups;
- community engagement and promotion;
- data sharing and quality improvement;
- optimised service delivery and resource planning; and
- guidance, training and development.

The NHS NHS vaccination strategy outlined that delegation of vaccination commissioning responsibility to ICBs, is intended to be completed by April 2025. Therefore this strategic action plan supports the planning and preparation for these anticipated changes.

2.3 Local Policy

At local level, immunisation-related priorities have been integrated into local workstreams, needs assessments and strategic documents for City and Hackney:

- Improving childhood immunisation uptake is a shared priority within the Integrated Children, Young People and Maternity and Families (CYPMF) Integrated Workstream. In addition, the health needs assessment for the population aged 0 to

19 in City and Hackney (2022) outlines a commitment to promote and protect the health and wellbeing of children through vaccination awareness raising and engagement. (13)

- The plan aligns with the City and Hackney Sexual and Reproductive Health Strategy (2024-29)[2] and priorities set out in the City and Hackney Cancer Joint Strategic Needs Assessment (2024)[3] which aim to reduce the local burden of vaccine-preventable sexually transmitted infections and cancer, by ensuring equitable access and uptake of routine and targeted vaccine programmes.

[2] *Internal document; available on request*
[3] *Internal document; available on request*

3. What the data, intelligence and evidence tells us

3.1 Immunisation coverage in Hackney

A comprehensive routine and selective vaccine programme is in place in England. Sub-optimal vaccination coverage across the programmes poses an ongoing risk of VPD incidence and outbreaks. (2)

Childhood immunisation programme: Hackney has observed a consistent pattern of decreasing childhood immunisation coverage since 2013. This decline appears to have been exacerbated during the COVID-19 pandemic. Coverage in Hackney is among the lowest in the country. For key performance indicators, the coverage for two doses of MMR (measured at 5 years) stands at 56.3%, significantly below the national average of 84.5%. Similarly, coverage for the combined 6-in-1 vaccine (primary series) (measured at 1 year) is 67.8%, well below the national average of 91.8%, and below the WHO target of 95% for herd immunity (Appendix 2).

Geographical coverage has also highlighted inequalities, with lower vaccine coverage concentrated in the north of the borough, which also coincides with areas of higher deprivation and diverse ethnic representation.

Seasonal immunisation programmes: vaccine coverage for the flu vaccine among over 65s has remained relatively stable with minor fluctuations, averaging at 61.4% in 2022-23, but below the national average of 79.9%. COVID-19 vaccine coverage shows variations by ethnicity and deprivation, with improved coverage rates generally observed in areas of lower deprivation.

Immunisations for older adults: the vaccine coverage for the pneumococcal (PPV) vaccine has fluctuated slightly over the past decade, currently measuring at 62.2%, which is below the national average of 70.6%. Shingles coverage trend data is limited, but has remained stable since 2019, and measures at 27.4%, below the national average of 44.0%.

Vaccines that prevent sexually transmitted infections: vaccines that prevent sexually transmitted infections include the HPV vaccine (which is now offered to both girls and boys), alongside hepatitis A and B vaccines. The 2022 nationwide mpox outbreak also prompted the UK to offer smallpox vaccinations to eligible patients through sexual health services.

Overall, the HPV vaccine coverage for females (one dose) has shown a downtrend, declining from a peak of 97.1% in 2015, to 61.7% in 2021-22. Coverage for males (one dose) is 55%, lower than the national average of 62.4%, and lower than the uptake observed in females.

3.2 Qualitative insights: what can be improved

Qualitative insights into local immunisation programmes were obtained through engagement and facilitation of questionnaires across GP practices in City & Hackney. The insights have been grouped, utilising the 3C model which defines the three main factors influencing vaccine uptake (confidence, complacency and convenience) (Table 1).

Table 1. Qualitative Insights into Immunisation Programmes in City & Hackney

Challenge	Details
Confidence barriers (for example., trust in vaccine safety and efficacy, adequacy of the system or policy makers)	
Concerns/fears over vaccine side effects and long term impact	● There are vaccine specific community concerns such as those relating to the perceived link between the MMR vaccine and autism. ● There are fears over immune system overloading and/or immune systems being too immature for vaccines at younger ages.
Trust in information received	● Increased suspicion due to COVID vaccination policy reversals now affecting perceptions of other vaccines. ● There is doubt regarding the effectiveness and relevance of specific vaccines e.g. "*I had my COVID vaccine and still got COVID*".
Cultural barriers	● For example, some communities have raised concerns over porcine ingredients in specific vaccines.
Complacency barriers (for example., low perceived disease risk, low in general knowledge and awareness)	
Risk perception	● The perceived risk of VPDs often leads to complacency, with families delaying vaccination until there are local cases or until their child becomes unwell before taking action.
Immunising, but not to schedule	● Some residents are not against vaccination but want to wait until their child is older before receiving their immunisations. ● In 2022/23 68.1% had one dose of MMR at two years of age, compared with 81.2% with one dose at five years of age.
Large unregistered population	● People who are not registered with a GP are at risk of not being invited to routine vaccination.
Convenience barriers (for example., vaccine availability, accessibility and affordability, resulting in structural and or psychological barriers)	
Accessibility of appointments	● Families with more children often have difficulty accessing vaccinations as they struggle (logistically) in taking multiple

	young children to health services. Due to this, a child's birth order is inversely related to their vaccination status. ● Some appointments feel rushed both from a GP and parent perspective.
High did not attend (DNA) rates	● The number of patients booked for appointments exceeds those actually attending, impacting effective call/recall.
Receptionist capacity	● Some practices have a high turnover of administration staff, resulting in knowledge loss and challenges in sustaining implementation of best-practice approaches e.g. towards call/recall and patient engagement activity. ● There is a lack of protected administration time for call-recall activity. ● Some non-clinical staff are too busy to opportunistically invite children for vaccinations based on EMIS notifications.
Inconsistent call/recall methods	● Varying process and systems used across GP practises some of which are not best practice recommended methods.
High population movement	● New arrivals to the UK may be unfamiliar with the health system or national immunisations schedule which is posing challenges in adhering to the routine schedule. ● Immunisations administered abroad pose difficulties in translating immunisation codes and determining the required vaccinations. ● Patients who leave but don't change GPs 'ghost patients' impact call/recall activity and uptake monitoring. ● Frequent travel within City and Hackney, and to countries where infections are endemic, is increasing the risk of importation and community spread.
Data recording, data accuracy and data flow onto reporting systems	● There is a delay in accessing timely immunisation records such as from vaccinations administered through alternate providers, resulting in inaccurate call/recall lists. ● Records maintained by the Child Health Information Service are incomplete. This poses a challenge in ascertaining the vaccination status of school-age children by school.
Language barriers	● There are a large number of residents for whom English is not their first language. This presents challenges in ensuring that communications around immunisations have been interpreted correctly.

3.3 Interventions shown to increase vaccination uptake

The literature, summarised in Appendix 3, summarises the evidence-base interventions recommended to drive improvements in vaccination uptake, as well as reduce inequalities at a local level. The findings of the review, presented in Table 2, aim to address the specific barriers summarised in earlier sections, as well as incorporating general best practice.

Table 2. Summary of evidence-based recommendations for improving vaccine uptake	
Confidence	● Tailored communication efforts available in multi-media formats and languages ● Tackling misinformation ● Training to support confident conversations through clinical and non-clinical workforce, as part of making every contact count
Complacency	● Effective call and recall systems ● Engagement with hesitant individuals and communities ● Clarification of the vaccination schedule ● Educational and myth-busting initiatives
Convenience	● Opportunistic vaccination offer, including integrated health offers ● Vaccinations in community settings ● Flexible appointments ● Extended clinic hours

4. Our vision, strategic priorities and action plan

4.1 Where we want to get to (the vision and objectives)

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

Taking into consideration our overarching vision, our five strategic priorities, to be delivered over a three-year span between 2024-27, are set as follows:

- **reduce inequalities** in immunisation coverage among inclusion and high-risk groups;
- engage **local communities** to build trust and cultivate a **co-productive approach**;
- enhance **data systems** to drive **quality improvement**;
- **optimise service delivery** through **evidence-based practice, system-feedback, and resource planning;** and
- provide **guidance, training and development** across the system as part of the approach to **Making Every Contact Count**.

4.2 Partnerships

The governance of immunisation programmes involves a complex network of agencies, organisations and system-partners. NHS England (NHSE) commissions routine immunisation programme delivery while agencies such as the Joint Committee on Vaccination and Immunisation provide evidence-based guidance for clinical policy-making. Immunisation services are delivered through various providers from general practices and community pharmacies, to school age immunisation providers and sexual and reproductive health services. The UK Health Security Agency prevents, prepares for and responds to infectious diseases, at both individual and population level, which includes vaccine delivery to prevent and control outbreaks. Finally, local authorities work with place-based system partners to ensure that immunisation programmes are delivered in a safe, effective, accessible and equitable manner.

Partners across the local system and North East London Integrated Care System (ICS) have an important role in increasing immunisation coverage and reducing inequalities in vaccine uptake (Fig. 4). Recognising this, our plan aims to broaden collaborations with the full range of partners, particularly those that interface with eligible cohorts across the course.

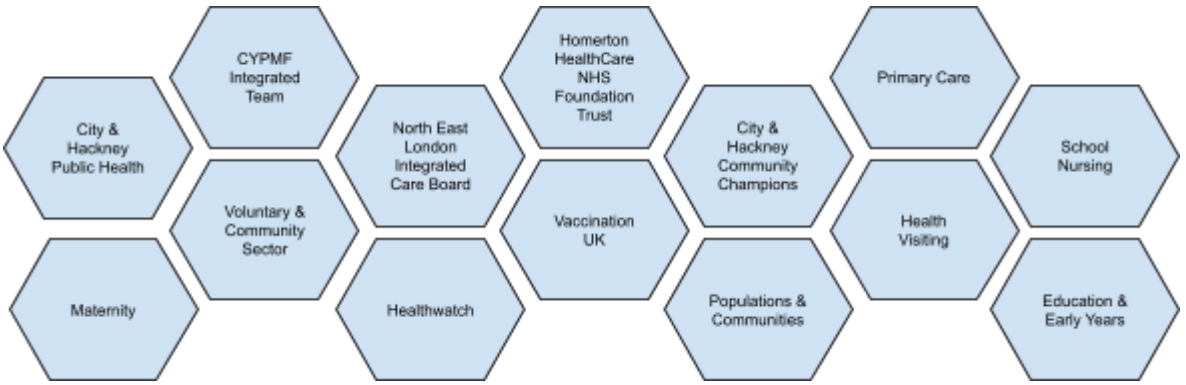


Figure 4. System partners involved in the coordination, delivery and promotion of immunisation programmes across City and Hackney.

4.2 Governance and accountability

The implementation of this strategic action plan will mainly be overseen by the City and Hackney Children and Young People Immunisations Group and the City and Hackney Vaccination and Immunisation Steering Group. Oversight of the delivery of the strategic action plan, as well as strategic input and guidance, will take place at the City and Hackney Health Protection Forum. Overall accountability for the successful delivery of the action plan sits with the City and Hackney Health and Care board, via the City and Hackney Place-Based Partnership Delivery Group and the City and Hackney Place-Based Partnership Executive Group (Fig. 5).

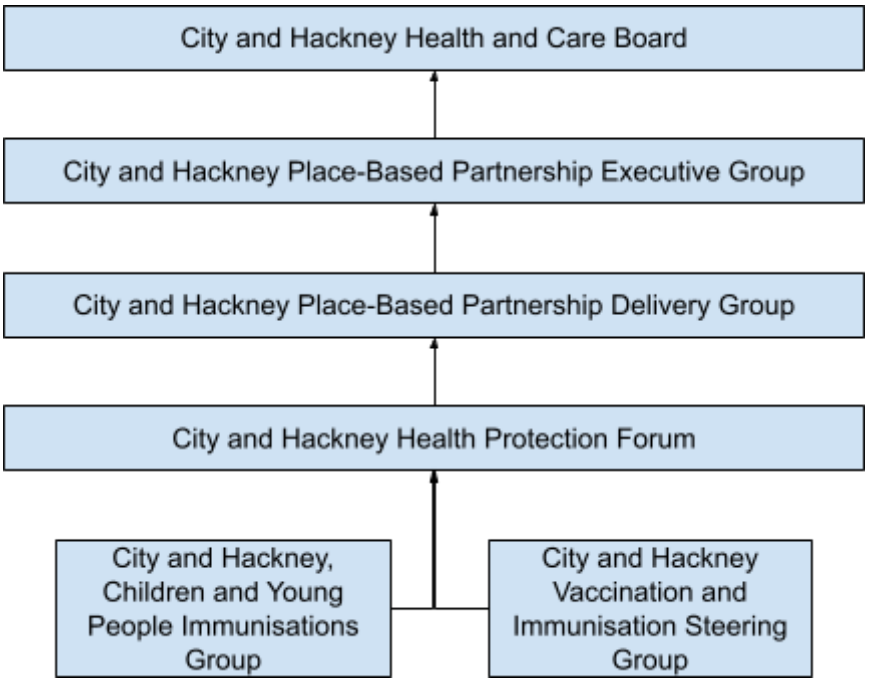


Figure 5. City and Hackney Immunisation Strategic Action Plan: Governance and Accountability Framework

5. Strategic priorities explained

This section delves deeper into each of the strategic priorities outlined in the action plan. For every strategic pillar, we have provided a rationale for its selection, a summary of existing work contributing to this area of activity, and an overview of the strategic objective.

5.1 Strategic Objective 1: Reduce inequalities in inclusion and high-risk groups

Rationale: Inclusion health is an umbrella term used to describe people who are at risk of social exclusion and who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma (Fig. 6). (14)

People belonging to inclusion health groups may experience stigma and discrimination, and are not consistently included in electronic records such as healthcare databases. They frequently suffer from multiple ongoing health problems, and face barriers to accessing healthcare interventions and services, including immunisations.

Additionally, certain populations within City and Hackney are considered high-risk due to significant disparities in vaccination uptake. These groups, such as looked after children, are particularly vulnerable to disproportionate health outcomes due to the compounding effects of broader health determinants and inequalities. As a result, addressing the health needs of these groups is essential to tackling inequalities.

Overall, people belonging to inclusion health and high-risk groups face several challenges and are:

- at greater risk of being exposed to vaccine preventable diseases (for example, through high-risk working conditions, overcrowded living conditions and limited access to hygiene or sanitation facilities);
- more likely to have poorly managed ongoing health problems that increase their risk of serious illness;
- more likely to be affected by vaccine preventable outbreaks, due to various factors including those previously mentioned, as well increased vulnerability to incomplete immunisation status, compromised immune systems and challenges in accessing healthcare services.

Immunosuppressed & high-clinical risk populations	Asylum seekers, refugee & vulnerable migrants	Looked after children
Those with learning disabilities	Homeless populations	Homeschooled children
Those with severe mental illness	Sex workers	People in contact with the justice system
Social care worker & carers	Those with drug and alcohol dependencies	Unregistered residents

Figure 6. List of inclusion health and high-risk groups specific to City and Hackney

What's been working well: The 2023 autumn-winter COVID campaign introduced a novel outreach approach, led by a collaboration between Richmond Road Medical Centre (local GP provider) and Public Health. The strengthened partnership helped to identify and facilitate in-and-outreach vaccination events to at-risk groups. Over 30 vaccination pop-up clinics were held in a variety of community settings, including asylum seeker hotels and community soup kitchens, alongside community celebratory events such as the Winter Fair. The collaborative approach helped to build connections with key voluntary and community sector groups as well as wider system partners.

Objectives: We need to continue to establish clear pathways of communication with partners and work collaboratively to gain a deeper understanding of the prevalence and locations of inclusion health and high risk and groups, and their service access patterns.

Our goal is to trial peer-led approaches involving individuals with lived experience (for example, people who have experienced homelessness) to work alongside health and social care professionals. This approach aims to support ways of working and deliverables (e.g. communication and engagement initiatives) that lead to improved outcomes.

Strengthened partnership working with community and voluntary sector groups (e.g Shelter) will be key to enhancing our outreach offer. Outreach offers will continue to be guided by making every contact count (MECC) principles, with vaccinations provided as part of broader health and wellbeing initiatives (i.e. integrating outreach with other community wellbeing events) to maximise reach and accessibility.

Given funding for reducing inequalities in immunisation uptake is regularly made available, and often at short notice in response to emerging VPD threats, we need to be prepared for how to best bid for an/or utilise additional funding that is made available.

5.2 Strategic Objective 2: Engage local communities to build trust and cultivate a co-productive approach

Rationale: City and Hackney are rich in diversity, and are home to people from a wide range of ethnic and religious backgrounds. A large proportion of residents are non-English speaking, and socio-economic status varies across the borough.

Our data and intelligence reveal inequalities in immunisation coverage among various population groups, including individuals from Black or mixed backgrounds . We understand that specific communities within City and Hackney have distinct reasons for delaying or declining vaccines, which will require targeted intervention appropriate to all segments of the population.

Evidence-based recommendations from the literature, and anecdotal experience, have demonstrated the value of communities in the promotion, delivery and uptake of immunisation programmes. Whilst we have achieved significant milestones through community engagement with some groups, we acknowledge the importance of ongoing efforts to establish new partnerships across the spectrum. This targeted approach will be vital to building trust and overcoming confidence and convenience barriers, ultimately contributing to the reduction of inequalities in the long-term.

What's been working well: Our community engagement efforts have provided invaluable insights into the challenges surrounding vaccine delivery and access, as well as the cultural appropriateness and effectiveness of some communication initiatives.

In recognition of these challenges, we have implemented regular Sunday immunisation clinics (enhanced access clinics) in the North East of Hackney, in collaboration with local GP practices and partners from the Charedi Jewish communities. Additionally, vaccinations are now offered at community centres during the weekday, advertised through co-produced communication and promotion resources. As a result, over 4,000 childhood immunisations have been administered between September 2022 and May 2024.

It is critical that the enhanced access offer and community engagement activities continue in the North East of Hackney in coming years, where uptake is lowest to build on the strong foundations established.

Objectives: Our objective is to map voluntary and community sector groups and organisations that engage with populations with low vaccine uptake. This mapping exercise and establishment of community partnerships will provide a strategic opportunity to:

- expand our reach and awareness raising through co-produced and community led initiatives;
- ensure that targeted communication and engagement campaigns are impactful; and
- integrate vaccination offers into existing health and wellbeing provision, and or community infrastructure to promote long-term engagement with immunisation initiatives.

5.3 Strategic Objective 3: Enhance data systems to drive quality improvement

Rationale: The flow of information through the system that captures immunisation/vaccination coverage is key to knowing how to intervene and whether interventions are successful.

Unfortunately, granular local data necessary for a comprehensive understanding of vaccine uptake across the borough are not currently unavailable. The City and Hackney Immunisations Data Review identified a number of vaccination specific data gaps related to socio-demographics, geography and key inclusion groups for both routine and seasonal vaccination programmes.

Vaccination data for Hackney and the City of London is also combined. Disaggregated data for these markedly distinct areas is needed to identify the specific needs of each borough. Focused actions to influence the system to provide separate data sets are essential.

Objectives: We aim to improve immunisation data quality and granularity for City and Hackney. We are working closely with NEL ICB and partners to introduce an integrated dashboard that enables bespoke and detailed analyses of local vaccination data, disaggregated for Hackney and the CIty of London. This will facilitate more targeted activity towards population groups with low vaccination coverage as well as the ability to evaluate initiatives to improve uptake.

Another key objective is to improve access to data sharing agreements to enhance vaccination campaigns, in particular school programmes, and reduce the numbers of individuals that are not registered with a GP.

Having a separate workstream to ensure progress of data quality and improvement will enable a smoother process and more accurate immunisation overview for City and Hackney. Enhanced systems and quality will also enable regular monitoring & evaluation of campaigns and initiatives listed with this strategic action plan.

5.4 Strategic Objective 4: Optimise service delivery through evidence-based practice, system-feedback, and resource planning

Rationale: There is a need to enhance the effectiveness of immunisation programmes delivered at a place-based level. Audits have highlighted variations in the implementation of best-practice approaches (such as call/recall) across GP practices. A high proportion of did not attend (DNA) cases continues to impact on the effectiveness of call/recall activity, compounded by a lack of protected time to address vaccine concerns with patients. Opportunities for opportunistic vaccination or awareness raising as part of MECC have been impacted by competing needs across system partners and high-turnover of staff. Delivery of some immunisation services e.g. school-age immunisations, are dependent on collaboration with wider system partners, and may benefit from additional support. Finally, reflecting from COVID-19 and current outreach activity, we know the value of using locations where people are already accessing services, or where large numbers of people who are eligible for particular vaccinations come together.

What's been working well: We have observed that providing a more holistic health offer (which may include general health checks, oral health support and access to various health professionals) alongside immunisations has been more effective and engaging than offering vaccinations alone. Primary Care Networks have facilitated 'family fun day' events since 2023. Events within City and Hackney have attracted national recognition with case studies included in the NHS Vaccination Strategy (2023) and showcased on BBC News platforms. (8) (15)

Objectives: We aim to implement a comprehensive vaccination delivery network that includes routine, targeted and seasonal vaccinations across the lifecourse, as well as outbreak response and catch-up campaigns, through the locations and settings that best meet the needs of the local population. This network will include a standard 'universal and core offer', that is tailored to local communities, and supplemented by bespoke and targeted outreach interventions for specific populations currently underserved. We also aim to support GP practices and the school-age immunisation service (SAIS) provider in overcoming barriers to drive quality improvement and optimised service delivery.

5.5 Strategic Objective 5: Provide guidance, training and development across the system as part of the approach to Making Every Contact Count.

Rationale: Making Every Contact Count (MECC) is an approach to behaviour change, utilising day-to-day interactions, to empower individuals to make positive changes that improve their physical and mental health and wellbeing. Immunisation programmes in England are delivered across the lifecourse and by multiple providers, providing protection from the prenatal stage to old age. Healthcare professionals therefore have an important role in promoting immunisations through MECC.

A MECC approach offers an opportunity to address the multiple challenges to vaccine uptake locally (identified by local insight work). Identified challenges include unawareness and misunderstanding of the routine immunisation schedule and eligibility criteria, as well as lack of knowledge regarding existing provision channels and access. Additionally, preferences for delayed immunisation and issues with GP registration and access are prevalent, with transient groups (including those new to the UK) at greater risk of not accessing mainstream health and vaccination services. Nonetheless, these groups may come into contact with other service providers or settings that offer broader wellbeing support (such as educational or children and family hub settings), presenting an opportunity to receive vaccination communication from non-health workers.

What's been working well: We will continue to engage and work with system-partners; including healthcare professionals, service providers, communities and voluntary sector organisations; to raise awareness of the importance of immunisations and support confident and consistent interactions with local populations utilising a MECC approach. This work is underpinned by reviewing training needs and developing supportive resources, including bespoke resources for specific VPDs such as measles. As well as ensuring immunisations are adequately covered in the general MECC training, we will input into the planned CYP MECC training development to ensure immunisations are a key focus.

Objectives: Our objective is to provide guidance, training and development across the system as part of the approach to MECC. To achieve this objective, we will conduct a thorough mapping exercise of services and settings interacting with eligible groups across the lifecourse. We aim to establish partnerships and embed immunisation champions within these settings. We recognise potential confidence barriers in communicating vaccine messaging, and we will address them by providing (and addressing) specific training needs as appropriate. This approach will ensure that both clinical and non-clinical staff are equipped to navigate confident conversations around immunisations and can effectively signpost eligible groups to local channels of provision.

5.6 Implementation and Evaluation

5.6.1 Implementation Timeline

Our ambition is to deliver the strategic action plan over three years, between 2024 and 2027 (Fig. 6). The timeline affords us the opportunity to implement, assess and evaluate short-term achievements, ensuring that findings inform future iterations of this plan. Priorities each year have been set (Section 6), recognising that some actions are contingent on completing intermediary steps, and factoring feasibility, current priority levels and existing progress towards objectives.

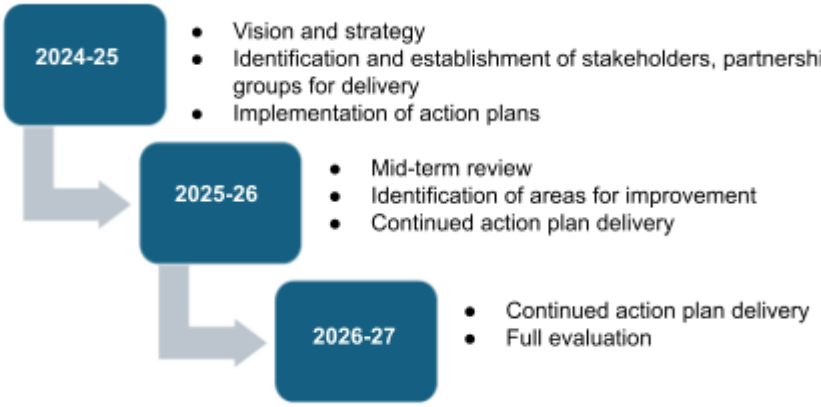


Figure 7. Implementation timeline.

5.6.2 Evaluation Framework

We will ensure that progress and challenges are effectively communicated to stakeholders as outlined in the governance structures (Chapter 4.2). As a living document, the plan and its deliverables, will undergo continuous process evaluation. The plan will be delivered over a three-year period (2024-27) with a mid-term review scheduled for 2025 (Fig. 6), to assess progress towards achieving key outcomes. Specifically, the evaluation will consider the extent to which:

- inclusion health and at-risk groups have been identified, and the effectiveness of targeted interventions to address barriers to uptake;
- data processes have been refined or established to inform activity and drive quality improvement in service delivery;
- immunisations have been embedded as part of MECC.

6. The Strategic Action Plan

Strategic priority 1: Reduce inequalities in immunisation coverage among inclusion and high-risk groups				
Outcome	ID	Actions	Lead	Year
Enhanced outreach offer	1.1	**Map current vaccination & immunisation offer for all identified cohorts.** Identify points of contact for at-risk groups and collaborate with key stakeholders to promote existing services and offers, building towards long-term sustainable plans.	Imms Programme Manager & Public Health	2024-25
	1.2	**Prepare for the delegation of vaccination commissioning responsibility to ICBs and be prepared to bid for and/or utilise any additional funds** that are made available for reducing inequalities in immunisation rates. Considerations include building on the success of local GP provider outreach campaigns, evaluating the effectiveness of launching a mobile outreach initiative to improve access, community-led outreach and integrating vaccination offers into existing prevention and inequalities workstreams and services.	Public Health, NEL ICB & Lead providers	2024-27
Improved communication pathways and channels with inclusion and high-risk groups	1.3	**Establish an annual outreach calendar and communications plan,** incorporating seasonal campaigns. Identify the most effective communication approaches for inclusion health and high-risk groups, and regularly share campaign and event information to all key partners.	Lead GP provider & Public Health comms	2024-27
	1.4	**Establish and facilitate a high-risk and inclusion health group immunisations forum** to disseminate information on the latest infection risks, campaign offers and targeted outreach opportunities. Encourage dialogue among system-partners, including volunteer and sector organisations, to strengthen partnerships and support the adoption of **peer-led approaches.**	Imms Programme Manager & Public Health	2024-27

Strategic priority 2: Engage local communities to build trust and cultivate a co-productive approach				
Outcome	ID	Actions	Lead	Year
Strategic mapping and establishment of communication and engagement channels	2.1	**Determine scale of vaccination inequalities and equity** within the routine childhood immunisation programme to inform communication and engagement prioritisation.	Public Health	2024-25
	2.2	**Undertake needs assessment** to inform a population level strategy for vaccination of **GBMSM**.	Public Health	2025-27
	2.3	**Map touch points throughout the lifecourse** to identify **channels for awareness raising and engagement activity** e.g. collaboration with voluntary and community sector groups, faith settings and parent groups	Public Health	2024-25
Strengthened partnership working centred on people and community	2.4	Work closely with the community champions programme to **ensure champions are empowered to raise awareness of vaccinations** and signpost to local provision. **Establish a feedback framework** to engage community champions and other key stakeholders (such as children and family hubs), ensuring that insights inform vaccine programme and campaign delivery.	Community Champions Programme & Public Health	2024-25
	2.5	**Engage with newly established London-wide vaccine steering groups** (VSGs) **to gather insights** and incorporate into community engagement work at a place-based level. As of 2024 the current community vaccine groups are Black African, Black Caribbean Christian Faith Group, Bangladeshi, Eastern European and Somali.	Public Health	2024-27
	2.6	**Continue engagement and enhanced access in the North East of Hackney.** Expand community members involved in engagement and uptake initiatives. Continue to evolve enhanced access offers based on community insights and feedback, to maximise vaccination coverage.	Imms Coordinator & Programme Manager, NE PCN	2024-26
Co-produced initiatives	2.7	Commit to **establishing relationships and building trust** with key communities with low vaccine coverage and work towards **developing co-produced interventions and resources** tailored to target communities.	Public Health, Healthwatch	2025-27

Strategic priority 3: Enhance data systems to drive quality improvement				
Outcome	ID	Actions	Lead	Year
Improved data quality and accessibility	3.1	**Establish a City and Hackney data immunisation sub group.** This group will work through data gaps identified in the data appendix (e.g. disaggregating City and Hackney data) by advocating at local, regional and national forums. This group will work to improve ways to access data both routinely and during outbreak scenarios.	PHIT	2024-25
	3.2	**Enhance school immunisation coverage data.** ● Map out and clarify data flow pathways for school immunisation programmes working to support CHIS link school information. ● Improve consistency of records of school immunisations working with vaccination UK and GP teams.	Imms Programme Manager, CHIS, PHIT	2024-25
	3.3	Work closely with the **NEL ICB data team** to optimise data improvement work. This includes shaping the NEL dashboard to ensure usability at local levels and utilise it to support the development of insight reports and facilitate evaluations of initiatives.	PHIT & NEL ICB	2024-25
Regular monitoring & evaluation	3.4	**Monitor the available data sources.** Review key data sources (e.g. CEG, Immform, NEL dashboard) and share an insights report on a quarterly basis for childhood immunisations and more frequently during seasonal campaigns for COVID & Flu. Use the above data sources to carry out evaluations.	Imms Programme Manager, Primary Care	2024-27

Strategic priority 4: Optimise service delivery through evidence-based practice, system-feedback, and resource planning				
Outcome	ID	Actions	Lead	Year
Increased number of immunisation quality improvement initiatives within City and Hackney	4.1	1. **Conduct GP practice visits** to identify areas for quality improvement, share best practices (including promotion of the City and Hackney GP toolkit) and gather insights. 2. Enhance the **immunisation bulletin** and facilitate **regular drop-in sessions** for ongoing support, discussion and information exchange.	Imms Clinical Lead, Imms Programme Manager, Imms Coordinator	2024-25
Promotion of best practice call/recall approach	4.2	1. **Develop a call/recall strategy** informed by recent campaigns. 2. Promote **adoption of the APL Imms software** as a best practice approach to support call/recall activity and timely uptake of childhood immunisations. 3. Continue promotion of methodology where healthcare professionals **reach out to patients following an initial decline,** to address concerns and provide information. 4. **Share** insights and **successful best-practice outcomes** among system partners.	Imms Clinical Lead, Outreach providers, Homerton Maternity team	2024-25
Enhanced governance and feedback over schools based vaccination delivery	4.3	**Develop a school-age immunisation sub-group** to aid routine feedback and information exchange among key stakeholders involved in the coordination and delivery of the school-age immunisation programme.	Public Health	2024-25
Improved understanding of preferred community clinics for residents	4.4	**Evaluate previous venues used for outreach/vaccination in community spaces** to date, including those during the pandemic. Explore new sites for vaccination, including collaborating with Children and Family Hubs and healthspot and community pharmacy, to support a venue strategy that meets the population's needs and maximises reach.	Imms Programme Manager, Community Pharmacy	2024-25

Effective resource planning and management to enable the delivery of this action plan as well as to prepare for devolved commissioning arrangements	4.5	Effective **resource planning** and management to **enable the delivery** of actions within this strategic plan: ● continuing to advocate for sustained and, where possible, increased funding for local immunisation activities in line with this action plan, including resources to develop and coordinate campaigns and engage with communities; ● preparation for the effective use of non-recurrent funding streams when these are made available; and ● coordination activities across key system partners and established governance structures to support effective and efficient resource planning and management.	NEL ICB Public Health Primary Care Acute Trust	2024-26
	4.6	**Preparation** for the **delegated responsibility** for **commissioning** NHS vaccination services to ICBs: ● review current structures and ensure robust governance mechanisms are in place to support the devolved funding structure; ● plan for changes needed to accommodate devolved budgets, including adjustments to existing processes and procedures; ● plan for appropriate providers and delivery mechanisms that align with the specific needs of the population; ● assess the resource implications, including workforce planning; and ● set clear deliverables against the action plan.	Primary Care Public Health SHRS Acute Trust	2024-26

Strategic priority 5: Provide guidance, training and development across the system as part the approach to Making Every Contact Count.				
Outcome	ID	Actions	Lead	Year
Immunisation advocacy and signposting within commissioned services and existing partnership	5.1	**Map commissioned services** (e.g. social prescribers, health visitors, early years, sexual health service, libraries, leisure centres etc) that interface with eligible cohorts, to **establish vaccination communication and engagement channels**.	Public Health	2024-25
	5.2	**Provide support** to commissioned services in appointing staff members (including those from specific community backgrounds) **to champion immunisations** proactively through MECC.		2025-27
	5.3	**Leverage existing platforms to disseminate information** and engage key stakeholders in the community around vaccination, ensuring coordinated efforts through Public Health Community Engagement Streams, Healthwatch and the Integrated Commissioning Groups.		
	5.4	**Maintain connections** with community organisations established during the COVID-19 pandemic.	Community Champions Programme	2024-27
	5.5	**Develop a language guide** to support confident vaccination communication in education and early years settings.	Public Health, Early Years	2025-27
Training and resources for both clinical and non-clinical system-wide partners	5.6	Consider the scope of **training for non-clinical and clinical staff**, and identify existing training, learning platforms and resources (e.g. Jitsu-Vax) that can be used or adapted to address the specific needs of these groups (e.g. community leaders, sexual health and reproductive personnel, GP administration etc).	Public Health, Imms Clinical Lead, Sexual Health Services	2025-27
	5.7	**Integrate immunisation in broader health literacy resources** and **Council-led MECC training**.	Population Health Programme	2024-25

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City and Hackney Immunisations Strategic Action Plan 2024-27 Appendices

Appendix 1: The Immunisation Schedule

Age	Vaccine	Doses	Age due	Diseases protected against
The routine immunisation schedule (1)				
Preschool (0-4)	DTaP/IPV/Hib/Hep B (6-in-1)	3	8,12 and 16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenza, type b (Hib), Hepatitis B
	PCV	3	8, 16 weeks and 1 year	Pneumococcal disease
	Rotavirus	2	8 and 12 weeks	Rotavirus gastroenteritis
	Men B	3	8, 16 weeks and 1 year	Meningococcal group B
	Hib/MenC	1	1 year	Meningococcal group C
	MMR	2	1 year and 3 years and 4 months	Measles, mumps and rubella
	DTaP/IPV booster (4-in-1)	1	3 years & 4 months	Diphtheria, tetanus, pertussis, polio
	Flu	1	All children aged 2 & 3	Influenza
School age (4-16)	Td/IPV (Booster)	1	4 years (Year 9)	Tetanus, polio
	HPV	2	Girls and boys aged 12-13 years	Cervical cancer, genital warts
	MenACWY	1	14 years (Year 9)	Meningococcal groups A, C, W and Y disease
Adult (17+)	Pneumococcal Polysaccharide Vaccine (PPV 23)	1	65 years	Pneumococcal (23 serotypes)
	Inactivated influenza vaccine	1	65 years of age and older	Influenza (each year from September)
	Shingles (Herpes Zoster)	1	65 years from 2023, 70 to 79 years of age, and	Shingles

Age	Vaccine	Doses	Age due	Diseases protected against
			severely immunosuppressed	
	RSV	1	Adults aged 75 on or after September 2024	Respiratory syncytial virus (RSV)
Selective immunisation programmes				
Babies born to hepatitis B infected mothers	Hep B	3	At birth, 4 weeks and 12 months old	Hepatitis B
Infants with a parent or grandparent born in a high incidence country	BCG	1	Up to 1 year to high risk babies	Tuberculosis
Children in a clinical risk group	Flu	1	From 6 months to 17 years of age	Influenza
Pregnant women	Flu	1	At any stage of pregnancy during flu season	Influenza
	Pertussis	1	From 16 weeks gestation	Pertussis
	RSV	1	From 28 weeks (commencing on or after September 2024)	Respiratory syncytial virus (RSV)
Vaccines that protect against sexually transmitted infections (STIs)				
Routine immunisation schedule	HPV	1	From 12 years old	Human papillomavirus
High-risk individuals e.g. men who have sex with men (MSM) and sex	Hepatitis A	2	N/A	Hepatitis A
	Hepatitis B	As per clinical advice.		Hepatitis B

Age	Vaccine	Doses	Age due	Diseases protected against
workers	Smallpox (MVA)	1 (with booster dose in ongoing risk)	N/A	Mpox

References

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Appendix 2: Literature review of interventions shown to increase vaccination uptake

This is a review looking at the interventions outlined in existing literature which have been shown to increase vaccination uptake. The scope of this review is limited to interventions shown to have benefit within the UK, and is by no means exhaustive.

This literature review is to support the City and Hackney Immunisations Strategic Action Plan. As outlined in that plan, the vaccination uptake in Hackney is below that of other regions in the United Kingdom, and this requires attention in order to improve health inequalities, health outcomes and in particular to help address the possible impending measles crisis [1].

Barriers to uptake:
In order to identify interventions which can improve vaccination uptake, we need to explore the barriers preventing people from getting their vaccinations.

There are numerous barriers to the uptake of immunisations and they vary between population groups. However, this literature review found the key barriers to uptake to be:

- Accessibility of appointments (location, timings, lack of appointments)
- Cost (cost of travel, childcare, taking time off work)
- Concerns/fears over vaccine side effects and long term impact
- Education (lack of understanding of the importance of vaccinations, herd immunity, eligibility, immunisations schedule, lack of available resources or information in different languages)
- Lack of trust/poor relationships with healthcare professionals (including Gypsy, traveller and Roma people, the BAME population, the Charedi Jewish population, looked after children)
- Forgetting appointments (particularly prevalent in the elderly population)
- Media (increased access to social media, propagating negative messages, spreading misinformation, playing up fears (e.g. ongoing ramifications from Wakefield scandal))

‘Call and Recall’:
One of the strongest interventions for increasing vaccination uptake [2] mentioned in the literature was ‘Call and Recall’. This involved reminding patients of appointments, rebooking forgotten appointments and actively calling back patients who were hesitant to be vaccinated. One study [3] showed that according to 71% of questioned healthcare professionals, forgetting about the vaccination appointment was the main reason for being unvaccinated. Therefore calling the patient back or rebooking these appointments would not only uphold NICE Quality Standard 1 (follow up invitations), but also help mitigate this barrier. For those patients who were hesitant about booking a vaccination appointment or getting vaccinated, a call back system with a confident and knowledgeable healthcare professional has been shown to increase vaccination uptake [4].

MECC:
Make Every Contact Count ‘MECC” involves the opportunistic delivery of consistent and concise health information while encouraging conversations related to health so people are able to make informed and positive health decisions. MECC uses behaviour change evidence within existing health contacts to have brief conversations to promote desired health behaviours [5].

Primary care professionals should take a MECC approach to immunisation by promoting patients to seek out routine vaccinations during other appointments such as blood pressure checks [6]. However, as GP appointments are limited in time, other healthcare professionals have a key role to play in encouraging the uptake of vaccinations. Health visitors and midwives working with parents during pregnancy and early childhood are able to begin conversations about immunisations at an early stage. It is especially important in advising pregnant women about COVID-19, flu and pertussis vaccinations [7]. School nurses are also well placed to interact with parents and would be in a position to maintain NICE Quality Standard 4 by checking immunisation status at specific age groups. These healthcare professionals are likely to be trusted by parents and therefore in a good position to provide valuable and timely information [3].

IT systems can be set up to flag when a patient has outstanding vaccinations. It is also important to ensure that vaccinations are recorded with the appropriate codes (NICE Quality Standard 3) as this can cause discrepancies in reporting and may lead to the miss-recording of vaccinations (i.e. recording that a patient has received a vaccination when they have not and vice versa). When these systems and codings are correct and up to date, receptionists and other appropriate staff are able to check whether a patient is up to date and offer them an appointment for any missing vaccinations when they visit the GP [8]. This would have a direct positive impact on NICE Quality Standard 2 (offering outstanding vaccinations).

It is also both possible and safe to administer multiple vaccinations in one session, which makes better use of a single GP visit and can save patients time and money, increasing the likelihood of vaccine uptake if this is a barrier [9].

Access:
Another tool shown to increase vaccination uptake was increasing access to vaccination clinics [3], either through increasing the number of appointments available, extending the hours of vaccination clinics or increasing the breadth of locations for vaccination clinics. Timing and availability of vaccination appointments were the two most common barriers cited by working age adults or parents, with older adults citing availability and location as most important barriers. More than half the number of people surveyed indicated that more locations, e.g. pharmacies or high street pop-ups would be beneficial.

A population subgroup seen to be affected by lower vaccination uptake rates was the Gypsy, Roma and Traveller populations. One study shows that although their uptake and general health outcomes are poorer, they are largely supportive of vaccinations [10]. The main barriers to vaccination seem to be access and trust.

The nature of the Gypsy, Roma and Travellers' nomadic lifestyles, low literacy rates and having large families (as it is difficult to organise multiple health appointments) all have an effect on access to vaccinations [10, 11]. It is felt that healthcare professionals' lack of understanding about Traveller, Gypsy and Roma culture affected their ability to form good relationships. Furthermore, the language barrier (particularly in older generations), with few advocates available, led to suboptimal translations being used (i.e. using different, but similar, languages) with possible mis-translations.

The study [11] showed that having bilingual primary care professionals and specialist health visitors improved the relationship between these ethnicities and the healthcare network. Although 'at-home vaccinations' were considered to increase vaccination uptake, it did not affect wider healthcare system usage. Interventions such as text recalls with 'today or tomorrow' appointments or drop in centres in A+E services also showed improved vaccination uptake. Interestingly, understanding of the historical beliefs and cultural practices also improved relationships between the Gypsy, Roma and Traveller populations and healthcare providers; this alludes to the concerns around MMR and autism, as autism is stigmatised within their culture; or acceptance of HPV vaccination in teenagers implying approval of pre-marital sexual intercourse [10].

Overall, interventions proposed to increase vaccination uptake included cultural competence training, documentation of ethnic groups in healthcare records, named healthcare professionals in GP practices to aid with language barriers, signposting, etc. flexible booking systems ('today, tomorrow') and further funding for specialist health visitors.

Building Trust in HCP:
As seen in the Gypsy, Roma and Traveller population mentioned above, poor perceptions of and a lack of trust in healthcare professionals (due to institutional racism, historical medical mistreatment and cultural segregation) is a significant barrier to vaccine uptake [12]. This is also known to be true for members of the BAME population [13].

Successful interventions to tackle this include the use of trusted messengers and community advocates that are able to tailor messages to ensure they are culturally and linguistically appropriate and address relevant issues and concerns [14]. It is also important to acknowledge the mistreatment that has occurred in healthcare settings and to address historical racism and discrimination in the development of vaccines [15].

According to the Royal Society of Public Health, trust in healthcare professionals in other population groups remains very high, with doctors and nurses consistently identified as a valued source of information about vaccines [3] The 2023 Edelman Trust Barometer Special Report on Trust and Health also identified pharmacists as the most trusted healthcare professionals after doctors and nurses [16]. The UKHSA 2023 annual parental attitudinal survey found that most parents rank healthcare professionals as their most trusted source of information [17]. In addition to doctors and nurses, parents also value the information provided by midwives and health visitors, who work with parents during pregnancy and early childhood and are able to raise timely conversations about immunisations [3].

It would therefore be pertinent to work on improving the perception of and relationship between healthcare professionals and members of the BAME population.

Education:
There are various myths and misconceptions about vaccinations, including the idea that having too many vaccinations can 'overload' the immune system and be dangerous. These myths may become particularly detrimental to vaccine uptake as more vaccinations are added to the immunisations schedule. Therefore, better education in schools on the value and safety of vaccines is vital. The Royal Society of Public Health recommends that education on the importance and value of vaccines be included in the Personal, Social, Health and Economic (PSHE) curriculum in schools or as a component in core curriculum subjects such as science [3].

One study [18] outlined that patients should be provided with educational materials that clearly communicate the risks and severity of side effects, as well as the potential negative consequences of remaining unvaccinated, compared to the benefits of immunisations as it could prove helpful in the individual deciding in favour of vaccination [5]. Information that includes the benefits of vaccination extending beyond just the benefits to the individual but also to the wider community as population/herd immunity has been shown to further increase uptake [19].

Pharmacies, shops, libraries and local community centres are well placed to disseminate accurate and up-to-date information on immunisation, as well as providing links to further information on trusted websites [20]. Evidence suggests that official NHS and PHE (now UKSHA) branded materials were among the most trusted sources of information [8]. It is also important to be aware of differences in an audience's educational level, religion and cultural beliefs in order to deliver the right message to the right group, through the right channel [21].

There are conflicting ideas on the best format to provide information on vaccination, however there is a general consensus that print media (such as posters and flyers in GP surgeries) produced by the NHS is best placed to target adults and older people, whereas social media and online resources should be used to educate children and young people [3, 8].
In order to ensure they are appropriate and accessible, promotional and educational materials should be designed and co-produced with members of the target population. Working with the people the information is aimed at helps identify the messages that will resonate with them the most and increases the likelihood of engagement and ultimately the uptake of vaccinations [6].

Education on vaccinations is important not only for those directly involved in giving vaccinations, but also for health care professionals who are in contact with those eligible for a vaccination, such as staff in GP surgeries and those who work in social care [19]. It is essential to ensure they feel confident answering questions on the process, what's in the vaccine and potential side effects, as well as being equipped with the knowledge and tools to tackle uncertainty and hesitation. There is also a need to train the wider public health workforce as approximately one in five 25-34 year olds and one in ten 18-24 year olds value the opinion of religious and community leaders, as well as social media influencers who could be underutilised sources of information about the value and importance of vaccinations [3].

Media

The influence of social media on education and knowledge on vaccination safety is a growing barrier to vaccination uptake [22] Social media has been identified as propagating misinformation or negative information around vaccinations with 41% of parents in one study [3] stating that they are often exposed to negative information on social media, with one in ten parents expressing that they would trust this information. It is not just social media, but also traditional media, which has a lasting effect on the public's perception of vaccinations - a notable example being the Wakefield scandal in 1998 [23] and continuous exposure to this misinformation can alter attitudes to vaccination over time [24, 25]. There may be some benefit in applying efforts to limit health misinformation and 'fake news' online or via social media as this information can be spread quickly and widely with current technology [26]. The percentage of individuals trusting information on social media is even higher in the younger adults, with approximately 20% of young adults stating they would believe information found online or on social media platforms.

Out of 2000 individuals surveyed by 'Moving the Needle', 55% (69% of young adults) said they would like to see information about vaccinations on social media from organisations such as NHS England. One review [27] did in fact show that social media affected vaccine attitudes and behaviours, and this could be capitalised on to drive positive information about vaccinations. Technology can be used for regionally targeted messages via mobile texting/SMS and applications to impart the importance and safety of vaccinations for the individual and for the wider population [28].

CYP:
A study conducted by the Royal Society of Public Health (RSPH) in 2023 [29] found that children and young people would go to their parents (87%), GPs (48%) or School Nurses (38%) for information about vaccinations, and would feel encouraged to have a vaccination when people they trust gave them the information or had a vaccine themselves. There was a general consensus (58%) that being taught about vaccinations in school rather than having to find out about them by themselves would also encourage them to get vaccinated.This highlights the key role schools and school nurses play in providing trusted and reliable information on immunisations. The study also found that many CYP trust vaccines and believe they are important, but did not know what vaccines were available to them. While this highlights the positives of the current vaccination programme, further work is needed to improve awareness of vaccines and the vaccine schedule in CYP.

While the CYP in the study had concerns about vaccine side effects, they were more worried about getting sick themselves, or infecting others. 65% shared they would be more likely to get a vaccine if they were told about the positive benefits for others, especially family members and vulnerable members of the community. This view is also shared by parents in the Moving The Needle report, also produced by the RSPH [3]. It is therefore important to focus on disseminating information to both CYP and parents on herd immunity to increase rates of vaccination.

In line with the insights from other target groups discussed in this literature review, increased access was highlighted as a key intervention to facilitate vaccine uptake in CYP. Participants shared that they would be more likely to get vaccinated if they were available near their homes (55%), or provided at school (53%). During the COVID-19 pandemic, it was found

that the higher the availability of testing sites, the higher the uptake of tests, particularly in areas of higher deprivation [30], this can also be applied to immunisations.

Penalties and incentives:
The idea of using penalties and incentives as a means to increase vaccine uptake was mentioned in some of the literature, for example providing vaccination clinic staff with rewards for the number of vaccines they deliver [31]. Furthermore, in 2022, the UK government chose to mandate vaccination for all patient-facing health and social care workers in England. This was met with criticism and resistance as the repercussions of not complying were job losses and it was felt it was not the government's place to have control over personal health decisions [32]. Other countries are exploring the use of financial and non-financial incentives for getting vaccinated as well as financial penalties for parents not vaccinating their children [33], however, further research is needed to establish the efficacy of penalties and incentives as a strategy to increase vaccine uptake in the general population in the UK.

Local Trends: City & Hackney
According to the 2021 census, 21.1% of Hackney residents identified as "Black, Black British, Black Welsh, Caribbean or African" ethnicity and 10% as "Asian, Asian British or Asian Welsh" ethnicity [34]. It is therefore essential to understand these demographics when looking at factors affecting vaccination acceptance and uptake. Uptake of childhood immunisations in these populations is seen as lower than in the general population [35, 36] due to various factors such as religion, cultural beliefs, understanding of benefits and risk and migration timings. One study looking at the influence of religion on vaccination uptake found that beliefs about God's ability to bring illness and health overcame the need for vaccination and that prohibition of pre-marital sexual intercourse in Islamic religion negated the need for HPV vaccinations in teenage children. Further examples included non-religious ingredients within the vaccines, such as gelatine, as barriers to vaccination. The study highlighted the impact of migration and disease prevalence in 'home countries' having both positive and negative influences on vaccination uptake in the UK; seeing poor health outcomes in their own countries highlighted the importance of preventing infection and illness whilst in the UK, however lack of experience with immunisation-preventable diseases also conferred lack of understanding of need for, and importance of, vaccinations. Some participants in the study mentioned that meningitic rashes could not be seen in the same way on darker melanocytic skin, and therefore the flyers or photos would not apply to them. This was further observed in some Somali participants who felt that the vaccinations were not made for their specific genetic/biological makeups and would therefore be more at risk of immunisation side effects. Furthermore, language differences create huge barriers to vaccination uptake as some individuals do not understand or cannot read the information provided regarding vaccinations in order to make an informed decision. Overall, individuals were keen for personalised vaccination information which targeted the points mentioned above and acknowledged their concerns.

There is also a large Charedi community within the Hackney [37], possibly the third largest community globally after Israel and New York. There is a high rate of vaccine-preventable diseases within this community. Various models of vaccination implementation have been attempted within the Hackney Borough in order to help increase uptake within this community and therefore limit the prevalence of vaccine-preventable diseases [11]. These

have included providing flyers in Hebrew/Yiddish, community vaccination clinics, a Charedi outreach nurse, home immunisations and school clinics (during measles outbreak). The health visiting team previously also provided significant support, delivering one third of the vaccinations within the North of the Borough (although now no longer part of the immunisation structure). These implementations were mainly to target the barriers specific to the Charedi community [11]: specifically, birth order, health beliefs and access to healthcare. The birth order of a child is seen as inversely related to vaccination status, as the more children in a family, the harder it is to find childcare and time to bring children to the health centres for vaccination. Furthermore, if the older children were not unwell with vaccine-preventable diseases (VPD), it provided a sense of safety to the parents. There is also the perception that VPDs are not high risk and there may also be some mistrust in the Ministry of Health, causing lower vaccination uptake within the Charedi community [38].

Conclusion

As outlined at the start of this review, there are many barriers to vaccination uptake, and these are borough and community dependent. There seems to be a consensus across the literature available that **'MECC', education and access,** be it **appointment times, locations or volume of appointments,** are the main strategies that are effective in helping increase vaccination uptake in the general population. Although there are community-specific interventions required in order to address vaccination inequalities (and therefore health outcomes), the interventions mentioned above can be implemented anywhere. In the City and Hackney boroughs, there is a wide range of demographics, including BAME and Charedi Jewish populations. It is therefore important to apply specific strategies to ensure these subpopulations are supported in accessing vaccinations.

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Appendix 3: Immunisation Strategy (2024) Data

Executive Summary

- In 2022/23, CYP vaccination coverage in City and Hackney was significantly below the England average for all CYP vaccination types.
- Across most CYP vaccinations, City and Hackney ranked as the worst-performing area in both London and England.
- City and Hackney has witnessed a more pronounced decline in CYP vaccination coverage over the past five years (2016/17 to 2021/22) compared to the London and England averages.
- The north east of Hackney consistently records the lowest vaccination uptake for CYP and the lowest coverage for adult vaccinations, while higher uptake/coverage is observed in the west of Hackney and in the City of London.
- COVID-19 vaccination coverage increases with age.
- Females generally record higher vaccine coverage than males, though this is not consistent across ages and ethnicities.
- Among CYP, Asian populations have the highest vaccination coverage. However, for adults (aged 20 and above), white populations have the highest coverage. Black residents have the third-lowest vaccination coverage among CYP but the second-lowest coverage for adults, with the lowest coverage being among those with no ethnic information available
- Generally, residents living in the most deprived areas record the lowest vaccination coverage, while those in the least deprived areas record the highest vaccination coverage.
- City and Hackney recorded the lowest COVID-19 and flu vaccination uptake (aged 16+) in North East London (NEL) among most 'underserved' groups, except for Travellers receiving COVID-19 vaccinations. Importantly, this does not seem to be due to a lack of engagement efforts.
- Several data gaps have been identified, hindering the ability to paint an accurate picture of vaccination within the borough.

Introduction

This brief appendix presents data on childhood immunisations and COVID-19 and flu vaccinations in the City of London and Hackney. Exploring data patterns and trends provides an evidence base for planning, decision-making and subsequent immunisation initiatives.

For information on the health benefits of vaccination, see ‘Recent outbreaks in City & Hackney and the wider region’ and ‘Impacts of a wider outbreak’ in section 1.2.

Children and Young People (CYP) Vaccinations

The following vaccinations are provided by the NHS to children and young people at the following ages, as per the national vaccination schedule:

- DTaP/IPV/Hib/HepB: 8 weeks, 12 weeks, 16 weeks
- Rotavirus vaccines: 8 weeks, 12 weeks
- MenB vaccine: 8 weeks, 16 weeks, 1 year
- Pneumococcal vaccine: 12 weeks, 1 year
- Hib/MenC booster vaccine: 1 year
- MMR vaccines: 1 year, 3 years and 4 months
- Children's flu vaccine: every year until children finish Year 11 of secondary school
- DTaP/IPV pre-school booster vaccine: 3 years and 4 months
- HPV vaccine: 12 to 13 years
- Td/IPV teenage booster vaccine: 14 years
- MenACWY vaccine: 14 years

Coverage

In 2022/23, CYP vaccination coverage[1] in City and Hackney was statistically significantly lower than the England average across all vaccination types[2]. City and Hackney also recorded statistically significantly lower coverage compared to the London average for all vaccination types, except HPV at 12 to 13 years old.

For most CYP vaccinations, City and Hackney is ranked as the worst-performing area in both London and England. However, in general, the difference in vaccination coverage between City and Hackney and the London/England average is smaller for vaccinations administered during adolescence, as shown in Table 1. (1)

Table 1: Percentage of the population immunised by vaccination type and area of residence, coverage, 2022/23.

[1] 'Coverage' refers to the percentage of eligible individuals who have been invited to take part in a recommended vaccination program and have actually participated. This differs from uptake, which uses all eligible populations as a denominator.
[2] Comparative data for Hep B was not available.

	Vaccination type	City and Hackney	London	England
Pre-school immunisations	DTaP/IPV/Hib (three doses by 12 months)	67.8%	87.6%	91.8%
	DTaP/IPV/Hib (three doses by 24 months)	70.8%	87.4%	92.6%
	Rotavirus (two doses by 12 months)	62.8%	84.4%	88.7%
	MenB (two doses by 12 months)	67.3%	86.4%	91.0%
	MenB booster (booster by 24 months)	61.7%	79.4%	87.6%
	Pneumococcal conjugate (two doses by 12 months)	73.0%	89.8%	93.7%
	Pneumococcal conjugate (booster by 24 months)	67.7%	80.4%	88.5%
	Hib/MenC booster (booster by 24 months)	63.4%	81.3%	88.7%
	MMR (one dose between 12 and 24 months)	68.1%	82.4%	89.3%
	MMR (one dose between 12 months and five years)	81.2%	86.6%	92.5%
	MMR (two doses between 12 months and five years)	56.3%	74.0%	84.5%
	DTaP/IPV pre-school booster (booster by five years)	54.2%	72.7%	83.3%
School age immunisations	HPV (first dose at 12 to 13 years old, females)	61.7%	61.6%	69.6%
	HPV (first dose at 12 to 13 years old, males)	55.0%	56.1%	62.4%
	HPV (second dose at 13 to 14 years old, females)	60.0%	63.0%	67.3%
	HPV (second dose at 13 to 14 years old, males)	54.6%	59.7%	62.4%
	MenACWY (one dose by 15 years)	69.1%	75.3%	79.6%

Uptake source: (1)
Coverage source: (2)
Notes: Data on the Td/IPV teenage booster vaccine was not available via the listed source> However, Td/IPV data is available at a local authority level via ImmForm, which the PHIT does not currently have access to. HPV and MenACWY data presented for 2021/22. Flu data presented below in the 'Flu vaccination' section. **Green** in the City column indicates where uptake falls above the WHO target of 95%. Colours in the 'City and Hackney' column are used for comparison with London: **red** indicates statistically significantly lower coverage than the London average, while **orange** indicates statistically similar coverage.

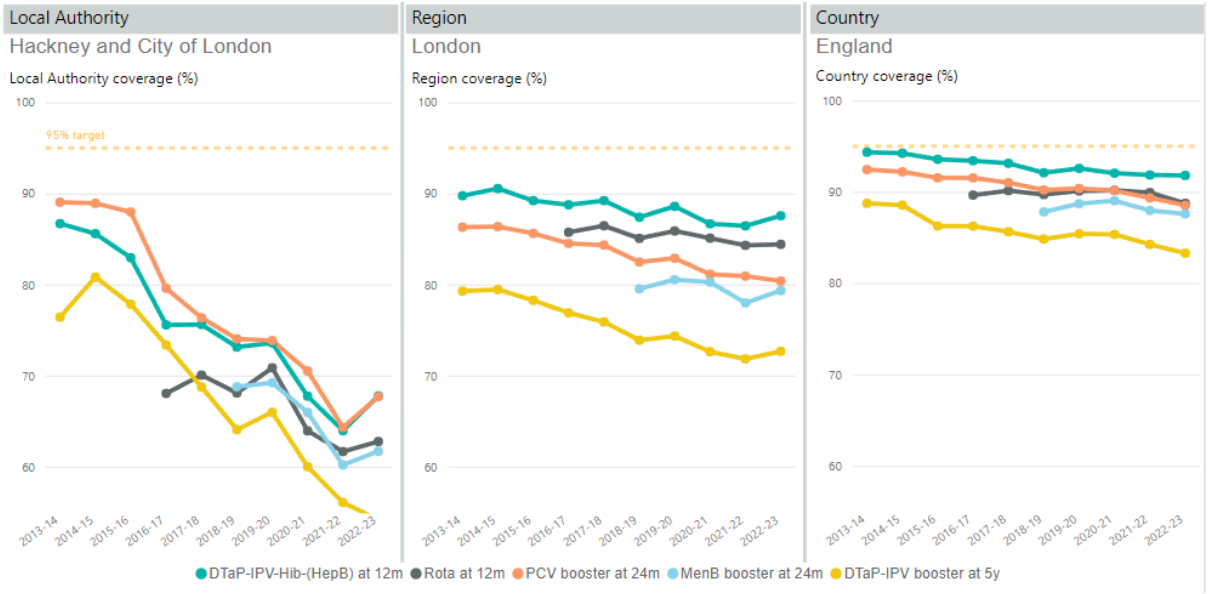
Trends over time

On average, over the past five years (2016/17 to 2021/22), there has been a decline in national CYP vaccination coverage. This trend has been more pronounced in London than England, and more pronounced in City and Hackney than London.

In City and Hackney, the only type of CYP vaccination to experience increased coverage between 2016/17 and 2021/22 has been MenACWY, which rose from 63% to 69% coverage. However, MenACWY coverage in City and Hackney was statistically significantly lower than the average for England across all five years, and statistically significantly lower than the London average in all years except 2019/20. (1)

Figure 1 shows trends in vaccination coverage for five different vaccination types, chosen to represent different age points. In all instances, City and Hackney not only recorded lower coverage than the London and England averages, but also showed a higher rate of decline. (3)

Figure 1: Percentage of the population immunised by vaccination type, year, and area of residence, coverage



Source: (3)
Notes: 'Rota' is short-hand for the rotavirus vaccine, 'PCV' is the pneumococcal conjugate vaccine.

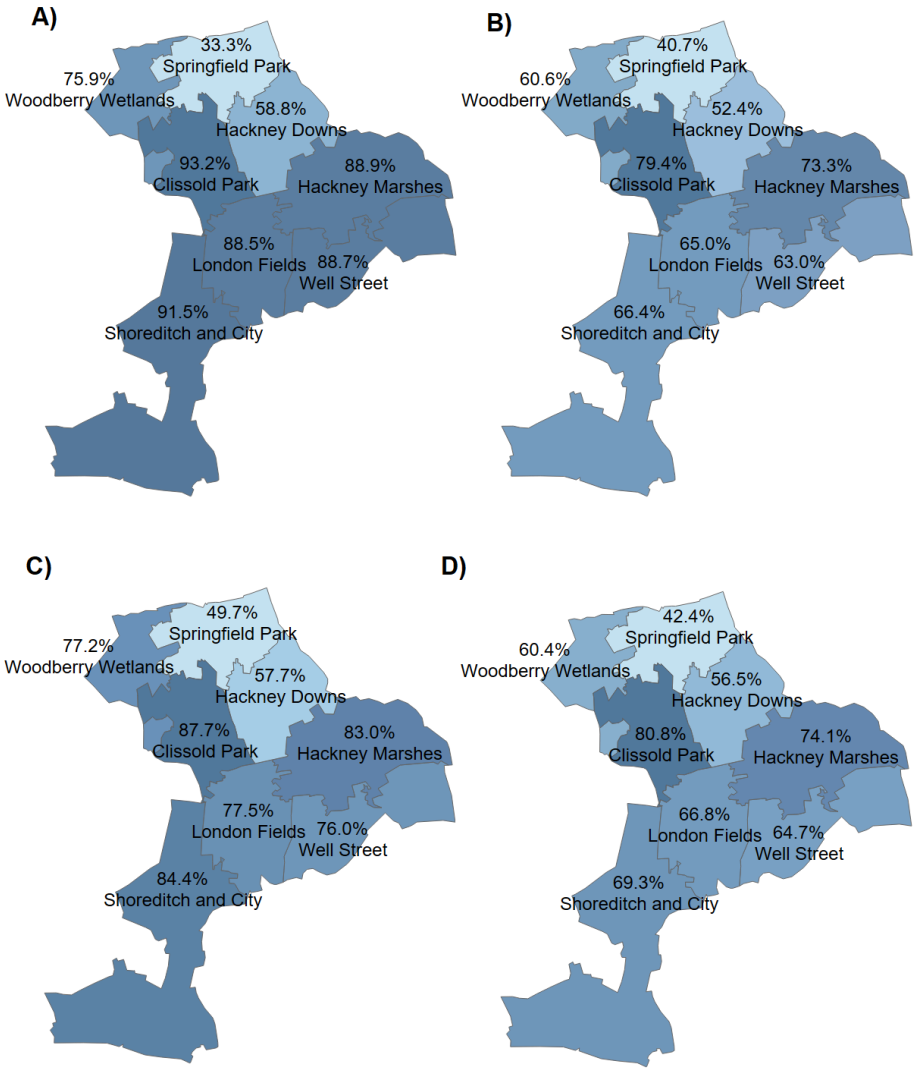
Geographic variation

Across all CYP vaccinations, Clissold Park Primary Care Network (PCN) records the highest vaccination uptake[3], while PCNs in the north east of Hackney, namely Springfield Park and Hackney Downs, consistently record the lowest vaccination uptake. All other PCNs show

[3] 'Uptake' refers to the percentage of eligible individuals who participate in a recommended vaccination program. This differs from coverage, which uses eligible populations that have been invited to take part in a vaccination programme as a denominator.

relatively similar levels of uptake and consistent rankings. Figure 2 illustrates the general patterns observed for vaccinations given at different age points.

Figure 2: Percentage of the population immunised by vaccination type and PCN of residence, uptake, 2022/23: A) DTaP/IPV/Hib/HepB (12 months), B) DTaP/IPV booster (5 years), C) MMR primary (24 months), D) MMR booster (5 years)



Source: (2)

BCG vaccination

The BCG vaccine is not routinely given as part of the NHS vaccination schedule; however, it is recommended for certain CYP (and adults) at a higher risk of contracting tuberculosis (TB). High risk groups include CYP whose parent or grandparent was born in a country with an elevated risk of TB, those who were born in or who have lived in such a country, or those who have been living with or in regular close contact with someone who has or had TB.

Of the residents eligible for a BCG vaccination in City and Hackney between July and September 2023, 70% received a dose before reaching three months of age. This rate fell below the London average of 77% and was the second lowest in North East London (NEL),

behind Waltham Forest at 59%. In terms of BCG doses administered before a patient's first birthday, City and Hackney ranked third highest among the seven NEL areas, with 82% of eligible residents receiving a dose. This figure compared to a London average of 81%. (4)

COVID-19 and Flu

Vaccination coverage is known to vary by population group. For most vaccination types, local data by vaccination type and population group is not currently available. However, detailed information on local COVID-19 and flu vaccination rates across various population groups is available and presented below. It is assumed that the patterns observed for these types of vaccination are generally representative of those for other types of vaccination.

COVID-19 Vaccination: CYP

COVID-19 vaccination data for residents of City and Hackney aged 19 and under are presented below. Up-to-date data is presented by ethnicity and deprivation, while historical data is provided by sex and geography due to changes in the available data.

Sex

Historic data shows that, as of April 2023, 33% of female residents and 32% of male residents aged between 12 and 19 had received at least one dose of the COVID-19 vaccine. This trend remained consistent across all ethnic groups, with the exception of 'mixed' and 'other' categories, where slightly higher rates were observed among males. (5)

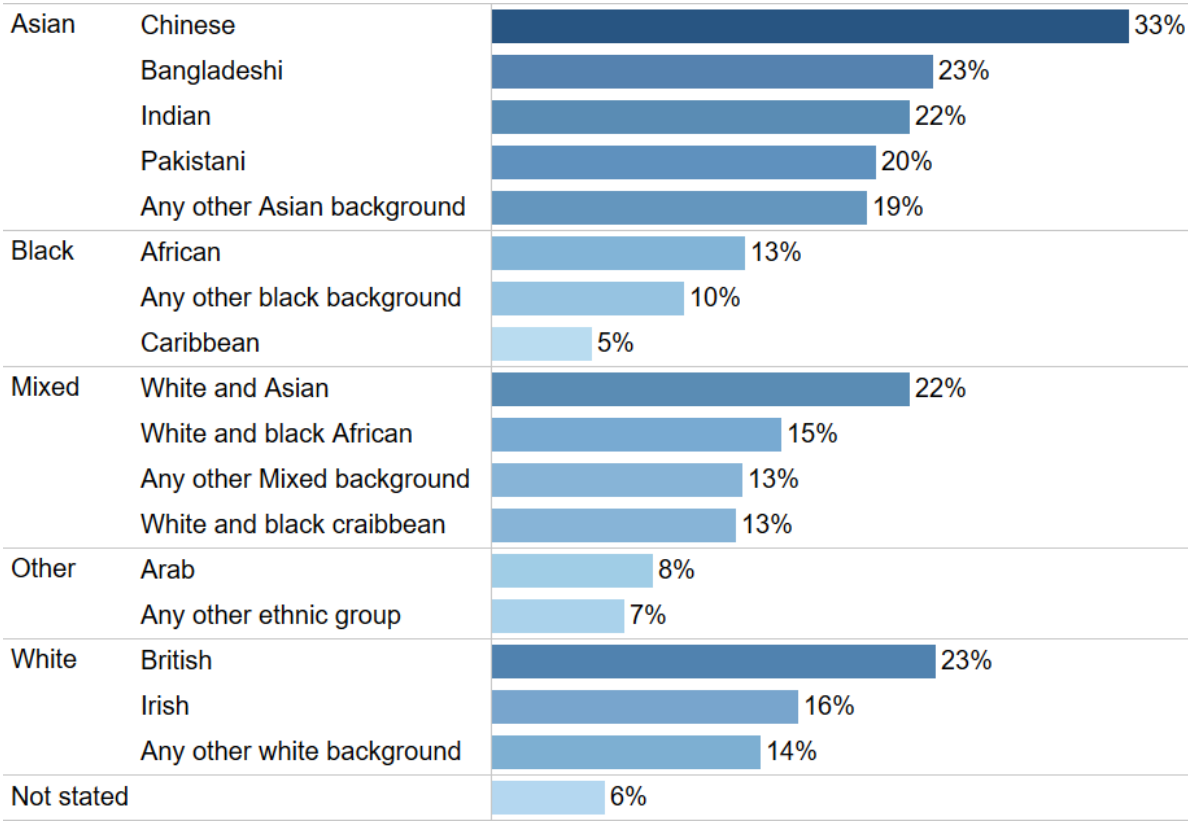
Ethnicity

As of January 2024, 13% of residents aged 19 and under had received at least one dose of the COVID-19 vaccine. This varied considerably by ethnic group, with Asian populations recording the highest vaccination coverage at 22%.

When looking at ethnic subgroups (Figure 3.), Chinese residents recorded the highest vaccination coverage, whereas Caribbean residents recorded the lowest vaccination coverage.

Figure 3: Percentage of the population aged 19 and under that have received at least one dose of the COVID-19 vaccine by ethnic subgroups, City and Hackney residents, coverage,

January 2024



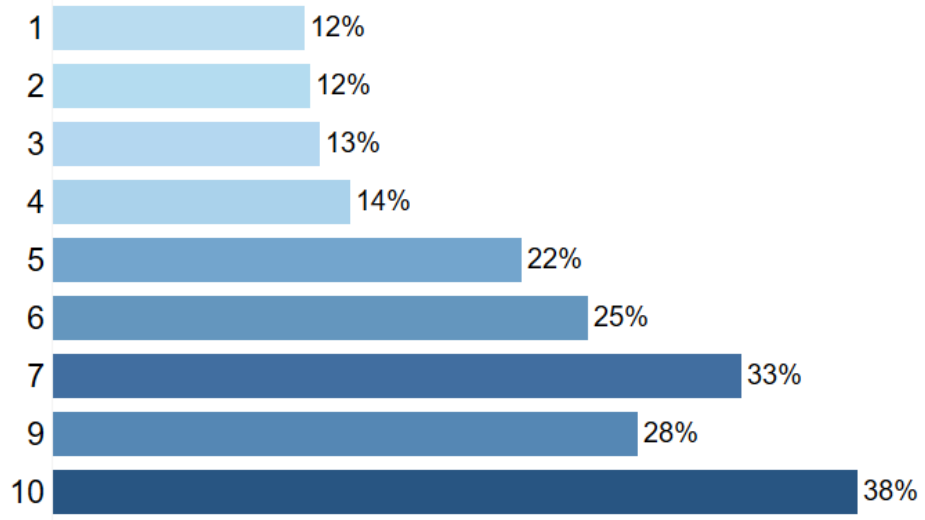
Source: (5)
Notes: Gypsy and Irish traveller residents excluded because of small counts.

IMD

The proportion of the population aged 19 and under that have received any dose of the COVID-19 vaccine also varies by levels of deprivation. Residents in the most deprived areas record the lowest vaccination coverage, while residents in the least deprived areas record the highest vaccination coverage (Figure 4).

Figure 4: Percentage of the population aged 19 and under that have received at least one dose of the COVID-19 vaccine by deprivation decile of residence (Index of Multiple Deprivation (IMD) 2019, 1 = most deprived, 10 = least deprived), coverage, City and

Hackney residents, January 2024



Source: (5)
Notes: No residents live in areas considered to be in the IMD's 8th decile.

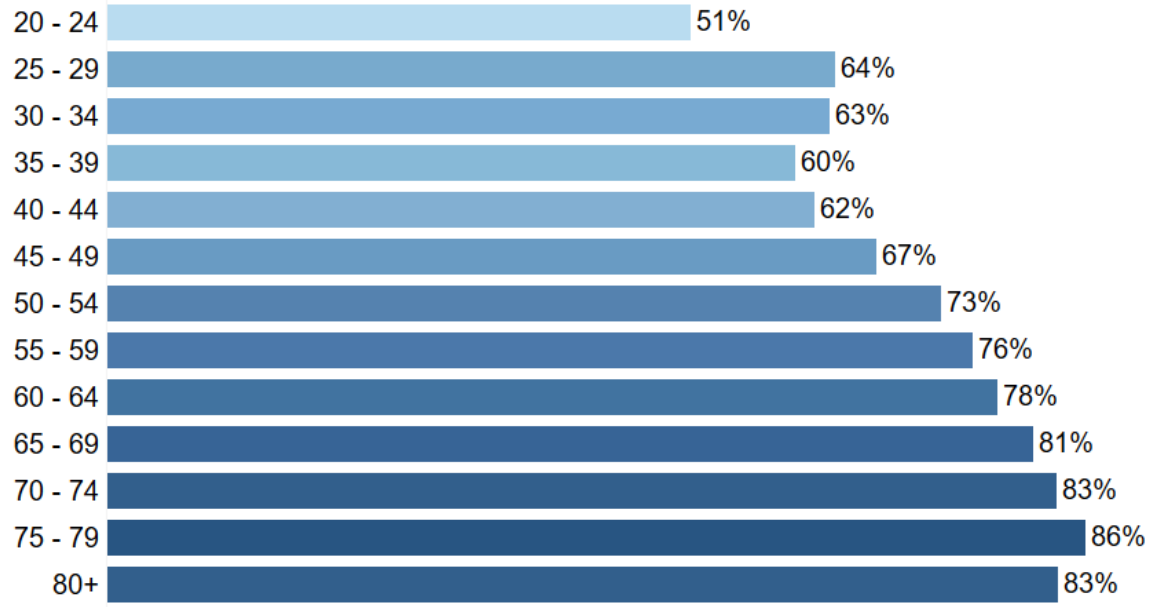
COVID-19 Vaccination: Adults

As of January 2024, 66% of City and Hackney residents aged 20 and over had received at least one dose of the COVID-19 vaccine (70% in City and 66% in Hackney). This compared with 70% in London as a whole. (5)

Age

In City and Hackney, the percentage of people who had received at least one dose of the COVID-19 vaccine increased with age (Figure 6). Some of this may be due to vaccination prioritisation for older residents and phased vaccine rollout plans. However, all residents aged 20 and over have been eligible for a first dose of the COVID-19 vaccine. Therefore, this trend is more likely to reflect factors such as accessibility to healthcare services and routine check-ups, which tend to favour older residents; increased perception of risk among older residents; and targeted government communication and awareness campaigns.

Figure 6: Percentage of the adult population (aged 20+) that have received at least one dose of the COVID-19 vaccine by age group, coverage, City and Hackney residents, January 2024



Source: (5)

Sex

Similarly to what is observed for CYP COVID-19 vaccination data, up-to-date COVID-19 vaccination data for adults broken down by sex is unavailable. However, historical data indicates that, as of April 2023[4], 71% of female residents and 67% of male residents aged 20 and over had received at least one dose of the COVID-19 vaccine. (5)

This female/male divide, with females recording a higher vaccination coverage, remained consistent across all age groups until the age of 70 to 74. Beyond this point, a larger percentage of males had received at least one vaccine dose compared to females. This female/male divide was also observed in all ethnic groups except for residents in the 'Other' category. (5)

Ethnicity

Unlike CYP, white adults in Hackney record the highest vaccination coverage. Additionally, Black adult residents record the second lowest vaccination coverage, falling below those from ‘Other’ ethnicities: (5)

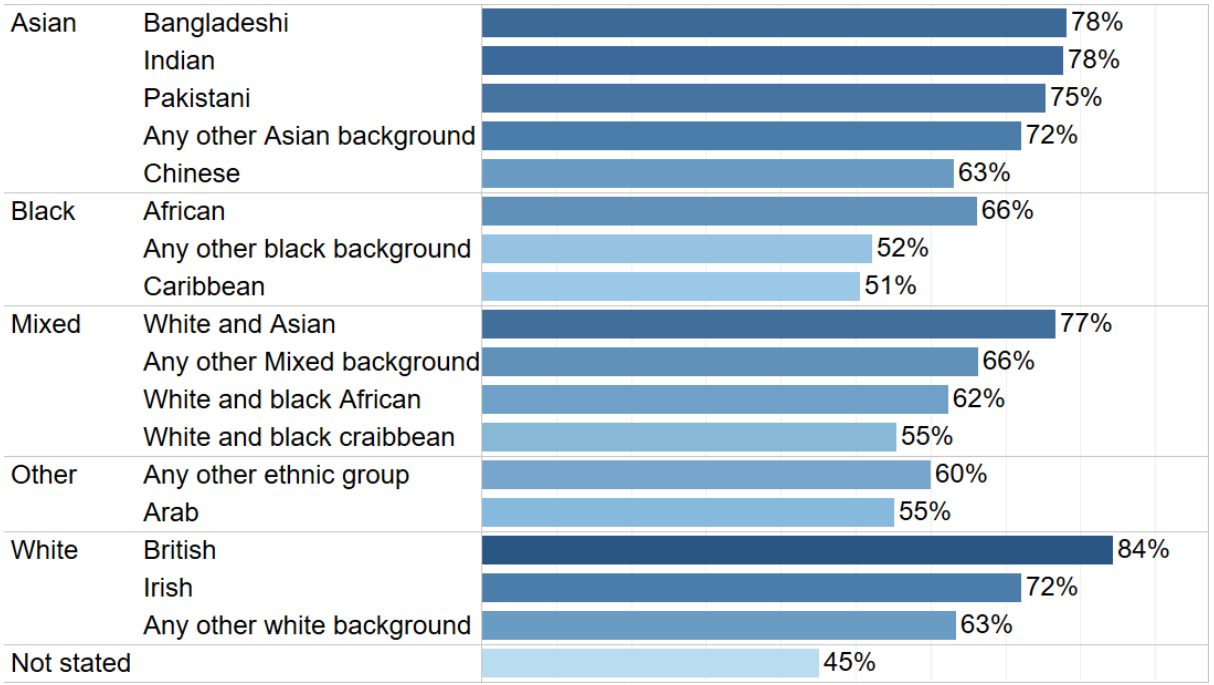
- White: 74%
- Asian: 73%
- Mixed: 64%
- Other: 60%
- Black: 58%
- Not stated: 45%

Some of this difference seems to be driven by Chinese populations, who record the highest vaccination coverage among residents aged under 20 but the 11th highest vaccination

[4] Higher vaccination coverage in April 2023 than January 2024 are attributed to a more significant increase in the denominator than in the vaccinated population. When the denominator increases at a faster rate than the vaccinated population, the proportion of the vaccinated population decreases.

coverage for residents aged 20 and over. Additionally, African and Caribbean residents maintain a similar ranking for both children and young people (CYP) and adults. However, the 'any other black background' group records comparatively low vaccination coverage for adults, whereas adult Arab residents and residents from ‘any other ethnic group’ record comparatively high vaccination coverage (Figure 7).

Figure 7: Percentage of the adult population that have received at least one dose of the COVID-19 vaccine by ethnic subgroups, coverage, City and Hackney residents, January 2024



Source: (5)
Notes: Gypsy and Irish traveller residents excluded because of small counts.

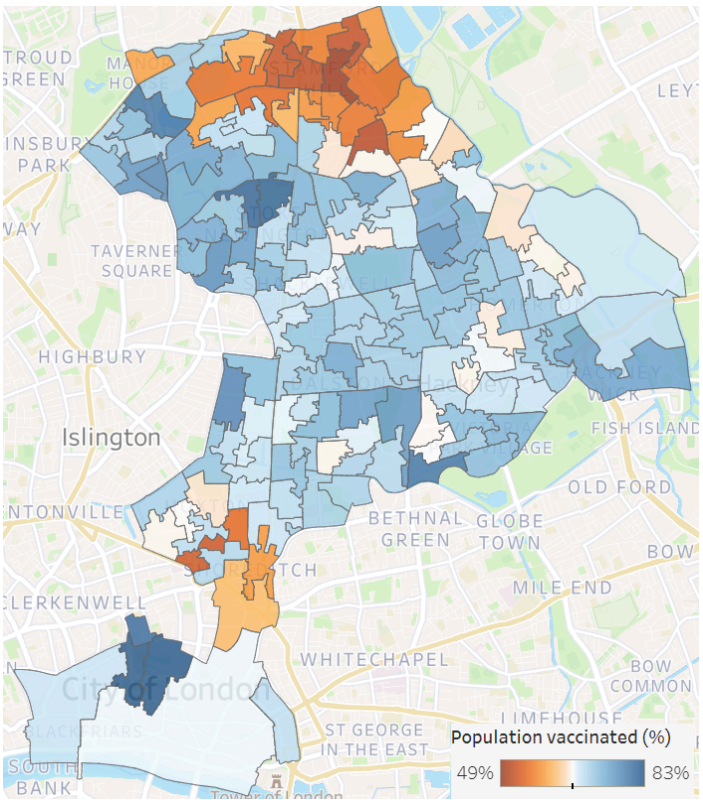
IMD

In general, residents aged 20 and over in City and Hackney see vaccination coverage rise as the level of area deprivation decreases.However, in areas with an IMD score of 7 (1 being the most deprived, 10 being the least deprived), an exception is observed: as of January 2024, only 63% of the 2,300 residents had received at least one dose of the COVID-19 vaccine, lower than the average for other IMD deciles. This phenomenon is specific to the City of London, as Hackney areas do not exceed a deprivation level of 6. (5)

Geography

Historical data show that, as of April 2023, the lowest vaccination coverage for adults was observed in the extreme north and south of Hackney, while the highest coverage was found in pockets across the west and in the north of the City of London, particularly around the Barbican (Figure 9).

Figure 9: Percentage of the adult population that have received at least one dose of the COVID-19 vaccine by Lower Super Output Area (LSOA)[5], coverage, City and Hackney residents, April 2023

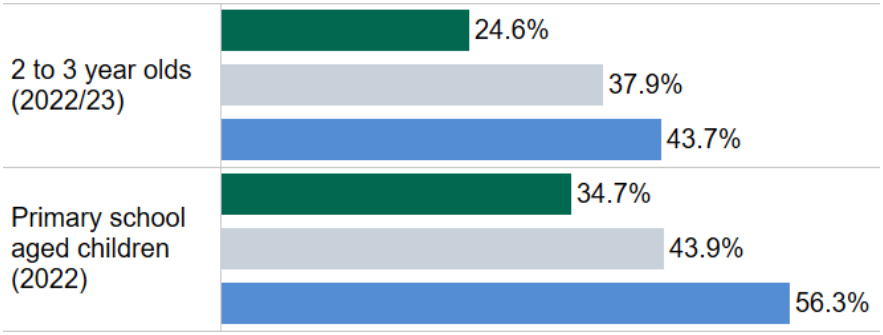


Source: (5)

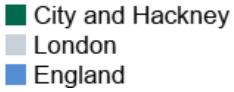
Flu Vaccination: CYP

City and Hackney's flu vaccination coverage is statistically significantly lower than both the London and England average for vaccinations given to both 2 to 3 year olds and to primary school aged children (Figure 10).

Figure 10: Percentage of the population that received a flu vaccination by area of residence and vaccination cohort



[5] Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size, with between 1000 and 1500 residents.

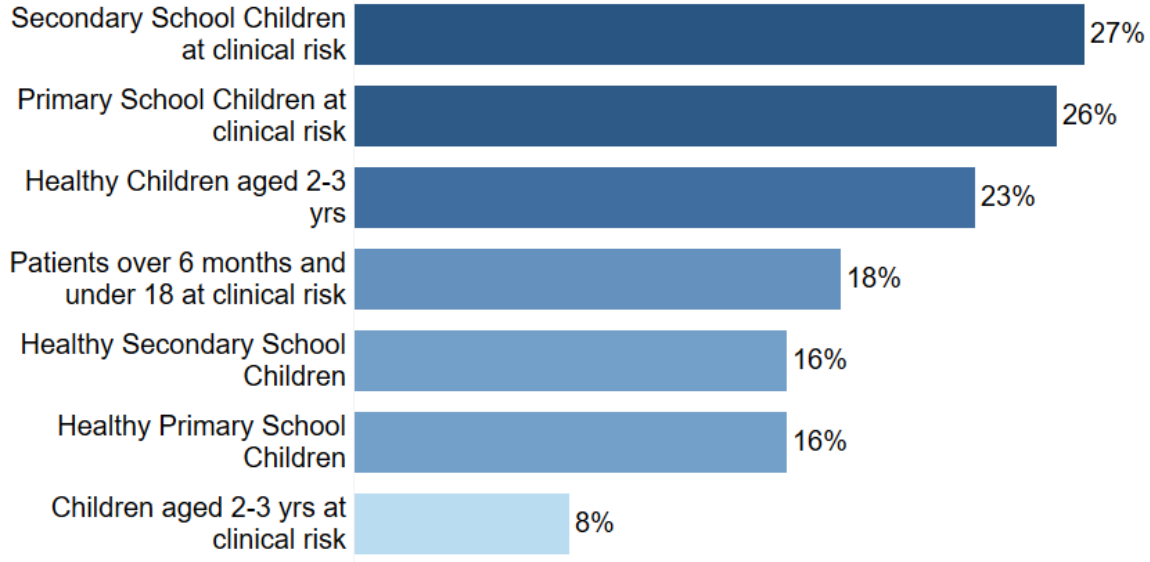


Source: (1)

Population group

Flu data for child sub-groups is available at a local level. This shows that among those groups, children aged 2 to 3 years old at clinical risk recorded the lowest uptake between September 2023 and January 2024 (Figure 11).

Figure 11: Percentage of the CYP population that received a flu vaccination by population group and area of residence, uptake, September 2023 to January 2024

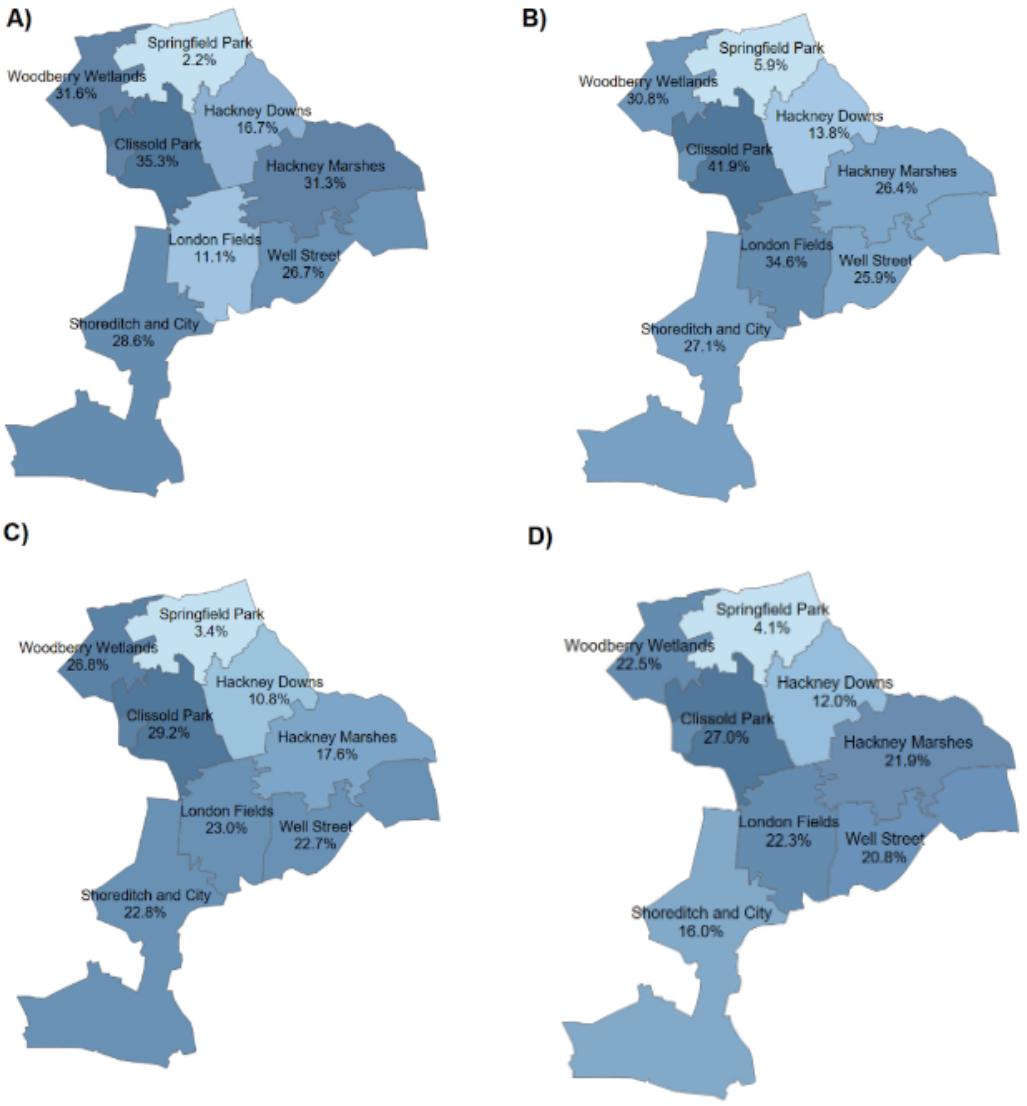


Source: (6)

Geography

When mapping the uptake for these groups based on geography, a familiar trend emerges: the lowest levels of vaccination uptake are recorded in the northeast of Hackney, specifically in Springfield Park, while the highest levels of uptake tend to be reported in the northwest of Hackney. Of note is the particularly high vaccination uptake recorde among secondary school-aged residents at clinical risk in Clissold Park. In this PCN, 45% of the eligible residents received a flu vaccination between September 2023 and January 2024, surpassing the borough average of 27%.

Figure 12: Percentage of the population that received a flu vaccination by population group and PCN, uptake, City and Hackney residents, September 2023 to January 2024. A) Children aged 2 to 3 years old at clinical risk, B) Healthy children aged 2 to 3 years old,, C) Healthy primary school children, D) Healthy secondary school children.

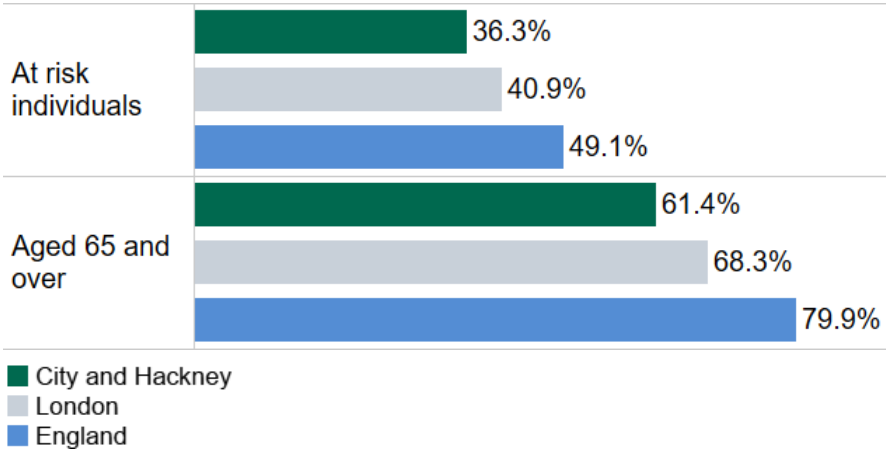


Source: (6)

Flu Vaccination: Adults

Local-level flu vaccination data, similar to that available for children, is available for adults. And similar trends are seen for this cohort: at an aggregate level, City and Hackney's flu vaccination coverage is statistically significantly lower than both the London and England average for vaccinations given to both 'at risk' residents aged up to 65 (excluding pregnant women) and all residents aged 65 and over (Figure 13).

Figure 13: Percentage of the population that received a flu vaccination by area of residence and vaccination cohort, 2022/23

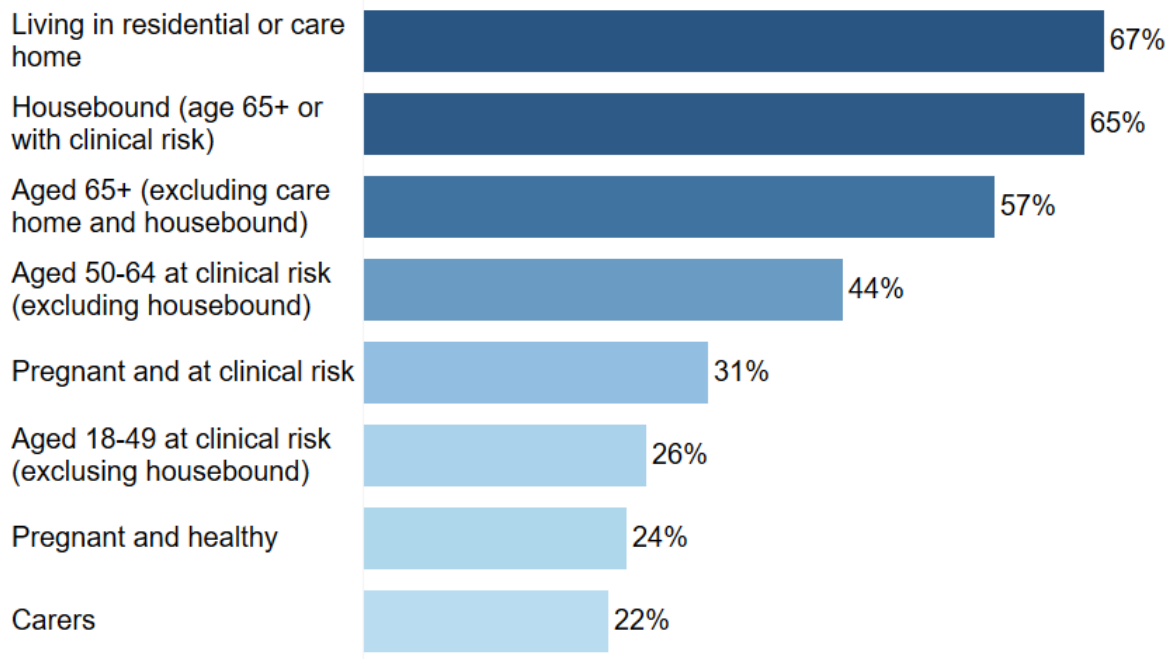


Source: (1)

Population group

Again, adult vaccination uptake is seen to vary by sub-group. Residents living in residential or care homes and residents aged 65 and over who are housebound and at clinical risk record the highest flu vaccination uptake, while carers record the lowest vaccination uptake. Unsurprisingly, groups considered to be at 'clinical risk' tend to record higher levels of uptake (Figure 14).

Figure 14: Percentage of the adult population that received a flu vaccination by population group, uptake, City and Hackney residents, September 2023 to January 2024



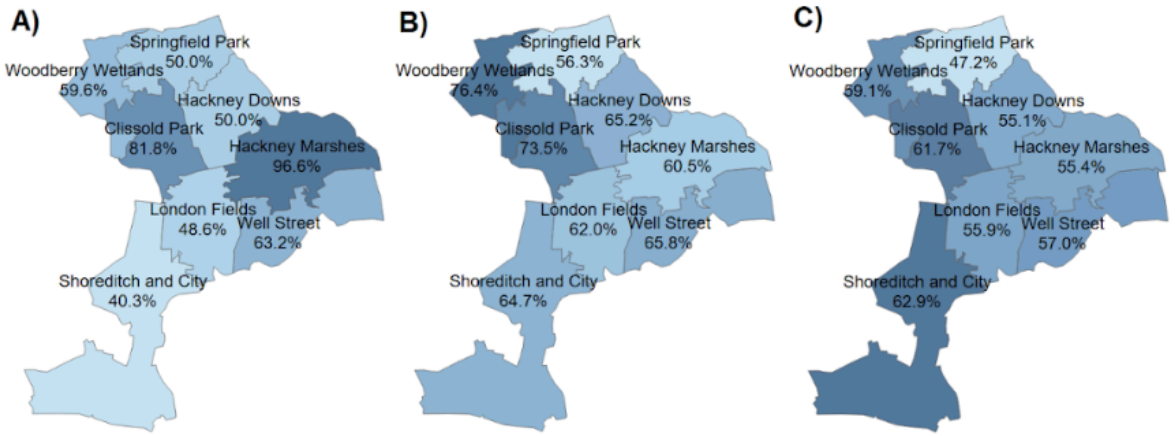
Source: (6)

Geography

Similarly to CYP vaccinations and COVID-19 vaccinations, adult flu vaccination uptake also varies by geography. The lowest levels of uptake are recorded in the north-eastern part of the borough, particularly in Springfield Park. This is with the exception of residents living in

residential or care homes, who see the lowest levels of vaccination uptake recorded in Shoreditch and City (Figure 15). It's worth noting that the population base for some of these cohorts when broken down by PCN is relatively small, particularly for residents living in residential or care homes and pregnant residents at clinical risk, with counts falling as lowe as five by PCN.

Figure 15. Percentage of the population that received a flu vaccination by population group and PCN, uptake, City and Hackney residents, September 2023 to January 2024. A) Residents living in a residential or care home, B) Housebound residents aged 65+ with clinical risk, C) Residents aged 65+ (excluding care home and housebound).



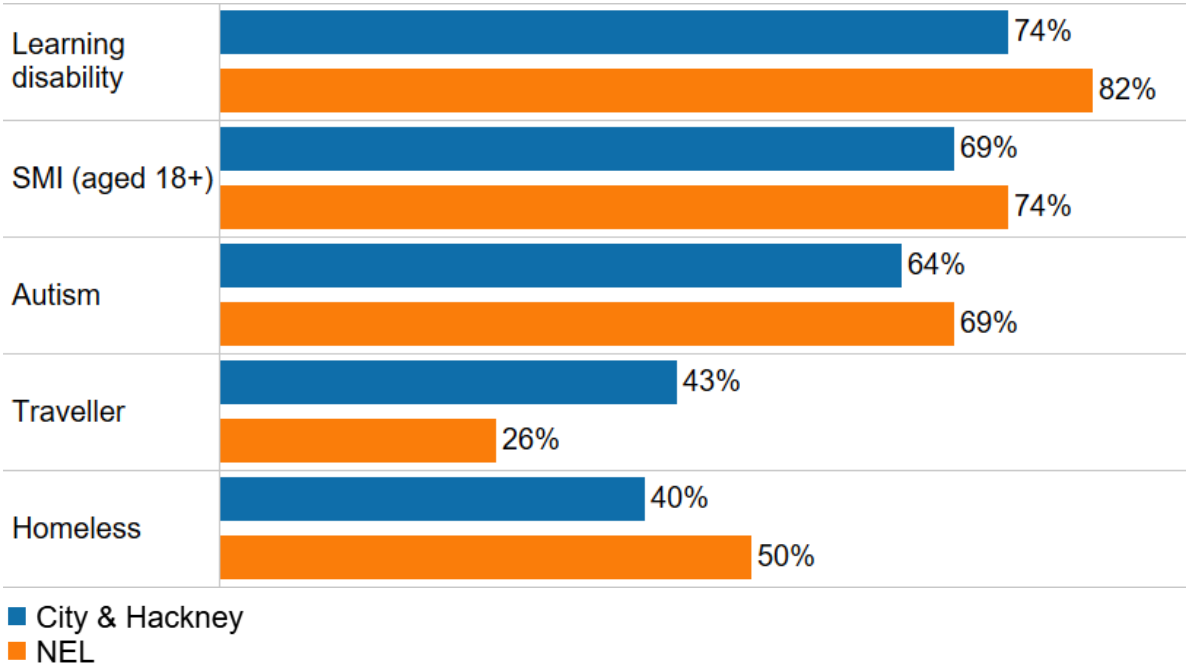
Source: (6)

COVID-19 and Flu Vaccination: Underserved Populations

Aggregate COVID-19 vaccination data for 'underserved populations' (autistic residents, homeless residents, those with learning difficulties, residents with severe mental illnesses (SMI), and residents from the traveller ethnic group) aged 16 and over is available at a local authority level up to January 2024.

City and Hackney recorded the lowest COVID-19 vaccination uptake in NEL among all 'underserved' groups, except for Travellers, when looking at first doses of the COVID-19 vaccine. This is despite high levels of engagement: City and Hackney had the highest percentage of declined invitations among all underserved populations. Furthermore, City and Hackney were among the areas with the highest invitation rates for all underserved groups, having the highest invitation rate for individuals with autism and the second-highest rate for homeless and Traveller residents.

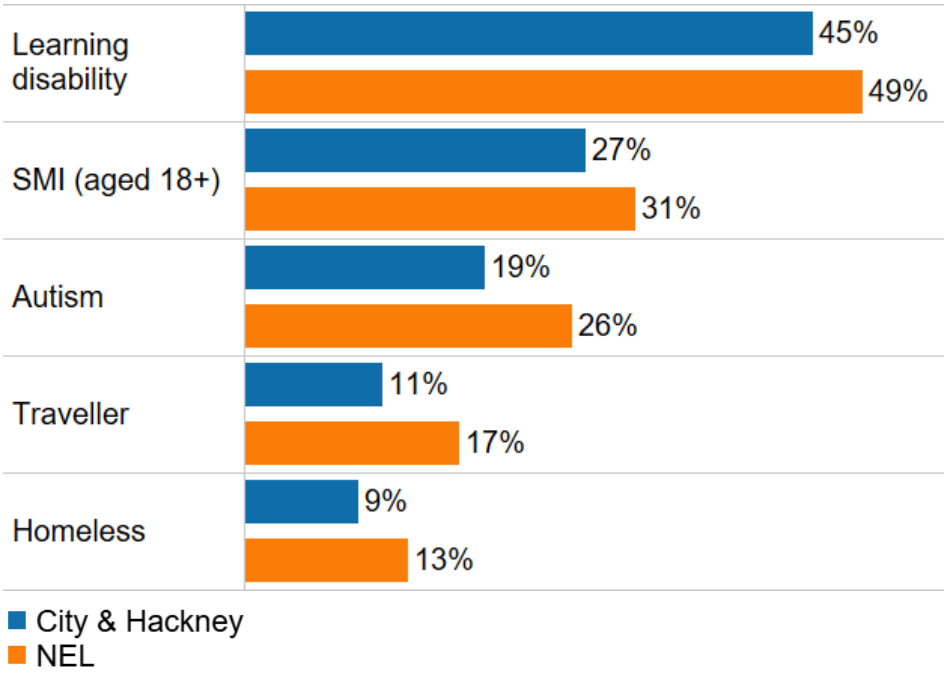
Figure 16: Percentage of the population aged 16 and over that have received at least one dose of the COVID-19 vaccine by ‘underserved’ group and area of residence, uptake, January 2024



Source: (7)

Local level flu data is also available for the same 'underserved groups' as COVID-19 data is available for. Similarly to the COVID-19 data, this shows that City and Hackney consistently record lower levels of vaccination uptake compared to the NEL average (Figure 17). This difference is especially noticeable among residents with autism (27% below NEL average), Travellers (35% below NEL average) and homeless residents (31% below NEL average).

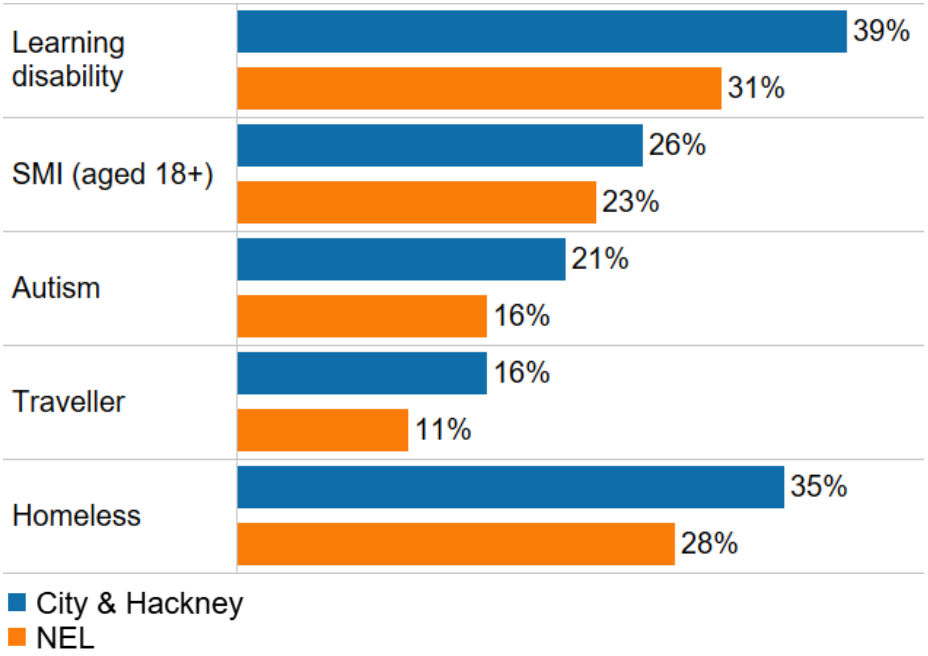
Figure 17: Percentage of the population aged 16 and over that received a flu vaccination between September 2023 and January 2024 by 'underserved' group and area of residence, uptake



Source: (8)

However, again, City and Hackney consistently show high levels of engagement: City and Hackney recorded the highest percentage of declined invitations among all underserved populations (see Figure 18). Unlike COVID-19, data on invitations is not available for flu.

Figure 18: Percentage of the population that indicated they declined or were contraindicated for vaccination, did not provide consent, or were allergic and thus could not receive the flu vaccine between September 2023 and January 2024 by underserved group and area of residence



Source: (8)

Data Gaps

Unfortunately, certain data breakdowns necessary for a comprehensive understanding of vaccine uptake across the borough have been unavailable, limiting the overall picture. The identified data gaps for CYP, COVID-19 and flu vaccines are listed below. It is acknowledged that some of this data, such as COVID-19 data by gender, may be available through platforms like ImmForm. However, as of the time of writing (February 2024), the City and Hackney Public Health Intelligence Team (PHIT) did not have access to these platforms.

CYP-specific vaccinations

- **Sociodemographic[6]:** CYP vaccination data broken down by sex, ethnicity and IMD is not available.
- **Key inclusion groups:** Data for key inclusion groups, including looked-after children, children with autism, children with learning disabilities, and children known to the youth justice service, is not available.

[6] 'Socio-demographic' refers to the social and demographic characteristics of a population, including factors such as age, sex, ethnicity, and deprivation.

- **Geography:** Some CYP vaccination data (see Table 2 below) is available by borough, PCN, and GP practice. However, data specific to schools and bespoke geographic areas, such as LSOA and ward, is not currently available.
- **Td/IPV teenage booster**: No local-level data is available for the Td/IPV teenage booster vaccine.
- **BCG:** BCG data is only available at a combined City and Hackney level and is not available by population group.

COVID-19 vaccination

- **Sociodemographic:** COVID-19 vaccination data is available by age group, ethnic subgroup, and IMD. However, up-to-date data broken down by sex is not available, and data for sociodemographic groups in combination is limited (e.g., age X in ethnic group Y in IMD Z).
- **Key inclusion groups:** COVID-19 vaccination data broken down by inclusion group is presented for some ‘underserved' groups. However, no data is presented for underserved residents under the age of 16. Furthermore, COVID-19 data is not presented for the following key inclusion groups: looked after children, children known to the youth justice service, and asylum seekers.
- **Geography:** COVID-19 vaccination data for all residents is available by borough. However, up-to-date LSOA-level data for the entire resident population is no longer available to the PHIT. Data for specific population groups, including residents aged over 65, residents residing in residential or care homes, and those deemed to be at clinical risk, is available by borough, PCN, and GP practice.

Flu vaccination

- **Sociodemographic:** Flu vaccination data is not available by sociodemographic. However, aggregate vaccination data is available for some population groups, including school-aged children, residents at clinical risk, and carers.
- **Key inclusion groups:** Similarly to COVID-19, flu vaccination data broken down by inclusion group is presented for some ‘underserved’ groups. However, no data is presented for underserved residents under the age of 16 or for the following key inclusion groups: looked after children, children known to the youth justice service, and asylum seekers.
- **Geography:** Flu vaccination data for specific population groups, including residents aged over 65, residents residing in residential or care homes, and those deemed to be at clinical risk, is available by borough, PCN, and GP practice.

Area-specific data

The City and Hackney Public Health team encounters a unique challenge in that data providers often combine data for these two markedly distinct areas. While geographical neighbours, City and Hackney are home to very different population groups: the City of London is considered one of England's least deprived areas, characterised by a predominantly white and relatively old population. Whereas Hackney is among England's most deprived areas, and is characterised by its rich cultural and ethnic diversity and

relatively young population. Therefore, combining data from these areas can obscure the specific needs of each community. Table 2 shows which vaccination data is and isn't available for City and Hackney separately, and the lowest level of geography available for each vaccination type.

Table 2. Vaccination data by vaccination type and geographic breakdown

Vaccination type	Combined or individual area data	Lowest level of geography available
DTaP/IPV/Hib/HepB	Individual	GP practice
Rotavirus	Individual	GP practice
MenB	Individual	GP practice
Pneumococcal	Individual	GP practice
Hib/MenC booster	Individual	GP practice
MMR	Individual	GP practice
DTaP/IPV booster	Individual	GP practice
HPV	Combined	City and Hackney
Td/IPV teenage booster*	N/A	N/A
MenACWY	Combined	City and Hackney
BCG	Combined	City and Hackney
COVID-19	Individual	GP practice
Flu	Individual	GP practice

Notes: *It is understood that data for the Td/IPV teenage booster vaccine is available at a local authority level via ImmForm. However, the PHIT currently does not have access to this platform.

A further problem faced by the City of London is that even when data is provided by PCN and/or GP practice, it is often based on the population registered with GPs in the City of London, rather than the resident population. The City of London only has one GP practice, Neaman Practice, which serves 78% of the City of London's total population. Therefore, when data by GP is available, it is recommended that data from two GPs in Tower Hamlets (Goodman's Field and Spitalfields Practice) is used in addition to data from the Neaman Practice. Goodman's Field serves 10% of the City of London's total population, with 2% of its registered patients being City of London residents. For Spitalfields Practice, these figures stand at 8% and 5%, respectively. Table 3 shows vaccination uptake for the MMR vaccine available for these practices and relevant geographies.

Table 3: MMR uptake within the GP practices that City of London residents are mostly registered with, as well as by relevant geographies (data from 2022/23).

GP Practice / Geography	1 x MMR dose at 24 months	2 x MMR doses at 5 years
Goodman's Field GP	80%	75%
Spitalfields GP	84%	88%
Neaman Practice	87%	82%
City & Hackney	69%	60%
Tower Hamlets	84%	80%
London	82%	74%
England	89%	85%

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Committee(s): Health and Wellbeing Board For Information	**Dated:** 07/02/2025
Subject: Annual report on implementation of the City & Hackney Sexual and Reproductive Health Strategy and Action Plan	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	● Diverse Engaged Communities ● Providing Excellent Service
Does this proposal require extra revenue and/or capital spending?	**N**
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: Sandra Husbands Director of Public Health	**For Information**
Report author: Froeks Kamminga Senior Public Health Specialist, DCCS & Public Health	

Summary

This paper provides the annual update on implementation of the City and Hackney Sexual and Reproductive Health strategy adopted by the board in February 2024. It presents examples of system wide and overarching work as well as work specifically focused on each of the five thematic areas of the strategy. The report also presents priority areas of work for the next year of implementation.

Recommendation(s)

Members are asked to:

- Note the report.
- Note and comment on the recommended priority areas of work for 2025/26.

Main Report

1. Background

1.1. Following an extensive period of consultation, the City Health and Wellbeing Board (HWB) adopted a five year strategy[1] to improve sexual and reproductive health. Within the strategy and its accompanying action plan[2], there are overarching and system wide areas of work, as well as activities focused more on one of the five thematic areas.

1.2. To support monitoring and system wide collaboration, the City and Hackney HWB agreed to set up a joint subcommittee on sexual and reproductive health (HWB SRH subcommittee).

1.3. The HWB requested an annual progress as well as a refreshed annual action plan.

1.4. This report details work undertaken during the financial year 2024/25 towards implementing the SRH strategy and action plan, with a focus on areas of work particularly pertinent to the City of London.

2. Current Position

2.1. **Governance:** The HWB SRH subcommittee, co-chaired by the Chairman of the City Health and Wellbeing Board and the Hackney Council Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, met four times in April, July and September 2024, and on 6 February 2025. At the first meeting, Terms of Reference[3] were agreed.

2.2. **Crosscutting and system wide joint work**

2.2.1. Coordination: Overall coordination of partnership work to support implementation has rested with the Sexual Health lead at the City and Hackney Public Health team, with leadership from the Deputy Director of Public Health.

2.2.2. North East London (NEL) partnership working: The NEL Sexual and Reproductive Health Strategy and action plan is to be formally adopted by the Integrated Care Partnership (ICP) in March 2025. Each local authority within NEL has a local action plan to further implement the strategy locally, while there is also a NEL action plan for overarching issues.

2.2.3. NEL wide Collaboration has been strengthened around sexualised drug use (often referred to as ChemSex) and high risk sex pathways through a series of workshops, bringing together commissioners, providers and allied services and

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[1] City & Hackney Sexual and Reproductive Health Strategy 2024-20…

[2] C&H SRH Action Plan 2024-25 high level

[3] Terms of Reference C&H HWB sub committee for sexual and repro…

community partners. This has clarified what services are available and where and what the referral pathways are. It has allowed for sharing of best practice and wider uptake of harm reduction tools, as well as increased understanding of the practice and implications of sexualised drug use among commissioners.

2.2.4. (Re)Commissioning: During 2024, commissioning processes were started for all currently commissioned Local Authority sexual health services using the Provider Selection Regime (PSR) regulations for clinical services and the Public Contract Regulations for non clinical services.

2.3. **Data and needs assessment**

2.3.1. A sexual health dashboard has been developed by the Public Health Intelligence Team (PHIT) to support monitoring and analysis of SRH activity by commissioned providers, as well as financial spend. The dashboard supports improved planning and decision making.

2.3.2. In 2025 stronger collaboration will be forged around data collection and population level health outcomes in women's health (including contraception and reproductive health) in City & Hackney through collaboration with the NHS, via the Women's Health Hub, Integrated Primary Care CIC (IPC, formerly known as the GP Confederation), and Homerton Sexual Health Services as well as Public Health.

2.3.3. By collating service and activity data from different sources, a more comprehensive picture can be built of who is accessing and receiving services, and who is not, or whether any groups are under or overserved (in relation to their proportion of the population). This in turn can help to develop promotion campaigns as well as inform alternative approaches to service delivery to address inequalities.

2.3.4. During 2025 the SH needs assessment will be updated, using the findings and analyses from the dashboard(s).

2.4. **Implementation**

2.4.1. To facilitate the implementation of the strategy and its action plan, delivery plans were created for all key system partners to allow easier oversight and monitoring of designated aims and actions for key partners.

2.5. **Overarching initiatives**

2.5.1. Sexual and reproductive health campaign: From September 2024, a sexual and reproductive health campaign was launched, focusing on different strategy themes every month, highlighting or reinforcing SRH messages and information, including awareness days, signposting to services and events, and promoting commissioned providers. Most messages contain a link or QR code, and data can be gathered regarding clicks and engagement, to assess impact of the various elements of the campaign.

2.5.2. The campaign has initiated a men's sexual health drive, focusing on sex positive messages, encouraging healthy sexual choices and signposting to online testing. It is aimed predominantly at heterosexual men who often have poorer health seeking behaviour. Beermats and posters were developed with input from a range of stakeholders, aimed at pubs and bars as well as leisure centres/sports clubs. Venues in the City are included in this.

2.5.3. A dedicated SRH Comms group meets monthly and includes comms and public health colleagues, as well as representatives from commissioned providers and other system partners where relevant. A City comms colleague is invited to these meetings.

2.5.4. Health literacy: Health literacy is people's ability to access, understand, and apply health information in order to make informed decisions about their health. The importance of access to and availability of good quality information is embedded within the strategy and action plan.

2.5.5. To translate this into practice, the concept of 'Let's Talk About…' was developed to support SRH conversations that can be proactive, tailored, informative and supportive through a practical resource. It is aimed at people who are volunteers, Health Champions, navigators, community reps, befrienders etc. These are people who are actively talking to people in their organisations, neighbourhoods, communities and who may want to know more about or build confidence in engaging on SRH topics.

2.5.6. A first coproduction workshop was held in December 2024 on the topics of contraception, menopause and heterosexual men and sexual health. It was attended by almost 30 participants, representing City Healthwatch and Healthwatch Hackney (including public reps) commissioned providers (Homerton Sexual Health Services, Positive East), Public Health and

Population Health Hub colleagues, Woodberry Wetlands and Springfield Park Neighbourhood, Community Health Champions, community based organisations (LoveTank) and volunteers (Community African Network).

2.5.7. The concrete output of the workshop was three draft resources on the three topics that will be further developed with the participants. Once finalised they will be actively promoted and added to the Make Every Contact Count (MECC) resource base, shared with Health Champions and other community based volunteers, and made available online.

2.5.8. More workshops on different topics are expected in 2025, with the next one focusing on young people and sexual health.

2.5.9. The added value of working with a varied group of stakeholders, including volunteers and residents from different communities, as well as clinicians, is that lived experience, barriers and misconceptions can be heard and addressed in the workshops and fed into the resources that are being developed.

3. Thematic delivery

The sexual health strategy has five themes and the following presents a summary of actions:

Theme 1: Healthy and fulfilling sexual relationships

While a broad and inclusive theme, in the first year the focus has been on young people.

3.1. Relationship and Sex Education (RSE): Work is ongoing between Public Health and Young Hackney to reassess the existing Service Level Agreements and strengthen capacity within schools and settings of alternative provision to deliver RSE education in line with government guidance. This will include ensuring this support work includes City of London venues.

3.2. City and Hackney HealthSpot: In September 2024, the Super Youth Hub (SYH) was launched at the existing Forest Road Youth Club. This SYH incorporates City & Hackney HealthSpot, which in turn includes a dedicated clinic for sexual and reproductive health, accessible to all young people under 25, every Tuesday from 3-7pm. The clinic is operated by a specialist YP sexual health nurse from Homerton Sexual Health Services. The nurse also participates in Q&A sessions and participatory work with young people.

3.3. Prior to opening the SYH, Participatory Action Research was undertaken to establish the approach and service model. Two City of

London youth groups were engaged in this and one young person from the City was recruited as part of the team of Young Researchers.

3.4. Psychosexual support and high-risk sex counselling services

3.5. During 2024, in addition to improved collaboration across NEL on high risk sex pathways and especially sexualised drug use, also known as chemsex, local services for people accessing the high risk sex pathway at the Homerton Sexual Health Clinics improved.

3.6. Through partnership work between the public health team, Turning Point and the Homerton Sexual Health Services, a MSM (men who have sex with men) peer mentor/Assistant Psychologist and a recovery worker are now embedded at the Clifden Sexual health clinic, covering all weekdays between the two posts. This means that people with problematic sexualised drug use, or other addiction issues that impact their sexual wellbeing, are triaged more effectively when they present at a sexual health clinic, and receive intervention better tailored to their needs. Through the recovery worker, harm reduction tools such as PIP Packs and Naloxone are permanently available in sexual health clinics.

3.7. A further example of enhanced partnership work is the Sexualised Drug Use Operational Case Coordination meeting, which is convened and facilitated by Public Health and attended by a broad range of partners, including Open Doors (sex worker service), Turning Point (addiction service), Homerton sexual health high risk sex pathway, social care (when relevant) and others.

Theme 2: Good reproductive health across the life course

Contraception

3.8. During 2024, work was initiated at GP practice level and through the Women's Health Hubs to improve access to and uptake of Long Acting Reversible Contraception (LARC). For example, self-referral for LARC is now possible with three practices that offer LARC to all of City & Hackney[4]. Within the Shoreditch Park and City primary care network (PCN), the Lawson Practice offers LARC to any resident within that PCN, meaning that women attending the Neaman practice can access LARC within their PCN.

3.9. As mentioned above in section 2.5.6, a health literacy coproduction workshop was held that included a focus on contraception and menopause. The resources that are being developed will be shared with Health Champions and other volunteers, navigators or befrienders working at community level, and will also be made available online, for example via the Make Every Contact Count (MECC) resource library.

[4] See the City & Hackney LARC map.

3.10. Collaborative commissioning

3.11. With regards to the aim of collaborative commissioning, the development of a joint NHS and LA commissioning plan for SRH is the goal. In 2024, work has started on developing a vision and identifying the stakeholders to drive this work forward, involving the Deputy Director for Public Health, the Consultant and Clinical Lead for Women's Health in City and Hackney, and the Director of Planned Care & Women's Health Champion for the NHS North East London. A working group has been set up to develop scope and take it forward in collaboration with Tower Hamlets and the Women's Health Hubs. This is expected to gain momentum in 2025/26.

Theme 3: STI prevention and treatment

Young people

3.12. Work around young people and sexual health has been described under theme 1, and is further exemplified by the work of the condom distribution scheme for young people. Within the City of London, Young Hackney regularly visits the Guildhall School of Music and Drama. The school is signed up as a stakeholder, meaning they can sign up young people and distribute condoms. The City of London school is another educational setting where the YP condom distribution scheme is active.

3.13. Working with the Public Health Community Wellbeing van, Health Spot Outreach Team sessions in the City have taken place at the Guildhall School of Music and Drama, and as part of the Society Links summer barbecue.

Mystery shopping

3.14. With regards to clinical services in the City of London, a mystery shopping exercise was undertaken in partnership with City Healthwatch to assess to what extent non-residential postcodes/addresses were accepted by sexual health clinics for service delivery. The clinics were linked to different providers and local authorities, but known to see relatively high numbers of City based service users.

3.15. The finding was providers did accept non-residential postcodes, which meant that the City of London was paying for services provided to non-residential service users. This has been addressed with the providers and their commissioners, and a list of non-residential postcodes has been re-shared. One provider has since issued a credit note for incorrect charges during 2023/24 and the first months of 24/25.

3.16. A second implication of this incorrect practice is that epidemiologically, the STI rates attributed to City of London residents will have been an overestimation of the actual rates.

Theme 4: Living well with HIV and zero new HIV infections

Prevention: condom distribution

3.17. Through Young Hackney and Community African Network (CAN), active condom distribution is ongoing aimed at young people and people of Black heritage, respectively. CAN increased its presence in the City, with the share of distribution increasing from 4% in Q1 24/25 to 7.6% in Q2.

Prevention: PrEP digital offer

3.18. City & Hackney have spearheaded the commissioning of a digital PrEP offer, or DPrEP, as an alternative to PrEP provision via sexual health clinics. Among groups with higher risk of acquiring HIV, such as MSM and people of Black African heritage, some -for example, young MSM of diverse ethnic backgrounds, or Black African heterosexual women-, do not consider themselves at risk or do not attend sexual health clinics, for a number of reasons.

3.19. To address these inequalities and improve access to all who may need it, DPrEP will offer a clinically robust alternative whereby PrEP will be sent by post, following the necessary clinical consultations and STI tests.

3.20. In addition to addressing inequalities, DPrEP is also likely to present a saving by reducing cost of clinic based consultations, in particular with out of area providers.

Prevention: testing

3.21. A pilot project to introduce HIV opt-out testing in NHS 40+ Health Checks took place across all City and Hackney GP practices, including the Neaman practice in the City. The purpose was to increase testing in the 40+ age group in order to potentially reduce the late diagnosis of HIV, which has worse long term outcomes than when people are diagnosed soon after seroconversion. In City & Hackney, late diagnosis is relatively common. For example, in 2023, for City & Hackney combined, there were 33 new HIV diagnoses, of which 42% were a late diagnosis.

3.22. The opt-out approach helps to normalise testing in alternative settings (e.g. non sexual health clinics) while the Health Checks offer an existing infrastructure to perform this. A ‘how to’ toolkit has been developed to share with other local authorities who wish to implement this approach.

3.23. The Neaman practice had undertaken a total of 66 HIV tests as part of 124 Health Checks during Q1 and Q of 2024/25 (53% of checks included an HIV test.)

HIV Confident Charter

3.24. The HIV Confident Charter is a new charter mark that was developed by a partnership of National AIDS Trust, Positively UK, and aidsmap. It is funded by Fast Track Cities, London, as part of their work to tackle HIV Stigma.

3.25. When an organisation signs up to be HIV Confident, they make a commitment to ensure that people living with HIV can work for them or access their services without fear of discrimination and with confidence.

3.26. The Homerton has confirmed it will become an HIV Confident charter organisation in 2025. The City of London Corporation has paused all work on signing up to charters pending a review.

Theme 5: Inclusion communities and those with complex needs

Young people with special education needs and learning disabilities

3.27. Through collaboration by Health Spot and a range of partners, work is being undertaken with and for YP with special educational needs to assess how they can be better supported with their SRH needs, especially as they mature. This is in line with both theme 1 and theme 5 of the strategy.

3.28. An open day on sexual health and relationships for young people with SEND (age range 13-25) is being held on 20 February 2025 at the Forest Road Youth Hub. It will be an introductory day with information and interaction on a number of topics, with sensory support such as a quiet room, noise cancelling headphones, fidget spinners etc. Information sessions will be held beforehand with parents and carers.

3.29. This initiative is in line with the aim to improve information and access for young people with SEND, and ensure services are offered in a way that works for them.

Coproduction

3.30. Healthwatch Hackney has been collaborating with a peer group of (former) rough sleepers on coproduction and prioritisation of health related activities. As (former) STEPS[5] service users, they are best placed to design interventions and methods of communication that work best for them, and highlight which areas of health they most wish to engage with. The group actively advocated for condoms and sexual health information resources to be made available during their outreach work in City and Hackney through a community stand, and their

[5] The Supporting Transition and Empowering People Service (STEPS) Team is a part of the C&H Public Health team.

advocacy in turn led to STEPS workers being able to provide condoms to service users, or for condoms to be made available at the brunch club, a regular drop in for STEPS service users.

4. Proposals for the 2025/26 action plan

4.1. For 2025/26 a refreshed action plan is being developed that builds on the work started in 2024/25, and that will roll over initiatives that have not yet been progressed. Partnership work is a continuous process that requires time and effort, with the added challenge of not becoming reliant on a person but to be embedded in ways of working and processes.

4.2. For 2025/26 the areas of focus are to continue the work around young people and sexual health and relationships as momentum and partnership work is building. Ensuring good levels of knowledge, awareness and agency among young people is pivotal to improving longer term outcomes, especially among groups that are known to have worse outcomes. This has relevance to all five themes of the strategy.

4.3. It is also proposed to continue with the overarching health literacy work. It combines partnership work with coproduction. Further workshops can be developed around key topics as prioritised by e.g. Health Champions and public reps, with involvement of clinical experts and wider system partners.

4.4. Within theme 2, on reproductive health, high level collaboration on future joint commissioning approaches will be pivotal to ensuring women and transgender or non-binary people with wombs and ovaries can access the broad spectrum of reproductive health services as easily as possible, through clarity on pathways and referral systems, and ensuring contraceptive choices are available in all relevant settings.

4.5. A concrete objective to pursue is establishing a single point of access for long acting reversible contraception and for access/referrals to the City & Hackney Women's Health Hub.

4.6. Establishing an online resource -likely using existing platforms- where all relevant information about SRH services in City & Hackney is easily accessible is another aim that will be further pursued to accomplish in 2025/26. This again will be relevant to all themes of the strategy. A City & Hackney map where all services are highlighted is also under development and will be finalised in 2025.

4.7. Within theme 3, STI prevention and treatment, looking at reducing repeat infections and the importance of partner notification (PN) as a tool for prevention are suggested as priority areas. This can be incorporated in the development of the service specification for the specialist sexual health service.

4.8. Linked to that, doing engagement work with communities that have higher STI rates - for example, Chlamydia in young Black Caribbean men- and developing communications strategies that are better able to connect with certain groups will be important in order to build more trust and confidence in services, to support better health-seeking behaviour. One approach being explored is ‘chicken shop sex chat’; a selection of short videos on SRH made by and for young people that could be accessible via a QR code in ‘chicken shops’, that young people and young adults like to frequent after college, work or a night out. It could explore knowledge and awareness, decision-making, relationships and consent, and access to services, with signposting to local YP friendly services and online testing.

4.9. Within theme 4, work around the HIV Confident charter will continue as a key component of HIV stigma and discrimination initiatives. Equally, to reach the goal of zero new HIV infections by 2023, a committed focus on testing will remain crucial.

4.10. Effective from April 2025 the responsibility for commissioning of HIV treatment services is being devolved to Integrated Care Partnership Boards from NHS Specialist Commissioning. This will present future opportunities for local services to be developed to meet local needs of people living with HIV.

4.11. For theme 5, a focus to improve visibility and accessibility of services from multiple and intersectional perspectives (physical disability, learning disability, homeless, substance misuse, mental health, LGBTQ+) and undertaking a mapping exercise, or inventory of key stakeholders and organisations that can also feed into coproduction of communication and resources. The approach that was taken with regards to young people with SEND can be taken as an example and built on.

4.12. The February HBW subcommittee on SRH will consider the above areas in more detail and agree the 2025/26 action plan.

5. Corporate & Strategic Implications

Strategic implications

The work to improve sexual and reproductive health across the City of London supports delivery of the Corporate plan priorities:- a) Diverse Engaged Communities as well as b) Providing Excellent Service.

Financial implications

None

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

The strategy actively sets out to address inequalities in access to services as well as outcomes in sexual and reproductive health, especially linked to age, ethnicity, gender and sexual orientation.

Climate implications

None

Security implications

None

Conclusion

This report provides an overview of work undertaken during the first year of the City and Hackney SRH strategy and action plan. The Board is asked to note the report, and to agree on the direction and priorities for the next year of implementation.

Appendices

Appendix 1 – 'None'

Report Author

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Committee(s): City of London Health and Wellbeing Board - for information	**Dated:** 07/02/2025
Subject: ● City and Hackney Health Needs Assessment for Children and Young People with Special Educational Needs and Disabilities (SEND) ● SEND and Alternative Provision Strategy 2025-29	**Public** For information
This proposal: ● Delivers Corporate Plan 2024-29 outcomes	● Diverse engaged communities ● Providing excellent services
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of:	Dr Sandra Husbands, Director of Public Health Judith Finlay, Executive Director of Community and Children's Services
Report author:	Swati Vyas Senior Public Health Specialist, City and Hackney Hannah Dobbin Strategy and Projects Officer

Summary

This paper presents two pieces of work related to children and young people with special educational needs and disabilities (SEND).

Firstly, the key findings and recommendations of the City and Hackney Health Needs Assessment (HNA) for Children and Young People with SEND 2024. The HNA for Children and Young People with SEND was carried out between August 2023 to September 2024. The findings and recommendations of the HNA provided evidence and insight that informed the development of the SEND and Alternative Provision Strategy 2025-29. The HNA includes recommendations that are aligned with the action plan that sits underneath the strategy and can be used to support additional

activity that supports the best outcomes for children and young people with SEND.

This paper also presents the SEND and Alternative Provision Strategy 2025-29 for information. This was approved by the Community and Children's Services Committee on 16 January 2025. The strategy sets out the strategic priorities for the Local Area Partnership and guides our activities in relation to children and young people with disabilities aged 0-25 and their families who live in the City of London. The strategy was developed with parent carers, children and young people with SEND and professionals. An 'easy read' version has been produced to widen accessibility of the strategy. An overview action plan sits beneath the strategy and a 'you said, we did' document sets out what the Local Area Partnership has done in response to ideas and feedback from children, young people and parent carers.

Recommendation(s)

Members are asked to:

- **Note** the HNA for Children and Young People with SEND and its findings and recommendations. Also to make any further recommendations with regards to next steps
- **Note** the SEND and Alternative Provision Strategy 2025-2029

Main Report

Background

1. A HNA for Children and Young People with SEND was carried out between August 2023 and September 2024. A multi-stakeholder steering group was set up to oversee progress.
2. The HNA aimed to improve local stakeholder's knowledge and understanding of the health and wellbeing needs of children and young people with SEND aged between 0 and 25 years living in the City of London and Hackney.
3. The objectives were:
    - To describe the population of children and young people with SEND.
    - To identify the health and wellbeing needs of children and young people with SEND.
    - To identify current gaps in local knowledge and understanding of the needs of children and young people with SEND.
    - To provide a high-level overview of the relevant national and local policy context on children and young people with SEND.
    - To develop recommendations based on the findings of this needs assessment to inform future services and commissioning plans for children and young people with SEND.
4. The assessment employed a mixed methods approach incorporating:

- Understanding the level of need: Examining the prevalence and characteristics of children and young people with SEND at national, regional, and local levels, including age, gender, ethnicity, and deprivation.
- Comparative Analysis: Comparing SEND prevalence and trends with North East London, London, and England.
- Qualitative insights: Gathering stakeholder insights through extensive engagement with 200 residents, including children and young people with SEND, their parents and carers, and 17 service providers.

5. The stakeholder engagement was conducted using qualitative methods including interviews, focus group discussions and online surveys. As a non-random subset of the population were engaged, the findings will not be representative of the entire population. Additionally, there is likely to be a large degree of self-selection bias as respondents that are the most active in forums or meetings, and those that have had a negative experience of SEND services will have been more likely to participate.
6. The SEND and Alternative Provision Strategy 2025-29 (Appendix 2) is a statutory document and replaces the SEND Strategy 2020-24. Alternative provision (places that provide education for children and young people who cannot go to school) has been added to the remit of the strategy to reflect a shift in national government policy.
7. An ‘easy read’ version of the strategy has been consulted on and produced.
8. The development of the SEND and Alternative Provision Strategy involved engagement activities and evidence gathering including two facilitated workshops with 30 professionals and two parent carers, plus a session with the City Parent Carer Forum. A facilitated arts session enabled children and young people with disabilities to share their experiences and views. A public consultation on the draft strategy and easy read version ran between July and September 2024.
9. A parent carer Reference Group formed part of the oversight and governance process during the development of the strategy. Five parent carers representing a range of needs and experiences met three times during the development of the strategy. This provided invaluable oversight and input; influencing the type of involvement activities delivered as well as the narrative and content of the strategy and action plan. Learning from this new approach has been shared internally.
10. A ‘you said, we did’ document summarises the Local Area Partnership’s responses to feedback from parent carers.
11. The ‘easy read’ version, action plan, summary of engagement and consultation and ‘you said, we did’ documents are available on the Community and Children’s Services Committee website.

Current Position

12. The findings from the HNA for Children and Young People with SEND are relevant across the City and Hackney as a whole. It was not possible to disaggregate findings for the City of London separately due to small sample sizes and the need to protect the confidentiality of those who participated in the engagement process. Therefore, the HNA’s findings and recommendations

should be read in conjunction with other strategies and SEND work being led by the City of London Corporation.

13. A summary of the key findings from qualitative insights is as follows:

- Young people's perception of being healthy includes having nutritious food, good sleep, exercise and personal hygiene. Their perception of good mental health included engaging in art and creative activities.
- Parents and carers shared enabling factors supporting health and wellbeing of children and young people with SEND:

  School environment and support: Parents valued the support provided by school staff to their child and shared examples of different types of schools having a positive influence on their child's educational attainment and overall development. Support provided by the Education Team to children and young people who are home schooled has also been reported as an enabling factor.

  Parents and carers: Parents and carers themselves play a huge role in enabling good health and wellbeing for their child as they are the main carers.

  Training: Training offered to parents and carers in supporting their child with autism was found useful.

  Well-coordinated services and timely assessment and diagnosis: children and young people with SEND are more likely to have better health and wellbeing outcomes when services are well coordinated and different service providers identify their needs at an early stage, with timely interventions offered. Parents appreciated when their child was diagnosed early and referred to the right services. Communication with parents from diagnosis to ongoing treatment or support was found to be a very important factor in meeting the needs of their child.

  Social care support: Parents and carers of children and young people with SEND who were supported with social care services found it extremely useful.

- Parents and carers shared the following areas that need further development and improvements:

  Communication, information and advice on SEND: Feedback from both parents and services identified this to be an area that can be developed further to make it more accessible, inclusive, clear and consistent. Making a visual map of the SEND pathway and services available would help families navigate the services. Community networks used and trusted by parents and carers will be a useful way of disseminating information and advice on SEND.

  Timely diagnosis of health and wellbeing issues*:* 45% of parents and carers who participated in the online survey said that the health and wellbeing needs of their child were not diagnosed on time.

  Improved access to GP and hospital services for both physical and mental health needs**.**

  Improved knowledge amongst health professionals about SEND needs and services.

  Transition to Adult Mental Health Services.

  Addressing the impact of health issues amongst children and young people with SEND on their educational attainment and school attendance.

Social determinants of health: Housing, transportation, sports, leisure and creative services were reported to be important determinants for maintaining good health and wellbeing for children and young people with SEND. The majority of parents have requested for an increase in the provision of leisure, play and creative activities for children and young people with SEND. This has been identified as a huge gap in provision. Access to housing and transportation was raised as an area of improvement by some parent carers.

- Service provider and professionals' feedback on factors affecting health and wellbeing of children and young people with SEND and areas of improvement included school exclusions; higher need for special school places; access to health services; training for parents on understanding diagnosis and use of available resources; and supporting safe social interactions for children and young people with SEND.
- Areas of improvement included reducing referral and assessment timescales; supporting parents and family's well being; mapping SEND pathway and services; greater engagement between stakeholders; addressing social determinants of health like housing, leisure and poverty; joint working through family hubs and neighbourhoods and promoting annual health checks for young people with learning disabilities.

14. Recommendations based on the insight and data gathered as part of the HNA are:

- **Communication, information, and advice**: enhance communication strategies to ensure clear, accessible information for families and professionals.
- **Diagnosis and early intervention**: improve early identification and intervention processes to ensure timely support for children and young people with SEND.
- **Access to services**: increase accessibility and availability of health and wellbeing services for children and young people with SEND.
- **Addressing inequalities**: implement targeted strategies to address health and social inequalities affecting children and young people with SEND.
- **Data and records**: improve data collection and sharing practices to ensure comprehensive and accurate records of children and young people with SEND.
- **Social determinants of health**: address broader social determinants impacting the health and wellbeing of children and young people with SEND, including poverty and housing.

15. The SEND and Alternative Provision Strategy sets out principles of how the Local Area Partnership will work together to deliver the priorities set out in the strategy. The principles are:

- **High ambition -** support and helpfully challenge each other to achieve the best possible outcomes for all children and young people accessing alternative provision and/or with SEND and their families.
- **Trust and honesty** - deepen trust between all partners, including families, by being open and honest about our priorities, challenges and what we can achieve.

- **Mutual respect and acceptance** - value each other's experiences and expertise, including those of families.
- **Partnership and transparency** - create positive, transparent partnerships that keep children and young people with SEND and/or accessing alternative provision and their families at the centre of all we do.
- **Co-design and engagement** - co-design and engage with children and young people with SEND and their families from the start and provide feedback along the way.
- **Inclusive communities** - support communities that are inclusive of all.

16. Government statistics highlight the national trend that the number of Education Health and Care Plans (EHCPs) has increased each year since their introduction in 2014. Research evidence highlights the experiences of families with children with disabilities which can involve fighting to access support they are entitled to and dealing with the emotional toll that comes if they do not receive that support.

17. The engagement and consultation activities provided the Local Area Partnership with valuable insight into the lives of children and young people with SEND and their families and what is important to them. These experiences and views informed the development of the strategy and are reflected in the narrative, priorities, case studies, quotes and artwork.

18. Children and young people with SEND shared their experiences of living in the City of London and how it can be hard to find accessible places and activities. Parent carers shared their experiences of trying to navigate a complex system to get their child the right help at the right time. Parent carers also highlighted their own emotional wellbeing needs, and stated that support for the whole family during transition points is key, such as moving between school years or from children's to adult services. Parent carers want the SEND and Alternative Provision Strategy to be a lever for positive change, not only within the SEND system, but also across the City of London.

19. The insight gathered informed the **five strategic priorities** in the strategy. The order does not relate to importance; they all contribute to our shared vision for children and young people. The priorities are:

- Children and young people with SEND and their families get the right help, at the right time.
- Children and young people with SEND and parent carers are supported during transitions, including preparation for adulthood.
- Children and young people with SEND and their families are supported and enabled by a skilled, valued workforce.
- Children and young people with SEND and their families feel recognised, valued and part of their local community.
- Children and young people experience high quality, appropriate alternative provision when needed.

20. The strategy includes key actions for the Local Area Partnership under each of the priorities. An action plan sits below the strategy providing more detail to the strategy's priorities and actions, including outcomes.

21. The priorities and actions align with recommendations in the HNA for Children and Young People with SEND including: continuing with the focus on early intervention and ensuring children and young people with SEND get the right help, at the right time, including those from global majority communities; strengthening the information, advice and support offer for families; and continuing to develop a skilled workforce around SEND.

Key Data

22. The HNA for Children and Young People with SEND presents data gathered between August 2023 and September 2024. It found that the City of London has the lowest proportion of children and young people with SEND attending school (12%) compared to Hackney (19%), the North East London average (15%) and the national average (17%).

23. In 2023, the City of London had 67 children and young people with SEND who attend schools locally and 77 children and young people with SEND who live in the City of London. The table below (bullet 24) provides a breakdown of children and young people with SEN support and those with EHCPs who attend schools locally and those who are City of London residents but attend schools outside of the City of London.[1]

24. **Children and young people with special education needs and disabilities in the City of London, 2023**

Breakdown of children and young people with SEN Support and EHCP in the City of London	**City of London**
Pupils: number of children and young people with SEND attending schools locally	**67**
● children and young people with an EHCP	8
● children and young people with SEN support	59
Residents: number of children and young people with SEND living in the local area	**77**
● children and young people with an EHCP	24
● children and young people with SEN support	53

Source: Department for Education, Special educational needs in England, SEN phase type by SEN provision, type of need and school type, 2023 City of London Corporation. EHCP caseload anonymised (not publicly available), 2023.

25. Independent schools had the lowest SEND prevalence in the City of London and Hackney. When independent schools were excluded, Hackney moved from having the seventh to the third highest proportion of children and young people

[1] Note that there is likely to be an element of double counting between the number of pupils and the number of residents with SEND.

with SEND in London, while the City of London moved from the lowest to the highest position. The City of London's variation is bigger as there are a small number of children.

26. Projection data of the children and young people SEND population was not available for the City of London. However, despite its small population, there was a 77% increase in the number of children and young people with an EHCP in the City of London between September 2017 and September 2023.

27. Compared to the general population, SEND prevalence is higher amongst boys than girls attending primary schools, both in the City of London (31% vs 17%) and Hackney (26% vs 14%) in 2022/23. This was in line with the England average (21% vs 11%).

28. SEND prevalence was higher among English speakers than among speakers of other languages in both the City of London (28% vs 21%) and Hackney (21% vs 19%). This is also the case for London (19% vs 14%) and England (18% vs 13%).

29. In 2022/23, SEND prevalence was higher among children and young people eligible for free school meals than those not eligible in the City of London (33% vs 23%) and in Hackney (27% vs 16%). This aligns with the averages for London (25% vs 14%) and England (28% vs 14%).

30. Breakdown of the ethnicity data of children and young people with SEND wasn't possible for the City of London due to small numbers.

31. Primary educational needs varied by the phase of education and provision of SEN. The primary educational need for children and young people with an EHCP was autism, whereas the needs of children and young people with SEN support were related to speech, language, and communication.

32. Although the total number of referrals into Speech and Language Therapy (SaLT) for children and young people living in City of London and Hackney has remained relatively stable since 2018 (around 1,000 per year), between 2018 and 2023 there was a noticeable increase in the proportion of those who were referred at a younger age.

33. The SEND and Alternative Provision Strategy cites various data sources to provide a snapshot of children and young people with SEND in England and the City of London.

Corporate & Strategic Implications

For the HNA Children and Young People with SEND:

Strategic implications

Recommendations of the HNA Children and Young People with SEND align with the City of London Corporate Plan.

Financial implication

None.

Resource implications

None.

Legal implications

None.

Risk implications

None.

Equalities implications

Equalities and equity considerations are central to the data analysis and extensive stakeholder engagement conducted within the HNA Children and Young People with SEND and the recommendations in the HNA.

Climate implications

None.

Security implications

None.

For the SEND and Alternative Provision Strategy:

Strategic implications

The SEND and Alternative Provision Strategy aligns with the Corporate Plan 2024-2029 objectives of 'providing excellent services' and 'diverse engaged communities'. It also aligns with aims of the Department for Community and Children's Services Business Plan: safe; potential; independence, involvement and choice; health and wellbeing; and community. The alternative provision element relates to the City Corporation's Alternative Provision Statement. The strategy sits alongside other City Corporation strategies including those for Early Help, Carers, Education, and the Joint Local Health and Wellbeing Strategy. It also sits alongside the City and Hackney All Age Autism Strategy 2022-25 and City and Hackney Strategy for Learning Disabled People 2019-24 (to be reviewed in 2025). SEND is one area prioritised by the Association of London Directors of Children's Services, which the City Corporation is represented on. The strategy sits within the context of national Government policy and legislation.

Financial implications

The SEND and Alternative Provision Strategy sets out a range of priorities and actions. Financial implications will be considered within each discrete project or any support or services commissioned as part of the strategy. It is also important to recognise that nationally there is increased pressure on High Needs Funding for SEND but as it stands the City Corporation can meet residents' needs within our budgets. The pressures on the City Corporation will likely increase in 12-18 months based on current needs trajectories. Impact and risks around this can be monitored and mitigated against. The City Corporation joins local authorities across the country in advocating for more sustained national funding based on current legislation.

Resource implications

Members of the Local Area Partnership have jointly developed and agreed the strategy and the action plan. Discrete projects or actions within the strategy may require additional resource consideration and this will be dealt with on an individual basis.

Legal implications

The SEND and Alternative Provision Strategy sits within the context of SEND legislation and statutory guidance.

Risk implications

The SEND and Alternative Provision Strategy brings no major risks to the City Corporation or Local Area Partnership. Risk analysis will be completed for each discrete project that comes from the strategy as appropriate.

Equalities implications

An Equality Impact Assessment has been completed for the Strategy. Available on the Community and Children's Services Committee website.

Climate implications

None.

Security implications

None.

Conclusion

34. Children and young people with SEND and their parents and carers shared their experiences and insight to inform both the HNA Children and Young People with SEND and the SEND and Alternative Provision Strategy. Their voices will remain heard during the implementation of the strategy and continue to inform delivery.
35. The SEND Programme Board will monitor progress against the action plan which sits beneath the SEND and Alternative Provision Strategy on an annual basis.

Appendices

- Appendix 1: HNA Children and Young People with SEND report
- Appendix 2: SEND and Alternative Provision Strategy 2025-29

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City and Hackney Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities

2024

City and Hackney Health Needs Assessment for Children and Young People with Special Educational Needs and Disabilities

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Version control
A minor amendment has been made to a previous version of this report, published on 17th October 2024, to remove commentary regarding the reasons for Education Health and Care Plans discontinuing on page 30.

Contents

Abbreviations and acronyms

AP	Alternative Provision
ASD	Autistic Spectrum Disorder
ASQ-3	Ages and Stages Questionnaire third edition
CFS	Children and Families Services (Social Care)
CIN	Child in Need Plans
CPP	Children on Child Protection Plans
CYP	Children and Young People
EBSNA	Emotionally Based School Non Attendance
EHCP	Education, Health and Care Plan
HES	Hospital Episode Statistics
HI	Hearing Impairment
ICB	Integrated Care Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessments
LA	Local Authority
LAC	Looked-after Children
MLD	Moderate Learning Difficulty
MSI	Multi-Sensory Impairment
NEET	Not in Education, Employment or Training
NEL	North East London
NICE	National Institute for Health and Care Excellence
NSA	SEN support but no specialist assessment of type of need
OHID	Office for Health Improvement and Disparities
OTH	Other difficulty or disability
PD	Physical Disability
PfA	Preparing for Adulthood
PMLD	Profound and Multiple Learning Difficulty
SaLT	Speech and Language Therapy
SDQ	Strengths and Difficulties Questionnaire
SEMH	Social Emotional and Mental Health

SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SPLD	Specific Learning Difficulty
VI	Visual Impairment
YP	Young People

Executive Summary

Aim

The primary aim of this health needs assessment is to enhance the understanding of the health and wellbeing needs of children and young people (CYP) with Special Educational Needs and Disabilities (SEND) aged 0-25 years in the City of London and Hackney. This assessment seeks to inform local stakeholders, identify gaps in current provisions, and guide future service planning and commissioning.

Outline of the report

This report is divided into seven chapters and presents the findings of a health needs assessment for children and young people with SEND in the City of London and Hackney. It provides an overview of national and local policies on CYP with SEND.

The report draws on quantitative data on the local prevalence of CYP with SEND across different age cohorts, type of educational setting, demographics and future projections. It describes the health and wellbeing needs of CYP with SEND carried out through engagement with young people with SEND, their parents and carers and wider stakeholders.

Methods

The assessment employed a multi-method approach based on the Stevens and Raftery health needs assessment framework, incorporating:

1. **Epidemiological Analysis**: Examining the prevalence and characteristics of SEND at national, regional, and local levels, including age, gender, ethnicity, and deprivation.
2. **Comparative Analysis**: Comparing SEND prevalence and trends over time with North East London, London, and England.
3. **Corporate Analysis**: Gathering stakeholder insights through extensive engagement with 200 residents, including CYP with SEND, their parents and carers, and 17 service providers.

Key Findings

- **Prevalence and Demographics**:

  - Hackney has a higher SEND prevalence (19%) compared to the North East London average (15%) and national averages (17%).
  - The City of London has the lowest SEND prevalence (12%) among London boroughs.
  - Projections indicate a 31% increase in pupils with an Education, Health and Care Plan (EHCP) in Hackney by 2030, while those receiving SEN support are expected to decrease by 30%.
  - There are inequalities in SEND prevalence across different groups. The SEND prevalence was higher amongst boys; certain ethnic groups like White and Black

Caribbean, Black Caribbean, Black African or other, Traveller of Irish heritage and White British and Irish; English speakers; CYP entitled to free school meals and an over representation of CYP with SEND in the youth justice system.

- The primary educational need of CYP with SEND varied across phases of education and by SEN provision. The primary needs of those with an EHCP was mainly Autism Spectrum Disorder. Among those with SEN support, the main primary needs were speech, language and communication in the early years, whereas emotional and mental health needs were the most common primary needs among those with SEN support in secondary school and the YP in the youth justice system.

- **Health and Wellbeing Needs**:

- Data on health needs is limited, particularly for those with SEN support.
- Medical needs are under-reported on the EHCP records. Where these were recorded, the most common medical needs were epilepsy, allergies, eczema, Down's syndrome, asthma, continence, constipation and heart related conditions.
- Key health service accessed by CYP with SEND, where data was available was speech and language therapy. Although the total number of referrals into SaLT for children and young people living in the City of London and Hackney has remained relatively stable since 2018, there was a noticeable increase in the proportion of those who were referred at a younger age between 2018 and 2023.
- Poor emotional health is more common amongst Looked After Children with SEND compared to those without SEND.

- **Stakeholder Insights**:

- **Children and Young People with SEND**: Identified areas for improvement in health and wellbeing services, including better communication and integration of services.
- **Parents and Carers**: Emphasised the need for improved support in schools, better health services, and addressing social determinants of health.
- **Service Providers and Professionals**: Suggested improvements in referral systems, timelines, and addressing inequalities.

Recommendations

1. **Communication, Information, and Advice**: Enhance communication strategies to ensure clear, accessible information for families and professionals.
2. **Diagnosis and Early Intervention**: Improve early identification and intervention processes to ensure timely support for CYP with SEND.
3. **Access to Services**: Increase accessibility and availability of health and wellbeing services for CYP with SEND.
4. **Addressing Inequalities**: Implement targeted strategies to address health and social inequalities affecting CYP with SEND.
5. **Data and Records**: Improve data collection and sharing practices to ensure comprehensive and accurate records of CYP with SEND.
6. **Social Determinants of Health**: Address broader social determinants impacting the health and wellbeing of CYP with SEND, including poverty and housing.

Chapter 1: Background and Introduction

Background and introduction

Joint Strategic Needs Assessments (JSNAs) are carried out by local authorities, in partnership with stakeholders and partners from across Integrated Care Systems (ICS), to assess the current and future health and wellbeing needs of the local population. The process supports the development of local policies, strategies, and health interventions, and informs service planning and commissioning.

A new Special Educational Needs and Disabilities (SEND) JSNA will provide an up to date understanding of the needs of Children and Young People (CYP) with SEND in the City of London and Hackney, identify gaps in the local offer, enable the development of more inclusive SEND provision and help plan for future SEND needs through local commissioning plans.

Aims and objectives

This health needs assessment aims to improve local stakeholder's knowledge and understanding of the health and wellbeing needs of CYP aged between 0 and 25 years, with SEND living in the City of London and Hackney.

The objectives of this needs assessment are as follows:

1) To describe the population of children and young people with SEND.
2) To identify the health and wellbeing needs of children and young people with SEND.
3) To identify current gaps in local knowledge and understanding of the needs of children and young people with SEND.
4) To provide a high level overview of the relevant national and local policy context on children and young people with SEND.
5) To develop recommendations based on the findings of this needs assessment, to inform future services and commissioning plans for children and young people with SEND.

Methodology

The following three methods were used, based on the Stevens and Raftery health needs assessment approach (1) :

1. **Epidemiological** (assessing the prevalence and health needs by different characteristics)**:** This includes the prevalence of SEND at national, regional and local authority level. It also includes who is affected by age, gender, ethnicity, deprivation,

and other available characteristics in the SEND cohort. We also gathered data on health conditions that affect CYP with SEND, however limited data were available for inclusion in this report. The key sources of data used in this report were from the Department for Education; service providers including Education, Health and Children's Social Care; OHID; and NHS Digital.

2. **Comparative** (comparison with other areas and over time): This needs assessment includes comparisons of prevalence of SEND amongst different age groups, trends and projections over time as well as with North East London, London and England.
3. **Corporate** (incorporating stakeholder views and expertise): This involves eliciting views of stakeholders including CYP with SEND, parent/carers and professionals. City of London and Hackney's Public Health Team carried out extensive stakeholder engagement between December 2023 to March 2024, with a total of 200 residents including young people with SEND, their parents and carers and 17 service providers.

In this report, numerical figures presented in the text are rounded to the nearest whole number, while figures represented in charts are rounded to one decimal place for clarity and ease of interpretation.

Governance

This work was overseen by a CYP SEND Needs Assessment Steering Group that was established by the City of London and Hackney Public Health Team. The group included representation from SEND, ICS, Primary care, Children's Social Care and Public Health. Regular updates on progress for this report were also taken to the Children & Education Senior Leadership Team and SEND Partnership Boards for the City of London and Hackney.

Defining SEND cohorts included in this report

This report refers to two key cohorts of CYP with SEND. The definitions and types of SEND are included in Chapter 2 of this report:

- CYP with SEND (both SEN support and EHCP) who are City or Hackney residents and registered in a local school. This cohort also includes CYP with SEND (both SEN support and EHCP) who are registered in a school in the City of London or Hackney, but live outside these areas (only school census data was available for this cohort, details of their EHCP were not available).
- CYP with SEND who have an EHCP maintained by City or Hackney, but are registered in a school outside these areas or are homeschooled / out of school register.

It does not cover CYP with SEN support who are City of London or Hackney residents and registered in a school outside these areas, homeschooled or out of school.

Chapter 2: SEND Definitions and Risk factors for SEND

Definitions

The Special Educational Needs and Disability Code of Practice (2015) defines SEN as follows:

“A child or young person has **SEN** if they have a learning difficulty which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

has a significantly greater difficulty in learning than the majority of others of the same age,
has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream-post 16 institutions.”

For children aged two or more, special educational provision is education or training provision that is additional to, or different from, that generally is made for other children of the same age. For a child under the age of two, special educational provision means education provision of any kind. A child under compulsory school age has special educational needs if he or she is likely to fall within the definition shown above when they reach compulsory school age, or would do so if special educational provision were not made available for them.

The SEND Code of Practice further defines CYP with a **disability** as follows:

“Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘…a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition. “

Special Educational Needs and Disabilities can affect a **child or young person’s** ability to learn in many different ways. There are two levels of support available to children or young people with **Special Educational Needs and Disabilities:**

- **Special Educational Needs Support (SEN Support):** This additional support is offered to the child or young person at their school or college. The aim is to help the child or young person achieve outcomes that are jointly developed between the

school and parents/carers. Some examples of SEN support are: a special learning programme; extra help from a teacher; making or adapting materials and equipment; support for the child/young person in a small group.

- **Education Health and Care Plan (EHCP): An education, health and care plan** is for **children and young people** up to the age of 25 years who need more support than is available through SEN support. It includes an assessment of the child or young person's educational, health and social needs and sets out extra support required to meet them. (2)

Table 1: SEND categories used to describe SEND in the School Census

Broad area of need	Category of SEN
Cognition and Learning	• Specific Learning Difficulty (SPLD) • Moderate Learning Difficulty (MLD) • Severe Learning Difficulty (SLD) • Profound and Multiple Learning Difficulty (PMLD)
Communication and Interaction	• Speech, Language and Communication Needs (SLCN) • Autistic Spectrum Disorder (ASD)
Social, Emotional and Mental Health Difficulties	• Social Emotional and Mental Health (SEMH)
Sensory and/or Physical Needs	• Hearing Impairment (HI) • Visual Impairment(VI) • Multi-Sensory Impairment (MSI) • Physical Disability (PD)
Other	• Other difficulty or disability (OTH) • SEN support but no specialist assessment of type of need (NSA)

Source: Department for Education, Special educational needs in England type of need, 2023.

Risk Factors for SEND

The following section outlines the key risk factors that affect a **child or young person with a Special Educational Need or Disability.**

Table 2: Risk Factors for SEND

	Risk Factors for SEND
1. **Prenatal, perinatal and early childhood**	• National Institute for Health and Care Excellence (NICE) lists a range of conditions that are risk factors for people with learning disabilities during the prenatal, perinatal and early childhood period. (3). • **Gestational Age:** A study aimed to examine the risk of SEN across the full gestation period. It showed that gestational age at delivery is strongly associated with a

	child's risk of having a SEN. The study demonstrated a strong trend of decreasing risk of SEN with advancing gestational age at birth. There was a very strong association with extreme preterm delivery (24-27 weeks). The risk steadily declined with increasing gestational age up to 40-41 weeks, but then increased among those who delivered at 42 weeks. (4) • **Low birthweight:** Low birth weight has been cited as a risk factor for developmental delays in children in a study assessing the cognition, school performance and behaviour of children at the age of 8 years. The study showed that the majority of children with very low birth weight were developing normally and their reading and performing in most academic and social areas was as good as children with normal birth weight. However, there were certain areas where children with very low birth weight were found to be significantly worse off. This included tests of cognition, including tests of intelligence, visual memory, motor skills and initiative as compared to children with normal birth weight. Higher proportion of parents with children with very low birth weight reported that their children were not coping well at school, compared to those with normal birth weight. (5)
2. Personal and Environmental factors	• NICE also includes personal and environmental factors that put a person with a learning disability more at risk of challenging behaviour such as **aggression, self-harm, social withdrawal, disruptive or destructive behaviour.** (6)
3. Socio-economic factors	• **Poverty** is both a cause and effect of SEND. Children with SEND are more likely to be poor, while children living in poverty are more likely to develop SEND. They are also less likely to experience their full educational potential and leave education with outcomes that increase the chances of living in poverty in their adult life. The Joseph Rowntree Foundation (JRF) report recommends that policy makers and early years leaders prioritise SEND, training of staff in early years settings and schools for early identification of SEND, and targeted funding for pupils with SEND who are at risk of being excluded. (7)

Chapter 3: Policy Context

National policies and guidance included in this report are:

Table 3. National policies and guidance related to SEND

Children and Families Act (2014)	The Children and Families Act (2014) includes in depth guidance and requirements for local authorities in relation to children and young people with special educational needs or disabilities. Local authorities have a responsibility to integrate education, training, healthcare, and social care where this would promote the wellbeing of children and young people with SEND. It extended the support for CYP with SEND from 0-25 years and replaced SEN statements with EHCPs.
Care Act (2014)	The Care Act (2014) includes detailed requirements for local authorities to provide care and support for children transitioning to adult care.
NICE guidance (2016)	NICE guidance (2016): provides guidance on the transition from children's to adult services for young people using health or social care services.
The SEND Code of Practice (2015)	The SEND Code of Practice (2015) provides statutory guidance for organisations that work with and support CYP with SEND. It sets out the broad areas of need including: cognition and learning; communication and interaction; social, emotional and mental health difficulties, and sensory and physical needs.
Government SEND review (2023)	Government SEND review carried out in 2023 focuses on: a) fulfilling children's potential: b) build parents' trust and c) provide financial sustainability.
The Children's Commissioner of England report (2023)	The Children's Commissioner of England report (2023) recommends: a) To be understood, seen and heard with improved early identification, better data, access to advocacy being key areas of improvement: b) Good education and support in schools; c) Accessible activities; d) High quality care; e) Freedom from harassment and discrimination; f) Smooth transition and preparing for adulthood; and g) A whole family approach.

The local policies included in this report includes:

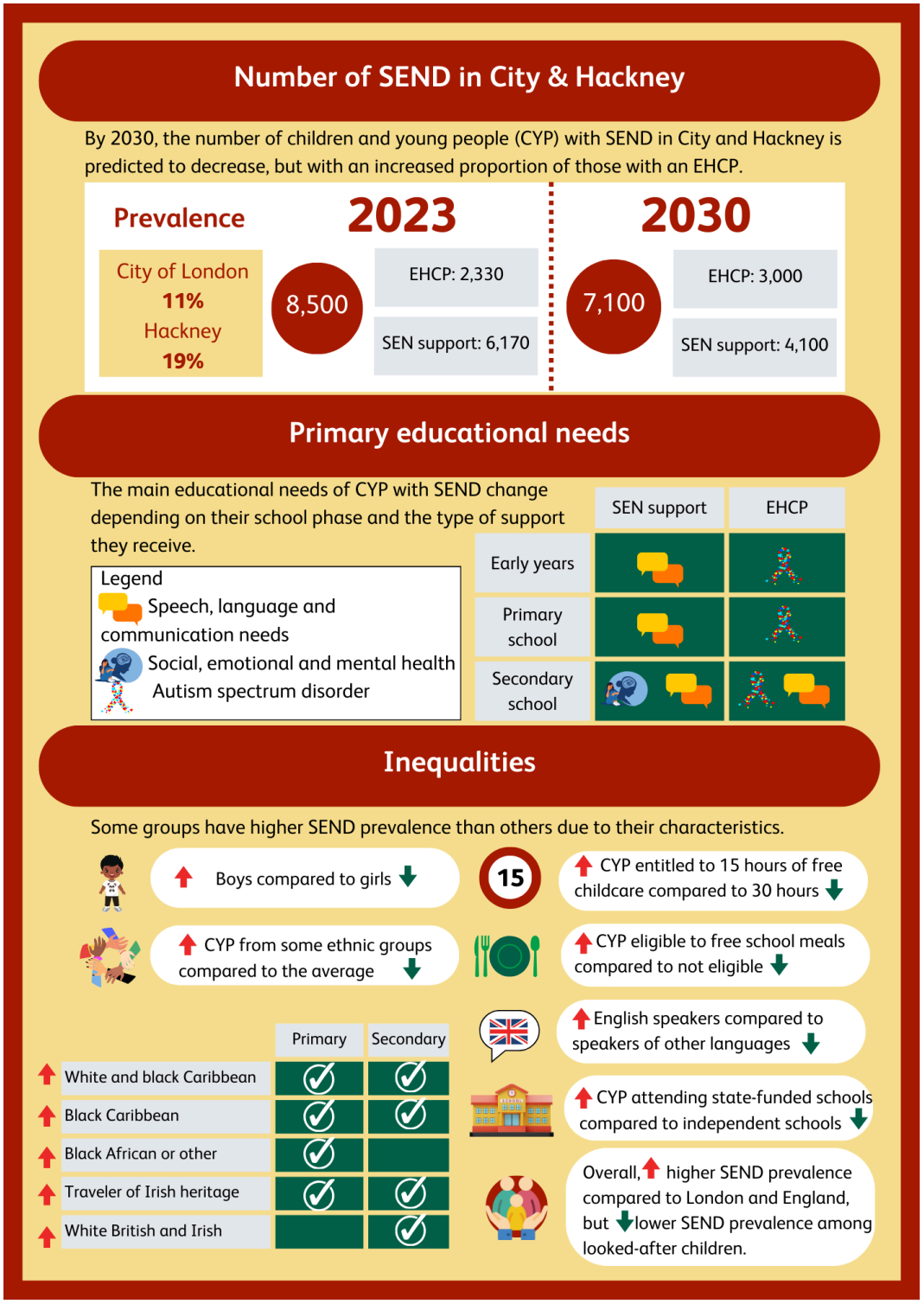
Table 4. Local policies related to SEND, City and Hackney

Hackney Young Futures Commission report	The Hackney Young Futures Commission report consulted with young people in the borough. Key themes that emerged were focused on a bright, secure, active, inclusive, safe and healthy future.
SEND Strategy, City of London 2020-24	SEND Strategy, City of London 2020-24 aims to provide an inclusive and safe environment where children and young people can learn, achieve and participate with other children and young people. The City of London SEND strategy is being refreshed and engagement is being carried out at the time of writing this report. The new SEND strategy is planned to be in place for 2025-2029.
Hackney's SEND Strategy 2022-25	Hackney's SEND Strategy 2022-25 envisions providing an excellent, inclusive and equitable local experience for all Hackney CYP with SEND.
Hackney's Preparing for Adulthood strategy (2024-27)	Hackney's Preparing for Adulthood strategy (2024-27) is currently unpublished, and will focus on four key priorities: active listening of views of YP and their families; system wide partnership; provide clear and accessible information; identify opportunities for joint commissioning.

Detailed national and local policies for CYP with SEND are included in **Appendix 1** of this report.

Chapter 4: Local picture

Chapter Summary

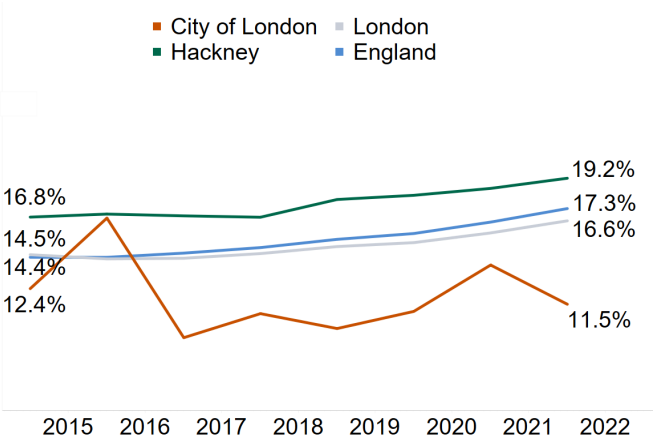


Sources: Department for Education, Special educational needs in England, 2023. SEN2 Return to DfE - Normalised to total school population within LA, 2021/22. Education provision: children under 5 years of age.

Current SEND prevalence

In the academic year 2022/23, **Hackney** had the seventh highest SEND prevalence out of 32 London boroughs plus the City Corporation, among pupils registered at both state maintained and independent schools. This equates to 19% of **children and young people** registered at schools in Hackney having SEND. This is higher than the North East London (NEL) average (15%), and the averages for London and England (both 17%). Locally, regionally and nationally, SEND prevalence has been rising since 2015/16 (Figure 1). (8)

Figure 1: Trend in the prevalence of children and young people with SEND by area, 2015/16 to 2022/23



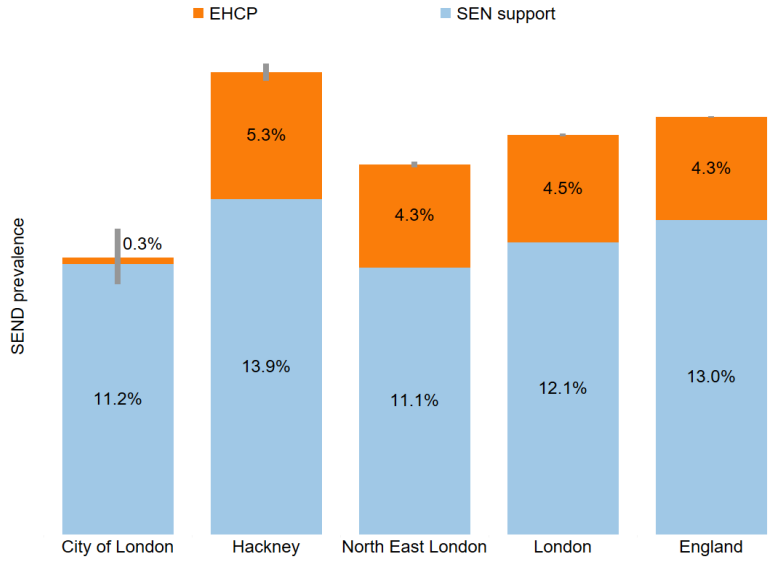
Source: Department for Education, Special educational needs in England, SEN phase type by SEN provision, type of need and school type, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools, alternative provision schools and independent schools.

The percentage of pupils with SEND in **Hackney** is higher than comparators. This is the case for both CYP who receive SEN support and those with an EHCP (Figure 2). The proportion of pupils with SEND shown in Figure 2 relates to pupils who attend school in the City of London or Hackney independently of where they live.

Table 5 summarises what we know about the number of pupils with SEND in Hackney and the City of London as well as the number of CYP residents with SEND. The number of resident CYP with SEND for Hackney is not available because the number of CYP receiving SEN support attending school outside the borough is currently unknown. (9)

The City of London has recently completed a census of their resident CYP receiving SEN support. This involved contacting over 80 schools to confirm whether City residents with SEN support were attending their settings. By September 2024, the City of London identified 53 pupils with SEN support out of 332 City residents attending schools in or out of the Corporation. It is worth noting that the total number of pupils with SEN identified is lower than the number of City residents aged 5 to 16 identified by Census 2021 (402).

Figure 2. Proportion of pupils with Special Education Needs and Disabilities by provision and area, City and Hackney and comparator areas, 2022/23



Source: Department for Education, Special educational needs in England, SEN phase type by SEN provision, type of need and school type, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools, alternative provision schools and independent schools.
EHCP: education, health and care plans
SEN: special education needs, includes disabilities

Table 5. Children and young people with special education needs and disabilities included in this report, 2023

	Hackney	City of London
Pupils: number of CYP with SEND attending schools locally	8,500	67
• CYP with an EHCP	2,230	8
• CYP with SEN support	6,170	59
Residents: number of CYP with SEND living in the local area	unknown	77
• CYP with an EHCP	3,520	24
• CYP with SEN support	unknown	53

Source: Department for Education, Special educational needs in England, SEN phase type by SEN provision, type of need and school type, 2023; London Borough of Hackney. EHCP Annex A (not publicly available); City of London Corporation. EHCP caseload anonymised (not publicly available), Oct 2024.

In **Hackney** schools, there are 2,330 pupils with an EHCP (Table 5), which accounts for 5% of the total number of pupils. Additionally, 6,170 pupils receive SEN support (Table 5), which equates to 14% of the total pupils. Altogether, this results in a total of 8,500 pupils with SEND, constituting 19% of the total pupil population in the academic year 2022/23. (8)

The **City of London** has the lowest proportion of CYP with SEND attending school (12%) of the 32 London boroughs plus the City Corporation. (8) There were eight pupils (accounting

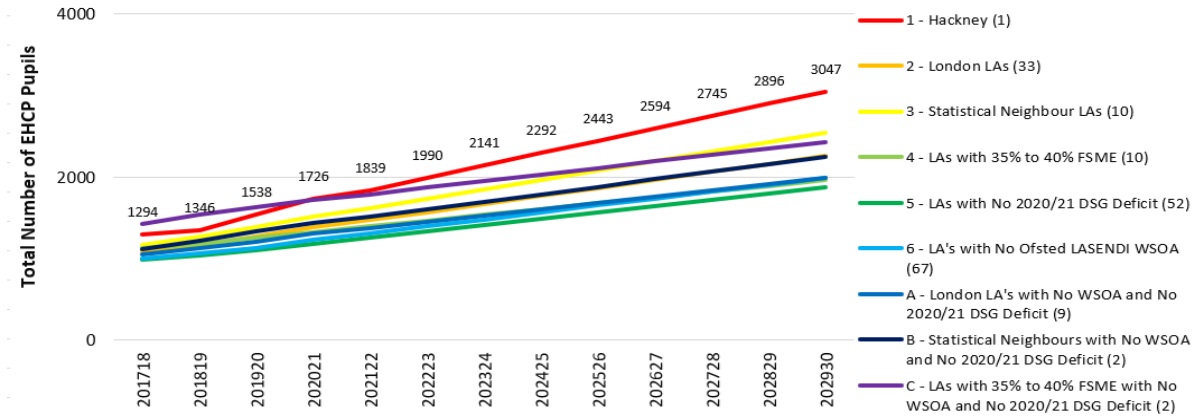
for 0.3% of the school population) and 24 CYP residents with an EHCP[1]. Additionally, 59 pupils (11.2% of the City of London's total pupils in 2022/23) and 53 residents were identified as receiving SEN support[1] (Table 5).

The City of London is unique because of the size of the population and there only being one primary school in the area. Most of the children who attend this school live outside of the City of London. There is no state maintained secondary school in the City of London and all secondary aged pupils attending state maintained schools access provision outside of the City of London.

SEND projections

Projections indicate that by 2030, the number of pupils with an EHCP going to school in Hackney is expected to increase by 31% from 2,330 to 3,047 (Figure 3). By contrast, the number of CYP receiving SEN support is expected to decrease by 30%, from 6,170 to 4,341 (Figure 4). Overall, there is projected to be a 14% reduction in SEND prevalence in 2030 from 2023.This includes pupils in independent schools. (10) The reasons for the reduced numbers are unknown.

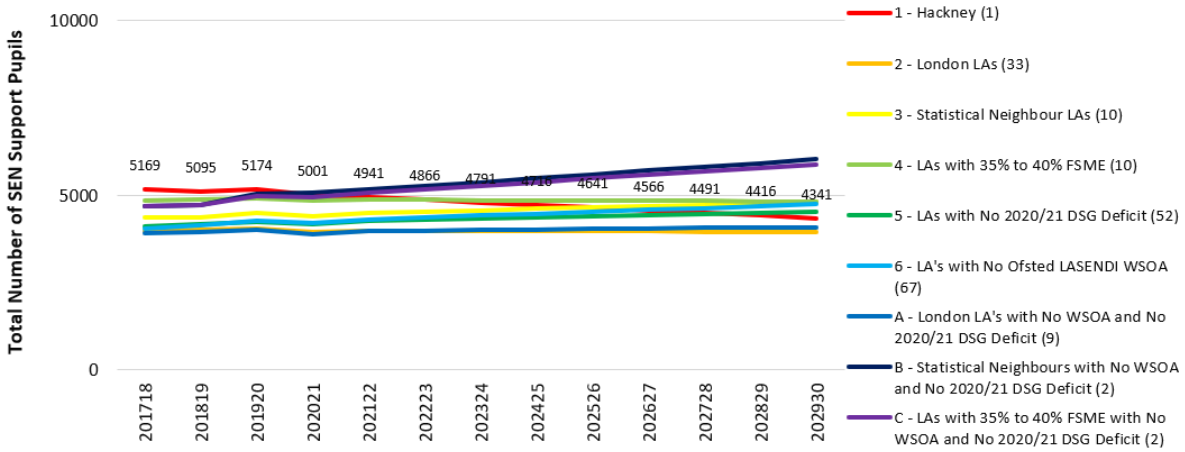
Figure 3. Number of children and young people with Education, Health and Care Plan by time period, Hackney and comparators, 2017/18-2029/30



Source: SEN2 Return to DfE - Normalised to total school population within LA, 2021/22
Note: This image was copied from the Hackney Commissioning Strategy, June 2023.

[1] Note that there is likely to be an element of double counting between the number of pupils and the number of residents with SEND.

Figure 4. Number of children and young people with special education needs by time period Hackney and comparators, 2017/18-2029/30



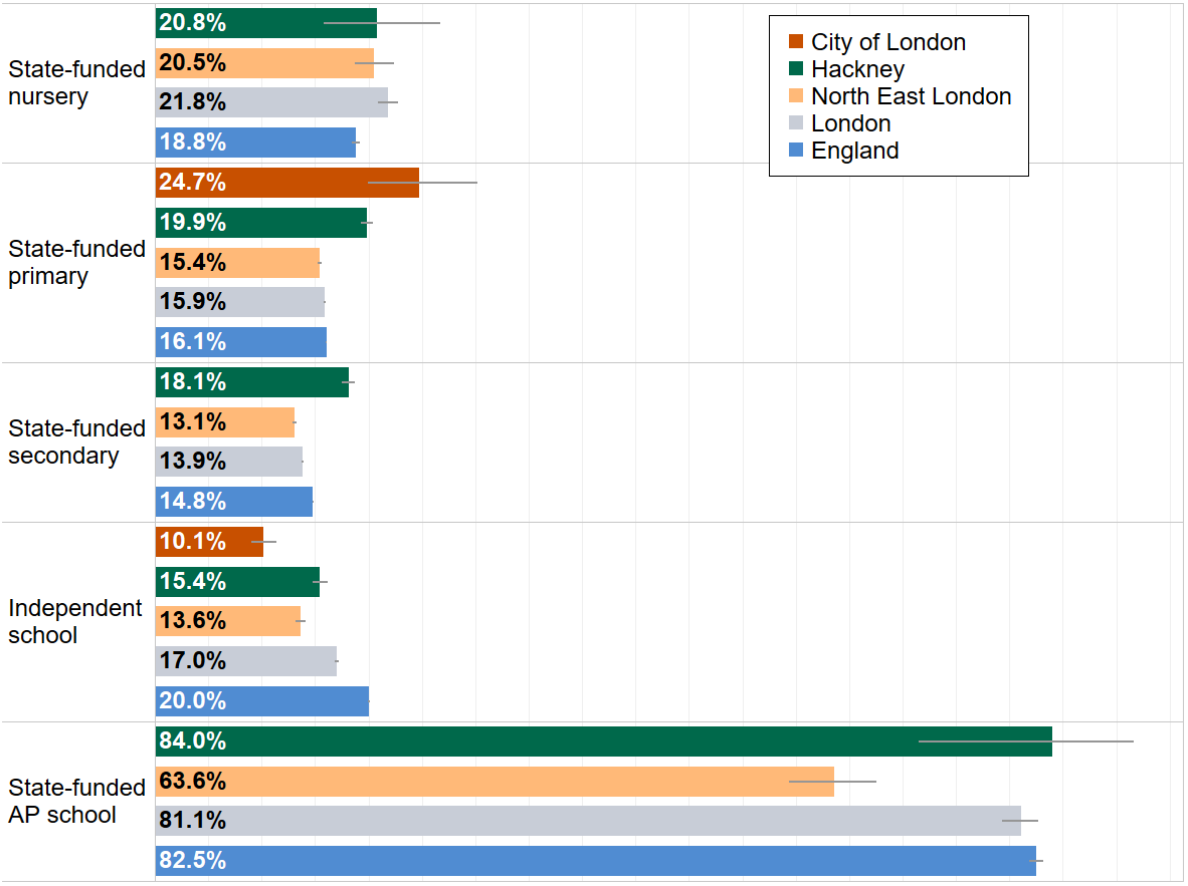
Source: SEN2 Return to DfE - Normalised to total school population within LA, 2021/22
Note: This image was copied from the Hackney Commissioning Strategy, June 2023.

Projection data was not available for the City of London. However, despite the **City of London's** small population, there was a 77% increase in CYP with an **EHCP** between September 2017 and September 2023, from 13 to 23 CYP. (11)

SEND prevalence by school type

The prevalence of SEND among CYP varies by school type. Independent schools in both the City and Hackney have a statistically significant lower prevalence of SEND among CYP compared to other types of schools. Notably, the difference in the City is even more pronounced than in Hackney (Figure 5). When we exclude independent schools, Hackney moves from having the seventh to the third highest proportion of SEND in London, while the City moves from the lowest to the highest position. (8)

Figure 5. Prevalence of pupils with special education needs provision, by type of school and area, City and Hackney and comparator areas, 2022/23



Source: Department for Education, Special educational needs in England, SEN phase type by SEN provision, type of need and school type, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools, alternative provision schools and independent schools.
The City of London has a state-funded nursery at the only primary school in the area and has SEND children attending the class despite the data not being available in the public data. The data has not been added to the chart due to the number of CYP with SEND being under eight.
SEND: special education needs and disabilities, include special education needs support and education, health and care plans.
AP: alternative provision

State-maintained special schools are publicly funded educational institutions, specifically dedicated to providing tailored education and support for CYP with SEND. Hackney has three state-maintained special schools: Stormont House School, the Garden School (which has two sites; the Garden and the Pavilion), and Ickburgh School. There are also two independent special schools (Side By Side School, which is an Orthodox Jewish school, and Leaways School). As expected, all children in special schools in Hackney have SEND. There are no special schools within the City of London.

Alternative provision (AP) schools provide education for CYP of compulsory school age who do not attend mainstream or special schools and who would not otherwise receive suitable education. These include permanently excluded CYP, and other CYP who

would not receive suitable education without such arrangements being made, because of illness or other reasons. (12) In Hackney, there are two state-funded AP schools: The Boxing Academy AP Free School and New Regent's College.

In the academic year 2022/23, 42 pupils with SEND (including SEN support and EHCP) attended the AP schools in Hackney. This represents 84% of the 50 pupils enrolled in these schools; a notably high percentage compared to other types of schools in Hackney. The higher percentage of SEND among CYP in AP schools is also observed in NEL, London and England (Figure 10). The City of London does not have any state-funded AP schools. (8)

SEND throughout phases

The following sections only include data relevant to CYP attending state-maintained schools in Hackney and the City of London. No data is available for CYP attending independent schools.

Historically, the prevalence of SEND in state-funded nurseries was lower than in primary and secondary school. For example, in 2019/20, 11% of pupils in state-funded nurseries had SEND and this increased to 18% among primary and secondary school pupils in Hackney. In 2022/23, this was not the case as there was a significant increase in the prevalence of SEND among children in state-funded nurseries, which reached 21%, likely due to their development being affected by the lockdowns. (13)

Early identification is important to ensure the right support is provided for children with SEND. This can happen at different stages outlined below, during the antenatal period, birth, early years and school age.

Maternity

Midwifery plays an important role in antenatal and newborn screenings. Midwives perform antenatal checks to help identify genetic conditions, developmental delays and risk factors that may affect the child’s development. After babies are born, newborns are screened for several genetic disorders and metabolic conditions that may not be apparent at birth. This is done via a blood test obtained from a heel prick. Newborn screening also includes assessment for hearing loss and vision impairment. (14)

In 2023, 58% of women who delivered at Homerton hospital, which is the main maternity hospital for Hackney residents, had their antenatal booking appointments within 10-weeks of birth, as recommended. This is statistically similar to London (59%) and England (61%). (15) The number of deliveries from City of London residents by NHS trust is too small to give an accurate reflection of the City of London’s resident population giving birth.

Health Visiting

The Healthy Child Programme, delivered by health visitors, offers five mandated health visitor contacts, including one antenatal check and four baby checks, within 14 days, at 6-8 weeks, at 12-months, and at 2-2.5 years. Additional support through the intensive health visiting contacts for vulnerable families in the City of London and Hackney is also provided. (16)

At the two-year check, children receive an 'Ages and Stages Questionnaire third edition' (ASQ-3) assessment for child development. Children with suspected development delays then receive another assessment to gauge further development needs and determine whether onward referrals to specialist services are needed.

Box 1: Ages and Stages Questionnaire

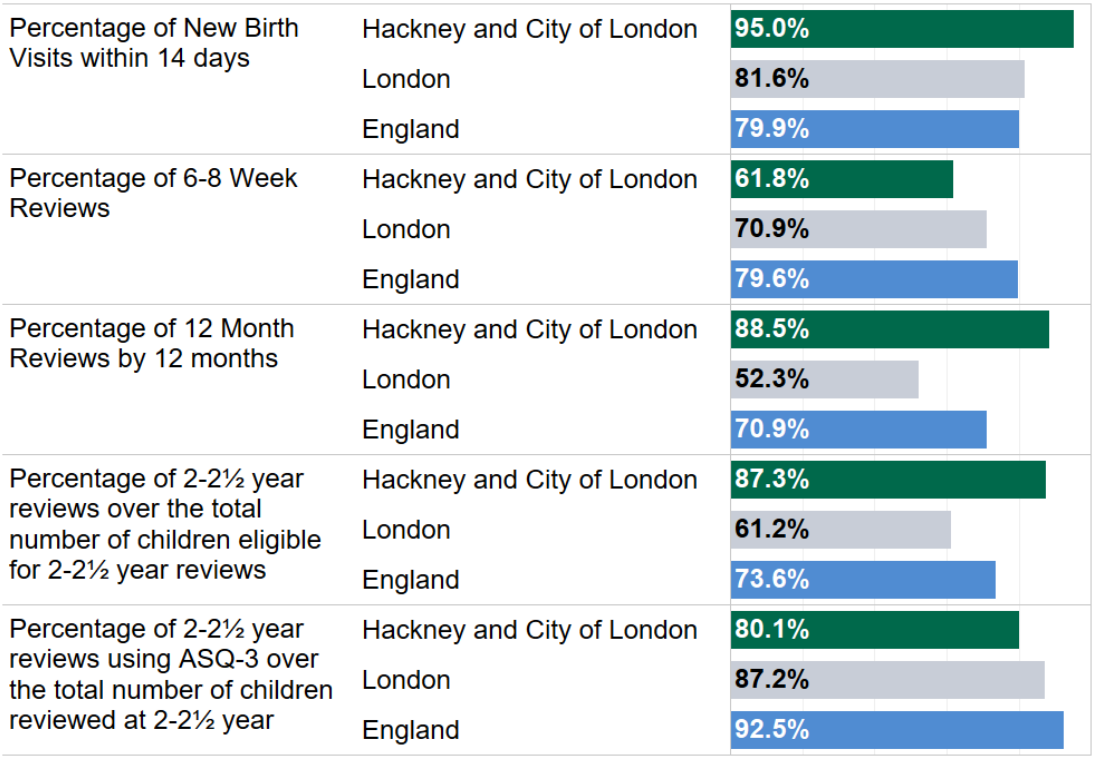
The ASQ-3, or Ages and Stages Questionnaire, third edition, is a developmental screening tool used by healthcare professionals to assess children's development in various domains such as communication, fine motor skills, gross motor skills, problem-solving, and personal-social skills. In England, it is typically administered to children at their 2 to 2½-year review. (17)

A review without this screening tool could still potentially detect developmental delays. This is paramount for early intervention and support services that are pivotal for the child's long-term development.

However, only a standard measure allows to track changes in population health from year to year, assess the effectiveness and impact of services for 0 to 2-year-olds, and support planning.

In 2022/23, the proportion of babies and children receiving the health visitor checks in the City of London and Hackney combined, was higher than the London and England averages for all reviews except the 6-8 week review and the reviews using ASQ-3 (Figure 6). This has remained consistent throughout the years. (18)

Figure 6. Percentage of children reviewed at health visiting checks, City of London and Hackney, 2022/23



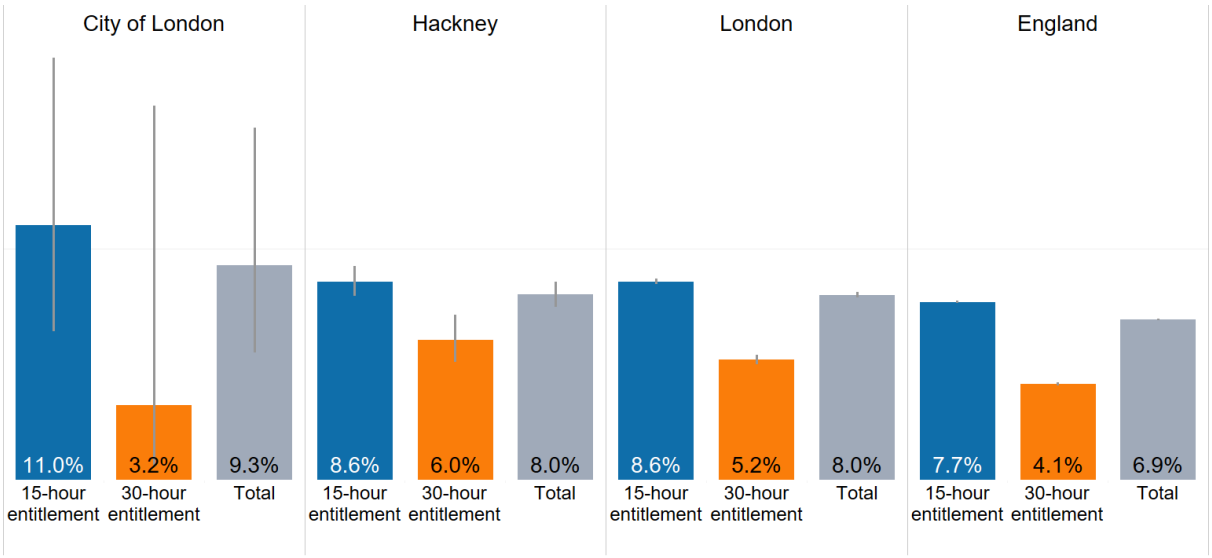
Source: OHID, Health visitor service delivery metrics: annual data April 2022 to March 2023

Early years educational settings

There is funding to assist children with emerging SEND in early years education. This is called the SEN Inclusion Fund. All local authorities must have this funding for children with emerging SEND who are aged three and four years old. This has been extended to younger children from 9 months under the expansion of the entitlement for working families. All early years providers, including private, voluntary, independent settings, childminders, and nursery classes, can obtain this funding if they offer free childcare places following the government criteria. (19) Beyond what was required, the City of London and Hackney has extended this support to children aged two years receiving free childcare places, even before the release of new guidance to include two year olds in 2024.

In 2022/23, the proportion of children with SEND (including both EHCP and SEN support) among those aged between two and four years and registered in early years provision in the City of London and Hackney was similar to London and higher than England. Those entitled to 15-hours of free childcare a week had a higher SEND prevalence than children entitled to 30-hours in all areas (Figure 7). Although the definite reasons for this are unknown, the possible explanation might be that families that are entitled to 15 hours work fewer hours due to their caring responsibilities of CYP with SEND, compared to families with 30 hours entitlement. Another explanation could be some settings might not be offering more than 15 hours to CYP with SEND.

Figure 7. Prevalence of pupils with special education needs provision, by type of free childcare entitlement, City and Hackney and comparator areas, 2022/23



Source: Department for Education. Education provision: children under 5 years of age. Children registered by ethnicity and SEN provision, 2023.
Note: The vertical lines represent confidence intervals, which are a way to estimate the range of values that we can be reasonably confident contain the true value we are trying to estimate.

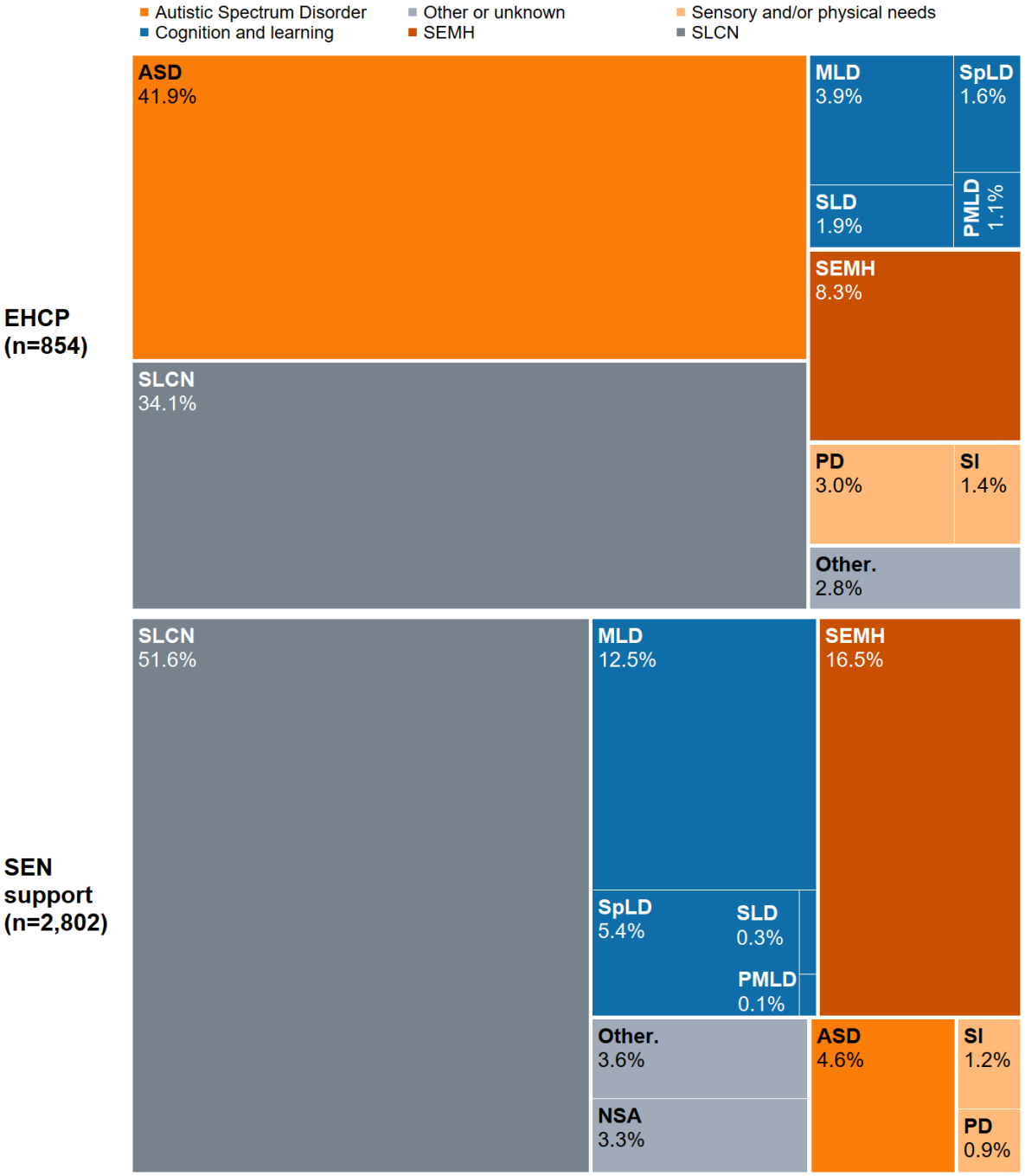
Half of all children with an EHCP in Hackney early years were autistic. Among children with SEN support attending early years, speech, language and communication needs were the most common need (71%). (8)

In the **City of London**, 13 out of the 140 children registered in early years provision in 2022/23 had SEND. (20)

Primary school

In **Hackney primary schools**, the primary educational need of children with EHCP is autism support. For CYP with SEN support, this is speech, language and communication needs. (Figure 8) This aligns with the national trend. (21)

Figure 8. Prevalence of primary school pupils with special education needs by primary need and provision, Hackney, 2022/23



Source: Department for Education, Special educational needs in England, FSM, Ethnicity and Language, by type of SEN provision and type of need, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.
SEN: special education needs, includes disabilities
EHCP: education, health and care plans
SpLD: specific learning difficulties; MLD: moderate learning difficulty; SLD: severe learning difficulty; PMLD: profound and multiple learning difficulty; SLCN: speech, language and communication needs; SEMH: social, emotional and mental health; ASD: autistic spectrum disorder; SI: sensory impairment (includes visual, hearing and multisensory impairment); PD: physical disability; Other: other disability/difficulty; NSA: receive 'SEN support' but there was no specialist assessment of type of need.

In the one **City of London primary school**, although the numbers are too small to be presented, similar to what has already been observed in Hackney and nationally, autism support is more commonly required among children with an EHCP, while speech, language and communication needs are more common among children with SEN support. (8)

Secondary school

The **City of London** doesn't have any state-funded secondary schools.

In **Hackney's state-funded secondary schools**, the primary educational needs of CYP with an EHCP are concentrated on autism support and speech, language and communication needs, while the needs of those with SEN support are focused on social, emotional and mental health and speech, language and communication needs. (Figure 9) (8)

Preparing for adulthood

The SEND Code of Practice (2015) sets out a wide-ranging set of mandated responsibilities for local area partnerships around supporting and preparing CYP with SEND from the earliest years to transition from childhood into adulthood. It is referred to as 'preparing for adulthood'. (22) Being supported towards greater independence, and employability can be life-transforming for CYP with SEND. This support should start in the early years settings and schools,with a greater focus from Year 9, and should centre around the child or young person's aspirations, interests, and needs.

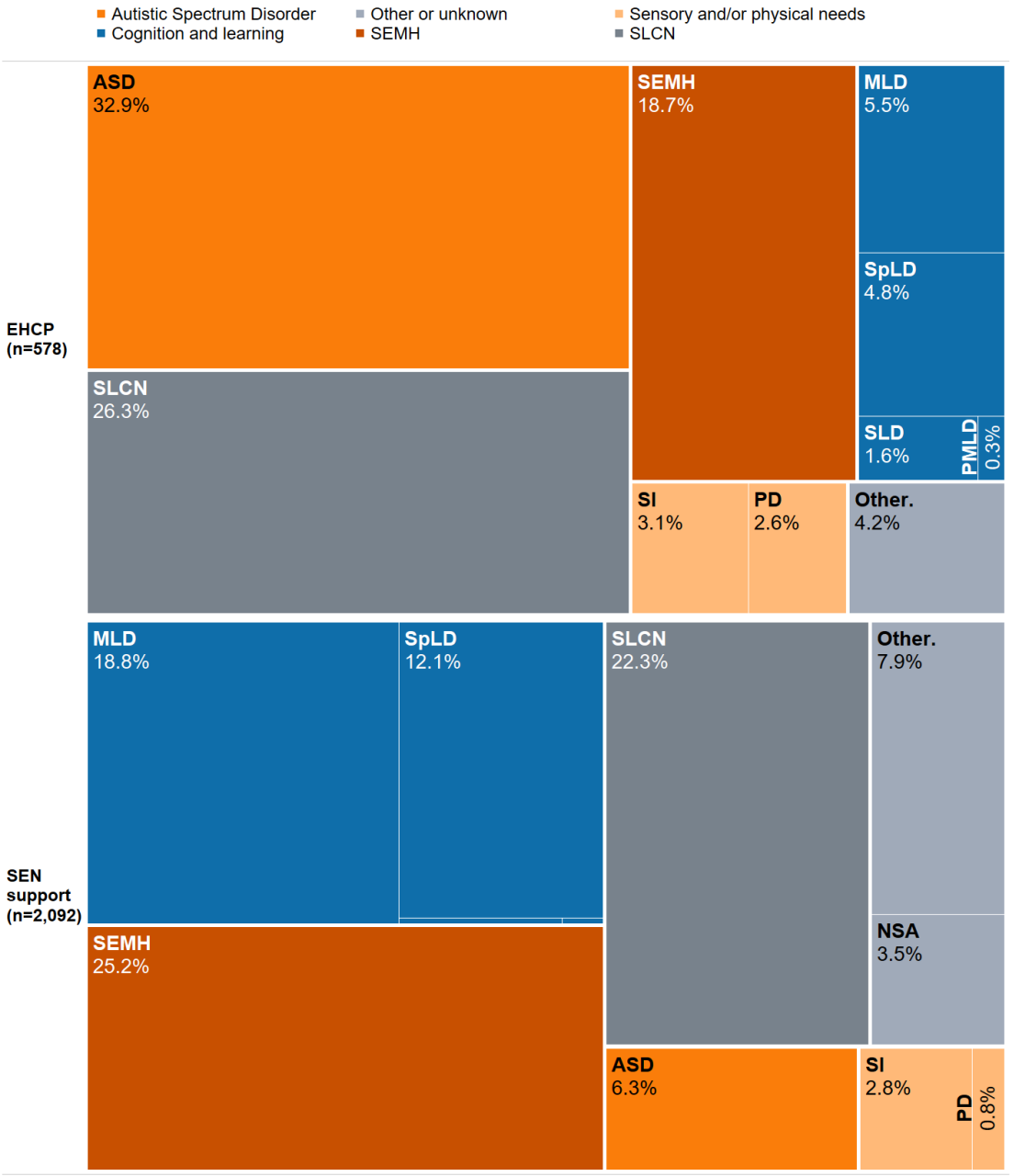
Analysis of YP aged 16+ with an EHCP maintained by the **City of London** is not possible due to the low number of individuals. (11) There are no public funded sixth form colleges or further education colleges in the CoL, so YP attend sixth form and further education provisions in other local authorities.

The CoL's Transitions forum, which includes partners from education, health, and social care, meet quarterly to fulfil its duties under the Care Act 2014 in ensuring a smooth transition into adult social care and health services. This process starts from Year 9. The CoL is also building support structures to encourage YP to engage with apprenticeships, traineeships, and supported internships within the CoL. For example, the SEND Employment Forum aims to encourage local businesses to provide opportunities for YP with SEND. However, due to the current cohort, no YP with an EHCP is currently accessing this support.

In October 2023, around 1,220 YP aged 16+ had an EHCP maintained by **Hackney**. (9) However, for over half of these YP, their educational establishment was not recorded. Out of the total with an educational establishment recorded, around one in five attended special schools, another one in five, colleges, and another one in five,

academies. The remaining attended independent schools, free schools, local authority-maintained schools or other arrangements.

Figure 9. Prevalence of secondary school pupils with special education needs by primary need and provision, Hackney, 2022/23



Source: Department for Education, Special educational needs in England, FSM, Ethnicity and Language, by type of SEN provision and type of need, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.
SEN: special education needs, includes disabilities
EHCP: education, health and care plans
SpLD: specific learning difficulties; MSPMLD: moderate, severe or profound and multiple learning difficulty; SLCN: speech, language and communication needs; SEMH: social, emotional and mental health; ASD: autistic spectrum disorder; SI: sensory impairment (includes visual, hearing and multisensory impairment); PD: physical disability; Other: other disability/difficulty; NSA: receive 'SEN support' but there was no specialist assessment of type of need.

An EHCP may cease if the young person:

- dies;
- moves outside of England;
- moves on to higher education;
- moves on to paid employment excluding apprenticeship;
- no longer wishes to engage with education;
- reaches maximum age (25);
- has their special needs met without an EHCP;
- transfers to another LA;
- other reasons. (22)

In 2022, the number of EHCPs discontinued in the **City of London** was less than eight. (23) Likewise, the number of YP aged 16/17-years-old not in education, employment, or training (NEET) or had no known activity was also less than eight. (24)

In the same period, 82 plans were discontinued in **Hackney**. The main reason for a plan being discontinued in Hackney was the plan being transferred to another LA (77%). (23)

In Hackney, similarly to London and England, the proportion of YP aged 16 or 17-years-old who were NEET or had no known activity was higher among those with an EHCP (5%) compared to YP with SEN support (4%) and no SEN (2%). (24)

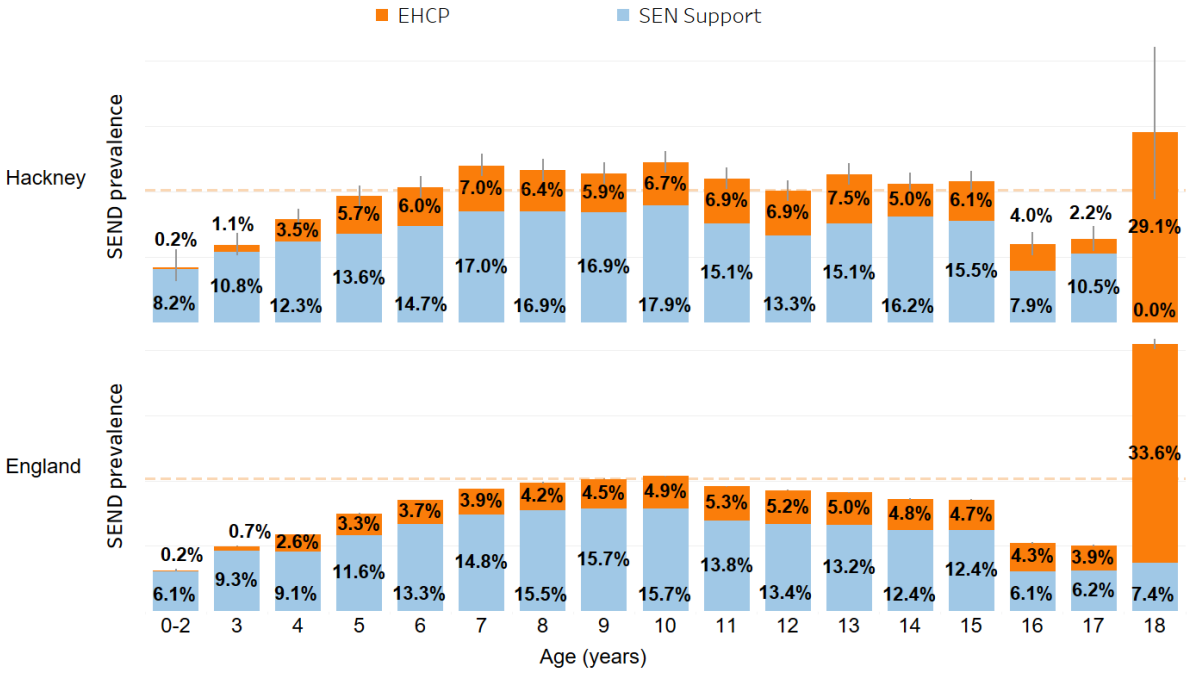
Socio-demographic characteristics of those with SEND

Age

SEND prevalence rises up to the age of 7 and stays relatively steady until the age of 10. After that, the prevalence declines, reaching a new stable plateau until the age of 15 (Figure 10). This coincides with secondary school age and is similar to England. (8)

Beyond the age of 16, the prevalence of SEND among YP significantly decreases both locally and nationally. However, in England the decline is more noticeable among those with SEN support while the proportion of those with an EHCP remains relatively constant. At 18, there are no more pupils with SEN support in Hackney (England figures show that there are 7.4% 18 year olds who had SEN support). There is a noticeable increase in the relative proportion of pupils with an EHCP in Hackney and England. (8)

Figure 10. Prevalence of pupils with special education needs provision by age, Hackney, 2022/23



Source: Department for Education, Special educational needs in England,Age and Gender, by type of SEN provision and type of need, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.
The dashed lines represent the overall prevalence of CYP with SEN support (14.6%) and this one summed with the prevalence of CYP with an EHCP (5.7%), totaling 20.3% of CYP with SEND.
SEN: special education needs, includes disabilities.
EHCP: education, health and care plans

Sex

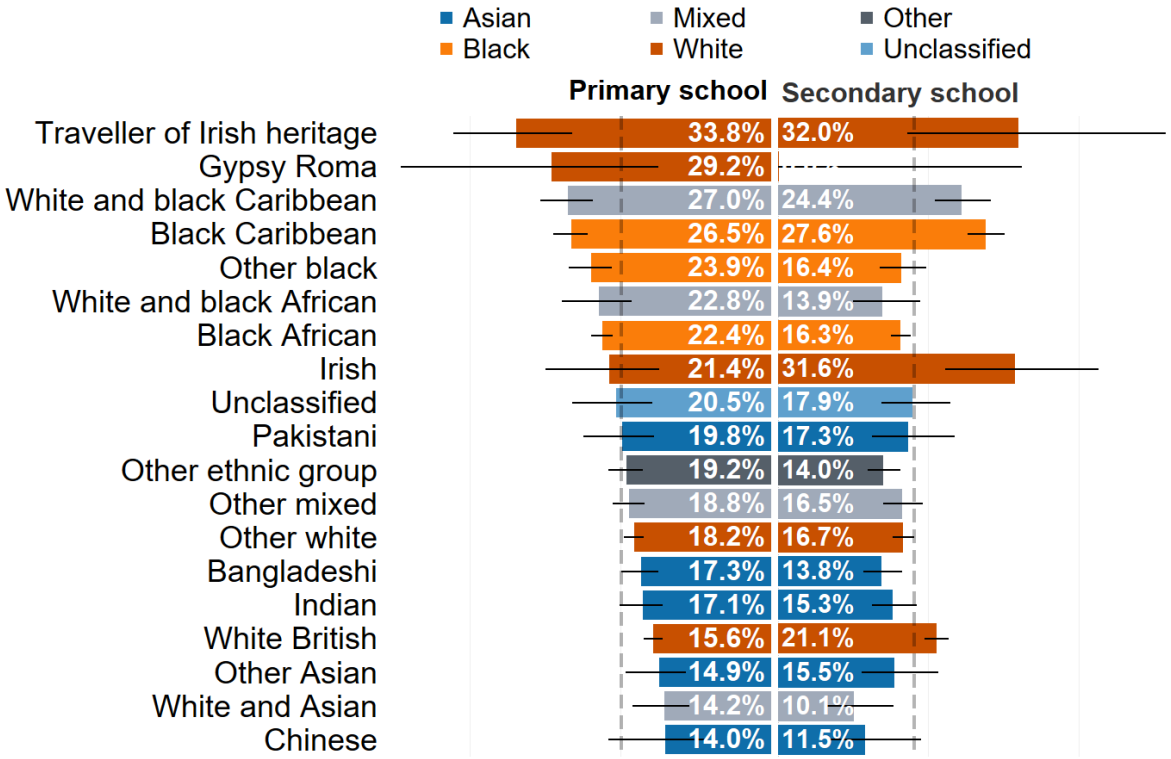
SEND was substantially more common in boys than girls attending primary schools, both in the City of London (31% vs 17%) and Hackney (26% vs 14%) in 2022/23. This was in line with the England average (21% vs 11%). (8)

The same pattern was observed for secondary school CYP in Hackney (24% among boys vs 14% among girls), and was also consistent with England's average (18% vs 11%, respectively). (8)

Ethnicity

In 2022/23, the proportion of children with SEND was significantly higher among 'travellers of Irish heritage', 'white and black Caribbean', and all black ethnicities in Hackney's **primary schools** compared to the Hackney average (Figure 11). (8)

Figure 11. Prevalence of pupils with special education needs by ethnicity in primary and secondary schools, Hackney, 2022/23



Source: Department for Education, Special educational needs in England, FSM, Ethnicity and Language, by type of SEN provision and type of need, 2023.
Notes: Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.
The dashed lines represent Hackney average prevalence of pupils with special education needs for primary (19.9%) and secondary (18.1%) schools.

As the numbers at the one primary school in the City of London are small, the same analysis is not possible for the City. (8)

At **secondary schools in Hackney**, there is a significantly higher proportion of SEND among CYP in 'Irish', 'black Caribbean', 'white and black Caribbean', and 'white British' ethnicities compared to the average in the borough (Figure 11). (8)

Language

SEND prevalence was higher among English speakers than among speakers of other languages in both the City of London (28% vs 21%) and Hackney (21% vs 19%). This is also the case for London (19% vs 14%) and England (18% vs 13%). (8) This might not fully represent the languages spoken as professionals reported that some families record English as their main language even if they speak another language at home.

Free-school meals

As free-school meals are typically provided to students from low-income families, it is an indicator of socioeconomic status. In 2022/23, SEND prevalence was higher among CYP eligible for free school meals than those not eligible in the City of London (33% vs

23%) and in Hackney (27% vs 16%). This aligns with the averages for London (25% vs 14%) and England (28% vs 14%). (8)

Young people with SEND in the Youth Justice Service

Those known to the Youth Justice Service are more vulnerable to health and other risks. A Youth Justice Health Needs Assessment conducted in Hackney found information about SEND status for 352 young people (out of the 417 young people known to Hackney Youth Justice service examined in the report). Out of those 352, 46 (13%) had an EHCP and 202 (57%) had SEN support. Therefore, 70% of YP known to Hackney Youth Justice Service had SEND. (25)

Out of all 248 YP with SEND, 160 had a record of their primary education needs. Unlike the overall SEND cohort, social, emotional and mental health (62%) was the most prevalent type of SEND found among these YP, followed by moderate learning difficulties (24%) and speech and language and communication needs (23%). (25)

CYP with SEND who are 'in need' or looked after

Some children are more susceptible to risks and adversities than others due to their social context, and require specialised support. 'Children in Need' are those children assessed and supported through children's social care who have safeguarding and welfare needs, and include:

- children on child in need plans (CIN) as well as other types of plan or arrangements;
- children on child protection plans (CPP);
- looked-after children (LAC);
- disabled children. (26)

Considering that all disabled CYP are by nature considered 'in need' (26), in 2019/20, out of the total of 1,385 'Children in Need' attending school in **Hackney**, around 46% had SEND. This is lower than London (48%) and England (47%) but higher than NEL (42%).

Focusing only on LAC in the same period, out of the total of 179 CYP that are looked-after in Hackney, the proportion of SEND (51%) is also lower than in London (57%) and in England (55%), but similar to NEL's proportion.

It is not known why there is a relatively low prevalence of SEND among 'Children in Need' and LAC in Hackney compared to the average in the borough, despite the borough having a higher SEND prevalence overall than London and England averages.

Among CYP attending school in the City of London, the number of 'Children in Need' is less than eight, so analysis is not possible. However, 27% of CYP with an EHCP maintained by the City had some statutory social care needs (LAC, CP or CIN).

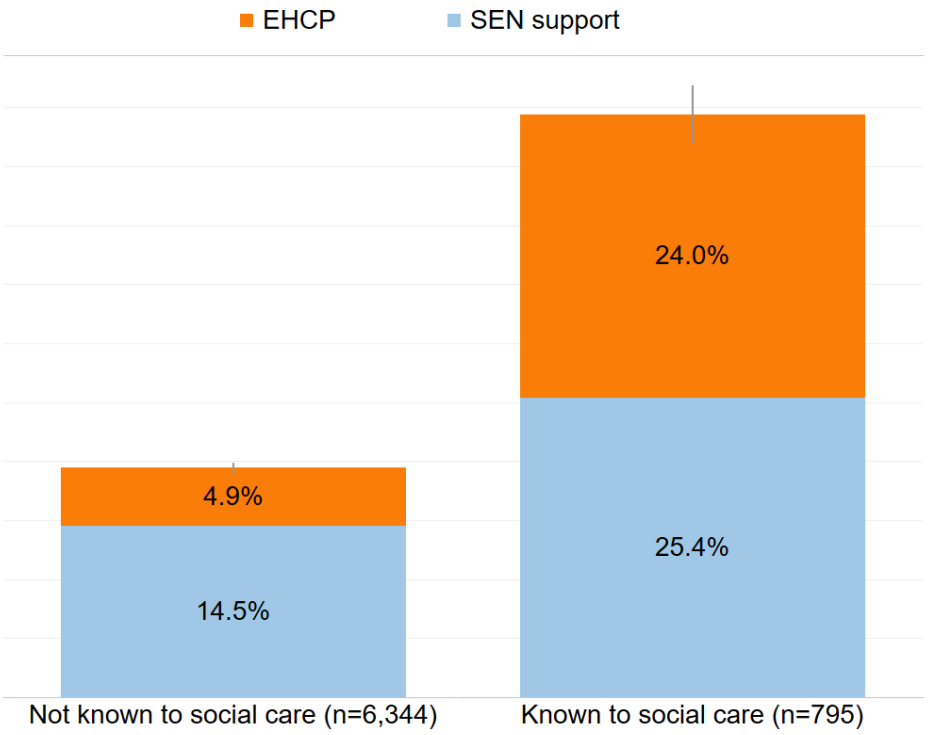
All CYP known to Children and Families service (CFS)

Besides the statutory provisions already mentioned, CYP known to CFS can access non-statutory service provisions. These include:

- Early help, which provides holistic and wrap-around support for CYP who don't meet the threshold for statutory services but have some additional needs. Early help comprises:
    - the Multi-Agency Team, who coordinate early help for families who have children five or under
    - the Family Service, for families with older CYP
    - and Young Hackney, for young people.
- Youth Offending Teams work with young people involved in legal issues to assist them in staying away from criminal activities.

Among CYP going to Hackney schools, there were around 1,600 pupils known to Hackney CFS (around 5% of the total pupils), including non-statutory services in October 2023. This number included CYP living out of the borough but excludes CYP known to CFS in other areas. Almost half of those known to Hackney social care had SEN support or an EHCP, compared to around one fifth of those not known to social care (Figure 12). This shows the importance of partnership work between education and social care.

Figure 12. Proportion of pupils by special education needs provision and whether they are known to Children and Families Services, Hackney schools, 2023



Source: Hackney Education linked with Hackney Children and Families Services, extracted on 19/10/2023.
Note: The vertical lines represent confidence intervals, which are a way to estimate the range of values that we can be reasonably confident contain the true value we are trying to estimate.

Some CYP with an EHCP maintained by the City of London also attended social care services. For example, Short Breaks is a service in the City of London that provides fun and exciting activities for CYP with SEND away from their families. Short Breaks enable CYP with SEND to learn new skills and, at the same time, provide parents and carers with a much-needed rest from caring responsibilities. (27) This service was used by 41% of CYP with an EHCP maintained by the City of London.

Fewer than eight CYP with SEND registered with the one primary school in CoL were known to CoL social care. However, they may be known to social care outside the area.

Chapter 5: Health and wellbeing needs

Chapter Summary

Availability of data on health needs of CYP with SEND

Data on the health needs of CYP with SEND varied depending on the type of provision the CYP received, where they lived, and their school registry location.

Legend
- Ⓒ Data on the primary special education needs from the school census
- ⚠ Limited health-related data in the EHCP due to inconsistency in the data recording
- ✕ Lack of data that matches pupils with SEN support and their health conditions

	Registered in a school in City and Hackney	Living in City and Hackney and homeschooled or not registered in a school	Living in City and Hackney and registered in a school out of these areas
SEN support	Ⓒ	✕	✕
EHCP maintained by City or Hackney	Ⓒ ⚠	⚠	⚠
EHCP not maintained by City or Hackney	Ⓒ	Not applicable	Not applicable

'Medical needs'

Data on the health needs of CYP with SEND in both EHCP and service registries mainly focus on the primary educational needs. Other 'medical needs' mentioned include:

- epilepsy
- allergies
- eczema
- Down's syndrome
- asthma
- continence and constipation
- heart conditions

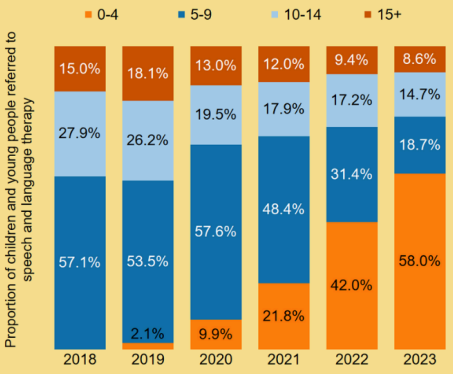
Looked-after children

Local authorities must conduct health assessments for all looked-after children. CYP with SEND had poorer outcomes.

	SEND	No SEND
Mental health as a concern	58%	40%
Oral health outcomes	unknown	
Vaccines up-to date	35%	47%

Speech and language therapy (SaLT)

SaLT was the most frequent service CYP with SEND attended.
Although the number of referrals of CYP living in City and Hackney hasn't changed much from 2018 to 2023 (around 1,000 per year), the referrals made are more appropriate.
Therefore, these children are more likely to start treatment at an earlier age.



Sources: Hackney Education, 2023. 'Medical need' recorded at Education, Health and Care plans maintained by Hackney. Homerton, 2024, Speech and Language Therapy service data. Special Schools Nursing Provision Report, 2024. London Borough of Hackney, 2024. Health assessment for children and young people who were looked after for at least 12 months

Data on the health needs of CYP with SEND is limited. While there is some data for CYP with an EHCP maintained by City or Hackney, limited data is available for those with SEN support registered in a school in the City of London or Hackney, and no data is available for CYP with SEN support registered in a school outside City and Hackney or not registered in a school. (Table 6)

Table 6. Health data availability by sub-groups of children and young people with special education needs and disabilities, City and Hackney, 2023

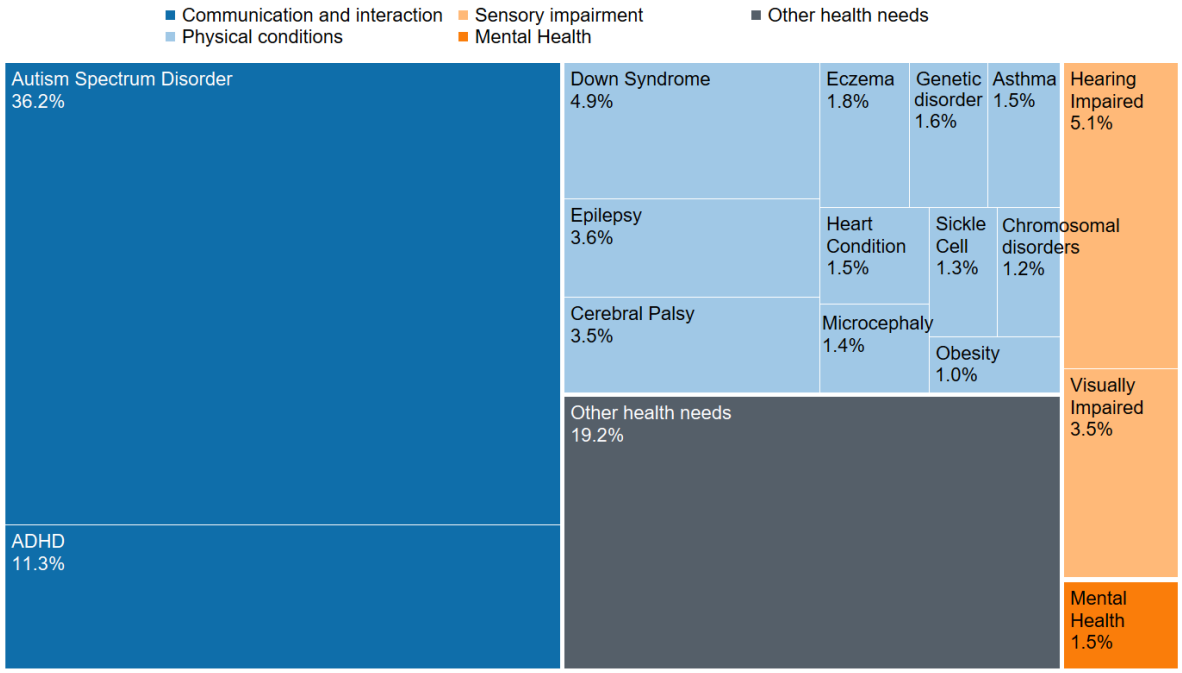
	Registered in a school at City or Hackney	Living at City or Hackney and registered in a school out of these areas	Living in City or Hackney and homeschooled or not registered in a school
SEN support	Data on the primary special education needs from the school census.	Lack of data that matches pupils with SEN support and their health conditions	Lack of data that matches pupils with SEN support and their health conditions
EHCP maintained by the City of London and Hackney	Data on the primary special education needs from the school census. Limited health-related data regarding EHCP due to inconsistency in the way data are recorded.	Limited health-related data in the EHCP due to inconsistency in the way data are recorded.	Limited health-related data in the EHCP due to inconsistency in the way data are recorded.
EHCP not maintained by the City of London and Hackney	Data on the primary special education needs from the school census.	Not applicable.	Not applicable.

Source: Table prepared by the authors.

Medical needs of CYP with an EHCP maintained by Hackney or City

Data obtained through the school census has already been presented in Chapter 3. Of the total 3,519 CYP with an **EHCP** maintained by Hackney, around 75% do not have any ‘medical need’ documented in the EHCP record. Among the 869 who did have a ‘medical need’ recorded, only one condition was listed per CYP. (9) However, this is unlikely to reflect reality as some CYP with SEND have severe complex needs. (28) The most commonly recorded condition was Autistic Spectrum Disorder, accounting for about one in three of all conditions, followed by ADHD at about one in 10. (Figure 13)

Figure 13. ‘Medical need’ recorded at Education, Health and Care plans maintained by Hackney, 2023 (n=869)



Source: Hackney Education, 2023.
Notes: Data extracted on 27/10/2023. Conditions affecting fewer than eight CYP were grouped as 'Other health needs'. ‘Medical need’ was the term used by Hackney Education.

Services accessed by CYP with SEND

In addition to data held by the City of London and Hackney, different services that are accessed by CYP with SEND have information on their health needs. However, the data being collected varies with regards to consistency of data fields and levels of completeness, and most do not identify CYP with SEND within their own data systems. This prevents us from comparing the health needs of CYP with SEND with those of CYP without SEND.

School Nursing

Local authorities are responsible for commissioning public health services for school-aged children including school nursing. (29) We were not able to obtain data from school nursing relating to the health conditions affecting all CYP or, indeed, CYP with SEND. This is because CYP's SEND and health conditions are recorded in free text fields and are therefore not easily extractable.

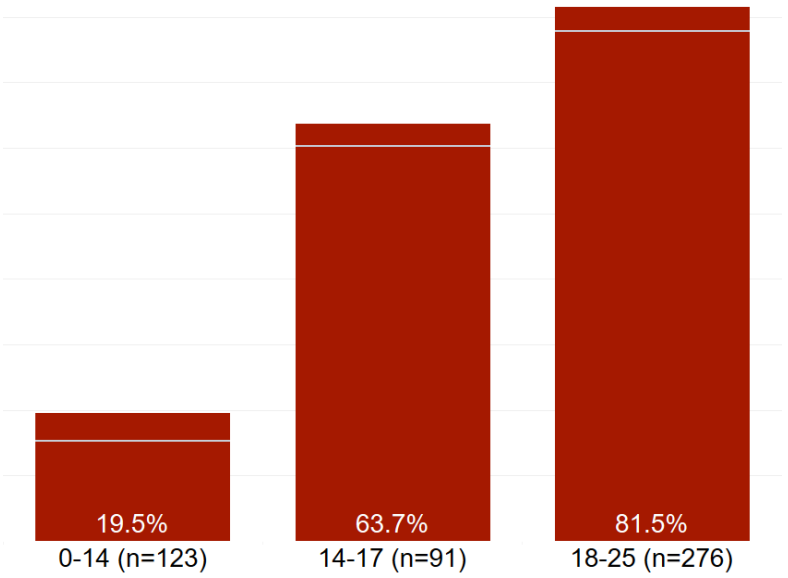
Annual health checks for YP with learning disabilities

People with learning disabilities may have more difficulty in identifying health problems and accessing treatment, compared to the general population. Consequently, they are more likely have poorer health outcomes. (30)

To help reduce this health inequality, NICE recommends that all CYP and adults with a learning disability should be offered an annual physical health check. Despite NICE recommending annual physical health checks for people from all ages, NHS England has focused on delivering them to people over 14. (30)

The proportion of CYP with learning disabilities recorded by primary care in City and Hackney who had a health check and a health action plan done in the last 12 months, increased with age. The number is likely to be underreported. (Figure 14)

Figure 14. Proportion of children and young people with learning disabilities recorded by primary care who had a health check and a health action plan in the last 12 months, by age group, City and Hackney, 2024



Source: Clinical Commissioning Group, 2024

Notes: the bars represent the proportion who had a health check done in the last 12 months, while the horizontal line, the proportion who had a health action plan done in the last 12 months. Both metrics have as denominator the number of children and young people (CYP) with recorded learning disabilities indicated beside the respective age group. Only CYP aged 14-17 were routinely monitored for these indicators and had data from 1st of May 2024. The additional age groups were extracted for this piece of work and are dated from 1st April 2024.

Disabled Children's Service

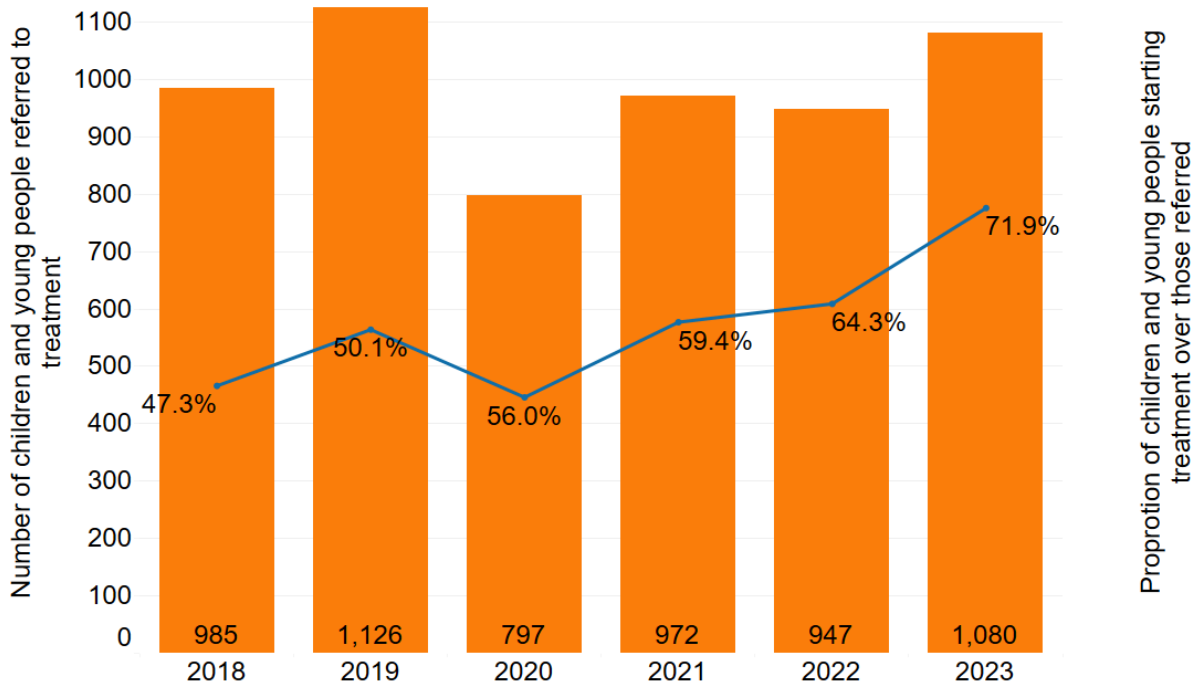
We have looked into the health and wellbeing needs of CYP known to the Disabled Children's Service, Visual impairment and Deaf and Partially Hearing Services. However, we were not able to find data for inclusion in this report. Details of the number of CYP known to these services are included in Appendices: 3, 4 and 5 of this report respectively.

Speech and Language Therapy Service

The **SaLT service** is a joint service which works across Homerton Healthcare NHS Foundation Trust (Health) and Hackney Education (Education). The service provides interventions to develop the speech, language, communication, eating and drinking skills of CYP. It provides different levels of intervention, working closely with schools and other universal settings to identify needs early, and optimise the communication environment for all CYP.

Analysis of the SaLT service data found that the number of referrals of CYP living in the City of London and Hackney hasn't changed much over the last five years (around 1,000 per year). However, there was a noticeable increase in the proportion of those who started treatment out of the total CYP referred from 2018 to 2023 (Figure 15). All the CYP who are referred to SaLT have SEND.

Figure 15. Proportion and number of children and young people living in City or Hackney who started Speech and Language Therapy treatment, 2018 to 2023

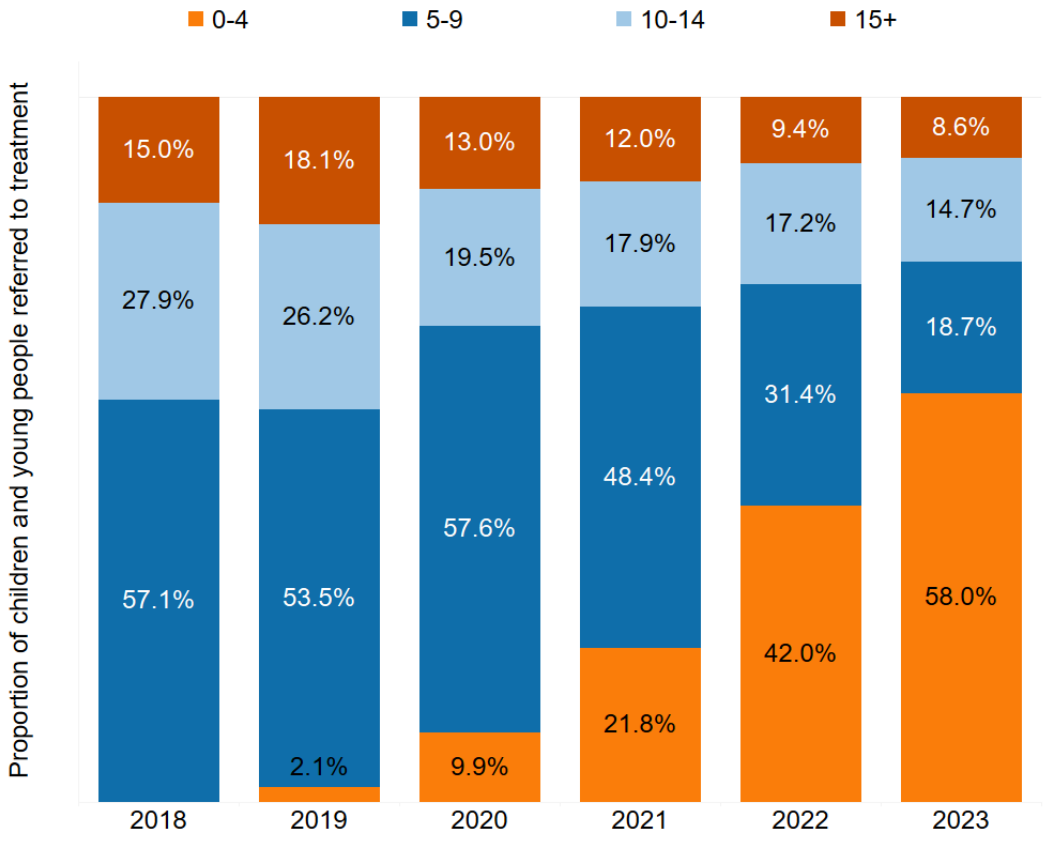


Souce: Homerton, 2024

Over the last five years, the service has seen an increase in referrals for children under five years old (Figure 16). The referrals made are therefore more appropriate as these children are more likely to start treatment at an earlier age. The rise in referrals at younger ages might also reflect the increased need and complexity of cases after COVID-19, in line with what is seen nationally. (31) The service has also worked hard over a number of years to make sure that the wider workforce knows when to refer children for SaLT.

Children move from the Early Years Service to the School Service without needing a new referral. This, along with the support the service provides to pupils in school settings, may have led to the decrease in referrals for school-aged CYP.

Figure 16. Proportion of children and young people living in City or Hackney referred to Speech and Language Therapy treatment by age group, 2018 to 2023



Souce: Homerton, 2024

Hospital admissions

Some people with SEND are more likely to experience specific health conditions that lead to Emergency Department attendance or hospital admissions. However, the data available on Hospital Episode Statistics (HES) do not separately record if someone has SEND or not.

Specific populations

Looked-after children

Local authorities are responsible for making sure a health assessment covering physical, emotional and mental health needs is carried out for every CYP they look after, regardless of where that child lives. (32) LAC are given an initial health assessment upon entry into the local authority's care, which is then used to develop a health plan. This health plan is reviewed at least once every six months before a child's fifth birthday and at least once every 12 months thereafter. (32)

The local authority that looks after a CYP must take all reasonable steps to ensure that the CYP receives the healthcare services outlined in their health plan. This includes routine health checks from the universal Healthy Child Programme. (32)

As of 1st March 2024, 31% of the 262 CYP who had been looked after for at least 12 months in Hackney had SEND. The following data on mental health, oral health and vaccination uptake have been collected for this looked after CYP population (Table 7).

Table 7. Health assessment for children and young people who were looked after for at least 12 months by special education needs status, Hackney, 1st March 2024

	CYP with SEND	CYP without SEND
Completed Strengths and Difficulties Questionnaire (SDQ)	94%	94%
SDQ indicated that emotional health and wellbeing was a cause of concern	**58%**	**40%**
Had dental care assessment	62%	62%
Result of dental care assessment	**Not available**	**Not available**
Have received all vaccination recommended for the age	**35%**	**47%**

Source: London Borough of Hackney, 2024.
Note: Bold text indicates outcome measures.

- The **Strengths and Difficulties Questionnaire (SDQ)** is a concise emotional and behavioural screening questionnaire for CYP. Local authorities are required to administer the SDQ to understand the mental health needs of looked-after CYP aged between 4 and 16.
- The proportion of CYP who completed **dental care assessments** on time was similar for the looked-after CYP with SEND or without SEND. Unfortunately, the outcomes of these dental assessments are not available to the local authority, limiting our ability to evaluate the oral health of these CYP.

A dental health audit was carried out for LAC in Hackney, by the Designated Doctor and Nurse at City and Hackney, from NEL ICB in August 2023. (33) The audit found that of the 26 randomly selected health assessment records of looked after CYP, 50% of the CYP did not have a regular dentist; 31% did not have a known date of their last dental visit. 88% brushed their teeth twice daily with a fluoride toothpaste, 84.6% looked after CYP hadn't had their mouth checked by a LAC practitioner (either a doctor or nurse) and 31% did not have information recorded by the health professional regarding the condition of their teeth/gums/breath. An action plan has been drawn by the authors of the report based on the findings and a follow up audit will be carried out by March, 2025.

- The proportion of looked-after CYP with SEND in Hackney who **received all vaccinations recommended for their age** was low among CYP with SEND compared to CYP without SEND, which is well below the vaccination coverage levels in Hackney.

CYP in Special schools

An internal report was prepared to assess the needs of CYP within the three Special schools in Hackney, and review if these needs are being appropriately met (34)

It shows that autistic spectrum disorders accounted for half of the reported health conditions that affected CYP in the three special schools in Hackney, followed by epilepsy and allergies (Figure 17).

Figure 17. 'Medical needs' of the children and young people attending special schools in Hackney, Jan 2024

Source: Special Schools Nursing Provision Report, 2024

Note: 'Medical need' was the term used in the report.

Chapter 6: Stakeholder insights

Chapter Summary

City of London and Hackney's Public Health Team carried out extensive stakeholder engagement with a total of 200 residents including young people with SEND, their parents and carers as well as 17 service providers during December 2023 to March 2024.

This chapter is divided into three parts. The first section covers insights from young people with SEND; the second section includes insights from their parents; and carers and the third section includes feedback from service providers.

The stakeholder engagement was conducted using qualitative methods such as interviews, focus group discussions and online surveys. As a non-random subset of the population were engaged, the findings will not be representative of the entire population. Additionally, there is likely to be a large degree of self-selection bias as respondents that are the most active in forums or meetings, and those that have had a negative experience of SEND services will have been more likely to participate.

The City insights have been excluded from this report as the number of responses were from a very small cohort of parents and carers and it wouldn't necessarily represent the experiences of the wider City CYP SEND cohort.

Summary of findings:
Young people with SEND: Young people's perception of being healthy includes having nutritious food, good sleep, exercise and personal hygiene. Their perception of good mental health included engaging in art and creative activities.

Parent and carers of CYP with SEND:
Enabling factors supporting health and wellbeing of CYP with SEND shared by parent and carers were:

- **Environment in early years and educational settings and support:** Parents valued the support provided by educational settings throughout early years and school age, to their CYP. They shared examples of different types of educational settings having a positive influence on their CYP's educational attainment and overall development. Support provided by the Education Team to CYP who are home schooled has also been reported as an enabling factor.
- **Parents and carers:** Parents and carers themselves play a huge role in enabling good health and wellbeing for their CYP with SEND as they are the main carers.
- **Training:** Training offered to parents and carers in supporting their CYP with autism was found useful.
- **Well coordinated services and timely assessment and diagnosis:** CYP with SEND are more likely to have better outcomes with regards to their health and

wellbeing needs when services are well coordinated and different service providers identify their needs at an early stage, with timely interventions offered. Parents appreciated when their CYP were diagnosed early and referred to the right services. Communication with parents from diagnosis to ongoing treatment or support was found to be a very important factor in meeting the needs of their CYP.

- **Social care support:** Parents and carers of CYP with SEND who were supported with social care services found it extremely useful.

Areas of improvement that will help CYP with SEND in maintaining their health and wellbeing were:

- **Communication, information and advice on SEND:** Feedback from both parents and services identified accessible, inclusive, clear and consistent information and advice on SEND, a key area for development. Making a visual map of the SEND pathway and services available would help families navigate them. Community networks used and trusted by parents and carers will be a useful way of disseminating information and advice on SEND.
- **Timely diagnosis of health and wellbeing issues**: 45% of parents and carers who participated in the online survey said that the health and wellbeing needs of their CYP with SEND were not diagnosed on time. Of the parents and carers from the Charedi community who took part in the online survey, 23% said that the health and wellbeing needs of their CYP with SEND were diagnosed at the right time, while over 36% parents were not sure.
- **Improved access to health services: Improved access** to GP and hospital services for both physical and mental health needs was a common theme during the engagement with parents and carers.
- **Improved knowledge on SEND amongst health professionals:** Parents and carers identified that there is a need for an improved understanding about SEND amongst health professionals.
- **Transition to Adult Mental Health Services:** Parents feedback reflected that there was a need to improve the experience of transition to Adult Mental Health Services for their CYP with SEND who were using mental health services.
- **Addressing the Impact of health on educational attainment:** Addressing the impact of health issues amongst CYP with SEND on their educational attainment and school attendance.
- **Social determinants of health:** Housing, transportation, sports, leisure and creative services were reported to be important determinants for maintaining good health and wellbeing for CYP with SEND. The majority of parents have requested an increase in the provision of leisure, play and creative activities for CYP with SEND. This has been identified as a huge gap in provision. Access to housing and transportation was raised as an area of improvement by some parents.

Service provider and professionals' feedback on factors affecting health and wellbeing of CYP with SEND and areas of improvement:

- Feedback included school exclusions; higher need for special school places; access to health services; training for parents on understanding diagnosis and use of available resources; and supporting safe social interactions for CYP with SEND.
- Areas of improvement included improved referral and assessment timescales; supporting parents and family's wellbeing; mapping SEND pathway and services; greater engagement between stakeholders; addressing social determinants of health like housing, leisure and poverty; joint working through family hubs and neighbourhoods; and promoting annual health checks for YP with learning disabilities.

More details on the methodology, data collection tools, demographic information of participants who took part in the stakeholder engagement are provided in Appendix: 2.

Key Themes from Stakeholder Insights

1. Children and Young People with SEND

The responses from young people highlight their perceptions on physical and mental health (Table 8).

Table 8: Young people's perception of being Healthy

Physical Health	Mental Health
Nutritious Food	Playing games
Good sleep	Relaxing at home
Drinking water	Listening to music
Exercise - walking	Drawing to feel relaxed and calm mind from having thoughts
Personal hygiene - bathing, brushing teeth, aftershave, make up	

Figure 18. Young people's perception of being healthy and their lifestyle practices to stay healthy

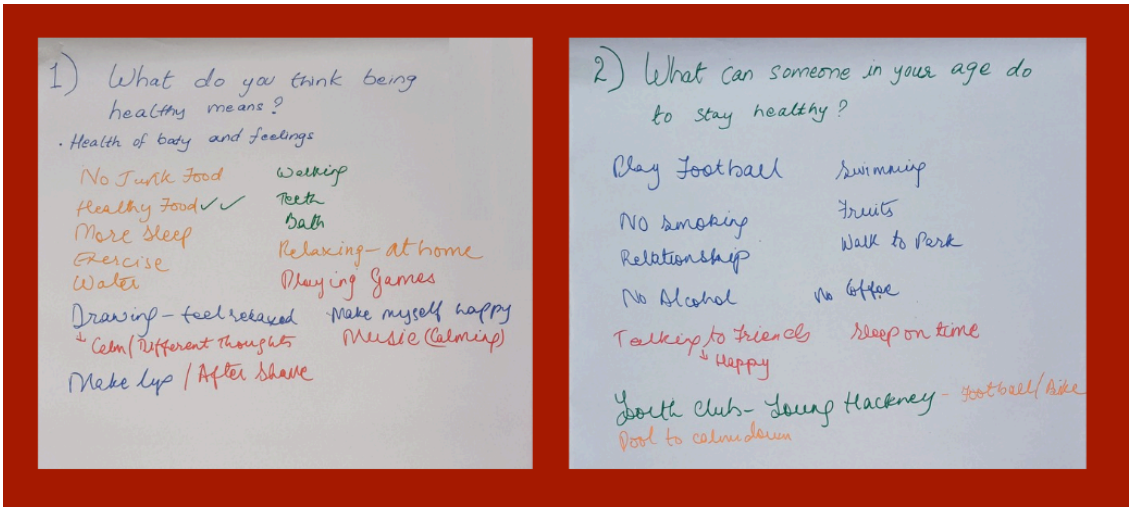


Table 9: Young people's lifestyle related practices to maintain their physical and mental health

Physical Health	Mental Health
Being active: play football; swimming; walk in the park	Sleep on time
No smoking	Talking to friends
Eating fruits, salad, fish, minimise sugar, drinking more water	Attending youth club as it gives an opportunity to meet other young people and take part in football, bike riding
Tooth brushing	Swimming to calm down

Figure 19. Who helps young people with maintaining their health and wellbeing and what do they do to help?

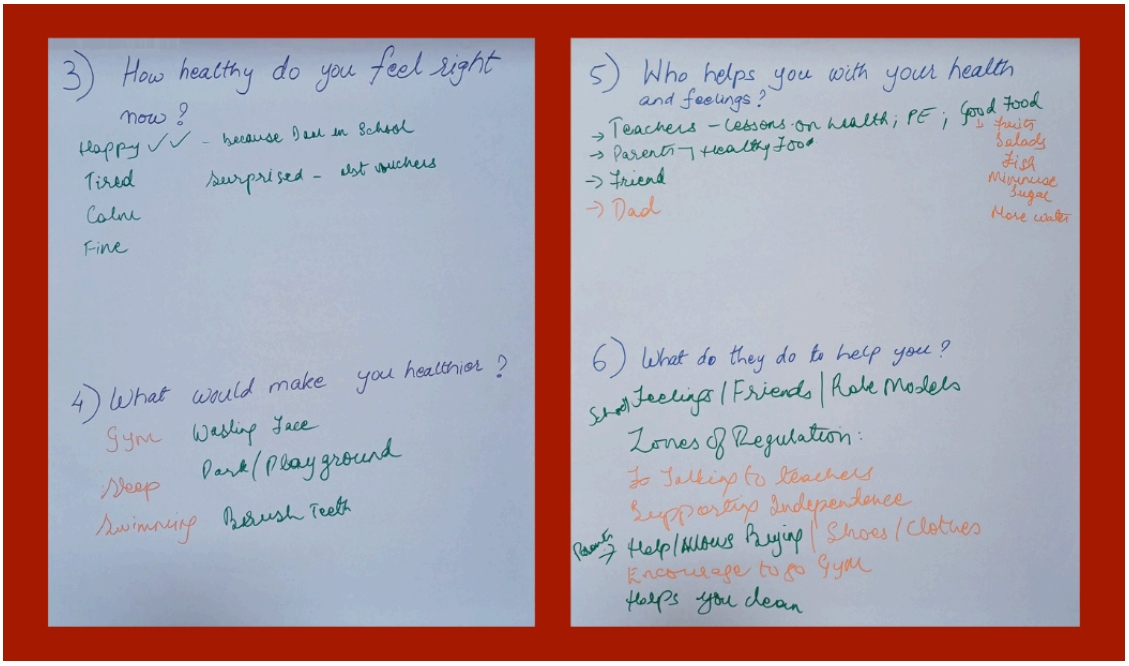


Table 10: Who helps young people with maintaining their health and wellbeing and what do they do to help?

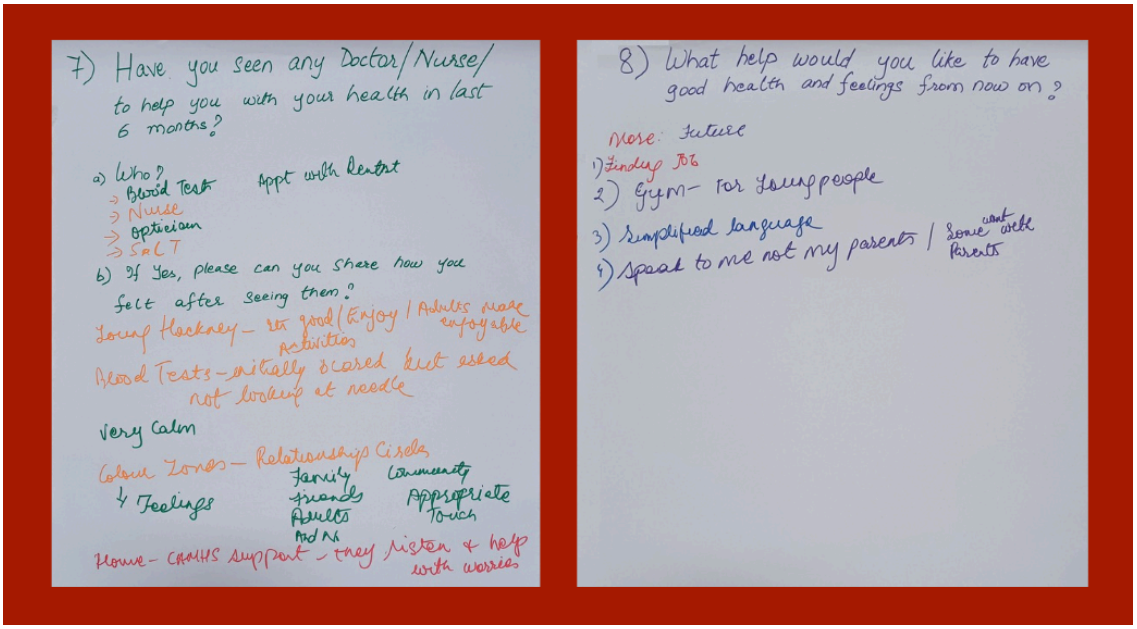
Who helps	How they help
School teachers; Support workers; SENCOs	• Zones of regulation: everyday pupils are asked how they are feeling on the day when they come to school and they are able to share their feelings with a smiley/emoticon on a chart board in their classroom • Talking to teachers • Teachers support us to achieve our independence. Sometimes, by not helping us. • Having class lessons on health; physical education;
Parents	• Parents help us with basic needs such as food, shoes, clothes, encouraging exercise and helping us clean.
Health professionals	• Dentists - toothbrushing in schools; Nurse; Opticians were mentioned as offering all the relevant health services
Speech and Language team	• Communication

CYP with SEND's Experiences of using health and wellbeing services

Enablers

- Young Hackney Youth Centre: *it's good, enjoy activities being run by them.*
- Blood tests: "*Initially (I was) scared, but the nurse helps me calm down, for example saying not to look at the needle when my blood is taken."*
- Colour zones in schools help us talk about our feelings.
- *We also get to speak about the relationship circle that includes family, friends, adults, and community.*
- *"We talk about topics like appropriate and inappropriate touch when interacting with adults."*
- CAMHS support: "*they listen to me and help with my worries."*

Figure 20. CYP with SEND's experiences of using health and wellbeing services and their suggestions for future support



Areas of improvement required to meet the health and wellbeing in future

- Support with finding a job
- Gymnasium for young people with SEND with a separate area where there are no adults
- Simplified language when communicating with CYP with SEND
- Training for professionals in using simple language and working with CYP with SEND
- Although some pupils said they were happy for the professionals to speak to their parents about their health, others expressed their wish to speak to them directly about their health and wellbeing.

“Speak to me, not my parents. I need respect.” Young person about formal meetings with health professionals.

“Please use plain English while speaking with us.”

2. Parent and carers of children and young people with SEND

Parents view on Health and wellbeing needs of CYP with SEND in Hackney and the City of London

The responses highlight the range of individual children and young people’s needs within SEND, with a complex interplay of physical, mental, developmental and behavioural needs. This can entail need for specialist education, regular hospital visits, high levels of supervision, medications with side effects, and input from therapies including the Speech and Language Team, occupational and psychological therapies.

Table 11: Health and wellbeing needs of CYP SEND identified by parents and carers

Physical health epilepsy; deafness/hearing impairment; genetic disorders; mobility; seizures; eczema; hospitalisation due to allergies; cerebral palsy; Down's syndrome; poor dental health; lack of physical activity; difficulty with sleep; eating difficulties.	**Mental health** low mood; self harm; anxiety; suicidal ideation; parental attachment; anxiety; body image and self-consciousness about weight; emotional distress.
Developmental autism; ADHD; learning disability; non-verbal / speech and language needs; social communication difficulties; developmental delay; sensory processing disorders; emotional dysregulation; developmental delay; communication and speech; sensory issues.	**Behavioural** disordered sleep Avoidant/Restrictive; Food Intake Disorder (ARFID), toileting; challenging authority; aggression.
Educational challenges with reading and writing, unable to attend schools due to the impact of health issues	**Other** complex health needs; gender dysphoria.

“*When my daughter is angry she starts pinching herself or peeling nails. She's not hurting me. Then keep repeating the same thing with the legs and arms. She just hurts herself.*”

CYP health and wellbeing needs impact on parents who face additional parenting challenges with regards to providing support and managing outbursts.

"*It's really frustrating and stressful, because he tires me mentally, and upsets me mentally.***"**

"My son has to be very careful what he eats, as he already ended up in hospital due to an allergic reaction. This is very hard for my son, as he is really young and has to forfeit treats."

"My son gets frustrated quickly, as his speech is so unclear and it is therefore hard for him to be understood."

"As he is becoming older he is more aware of his difficulties and that is affecting him emotionally"

Enablers: Parents' feedback on enabling factors for maintaining good health and wellbeing for CYP with SEND

School and the school environment
Support from all staff in school and support received from schools were reported as enabling factors.

"It has taken a couple of years but he now loves his secondary school and they have worked with me so much to understand his issues and behaviours."

"My son was assessed at 5 years of age and his (mainstream) school was very helpful. The school Principal and SENCO supported to bring forward diagnosis within 6 months. He (son) has an Education and Health Care Plan and we are very happy with the support."

Special schools have also been mentioned as a positive influence, with parents reporting improvements in their children's wellbeing after transitioning from mainstream schools.

"Since he started attending ___ (independent Special school) his physical development has improved"

Mainstream schools were not seen as helpful. ***"****The mainstream school was not helping at all with none of his needs. (...) … when I made a decision for him to come to a special school, things have been really good since.****"***

"Regular meetings with school to make sure his needs are met and kept safe"

“Independent Special School (…..) follow the program of therapies outlined for them and they give their utmost warmth and care.”

Some parents from the Irish Traveller community found it helpful to have support from their CYP’s school. In general, parents said that they prefer their child to stay at home to prevent potential issues while interacting with others CYP and emotional health issues developing. They also valued teachers' support with their child/young person’s reading and writing at home.

Waking hours curriculum allows the CYP with SEND in a residential setting to learn throughout the waking day, while taking regular breaks, and not just be limited to school hours.

Parents
Most parents who participated in the engagements reported that they were the main carers for their CYP with SEND and this was an enabling factor for their CYP’s health and wellbeing.

Training
The Early bird programme for parents with newly diagnosed children and young people with Autism Spectrum Disorders (ASD) has been found useful by parents. It is a course for parents of children with a diagnosis of ASD, providing information and strategies for families.

Well coordinated services
CYP with SEND are more likely to have better outcomes with regards to their health and wellbeing needs when services are well coordinated and different service providers identify their needs at an early stage, with timely interventions offered. Parents appreciated when their CYP were diagnosed early and referred to the right services. Communication with parents from diagnosis and throughout the ongoing treatment or support was found to be a very important factor in meeting the needs of their CYP.

Timely assessment and diagnosis
Timely assessment and diagnosis of SEND and health and wellbeing conditions leads to better development opportunities for the CYP and improved health outcomes. Parents and educational settings have been reported as playing the main role in identifying early signs of SEND.

Early intervention available once diagnosed
“He was given the diagnosis of ASD (Autism Spectrum Disorder) at 2 and a half (years of age), so a lot of early intervention was open to us.”

“After his diagnosis early interventions were introduced and immediately applied which helped my son a lot.”

Social care support package

“I finally got a carer to help in the evenings with bathing, teeth brushing, creaming, hair brushing and putting her to bed. It took a long time for the social care team to agree that I needed help but I am now so grateful for this support.”

Table 12: Parents and carers shared the following signs and symptoms to identify if their CYP’s health and wellbeing had become worse

Behavioural ● change in behaviour ● aggression and violence ● withdrawal and social isolation ● not wanting to leave home ● sleep difficulties, nightmares ● low motivation ● increased Obsessive compulsive disorder (OCD) behaviours ● changes in way of communication	**Physical health** ● longer recovery from viral illnesses ● more frequently unwell ● increased seizure frequency ● fainting and seizures ● psychosomatic symptoms ● fatigue
School ● school avoidance ● deterioration in school work ● challenges with transitioning from holidays to routine school ● poor concentration	**Emotional and mental health** ● self harm and suicidal thoughts ● emotional dysregulation ● mood changes ● stress ● anxiety ● panic attacks
Other ● CYP able to tell parents ● feedback from hospital team ● Physical and emotional changes with age but CYP with SEND are unable to express	

Table 13: Services that help CYP with SEND

Parents/Family ● Parents were often reported as the main source of support to CYP	**Educational settings** ● early years and school staff ● SENCO ● welfare officer
Health and care professionals ● family intervention worker ● SaLT ● educational psychologist ● social services - short breaks, social care support package, carers ● school wellbeing service ● Spear programme via Hackney NEET ● CAMHS ● Hackney Ark ● GPs ● nurses ● hospitals ● dietician	**Other services** ● VCSE organisations like Day-Mer, Children Ahead, African Community School, Carers forum

Areas that need improvement in maintaining good health and wellbeing for CYP with SEND

Health services

Delayed diagnosis

Parents across the City of London and Hackney were asked if the health and wellbeing needs of their CYP with SEND were diagnosed at the right time, and 45% parents said they weren't diagnosed on time. 23% of Parents from the Charedi community said that the health and wellbeing needs of their CYP with SEND were diagnosed at the right time, while over 36% parents were not sure.

“We lost 4 years that we could have been supported by the school or GP. She is really behind at school”

"Generally a healthy boy, but in the past, this has not been the case, and it has taken a while to identify what is wrong. Not taken seriously enough and could have been solved quicker."

"I suspected since she was 4 (years). The GP never got back to me when I contacted. At school I asked them at the beginning of year 1, if they could observe her and test her somehow and it took them 7 months to tell me I was right and something was going on, but the only thing they did was confirming my idea with the GP. So then it was when the GP put her on the waiting list for SCAC (Social Communication Assessment Clinic)."

Long waiting times for accessing GP services and hospital services
"We, the parents, make sure that our son gets the support he needs. It is not easy and we have to really push services when help is needed, but wait lists always make things harder."

Lack of knowledge amongst health professionals including psychiatrists
"I tried to get help from CAMHS but waiting lists for any meaningful intervention are far too long, and at least the professionals we saw weren't particularly knowledgeable about autism and ADHD (Attention Deficit Hyperactivity Disorder) and how these conditions can affect mental health in addition to external trauma."

Transitioning from children's services to adult health services
Parents also reported that CYP with SEND are not seen as a priority particularly when they are in the transition age group.

"My son said I'd rather go home and die rather than wait for this long in pain at the hospital (A&E)" There were no beds available. During every crisis situation, we offered acupuncture, massage to both my sons at home, but in this case it wasn't working. They needed more intervention. After waiting for five hours at A&E, I took them home, and their GP offered oral medication."

CAMHS and transition to Adult Mental Health Services (AMHS)
"They require professional therapy by a registered clinical and CAMHS have ignored our referral"

"My son was transferred by Specialist CAMHS services to a nurse at the age of 14 years and once he reached 16 years they discharged him back to the GP. There is nothing between 16 - 19 years, there is a gap in services. The GP continues prescribing the medication for MH issues but he needs more care."

Schools and school environment

Missing school due to health issues
"*He has difficulties which I believe could have been improved with timely physiotherapy and targeted exercises. At school he spent way too much time in 'isolation' when physical activity could have helped him calm down and progress.*"

"Our child has developed an anxiety driven chronic pain condition… We see this as caused mainly by his mainstream school, and Hackney's failure to provide the support

he needed, and fighting against his need for a special setting, and leaving him out of school for almost a year"

"[The Ark] gave him the statement and said he needs a lot of help but I had to make sure that he gets what he is entitled to."

"*Most children miss out on support until they win a long battle to get a EHCP. Families that are not well resourced financially, are not able to pay for legal fees for appealing following a decision that doesn't support having an EHCP for their child or young person."*

"Although my boys have EHCPs and study in a mainstream school, it doesn't meet their needs and it's just on paper. Parents have to appeal and then the Council will be willing to discuss the needs of their CYP. They will try to push to see if I will give up."

Lack of Integration between services

"Due to his age, we have encouraged various early interventions and checks. However it took an acute service and hospitalisation at Great Ormond Street (hospital) to link up with various specialists and prioritise referrals to local services."

Social determinants of health

Housing, transportation, sports and leisure services were reported to be important determinants for maintaining good health and wellbeing for CYP with SEND.

"My son is 10 and still has to share a room with me"

"My son is lacking space to express himself in the hostel we have been placed in"

"It took 10 days for the boiler to be fixed in winter. Lack of communication from (Hackney Council) housing staff and no updates on status of service were not helpful with families like ours with two CYP with SEND."

The majority of parents requested an increase in the provision of leisure, play and creative activities. This has been identified as a huge gap in provision.

"There is a shortage of art, craft, and creative activities for CYP with SEND."

Suitable housing came across as a crucial factor contributing towards health and wellbeing needs. Families living in private rented accommodations face challenges when landlords do not allow recommended adaptations. Referring such cases to organisations like Shelter indicates a need for advocacy and support in securing suitable living conditions. Parents also shared the need for effective and quicker responses to requests from families living in Council housing.

Transportation to and from the school was noted as both an enabler and an area which needed attention. Parents of CYP with SEND who attend special schools find it really

helpful having transportation provided by the school. However, CYP who attend mainstream schools mainly rely on parents/siblings/family members dropping them off and picking them up. Use of public transport posed challenges around accessibility, bullying and safety affecting CYP with SEND.

Lack of support for employment in transition to adulthood

*"Frustrated with unemployment and is in that category of almost no man's land, just a little too old at 23, wanting to experi*ence living on his own, and needing a skill or trade that almost guarantees him a job"

Additional feedback relevant to specific communities in the City of London and Hackney

In addition to the above themes from parent carer responses, there were a few themes specifically highlighted by some communities described below:

- **Parents from the Irish Traveller community**

One third of CYP with SEND from the Irish Traveller community, whose parents were interviewed, were homeschooled.

Most of the health and wellbeing needs, enabling factors and areas requiring improvements that have already been reported (above) were similar to those shared by parents from the Irish Traveller community. However, Irish Traveller parents shared the following, additional, specific challenges:

- Fear of labelling and community stigma
- Need for information in an accessible format for parents who can't read and write
- Misconceptions regarding the disproved link between vaccines and autism
- Need for greater engagement with Traveller parents
- Experience of discrimination
- Parents managing without any external help as don't want any involvement with the police or social care

"The problem is, I don't want her to be labelled but I know that by having the EHCP, it means that she will get the right support"

"You don't want your child to be labelled, as you get that label and it affects them for life"

"They know Travellers have a lot of autism and they know that they can't really read and write but they still give us lots of paper information that just goes into the bin. Interviewer: Who are they? The Health Visitor, they just come and give you information. They don't really talk to you like before, when we had our own health visitor who used to come around and would know you. You could talk to them without being judged but now, nobody knows you."

“The problem (is) everyone is just (racist) racism - they see a Traveller child and they just think (of) problems and don't even want to help. They think that he will leave school anyway at 11, so they don't even try to give them what they are entitled to. But I want my son to read and write. I want him to know about how to do this and that, how to start his own business… They forget about us because they think we are stupid and that it's even worse if your child has special needs.”

“I had to fight but now she's getting what she is entitled to and that's only because I educated myself as a parent. I had to go and learn and read up. I had to go into the groups, into the Facebook forums to get what she deserved and a lot of Traveller people don't do that. A lot of Traveller people don't even know how to read and write. I'm not good at reading and writing but I learnt. I learned to make sure that I gave my best to my child.”

Parents valued health and wellbeing services that were offered by multiple agencies in the past, through the Children’s centres. Parents reported that some of this has been discontinued and not often well coordinated.

“You would be able to do everything - go and get the baby immunised, weighed and see the baby doctor. It's a shame that you can't do any of that anymore as that helped me be able to know what to do when I had concerns. Now, I be worried about this one (directs attention to younger child), I have to fight to get seen by someone, as you just don't know what or where to go”

- **Parents from the Turkish and Kurdish community**

Language barriers and a lack of information and advice in accessible formats were additional issues raised by parents from the Turkish and Kurdish communities. There was a preference in receiving advice and information from trusted organisations like Day-Mer with regards to CYP with SEND. Regular information and advice surgeries by different services that were offered in the past at Day-Mer were found to be beneficial by parents, however these have stopped in the last few years.

Parents shared that they had to do their own research for supporting their CYP with SEND as information is not often available in accessible formats.

Building trust with the community came up as a common suggestion during the focus group.

“When my daughter was 4 years old she was seen by First Steps (part of CAMHS offer) and I got worried that social services might get involved, so I withdrew her (daughter) from the service (First Steps).

Parents from this community also suggested considering self referral as an option into CAMHS without any social care intervention, thereby reducing a layer in the system and help expedite the process and receive timely interventions.

- **Parents from the African community**

Funding received by schools and health services was perceived as an important factor in the type and quality of services offered to CYP with SEND. This came out strongly during the engagement with parents from the African community.

There is a perception that the financial support received by Special Schools per pupil becomes a barrier to pupils being able to move on to other schools/settings, particularly in the transition age group. Some parents felt that Special Schools are not supportive of pupils moving on to other settings while they are still in the secondary school age group but want to move towards independence.

“You have to ask for it yourself, if you don’t do anything. I fought for my son to go to college while continuing to go to Special School. Otherwise they will try to keep in the Special School. I said he is 17 years old now, he has to get to know the world from another side, because here (in the Special School) all the children are protected from everything.”

“I don’t want to rely on the government too much, I want my son to be independent and learn the skills and get work.”

Some parents perceived that Academies accept CYP with SEND and receive the funding from the DfE, but don’t have the capacity to meet their needs.

“EHCP doesn’t come easy, I had to fight for it, but after all the efforts, it is not being implemented by academies. I don’t know if they (Academy schools) are accountable to the Council”

Parents expressed the need for Hackney Education to play a role in mediating between parents and schools.

A few parents have also reported that EHCPs do not get translated into implementation and don't meet their CYP’s health and wellbeing needs. Parents also shared their frustration on the time taken to receive a EHCP for their CYP with SEND.

- **Parents from the Charedi community**

CYP with SEND from the Charedi community were more likely to attend an independent school as compared to the rest of the SEND cohort.

Parents from the community often mentioned their need to rely on private therapy and private tutors to support their CYP’s health and wellbeing and learning needs.

Therapeutic input: “she improved a lot lately due to intervention, more manageable now at home and at school”

Charedi parents also mentioned receiving support across multiple services - education, healthcare, CAMHS and respite activities.

We noted parents' desire for support from clinicians from the same ethnic background. Many responses highlighted the need for Speech and Language Therapy and emotional therapy, quicker and easier access to support and longer, more consistent and affordable therapies.

"Parents are there (to support), but she would do so much better with further support."

Table 14: Charedi parents expressed the need for future services to include the following

NHS services:	**Education:**	**Out of school activities and lifestyle**
• Speech and language therapy • Emotional therapy • Occupational therapy • Psychiatric assessments • CAMHS • Hearing impairment support	• More specialist sessions and school support • Specialist teaching • One to one teaching support • Behaviour specialist • Training on social skills and relationship building • Increased therapy at school • 1:1 mentorship	• After school and outside school • Exercise • Music • Pet therapy • Play therapy • Healthy lifestyle programmes • Peer support for CYP

3. Provider and professionals' feedback on the Health and wellbeing of CYP with SEND

Health and wellbeing needs of CYP with SEND

Professionals and service providers highlighted that it can be difficult to generalise the health and wellbeing needs of CYP with SEND. This is due to variations in different special educational needs or disabilities as well as the effects of demographic factors such as age, gender and ethnicity.

Nonetheless, themes emerged on physical health, mental health, behaviour and communication issues, access to services and adequate training, as well as the social determinants of health such as housing.

Providers mentioned the following additional areas of need amongst CYP with SEND which were not included in parents' feedback.

Table 15: Providers' feedback on needs of CYP with SEND

Education ● reduced school exclusions ● more Special School places ● adjustments in education	**Access to services** ● timely diagnosis ● access to GP/Dentist ● advocates to help parents access services for their CYP ● access issues for CYP who cannot attend a setting or CAMHS appointments ● fundamental health matters need to be made accessible and manageable for families ● speech and language
Training ● parental psychoeducation about disability ● support for understanding diagnosis ● empowering the whole family to support the CYP and feel confident to use the tools/resources	**Social interaction** ● staying safe online ● healthy relationships ● social communication needs ● inclusion and opportunities for social interactions ● equality, empathy, self confidence

Providers who responded to the survey deliver the following services for CYP with SEND when asked the question**: What support does your organisation/team offer to children and young people with SEND with regards to their health and wellbeing?**

Table 16: Services offered by respondents who work with CYP with SEND

Education ● PSHE sessions to all YP with SEND ● Sensory rooms and resources ● Zones of regulation ● Makaton sign support	**Physical Health** ● Targeted Health Outreach Service for YP 14-19 years not eligible for social care services and social workers. ● Health action plans ● Support with accessing health, fitness and leisure activities ● Young Hackney integrated early help and prevention service CYP 6-25 years ● Young Hackney health and wellbeing service ● Oral health ● Tier 2 weight management service ● SaLT universal service ● Supervised Toothbrushing programme
Mental Health ● Working in partnership with MASH and other mental health teams ● Referrals to First steps, mentoring and small group support ● CAMHS - diagnosis, and support for behaviour, mental health and emotional wellbeing ● Therapist support	**Training and support** ● Staff education on physical and health needs of CYP with SEND ● Transition to adulthood ● Advice and strategies on physical access to education

Referral system and timelines

There was a mixed response from providers on the referral system and how they promoted their services amongst families with CYP with SEND. Some services were open to self referrals, whereas others were through professionals with a set timescale and pathway for assessment and diagnosis.

Providers reported that the current waiting time for a mental health needs assessment was unacceptably high (6-10 weeks for assessment of mental health need, but about a year or more for neurodevelopmental diagnosis). Whereas for an autism diagnosis, the waiting time was approximately 18 months.

The timescale for an Education, Health and Care needs assessment is 20 weeks. While the timeline for EHCP was 6 weeks from receipt of E3 request to complete the EHCP report. The treatment time scale is based on goals set for the individual CYP. The main barriers faced by service providers in meeting the assessment, diagnosis and treatment timelines were:

- Limited capacity - small team with lots of 1:1 work and in the community
- Lack of understanding of services amongst parents and families
- For assessment/diagnosis: staffing, clinic space, absence/sickness, demand outstripping capacity, inadequate time to complete assessments
- For treatment/intervention: complex work for clinicians, too few staff, limited time for intervention work
- Slow referral pathways
- Long waiting lists for treatment

Areas of improvement suggested by service providers and professionals

Supporting parents and families' wellbeing

"More education and support for families."
"Support around family members who live with children with a diagnosis."
"Neurodiverse training for siblings of children with SEND"
"Supporting parents' wellbeing through the diagnosis process will better equip them and their parenting"
"We can support the parents to understand and work with their child's additional needs and look for national organisations for information"

Mapping SEND pathway and services

"So many gaps… Part of what creates the gaps is that there is not a map that provides the information to support families from diagnosis to adulthood. What to do, what support there is for the child and their families. This should be mapped out in tandem to support equal access for all."

"Inadequate provision at Early Help/Getting Help"

Lengthy wait times

"Lack of mental health support with long waiting times."

"Wait times for autism assessments seem long and the appropriate support thereafter limited, similarly wait times for MH support for all young people including those with SEND seems to be a challenge. Young Hackney receives a significant number of referrals broadly related to both of these sets of needs"

"Young people without a learning disability are waiting for an autism assessment from Social Communication Assessment Clinic (SCAC) at Hackney Ark. I understand this is currently being addressed by First Steps which is fantastic."

"There are long waiting lists for Speech and Language Therapy, Complex Communication Clinic…, so it would be preferable for these to be reduced. However, my service bridges the gap in some ways by providing education and parenting support for the parents"

Greater engagement between stakeholders (for example between schools and community organisations)

"I would like to see more engagement with us from the SEN schools - I feel that we have lot to offer and it is being missed by most schools"

Social determinants of health

"Need to factor in specific support for SEND with regards to housing, poverty and the multiple disadvantages faced when having a child / young person with SEND."

Housing: "so many families are in cramped, small accommodation with other issues (E.g. mould) which is not suitable for CYP with SEND and contributes to parental stressors and wellbeing of the whole family including siblings"

Youth activities and services

"The youth offer for disabled children and young people is VERY sparse and poorly communicated. This limits social opportunity, friendships development and developing independence."

"We would like to be able to offer more specific activities and groups (including participation groups) for children with speech, language and social communication needs including autism."

Complex needs

"Those CYP whose anxiety is so significant that they are unable to leave the home and attend appointments with professionals. Their needs become exacerbated and entrenched. What about young people who can be dysregulated, aggressive and assault staff in Special Schools - not sure what can be provided for them - either via social care or CAMHS, particularly if the YP (young person) does not attend appointments."

Weight management

"Obesity is a huge issue"

Health checks for YP 14+ years with LD and ASD

" Promote the Learning Disability and ASD Health Checks for young people who are 14+ years and registered on GP lists is eligible for this check. The numbers for YP accessing this offer are low. This can potentially be promoted by the school nurses."

Joint working through Family hubs and Neighbourhoods

“ Paediatricians are keen to engage in more preventative and educational work e.g. allergy / asthma. There is also a project (partly driven by NEL) to think about Child Health Hubs in Primary Care where more care could be moved from acute to community settings with support for GPs.”

“I think being part of a Neighbourhood team could really facilitate a lot of the things. Co-locating office space with others who provide support to that Neighbourhood would build trust and links. When there are broader family issues identified, links and referrals could be made to the Neighbourhoods MDMs where whole families can be discussed. Also the School nurse Neighbourhoods team would get to know the facilities and VCS groups in that Neighbourhoods and could make links, be involved in addressing the broader public health issues for that Neighbourhood, be part of the Neighbourhood Team Meetings, VCS Forums, Leadership groups etc as they develop.”

Chapter 7: Recommendations

The following recommendations are predominantly based on the feedback from young people with SEND, their parents and carers, and system partners engaged as part of this needs assessment.

Work is currently underway to refresh the City of London and Hackney SEND and Alternative Provision strategies. Therefore, the recommendations from this health needs assessment will support this strategic work and the development of specific action plans for their implementation.

1. Communication, information and advice

- **Inclusive, clear and consistent communication and information for CYP with SEND and their parents/carers** in accessible formats, in community languages. A map of SEND pathways and services - from diagnosis to adulthood - would help parents and carers navigate the range of education, health and care services.
- **Improved and ongoing communication with professionals embedding respect, empathy and compassion from professionals** offering education, health and care services would improve service user experience. It will also provide opportunities for parents/carers to input into their care and enable services to be more tailored to their needs.
- **Regular dissemination of inclusive and culturally appropriate information and advice on SEND services through trusted organisations**. VCSE organisations and informal networks are key assets that should be resourced and supported to arrange regular information and advice surgeries for parents and carers.
- **Formalise the important role parents and carers play in co-production and peer support/ peer navigation by** supporting parents to become paid peer mentors or parent advocates, based in the community. Communication material, health and wellbeing workshops for CYP (offered in schools as part of PSHE and RSHE) should be codesigned with parents to ensure that parents' lived experience is embedded.
- **A holistic approach needs to be used when offering services** to ensure CYP with SEND and their families receive a one stop offer. Children and family hubs will be a great opportunity to achieve this.
- **Single point of contact (Hackney):** Parents really valued the continuity of support in early years and primary school, as there was a single person whom they could communicate with for any information/guidance. However, when transitioning to secondary school, parents feel lost due to the absence of a named person to contact for guidance/information. Similarly, for CYP with SEND being supported by social workers, having a named social worker would help resolve issues and delays in accessing social care services.

- **Single Point of Contact (City of London)**: Parents in the City of London greatly appreciate the continuity of support provided by the Early Years Team during their children's transition from early years to primary school. Having a single point of contact for communication ensures that they can easily access information and guidance. Additionally, the availability of a dedicated officer for one-on-one sessions further empowers parents, offering personalised assistance as needed. This support helps parents make informed choices about both primary and secondary schools. Overall, this approach fosters confidence and clarity for families navigating the school transition process.

2. Diagnosis and early intervention and relevant referrals

- **Information and training for parents, carers and families on the signs of developmental delays** in CYP will support more early identification of SEND. Training about different types of SEND for parents upon diagnosis and services available to support them would also be helpful.
- **Training for all health, care and educational professionals** a) to develop a better understanding of the needs of CYP with SEND; b) to ensure services are offered in a culturally sensitive manner and; c) to improve the awareness of the local offer and support families navigate the system.
- **Improve the uptake of the 6-8 week reviews by Health Visitors** to be in line with the national target of 70%.
- **Promote and increase the uptake of free annual health checks** for YP above 14 years, with a learning disability. This will help identify any unmet health needs that wouldn't otherwise be recognised and provide relevant treatment and support.
- **Seamless referrals between different services for CYP with SEND** is crucial for better health and wellbeing outcomes and CYP with SEND achieving their full potential.

3. Access to services

- **Timely access to services** through reducing waiting times.
- **Offer seamless health and care services to YP with SEND transitioning to adulthood / adult services.**
- Use premises of closed mainstream schools in Hackney to **provide education for six forms/adults with SEND** where possible.
- **Offer tailored services** based on the varied needs of CYP with SEND across all age groups.
- **Develop a one stop service offer for CYP with SEND at the City of London**. This will ensure improved access for CYP with SEND as a result of reduced travel time and efforts coordinating between different services.

4. Addressing inequalities

- Ensure the **same level of service is offered to CYP with SEND with similar needs**, irrespective of where they live, which school they attend or which race or ethnicity they belong.
- **Ensure the health and wellbeing needs of CYP with SEND that are not in an educational setting are addressed,** including those who are homeschooled, not attending schools due to Emotionally Based School Non Attendance (EBSNA) or for medical reasons and/or are unable to leave the home and attend appointments with health care professionals.

5. Data and records

- **Improve data collection and recording of health and wellbeing needs of CYP with EHCP** to ensure better planning of services across education, health and care.
- **Develop data sharing agreements between health, education and social care services**. It will improve the service experience of CYP and their families, avoiding repeating the same information at each point of contact. It will also help have a fuller understanding of the health needs of CYP SEND and plan need-based services.
- **Plug the data gap on the health and wellbeing needs** of CYP with SEN support, those who are homeschooled (without an EHCP) or registered in an educational setting outside of the City of London and Hackney (without an EHCP). This will give us a full picture of the health and wellbeing needs of the entire cohort of CYP with SEND and plan services to meet their needs.

6. Addressing social determinants of health and wellbeing

- **Housing**: Improve access to suitable council housing for CYP with SEND by reducing waiting times. Offer guidance, advice and advocacy support for families with CYP with SEND to help address the housing challenges faced by those in private rented accommodations.
- **Transport**: Consider providing transportation from home to school for CYP with SEND in mainstream schools based on their needs.
- **Improve and expand the leisure and creative services offered:** For example by making all leisure places inclusive for those with SEND and reducing the long waiting times to access adventure playgrounds for CYP with SEND in Hackney.
- **Social care**: Reduce delays in payments from Hackney social care for short breaks and increase in the number of hours offered for short breaks.

Appendix 1: National and Local Policies

National policies

This chapter covers the key policies and evidence that serve as a guide in designing and delivering services and interventions for CYP with SEND.

Table 17: National Policies

Children and Families Act (2014): The Children and Families Act 2014 includes in depth guidance and requirements for local authorities in chapter 3 for children and young people with special educational needs or disabilities. (35) . The Act states that a child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. It further states that a child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for other of the same age in mainstream schools or mainstream post-16 institutions. Local authorities have a responsibility for a child or young person if he or she is in the authority's area and has been a) identified by the authority as someone who has or many have special educational needs, or b) brought to the authority's attention by any person as someone who has or many have special educational needs. Local authorities are responsible for integrating education, training, healthcare, and social care where this would promote the wellbeing of young people with SEND. The Act requires local	**Care Act (2014):** The Care Act includes detailed requirements for local authorities to provide care and support to children transitioning to adult care. For a child that is likely to have needs for care and support after becoming 18, the local authorities are required to assess whether the child has needs for care. The needs assessment requires involvement of the child, the child's parents and any carer that the child has and any person whom the child or a parent or carer of the child requests the local authority to involve. (36)

authorities and partner commissioning bodies to put in place joint commissioning arrangements in order to plan and jointly commission the education, health and care provision for children and young people with SEND. The act included two key changes: it extended support for children and young people with SEND in the age group of 0-25 years and introduced new EHCP replacing the SEN statements.	
The SEND Code of Practice 0-25 years (2015) provides statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. The broad areas of need are set out in the SEN Code of Practice 2015, Chapter 6 are listed below: (22) ● Cognition and Learning ● Communication and Interaction ● Social, Emotional and Mental Health Difficulties ● Sensory and/or Physical Needs	**NICE Guidance (NG43 -2016)** provides guidance on the transition from children's to adults services for young people using health or social care services. (37) It aims to improve the experience of transitioning into adult health and social care for YP and their carers.
Government SEND Review 2023: SEND and Alternative Provision Improvement Plan, Right support, Right place, Right time (2023) outlines a number of changes and approaches to SEND delivery. This plan was published by the government in response to the Green paper in March 2023 and will focus on: a) fulfilling children's potential: b) build parents' trust and c) provide financial sustainability. It sets out new evidence-based National Standards that will improve early identification of needs and lays out clear expectations for support to be available in mainstream settings. It also includes having standardised EHCPs and launching applications from Local Authorities for opening new special free schools. (38)	**The Children's Commissioner of England report 2023:** focused on the experiences of disabled children that included children with autism and other neurodevelopmental needs, additional social and emotional needs as well as physical needs. The report noted a gap in consistent and centralised data on the number of children in England who are disabled owing to different definitions of disability. The report enlists key barriers faced by disabled children which includes late diagnosis of needs, schools' inability to meet the needs of children with additional needs, inaccessible activities, poor quality of care, bullying and discrimination, disruption in services during transition, lack of whole family approach. Key recommendations of this report included: a)

	To be understood, seen and heard with improved early identification, better data, access to advocacy being key areas of improvement: b) Good education and support in schools; c) Accessible activities; d) High quality care; e) Freedom from harassment and discrimination; f) Smooth transition and preparing for adulthood; and g) A whole family approach. (39)

Local Policies

Table 18: Local Policies

Hackney Young Futures Commission 2019: An independent Young Futures Commission was set up in 2018 with funding from Hackney Council to understand young people's lived experiences in the borough, over a 2 year period. The Commission carried out a consultation amongst 2,500 young people in the age group of 10-25 years and published a report 'Valuing the future through young voices'. Key themes that emerged from the consultation were: a) A bright future; b) A secure future; c) An active future; d) An inclusive future: e) A safe future; and f) A healthy future. (40)	**SEND Strategy City of London (2020-2024)**: City of London's SEND strategy for 0-25 year olds aims to provide an inclusive and safe environment where children and young people can learn, achieve and participate with other children and young people. The three key outcomes to be achieved by the strategy are: a) having a robust and multi-agency approach in identifying, assessing and meeting the needs of children and young people with SEND; b) all children and young people with SEND are well prepared for and have successful transition to adulthood; and c) children and young people with SEND are integral and valued members of the City of London community. (41) The City SEND strategy is being refreshed and engagement is being carried out at the time when this report was written.
Hackney's SEND Strategy 2022-25: The Hackney SEND Strategy lays out four key priorities: a) Outstanding provision and services; b) An earlier response; c) Preparing for Adulthood and d) Joining up services. Hackney's vision is to provide an excellent, inclusive and	**The Hackney Preparing for Adulthood Strategy (2024-2027 unpublished at the time of writing this report)** will be delivered through a number of objectives sitting under four key priorities. The priorities are to:

equitable local experience for all Hackney CYP with SEND. (42)	● actively seek and listen to the views of young people and their families to learn from and improve their experiences of transition to adulthood ● collaborate as a system-wide partnership to develop clear and strong shared transitional pathways that start at the earliest opportunity and support the four mandated PfA outcome areas. ● provide clear and accessible information for CYP and their families to enable them to better understand and navigate the transition from childhood to adulthood ● identify opportunities for joint commissioning arrangements across children's and adults' services that better support young people's transition to adulthood. Year 1 of the delivery of the strategy will focus on transition pathways development work. (43)

Appendix 2: Qualitative Methodology, Demographic distribution and Data Collection Tools

Qualitative methodology used in gathering stakeholder insights

A. **Children and young people with SEND**
   - A focus group with **10** young people aged between 14 and 18 years was conducted at a Special School with the support of 4 school staff.

B. **Parents and carers of children and young people with SEND**

- **Parent and carer survey**
  a) **90 parents and carers (5 City of London parents and 85 Hackney parents) f**rom the City of London and Hackney responded to the survey.
  b) A separate parent and carer survey was conducted amongst the Orthodox Jewish community and **60 parents and carers** responded. Children Ahead, a charity working with the Orthodox Jewish community supported with gathering and inputting parents' responses to the survey. Parents had an option to share their contact details at the end of the survey for further contact by the team.

- **Parent interviews**
  a) **3 interviews with parents** in the City of London from the Bangladeshi community were conducted with the support from The Aldgate school, City of London.
  b) **9 interviews with parents** from the Irish Traveller community were conducted with the support from the Traveller Housing team and Traveller Education Coordinator in Hackney.

- **Parent and carer focus groups**
  We conducted focus group discussions with **38 parents and carers** representing different communities and forums enlisted below:

  a) Parents and carers from the Turkish and Kurdish community with the support of Day-Mer Turkish and Kurdish Community Centre; a charity working with the Turkish and Kurdish community based on Hackney
  b) Parents and carers from the African community with the support of African Community School, which is a charity supporting children and young people with education.

c) Hackney Parent Carer Forum
d) City Parent Carer Forum
3) Hackney Special School

C. **Service providers**

We received **17** responses from the following **8 service providers**:

- Young Hackney Health & Wellbeing Team
- Homerton Healthcare NHS Foundation Trust, Targeted Health Outreach Service
- East London Foundation Trust, Child and Adolescent Mental Health Services (CAMHS)
- Kent Community Health Foundation Trust
- Hackney Education, Visual Impairment Teaching Team, Integrated SEND Services, SEND Local Offer and Family Coaching Team
- Baden Powell Primary School
- Comet Nursery School & Children's Centre
- Old Hill Children's Centre Early Help Family Support

Demographic distribution of CYP with SEND - Parents' survey

Figure 21: Age group of CYP in City and Hackney with SEND whose parents from responded to the survey (n=89)

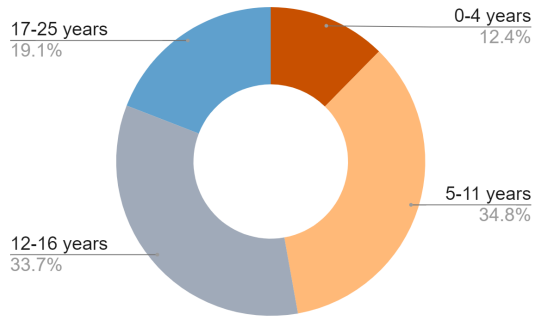
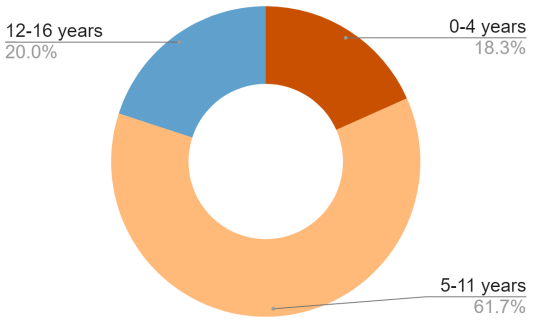


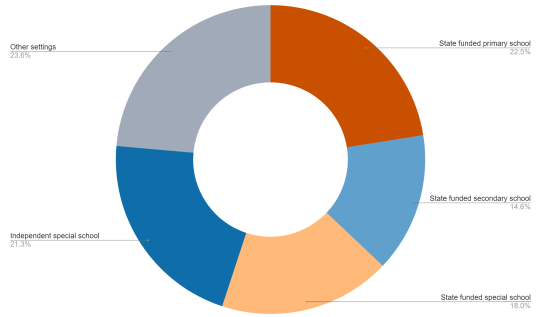
Figure 22: Age group of CYP with SEND in the Charedi community whose parents responded to the survey (n=60)



Type of school - Parents' Survey

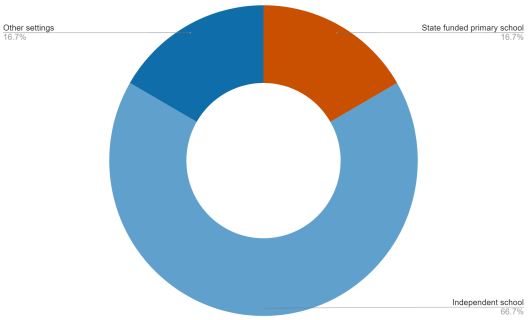
The figure below reflects the breadth of educational settings attended by CYP with SEND, with mainstream schools both primary and secondary and independent schools forming the majority of the responses.

Figure 23: Type of schools attended by CYP with SEND in City and Hackney whose parents responded to the survey (n=89)



Note: Other settings grouped categories where the numbers were less than eight. These included independent school, nursery, college; not in school or employment, virtual school, residential setting, waking hour curriculum, state funded school moving to a special school in September 2024, hospital education, university, in training for supported internship; state funded special school waiting an alternative provision.

Figure 24: Type of schools attended by CYP with SEND from the Charedi community in Hackney whose parents responded to the survey (n=60)



Note: Other settings grouped categories where the numbers were less than eight. These included state-funded secondary school, independent special school and nursery.

The Charedi parents survey showed that the majority of the CYP with SEND studied in independent schools, 25% were in mainstream primary and secondary schools (combined), whereas 5% of CYP were in independent special schools.

Analysis and dissemination of findings

Thematic analysis was used to identify themes within the data. We compared and contrasted responses from participants from different age groups and communities (looking at what different participants said on the same issue). The following steps will be followed in the process:

- Familiarise the data gathered from interviews and focus groups
- Search for patterns or themes in the codes across the different focus groups and Interviews
- Review themes
- Define and name themes
- Include main findings in this report

Although the focus was to capture qualitative insights on the health and wellbeing of CYP with SEND, the responses we received from participants intertwined with other needs. This highlights that social determinants have a strong impact on the health and wellbeing of CYP with SEND.

The communication loop will be completed by sharing key findings and recommendations of this needs assessment with parents, carers, young people and providers who participated in the engagement.

Data Collection Tools

Different data collection tools were used to gather qualitative insights from different stakeholders including survey questionnaires, focus group questions and one to one interview guide.

The process of developing the questions was based on the principles of co-production, involving members of the CYP SEND Needs Assessment Steering Group, Parent Carer Forums in Hackney and the City of London and some VCSE organisations that work with CYP with SEND. The school head teacher and class teachers were involved with developing focus group questions. We also researched best practices while engaging with young people with SEND and used communication cards and interactive methods while conducting the focus groups. Stakeholders who took part in the focus groups and one to one interviews were offered a gift voucher to reimburse them for their time. Interpretation was offered to parents where requested.

1. Focus group questions for CYP with SEND

Physical/mental health

1. What do you think being healthy means?
- If no mention of mental health: Do you think feeling happy and having no worries can also mean someone's health? Any other prompts on mental wellbeing if it doesn't come up in the discussion.
2. What can people do to stay healthy?
- Do you think there are things that can worsen someone's health? What will they be?
3. How would you know if your health started to get worse?
- How would your behaviour/mood change if your health became bad compared to when you had good health?
4. How healthy are you right now? What would make you healthier?
5. How do you feel right now? What would make you feel better? (referring to mental wellbeing)
6. Who helps you with your health and feelings? Do you have someone to talk to that you can trust? What do they do to help you?
7. Have you seen anyone (doctor/health professional) to help you with your health and staying well in the last six months? Yes/No
8. If yes, please could you share how you felt after seeing them? (Further probing questions: Were they polite? Did they make you feel comfortable? Did you feel that they listened to you? Did they go through your concerns about your health and wellbeing? Did they arrange for treatment to help with your concerns?)
9. What help would you like with your health and feelings from now on?

2. Parent Carer Survey questionnaire

1. How is the health and wellbeing of your child or young person that you care for, right now (on a scale of 1-10, with 1 being worse and 10 being very good)? Please think about mental and physical health and wellbeing.

2. Please give a short explanation for the rating you have given above.
3. How would you know if their health or wellbeing became worse?
4. Please could you describe the health and wellbeing needs of your child or young person that you care for?
5. Who helps with your child or young person that you care for, with their health and wellbeing? What do they do to help?
6. Do you think the child or young person that you care for has someone trusted that they can talk to about their health and wellbeing? If so, who?
7. Do you feel that your child or young person's health and wellbeing needs were diagnosed at the right time?
8. If yes, how do you know?
9. What support do you think would be useful to the child or young person that you care for, to improve their health and wellbeing moving forwards?
10. How old is your child/young person?
11. Which type of school does your child/young person attend?

3. Provider Survey questionnaire

1. Please could you share which organisation you work for and what is your role?
2. What do you think are the key health and mental wellbeing needs of children and young people with SEND?
3. What support does your organisation/team offer to children and young people with SEND with regards to their health and wellbeing?
4. How are children and young people with SEND encouraged to access the support that you offer?
5. Is there a formal referral process? Which professionals are involved in this referral process?
6. Do you feel there is information, advice and services available to children and young people with SEND with regards to their health and wellbeing before they are diagnosed?
7. If yes to the previous question, please could you share any examples?
8. Are timescales within referral pathways into your service stipulated including a specified time within which assessment, diagnosis and treatment need to be provided?
9. If yes, please could you share what are the referral timescales for your service?
10. If yes, Is assessment and diagnosis done within the timescales within those pathways?
11. If not, what are the barriers? Please could you provide suggestions for streamlining any delay in assessment, diagnosis and treatment.
12. Do you feel that there are any specific gaps in the support that is being offered to children and young people with SEND in Hackney and City with regards to their health and wellbeing? If so, what do you think are the gaps and what would be needed to help fill these gaps?

Appendix 3: Disabled Children's Service

Hackney has a Disabled Children's Service (DCS) that provides support for disabled CYP aged 0 to 18 years-old and their families. As of May 2024, 451 CYP were open to the service. (44) Hackney DCS is responsible for provision of short breaks, care packages and support with preparation for adulthood.

Care packages consist of social activities, personal domiciliary care and/or overnight respite support. They are reviewed annually to assess the level of need of the CYP and their families and whether any changes are required to the package. Once the review has been completed the CYP is allocated to a virtual worker. Health officers regularly attend the care package panel and DCS works with CAMHS to show how mental health needs of CYP that are linked to their disability are met. DCS also works with colleagues from a number of hospitals across the City and Hackney partnership to ensure that information is shared appropriately and any concerns can be raised and addressed in a timely way.

The City doesn't have a separate DCS. However, there is a children with disabilities lead in the Children's Social Care and Early Help Team, and they provide the same service provision previously mentioned.

Appendix 4: Visual Impairment Service

The **Visual Impairment Service** is part of the wider Inclusion and Specialist Support Team in Hackney Education's Integrated SEND service. It is not a health service. This specialist sensory team supports CYP with Visual Impairment or Multi-Sensory Impairment/Deafblindness in home settings, schools and colleges in Hackney. They offer advice and support to families and CYP from diagnosis and beyond by monitoring and supporting CYP's progress throughout all stages of education from 0 to 19 years of age.

The CYP are usually referred to the service in their early years by health professionals, and have different levels of needs. These may vary from CYP with mild visual impairment who have an annual visit to check their impairment is not a barrier to their learning; to a CYP who is blind and requires weekly intensive support to learn how to understand and interact with the world and read Braille, for example.

The Visual Impairment Service has an open referral system. The specialists provide support for CYP to be included in health services and meet their health needs in many ways. This includes giving advice to health professionals, providing support for clinic appointments with families, attending joint home visits with Speech and Language Therapists, Occupational Therapists and Physiotherapists, and attending ‘Children in Need’ meetings. These activities support CYP to be included in health services and meet their health needs but no data of the health needs are recorded.

As of 28 November 2023, 167 CYP were being supported by the Visual Impairment Service, with 33 of them (19%) also registered with the Deaf and Partial Hearing Service due to Multi-Sensory Impairment.

Appendix 5: Deaf and Partially Hearing Service

The **Deaf and Partially Hearing Service** is also part of the wider Inclusion and Specialist Support Team and a part of Hackney's Integrated SEND Service enhanced support for CYP with additional needs. The team provides a range of support for CYP aged 0-25 who are deaf or hard of hearing, aiming to improve their education and life outcomes.

As of 28 November 2023, 347 CYP were identified in the Deaf and Partial Hearing Service. Of these, 33 were also registered in the Visual Impairment Service and the Deaf and Partial Hearing Service due to Multi-Sensory Impairment. The service works closely with Audiology, SaLT and other health professionals at Hackney Ark.

Data collected by individual services is not necessarily linked to or shared with other services. Recently, some data from Education and Social Care were linked but Health data is still not integrated. This prevents us fully understanding the health needs of different cohorts of CYP with SEND.

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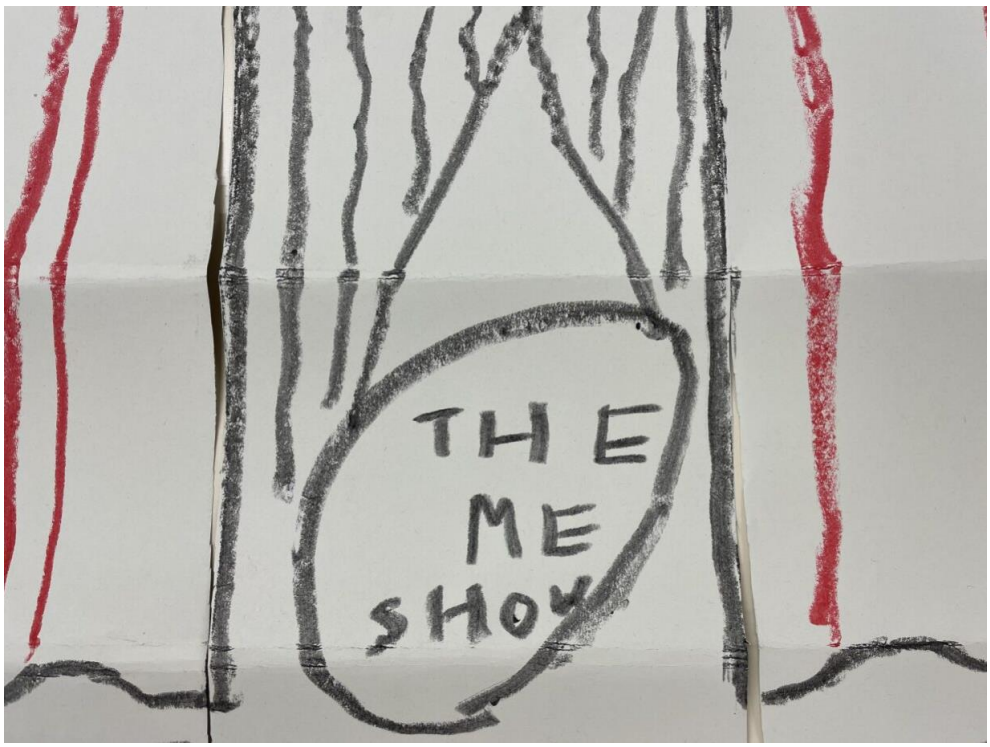
City of London Local Area Partnership

Special Educational Needs and Disabilities and Alternative Provision Strategy 2025-2029

January 2025



Artwork by a City of London young person

Contents

1. Introduction

**"For me, it is important to be happy and I am happy when I can be in nature and also when I am doing sports outside…
I feel happy when I am having a good day…"
City of London young person**

This is the City of London Local Area Partnership Special Educational Needs and Disabilities (SEND) and Alternative Provision Strategy 2025-2029. The Local Area Partnership brings together Education, Health and Social Care colleagues, parent carers and children and young people around SEND and alternative provision arrangements. Our vision for all children and young people, including those with SEND, is that[1]:

> 'The City of London is a place where children and young people feel safe, have good mental health and wellbeing, fulfil their potential and are ready for adulthood whilst growing up with a sense of belonging.'

We recognise that children and young people with SEND are all unique and have their own individual personalities, likes, dislikes and ambitions. Of the 8,600 residents living in the City of London, 1,975 are children and young people aged 0-25.[2]

This strategy relates to children and young people with SEND aged 0-25-years-old and their families who live in the City of London. In November 2024, there were 43 City of London-resident children and young people with special educational needs (SEN) receiving SEN Support in their school (either in the City of London or another area) and 26 children and young people with an active Education, Health and Care Plan (EHC Plan).[3]

Children and young people with SEND have their own experiences, some positive and fulfilling, of moving towards our shared vision. But we know that some children and young people with SEND can face additional barriers. This strategy aims to address some of those barriers by responding to what children and young people with SEND, parent carers and professionals have told us.

This strategy is based on shared principles that we, the Local Area Partnership, have developed and agreed. The principles set out how we will work together to deliver the strategy. They are:

- **high ambition** - support and helpfully challenge each other to achieve the best possible outcomes for all children and young people accessing alternative provision and/or with SEND and their families
- **trust and honesty** - deepen trust between all partners, including families, by being open and honest about our priorities, challenges and what we can achieve
- **mutual respect and acceptance** - value each other's experiences and expertise, including those of families
- **partnership and transparency** - create positive, transparent partnerships that keep children and young people with SEND and/or accessing alternative provision and their families at the centre of all we do

- **co-design and engagement** - co-design and engage with children and young people with SEND and their families from the start and provide feedback along the way
- **inclusive communities** - support communities that are inclusive of all

The Local Area Partnership has developed this strategy with parent carers and children and young people with SEND. Five priorities have been agreed. The order doesn't relate to importance, they all contribute to our shared vision for children and young people with SEND and/or accessing alternative provision. A commitment to work with families to explore how they can access advice and support as close to home as possible underpins the priorities.

The five priorities are:

1. children and young people with SEND and their families get the right help, at the right time
2. children and young people with SEND and parent carers are supported during transitions, including preparation for adulthood
3. children and young people with SEND and their families are supported and enabled by a skilled, valued workforce
4. children and young people with SEND and their families feel recognised, valued and part of their local community
5. children and young people experience high quality, appropriate alternative provision when needed

An Action Plan will sit underneath this strategy and identify leads for each of the actions. It will keep us on track but also be responsive to change if needed.

We know there can be lots of acronyms and complicated words used around SEND and alternative provision. A glossary at the end of this document provides explanations for some of the words used in this strategy.

A big thank you to all the children, young people and parent carers, particularly members of the Reference Group, who shared their experiences and ideas to help develop this strategy.

"[Children and young people] want to have fun and have a life, and not be overwhelmed by all the serious things."
Parent carer

Artwork by a City of London young person

2. Strategic context

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

2.1 National

The main SEND legislation is found in[4]:

- Children and Families Act 2014
- Special Educational Needs and Disability Regulations 2014
- Special Educational Needs (Personal Budgets) Regulations 2014
- Special Educational Needs and Disability (First-tier Tribunal Recommendations Power) Regulations 2017

This legislation sits within the context of the Equality Act 2010.[5]

The SEND Code of Practice[6] provides more guidance on the SEND system and detail on the legal framework however the Code itself is not law.

In 2023, the Government published the SEND and alternative provision improvement plan[7] which set out 'what we'll [Government] do to make sure more children and young people with SEND or in alternative provision get the support they need.' As part of this, the Government asked the Law Commission to review legislation for disabled children.[8]

The Department for Education statutory guidance[9] defines alternative provision as:

> 'Education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour.'

The Government explained that it had considered alternative provision alongside SEND as '82% of children and young people in state-place funded alternative provision have identified special educational needs (SEN), and it is increasingly being used to supplement local SEND systems.'

In 2023, the Government also published its Children's Social Care Implementation Strategy[10] which aims to ensure 'every child and family who need it will have access to high-quality help' and a Disability Action Plan which aims to 'improve disabled people's lives'.[11]

2.2 Regional

The City Corporation is represented on the London Innovation and Improvement Alliance which co-ordinates activity around London-wide priorities set through the Association of London Directors of Children's Services (ALDCS). SEND is one of the

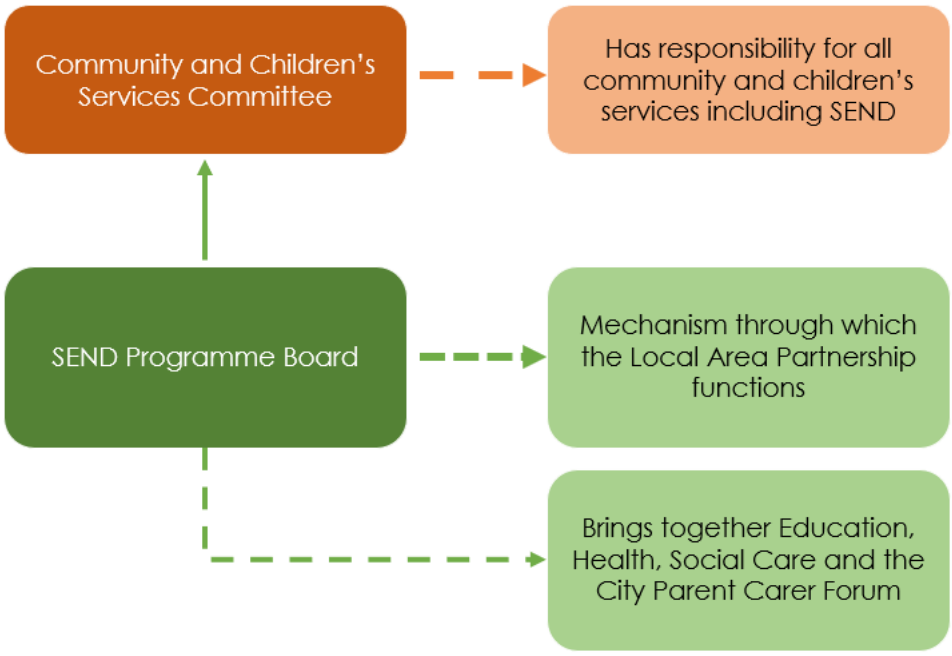
areas prioritised by this group. NHS North East London (NEL), the local NHS covering North East London, contributes to the agreed ALDCS work plan.

The City Corporation's Head of Children's Social Care and Early Help is the Designated Social Care Officer (DCSO) for SEND in the City of London and sits on a regional DSCO network. The network is a space for sharing insight, learning and good practice to support children and young people with SEND.

2.3 Local

The Local Area Partnership is driven by the SEND Programme Board which is jointly chaired by the Strategic Education and Skills Director and Assistant Director People both from the City Corporation, along with the Strategic Lead for Children and Young People at NHS NEL. Board members include parent carers and representatives from Health, Education, early years settings, schools, safeguarding, information, advice and support services, and local authority partners to drive ambition and delivery.

The City Corporation operates a committee system. The Community and Children's Services Committee has responsibility for SEND. There is strong political commitment to supporting children and young people with SEND and their families. There is a City Corporation Carers and SEND Member Champion who advocates for SEND issues.



Health services are commissioned by the City and Hackney Place based Partnership, part of North East London Integrated Care Board (NEL ICB). The Children, Young People, Maternity and Families (CYPMF) integrated workstream is part of the ICB infrastructure and enables integrated planning and commissioning arrangements across the ICB, the City of London and Hackney. There are clear

governance arrangements between the CYPMF workstream and the City of London SEND Programme Board. A governance diagram is in Appendix A.

There is also a NEL ICB SEND programme of work that supports local areas to share best practice and supports the ICB's approach to assurance and allocation of resources to meet needs.

This strategy also aligns with the wider City Corporation Corporate Plan 2024-2029.[12] The Plan's objectives include 'providing excellent services' and 'diverse engaged communities'. Themes of inclusion and access to open public spaces and creating a more inclusive City for everyone is included in the draft City Corporation's City Plan 2040.[13] The strategy also supports the City Corporation's equality objectives.[14]

This strategy also aligns with the aims of the City Corporation's Department of Community and Children's Services Business Plan[15]:

- **safe:** people of all ages and all backgrounds live in safe communities; our homes are safe and well maintained and our estates are protected from harm
- **potential:** people of all ages and all backgrounds are prepared to flourish in a rapidly changing world through exceptional education, cultural and creative learning and skills which link to the world of work
- **independence, involvement and choice:** people of all ages and all backgrounds can live independently, play a role in their communities and exercise choice over their services
- **health and wellbeing:** people of all ages enjoy good mental and physical wellbeing
- **community:** people of all ages and all backgrounds feel part of, engaged with and able to shape their community

This strategy sits alongside other City Corporation strategies including the Early Help Strategy, Carers Strategy (focused on unpaid adult carers of adults which includes parent carers of children and young people with SEND within that context), the Education Strategy and the Joint Local Health and Wellbeing Strategy.

In 2018, the City Corporation joined the Hackney Autism Alliance Board - which was set up by Hackney and the City and Hackney Clinical Commissioning Group (which existed at the time as part of local health arrangements) – creating the City and Hackney Autism Alliance Board. The City and Hackney All Age Autism Strategy 2020-2025 also provides context for this strategy. There is also the City and Hackney Strategy for Learning Disabled People.

The City Corporation has an Alternative Provision Statement based on making local, joint decisions about the use of alternative provision resources. Commissioning arrangements for alternative provision are usually bespoke given low numbers of need in the City of London. This means placements can be designed to meet the individual needs of the child or young person and are linked to their individual plan. The City Corporation has developed a quality assurance framework for alternative provision to strengthen existing bespoke spot purchased arrangements

Artwork by a City of London young person

3. Background

3.1 SEND children, young people and their families

According to the Family Resource Survey (2021 to 2022) there are 16 million disabled people in the UK and 11% of children are disabled.[16] Each of these children are unique with different needs, interests and aspirations.

The Census 2021[17] found that in England, 18.7% of females and 16.5% of males were disabled in 2021. The percentage of disabled females increased notably between the ages of 10 to 14 years and 15 to 19 years between 2011 and 2021, rising from 6.8% to 12.2% in England.

National SEN statistics for the academic year 2023/24[18] state that there were:

- 4.8% of pupils with an EHC Plan. Up from 4.3% in 2023
- 13.6% of pupils with SEN Support. Up from 13% in 2023.
- the most common type of need for those with an EHC Plan is autistic spectrum disorder and for those with SEN Support it is speech, language and communication needs

These statistics reflect the national trend that the number of EHC Plans has increased each year since their introduction in 2014.[19]

National tribunal statistics for July to September 2023[20] show that in the academic year 2022/23, 14,000 SEN appeals were recorded, an increase of 24% when compared to 2021/22. Of the 12,000 outcomes recorded, 68% (8,000) of cases were decided by tribunal. Of the cases decided, 98% (7,800) were in favour of the person who made the appeal.

Families will have their own experiences of the SEND and alternative provision system. For some, need is identified early and the right support is put in place. However, research by the Disabled Children's Partnership[21] highlights the experiences of parent carers who describe having to constantly fight battles to access support they are entitled to. For those parent carers, this can have an impact including on emotional wellbeing; 3 in 4 parent carers have seen their emotional or mental health deteriorate because of not getting the right support for themselves.

There are often different equalities issues which impact and cut across people's lives, e.g. race and disability, and not all disabled people will have the same experiences[22]; for example disabled people who belong to more than one marginalised group often report not having access to services that meet their needs.[23] Other national research has found that children of ethnic minority groups are over-represented for some types of SEN and under-represented for other types compared to White British pupils.[24]

3.2 SEND children and young people in the City of London

Being a parent carer means that we are always on the lookout for inclusive events and things to do with our child.

What's most important to me right now is that the potential that exists in our child is fulfilled.

My hope for the future is that our child is happy and is safe living as independently as possible when we are no longer here.

City of London parent carer

The City of London is home to 8,600 residents of which the majority are working age but also includes 1,975 children and young people aged 0 to 25 (713 aged 0-18) (Census 2021).

In November 2024, 43 City of London children and young people had SEN Support in their school and there were 26 active EHC Plans.[25] This number has increased from 14 in 2019 (mirroring national trend) and needs are becoming more complex. Of those 26 with an EHC Plan:

- 72% of the caseload had autism spectrum disorder as their main presenting need
- 85% were male
- 53% were from global majority communities
- 48% had short breaks provision

In November 2024, 38% of children and young people with an EHC Plan were under 12 years of age, the rest were between 12 and 25.

There are no City of London children or young people on the Dynamic Support Register which identifies children, young people and adults (with consent) with autism and/or learning disabilities and 'challenging behaviour' who are at risk of admission to mental health inpatient services without access to timely dynamic support.

The Aldgate School is the one maintained primary school in the City of London. There are also four independent schools and one independent college. There are no special schools, alternative provision or maintained secondary schools. Therefore, most children and young people are educated outside of the City of London across 70 schools as of September 2024.

In November 2024, there was one child in alternative provision outside of the City of London boundaries.

3.3 Local area services and support

Support and services for children and young people with SEND are provided by the Local Area Partnership depending on the individual child's needs. There is an emphasis on early identification of need and the City of London SEND Ranges is a tool that helps with this.

Within the City Corporation, SEND, Early Help, Early Years and Education, Children's Social Care, Adult Social Care and the Virtual School work together to identify and respond to need in line with statutory and legislative duties.

The first Local Area for SEND Inspection was in 2018. The implementation of recommendations from this inspection supported children in the City of London to get a better start in life and delivered improved outcomes for children and young people with SEND.

The multi-agency SEND and Alternative Provision Panel reviews cases and makes decisions, for example whether to carry out an Education, Health and Care Needs Assessment and then issue an EHCP. It also considers the provision that should be made as part of an EHCP and continues to monitor that provision when put in place. This contributes to ensuing that individual needs are identified and responded to appropriately.

A flexible approach to short breaks provides access to neighbouring borough provision or parents can be supported to identify activities tailored to the needs of their child and use direct payments to access social activities.

The Local Offer[26] provides information about services and activities for parents, children and young people with SEND, and practitioners supporting them - including information on the City Parent Carer Forum, health services, short breaks, SEND, EHC Plans, personal budgets and Preparing for Adulthood.

Free, impartial information, advice and support to parents and young people with SEND is provided by the Tower Hamlets and City of London SEND Information Advice and Support Service (SENDIASS).[27]

The City of London Virtual School supports children and young people who are in the care of the City Corporation or on Child in Need or Child Protection Plans, including those with SEND. The Virtual School can also provide support to kinship carers and families of children who have been adopted or placed on special guardianship orders and have SEND. Virtual School staff, as corporate parents, work closely with the City Corporation SEND team to ensure children in care and care experienced young people with SEND get the support they need.

The Wellbeing and Mental Health in Schools (WAMHS) Programme aims to improve mental health and wellbeing support for children and young people in schools, colleges, specialist and alternative provision education settings in City and Hackney. A Child and Adolescent Mental Health Service worker is based in the Aldgate School every two weeks.

The City and Hackney Speech and Language Therapy service provides support to the City of London children and young people across the age ranges. A Speech and Language Therapist is based in the Aldgate School every week and Early Years services are also delivered in the City of London with families.

The City Corporation commissions Family Lives to deliver emotional wellbeing and mental health support for families with children under five who access the City of London's Children's Centre. Prospects is commissioned to provide information, advice and guidance to City of London young people, including those with SEND, aged between 13-19 years or 25 years with SEND. Issues covered can include support with transitioning to adulthood and support for college and training applications.

The City Corporation also commissions school transport and travel training services, as well as universal provision such as youth and play services which have a requirement to be inclusive and deliver for children and young people with SEND.

The development of 'family hubs' was a national Government initiative introduced in 2022. In 2023, the City Corporation launched an independent review of its children's centre services based at the Aldgate School to assess how well services met the needs of local families and evaluate whether the existing model supported the establishment of a family hub model in the City of London. In March 2024, the City Corporation's Community and Children's Services Committee decided to transition the children's centre services back in-house to the City Corporation as stage one of developing a family hub.

The goal of the family hub model is to provide a comprehensive range of family support services for children, young people and families aged 0-19 (25 with SEND) addressing social care, education, mental health and physical health needs.

In the City of London, the development of the family hub model will be led by the City Corporation's Education and Early Years team and does not sit within this strategy. However, the actions in this strategy around co-producing family services will feed into the development of the family hub model.

The position and size of the City of London impacts on the scale and provision of services within the Square Mile and means families may have to access some support and provision in different boroughs, for example the Hackney Ark which is the City and Hackney commissioned child development centre located in the neighbouring London Borough of Hackney.

3.4 Local Area Partnership strengths

This section provides a snapshot of the Local Area Partnership's strengths at the time of writing in 2024. We aim to sustain and build on these during the lifetime of this strategy. Our strengths include:

- a flexible and agile approach to responding to need
- good professional understanding of SEND needs across Education, Health and Social Care

- dedicated and experienced staff working with families; with low staff turnover which supports sustained relationships with children and families
- accurate and timely assessment of children and young people's needs; 100% of EHC Plans delivered within the 20-week statutory timescale
- 100% of children and young people were actively involved in their annual reviews in 2023
- children and young people achieve good educational and progression outcomes; 100% of children in City of London early years settings receiving SEN Support achieved the overall good level of development in 2023 and some young people with SEND are going to university
- bespoke services to meet children and young people's needs based on an outcomes and person-centred approach to commissioning services
- strong relationships and regular engagement with parent carers who tell us they feel supported, and the continued development of the City Parent Carer Forum
- the City Corporation's Department of Community and Children's Services supports and promotes an anti-racist approach to practice and service development

3.5 Local Area Partnership challenges

This section provides a snapshot of the Local Area Partnership's challenges at the time of writing in 2024. This strategy aims to tackle these challenges during the lifetime of this strategy. Challenges include:

- the City of London's unique size and location can pose a challenge in providing some support and services physically in the Square Mile, and in having access to provision in neighbouring boroughs outside of NEL integrated care system. Parent carers raised challenges in accessing health services in particular
- increasing inclusion within universal provision for children and young people with SEND and families such as youth and play services
- having accurate, timely data on children with SEN Support who attend education settings outside of the City of London
- gathering and disaggregating City of London specific health data
- increasing the reach and diversity of children, young people and families engaged with as part of co-designing services and support

4. Progress during the 2020-24 SEND Strategy

The Local Area Partnership's key achievements during the last SEND Strategy 2020-2024 include:

- improved identification and assessment of children and young people's needs through initiatives such as delivering SEND support and training for early years providers, implementing the City of London SEND Ranges and developing Verbo - a virtual speech and language toolkit for schools – which has been rolled out at the Aldgate School
- introduced multi-agency referral sessions - which bring professionals together to consider children and young people with SEND's needs - resulting in a joint approach to agreeing support such as the allocation of a keyworker

- amplified the voice of children and young people during assessments for example by using tools such as images and signing when reviewing short breaks
- strengthened support during school transitions for example by offering an Educational Psychologist visit for children and young people with an EHCP in their new school within the first term and support in Year 9 by Prospects
- retained a focus on individual children achieving their potential, for example considering progress and outcomes at annual review meetings
- strengthened, flexible approach to short breaks so families can access provision in neighbouring boroughs or parent carers are helped to find activities their child wants to take part in and use direct payments to fund them
- invested in the development of the City Parent Carer Forum which now has a steering group, 55 members and a widened remit to encourage parent carers of children and young people with SEN Support to engage
- the City Parent Carer Forum influenced planning officers to create an inclusive play area at the St Paul's Gyratory development in the City of London
- the City Parent Carer Forum influenced extended opening hours at the City of London's libraries to better meet their needs
- development of the WAMHS (wellbeing and mental health in schools) approach in the Aldgate school, leading to excellent collaboration with health partners and integration of well-being in the curriculum and daily practice
- development of local Supported Internships as an additional option for young people with an EHCP

Being a parent carer means that our time is always stretched... The demands of being a parent carer whilst also maintaining a career in the City are huge. We choose to live in the City so that, even whilst at my workplace, I am always close to our children and can easily attend the numerous appointments and meetings that being a parent carer involves. Thankfully, I have an employer who understands my need for flexibility… Time not at work is never “time off” and that even casual experiences that other families take for granted – such as watching the Euros final on TV together – are fraught and stressful. It’s exhausting and frequently isolating. Ultimately though, no matter how many things there are to juggle, having children means there is, as a wise friend once told us, more love in your life.

What’s most important to me (child) right now is when it comes to school it's being somewhere I feel safe and understood and happy. When it comes to what I love it is my family and Taylor [Swift].

My (child) hope for the future is that I want to go back to school soon and see my friends. I also want to go to the Olympics. And to see Taylor. And Oasis.

City of London family

Artwork by a City of London young person

5. Developing this strategy

> Being a parent carer means that I have to juggle between work and supporting my family. Managing time productively and efficiently can be a challenge.
>
> What's most important to me right now is ensuring my children get the support they need to flourish and to help them manage the unknown and their anxieties and friendships.
>
> My hope for the future is that I would like my children to be independent and lead fulfilling lives of purpose, and to use their curiosity to spur their learning and careers, and make friendships on their journey.
>
> City of London parent carer

Central to the development of this strategy were the experiences and ideas of parent carers, children and young people with SEND and professionals from across Education, Health and Social Care. These were captured through various engagement activities including:

- two sessions attended by 30 professionals from across Education, Health and Social Care, joined by two parent carers
- one session with the City Parent Carer Forum where three parent carers and the Forum lead shared their experiences and what they want to see in the City of London
- one session with the Islington Parent Carer Forum, as some City of London parent carers attend there, where four parent carers shared their experiences
- one creative arts session with six children and young people with SEND to find out what is important to them in their lives and in the City of London
- one session with the City of London Youth Forum speaking to four young people (including one with SEND) to discuss what they think about inclusion in the City of London
- one young person with SEND shared their thoughts individually in writing
- one visit to a City of London library to join parent carers and their children at an early years rhyme time session and hear their thoughts on inclusion

Insight from engagement with parent carers and young people with SEND as part of Public Health's Hackney and City Needs Assessment for children and young people with SEND has also informed the development of this strategy.

A public consultation on the draft strategy and easy read version took place between July and September. Information was shared online and hard copies were available in City of London libraries. There were 13 responses to the consultation; including from professionals, parent carers and one person with an EHC Plan. Overall,

feedback on the draft principles and priorities was positive and no significant changes were needed in response. Where permission was given, some responses have been shared as quotes in this strategy.

Five parent carers were members of a parent carer Reference Group which formed part of governance for the strategy development and sign-off.

6. Priorities

The strategy has five priorities. The order does not relate to importance; they all contribute to our vision for children and young people with SEND:

1. children and young people with SEND and their families get the right help, at the right time
2. children and young people with SEND and parent carers are supported during key transition points, including preparation for adulthood
3. children and young people with SEND and their families are supported and enabled by a skilled, valued workforce
4. children and young people with SEND and their families feel recognised, valued and part of their local community
5. children and young people experience high quality, appropriate alternative provision when needed

6.1 Priority 1: children and young people with SEND and their families get the right help, at the right time

By 2029, I hope children and young people with SEND in the City of London "are given support promptly and the parents who advocate for them feel supported and find it easier to navigate the system"
Parent carer

We know how important it is for children, young people and their families across the full spectrum of need, to get the right help when they need it. Some parent carers told us about their positive experiences of this and reflected on how getting the right support for their child not only benefits their child, but also the parent carer. However other parent carers shared how they have struggled to navigate the system and know what support is available to them.

We also heard from parent carers about the importance of having support and services in the City of London or local area. Professionals also reflected on how families may have to travel outside of the City of London to get support or access services, including those that help with emotional wellbeing. The Local Area Partnership is committed to working with families to explore how they can access advice and support as close to home as possible. This commitment underpins the actions below.

We want to build on the successful engagement work we have already done and continue to work with children, young people and their families to achieve this. This co-design approach links with priority 4.

To deliver on this priority over the next four years, the Local Area Partnership will:

- co-design inclusive services with children and young people with SEND and their families
- continue to identify children and young people's needs early and provide the right support to meet those needs
- be clear on pathways to support and help families navigate the system
- strengthen advocacy and support for families to have their voices heard
- strengthen support for parent carers' emotional wellbeing

Key actions to deliver these priorities include:

- co-designing our approach to supporting families - including looking at how therapies and other services could be delivered in the City of London, or as close as possible, and continuing to identify needs through Early Help services. This will also feed into the development of a family hub model in the City of London
- continuing to identify children and young people's needs early and providing the right support ensuring equity across different communities
- continuing to focus resource to minimise waiting times for services and to provide information and advice to support families while waiting (noting that families may often be accessing other services and receiving support)
- continuing to review the support available for children, young people and families following assessment, whether or not a diagnosis is made
- strengthening the information, advice and support offer for families – including reviewing the Local Offer in partnership with the City Parent Carer Forum
- working with parent carers to review and develop support for their emotional wellbeing - such as options around peer support, the CPCF and continuing to review and develop the short breaks offer

Key measures of success are:

- the support offer for families is co-designed with children, young people and their families, including those with SEND
- children and young people with SEND, including those from global majority communities, have their needs identified and met at the earliest opportunity
- families have access to information and support while waiting for assessment
- parent carers report that there is a good information, advice and support offer in the City of London Corporation
- the Local Offer website hits increase following the review
- the emotional wellbeing offer for parent carers is reviewed and co-designed with them

6.2 Priority 2: children and young people with SEND and parent carers are supported during transitions, including preparation for adulthood

By 2029, I hope children and young people with SEND in the City of London "will be achieving well and have a clear pathway to a successful adult life."
Professional working with children and young people with SEND

Professionals recognised the importance of young people with SEND being able to make choices about their own lives and getting support during key times of change. Parent carers told us that these transition points can start from the early years, e.g. moving through the educational Key Stages, and can also happen unexpectedly or between these defined points, e.g. if a diagnosis is received. Parent carers also reflected on their own experiences of their child growing up. For some parent carers, this can be a smooth transition, however for others, periods of change can be difficult, particularly in terms of emotional wellbeing. Transition to and from alternative provision is included in Priority 2.

We want to help young people have options so they can make decisions and live the life they choose. This includes continuing to support routes into further and higher education, apprenticeships, supported internships, training and employment for young people and empowering them to have the skills they want and need. We also know that by co-designing support with parent carers, we can better understand and meet their needs during transition points. Again, this co-design aspect links with priority 4.

To deliver on this priority over the next four years, the Local Area Partnership will:

- empower young people with SEND to live the life they choose
- strengthen information and support available to families during transitions from early years to adulthood
- support young people with SEND to be aware of and make choices around further and higher education, apprenticeships, supported internships, training and employment opportunities
- strengthen the package of support for parent carers around key transition points

Key actions to deliver these priorities include:

- reviewing the City Corporation's Adult Social Care Early Intervention and Prevention offer and how it could offer short-term support young people with SEND to learn life skills during their transition to adulthood and what the access pathways would be
- reviewing and strengthening support and information for families during times of transition, including between schools and in-year transitions
- working in partnership to actively promote and deliver supported internship and apprentice opportunities with young people with SEND and support them through the application process
- co-designing the support offer for parent carers to better reflect and meet parent carers' needs during key transitions, including to and from alternative provision

Key measures of success are:

- the City Corporation's Adult Social Care Early Intervention and Prevention offer is reviewed with a focus on young people with SEND
- families access and benefit from inclusive information, advice and guidance
- increase in the number of apprenticeships and supported internships offered and taken up
- the support offer for parent carers around transitions is co-designed

6.3 Priority 3: children and young people with SEND and their families are supported and enabled by a skilled, valued workforce

By 2029, I hope children and young people with SEND in the City of London "will receive the appropriate assistance to achieve their full potential and set ambitious goals."
Parent carer

Some parent carers told us that they recognise the value of a skilled and trained workforce to identifying their child's needs and ensuring the right support is put in place. They also reflected that more needs to be done to increase awareness of SEND as this is crucial to a knowledgeable, effective workforce.

We want to build on existing training and development activities and continue to support colleagues across Education, Health and Social Care around SEND. We also want to look at how we can raise awareness of SEND across the wider workforce (including those who don't work directly with families) to help embed SEND inclusion.

To deliver on this priority over the next four years, the Local Area Partnership will:

- strengthen support and signposting for professionals working with children and young people with SEND
- further embed the SEND Ranges to support the early identification and response to needs
- support professional communities of practice across NEL NHS, e.g. autism and speech and language therapy, and networks to share skills and good practice
- raise awareness of SEND within the wider workforce

Key actions to deliver these priorities include:

- working in partnership with schools that City of London children and young people attend and City of London early years settings to strengthen support and signposting around SEND
- raising the profile of the SEND Ranges across settings within the City of London and where City-resident children received their education if outside of the City of London
- engaging professionals with existing communities of practice and networks - including the SENDCO network, NEL improvement networks, Designated Clinical

Officer / Designated Medical Officer networks - and ensure they take learning back into their organisations
- developing a plan to raise awareness of SEND within the wider workforce

Key measures of success are:

- SEND Panel receives high-quality requests for EHC needs assessments reflecting the timely, accurate identification of needs
- professionals report improved knowledge and skills through engagement with professional networks
- SEND awareness raising plan for the wider workforce developed and delivered
- Parent carers and young people with SEND report improved awareness of SEND in their interactions with the wider workforce

6.4 Priority 4: children and young people with SEND and their families feel recognised, valued and part of their local community

By 2029, I hope children and young people with SEND in the City of London "can fulfil their potential and live happy lives."
City of London resident

Young people with SEND told us that although they like living in the City of London and there is lots going on, many of those things aren't accessible or inclusive so they can't experience them. It can also be hard for young people with SEND to know what activities or events are going on in their local area. Young people also shared with us their interests and reflected that more inclusive groups and activities would raise awareness of SEND and enable them to show off their skills and talents. Parent carers told us that their families can feel excluded from their communities as they are unable to access places and spaces in the City of London.

We want to use this strategy as a tool to advocate for SEND across the City of London. We want to deliver accessible, inclusive services for families within the City of London. Some of these will be co-designed with young people with SEND and their families, as committed to in some of the other priorities. However, we also recognise that families can feel overwhelmed by requests for engagement so we will work with families to agree an approach to this.

To deliver on this priority over the next four years, the Local Area Partnership will:

- advocate for SEND across City of London communities and networks
- strengthen the inclusiveness of universal services, such as youth and play services
- offer engagement and co-design opportunities to families

Key actions to deliver these priorities include:

- senior leaders in the City Corporation and Health, and the City Corporation Carers and SEND Member Champion advocating for SEND across City of London communities

- reviewing the inclusiveness of existing universal services and where appropriate work with the provider to strengthen specific offers. Where there are gaps in provision, work with providers or the voluntary and community sector to fill them
- working in partnership with the City Parent Carer Forum and young people with SEND to co-design services and other initiatives

Key measures of success are:

- leaders advocate for SEND across City of London communities resulting in more awareness and inclusion
- young people with SEND report universal services made them feel included
- deliver at least three co-designed services and/or activities where young people and/or parent carers are involved from the start, receive feedback and report feeling heard

6.5 Priority 5: children and young people experience high quality, appropriate alternative provision when needed

By 2029, I hope children and young people with SEND in the City of London "are well supported with access to the services they need to thrive."
Professional working with children and young people with SEND

The City of London's unique size, location and population means that there are low levels of the use of alternative provision by City of London children and young people. However, policies and processes are in place to ensure that when needed, alternative provision is high-quality and focuses on good outcomes for all children and young people, including those with SEND.

We want to know which City of London children and young people who attend schools outside of the City of London are in alternative provision and retain a focus on high-quality arrangements.

To deliver on this priority over the next four years, the Local Area Partnership will:

- strengthen knowledge of City of London children and young people who are placed in alternative provision by schools outside of City of London boundaries
- only place children and young people in alternative provision that is quality assured by the local authority where the provision is located or by the City Corporation
- continue to put local alternative provision in place to support a child or young person when needed

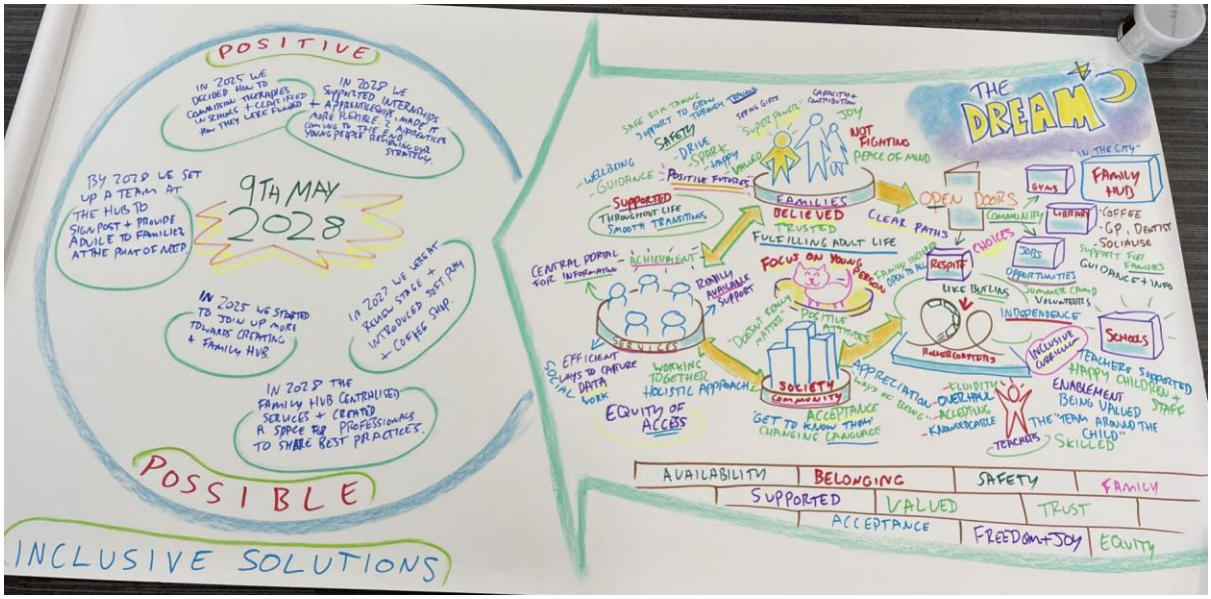
Key actions to deliver these priorities include:

- strengthen relationships with schools outside of the City of London so that they tell us when a City of London child or young person is placed in alternative provision and we can ensure they are high-quality placements

- embedding the quality assurance framework for alternative provision as part of the SEND and Alternative Provision Panel process to strengthen existing bespoke spot purchased arrangements – including tuition services
- monitoring the quality of support that a child or young person is getting through the SEND and Alternative Provision Panel to ensure they achieve good outcomes

Key measures of success are:

- we know which City of London children and young people are in alternative provision and support high-quality placements that result in good outcomes
- a quality assurance framework for alternative provision is embedded
- high-quality alternative provision is reported at the SEND and Alternative Provision Panel



Artwork capturing ideas from one of the engagement sessions

7. Implementation and delivery

The SEND and Alternative Provision Strategy and associated Action Plan will be reviewed on an annual basis by the SEND Programme Board. City Corporation officers will work with the City Parent Carer Forum to explore and agree how they want to be involved in this process, recognising that we don't want to overburden families with engagement activities.

The strategy and Action Plan will be reported on to elected Members through the Community and Children's Services Committee.

Any legislative change or amendments to statutory duties will be reflected in the Action Plan and delivery of services if applicable within the annual review period.

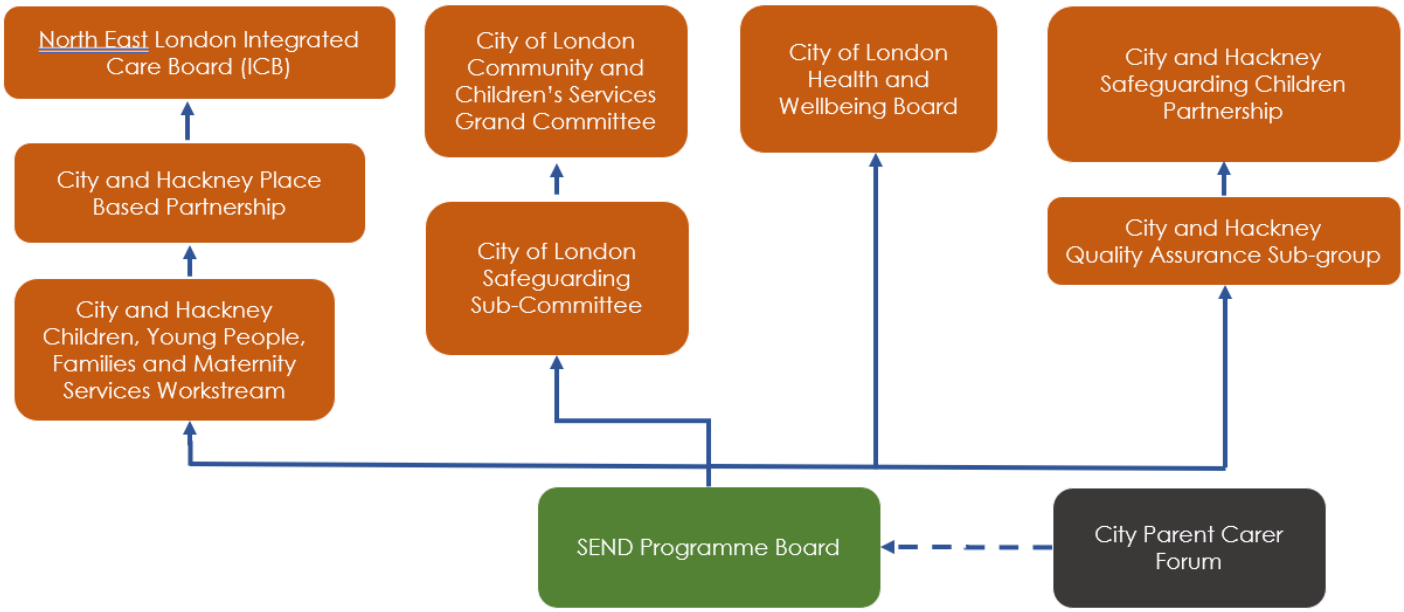
Artwork by a City of London young person

8. Glossary

Alternative provision	The Department for Education defines alternative provision as education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education.[28]
Children and Young People's Plan	The City of London Children and Young People Plan sets out the vision and outcomes for children and young people in the City of London.
City of London SEND Ranges	The City of London SEND Ranges is a tool that helps identify and respond to needs of children and young people with SEND.
City Parent Carer Forum	A Parent Carer Forum is a group of parents and carers of children with SEN and/or disabilities. The City Parent Carer Forum is active in the City of London and works with the local authority, education, health and other providers to make sure services meet the needs of children with SEND and their families.
City Youth Forum	The City Youth Forum is a group of young people who work together to make the City of London a better place to live, work and study for young people.
Co-design	The local authority, Health or Education work together with residents to influence and shape the design of services or activities.
Disability	The Equality Act 2010 defines a disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative impact on a person's ability to do normal daily activities.
Designated Social Care Officer (DCSO) for SEND	The DCSO for SEND works for the local authority and is responsible for leading and developing social care elements of SEND across the local authority.
Education, Health and Care Plan (EHC Plan)	An EHC Plan details Education, Health and Social Care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHC Plan is necessary, and after consultation with relevant partner agencies.
Integrated Care Board (ICB)	ICBs are statutory NHS organisations that bring together NHS and care organisations to agree priorities and improve

	population health in a local area. The City of London comes under the North East London ICB.
Local Offer	Local authorities are required to have a Local Offer that sets out information about provision they expect to be available across Education, Health and Social Care for children and young people in their area with SEND. Local authorities must consult locally on what provision the Local Offer should contain.
Maintained school	Schools that are run by a local authority.
National Health Service (NHS) North East London (NEL)	NHS NEL is the local NHS in North East London. It is responsible for buying and managing health and care services to support people living in the London boroughs of Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
Parent carer	A parent carer takes care of a child with SEND for whom they have responsibility.
Pathways	Where a number of professionals can support an individual to meet their needs creating a route or 'pathway' to support.
Special Educational Needs (SEN)	A child or young person has special educational needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them when they reach compulsory school age.
Special Educational Needs and Disability (SEND)	SEND brings together SEN and disability.
Special Educational Needs and Disabilities Coordinator (SENDCO)	A SENCO is a qualified teacher in a school or maintained nursery who has responsibility for co-ordinating SEN provision.

Appendix A – Governance diagram



ENDNOTES

[1] City of London Corporation (2022) City of London Children and Young People's Plan 2022-25.
[2] Figures taken from Census 2021.
[3] City of London Corporation statistics.
[4] Further information on the IPSEA website.
[5] Information on the detail of the Equality Act 2010 is available on Gov.uk
[6] Department for Education and Department of Health and Social Care (2014 – updated 2020) SEND code of practice:0 to 25 years.
[7] DfE (2023) SEND and alternative provision improvement plan: right support, right time, right place.
[8] DfE (2023) Children's social care: stable homes, built on love.
[9] DfE (2013) Alternative Provision Statutory guidance for local authorities.
[10] Department for Education (2023) press release.
[11] Disability Unit (2024) Disability Action Plan.
[12] City of London Corporation (2024) Our Corporate Plan 2024-29.
[13] Further information on the consultation stage of the City Plan 2040 is available on the City Corporation's website.
[14] Further information on the City Corporation's equality objectives is available on the City Corporation's website.
[15] A revised business plan is due to be agreed in 2025.
[16] Statistic taken from Scope disability facts and figures website page.
[17] Figures taken from Census 2021.
[18] HM Gov (2024) Academic year 2023/24 special educational needs in England.
[19] HM Gov (2024) Reporting year 2024 Education, health and care plans.
[20] Ministry of Justice (2023) Tribunal Statistics Quarterly: July to September 2023.
[21] Disabled Children's Partnership (2022) #SENDABetterMessage: Campaign and SEND Green Paper briefing.
[22] Wickenden, M (2023) Disability and other identifies? – how do they intersect?
[23] Disability Rights Alliance (2024) Inclusion and Intersectionality: An online resource to support Disabled People's Organisations (DPOs).
[24] Oxford University (2019) Ethnic minority children not equally identified with Special Education Needs.
[25] City of London Corporation statistics.
[26] The Local Offer is available on the Family Information Service website.
[27] Tower Hamlets and City SEND Information, Advice and Support Service website.
[28] Department for Education (2013) Alternative Provision. Statutory guidance for local authorities.

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Committee: Health and Wellbeing Board - For information	**Dated:** **07/02/2025**
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 Q3 2024/25.

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.

The team are fully staffed and have a team of volunteers.

2 Public Board Meetings

On 18th October HWCoL held its AGM and Annual Public Meeting. This was reported at the last HWB.

3 Work with City of London Corporation

3.1 Adult Social Care Assurance Board

HWCoL will now attend the Board meetings and report back any insights and information from projects or resident/service user feedback.

3.2 Adult Social Care Advisory Group

HWCoL have agreed to set up and Chair a Social Care Advisory Group on behalf of the City of London Corporation. The group will discuss social care provision to residents of the City of London and gain feedback on specific services at the request of the corporation. Invitations to join the group will be sent by the Corporation with the annual survey early 2025. The inaugural meeting has been scheduled for March 2025 where the terms and reference of the group will be agreed. The group will be Chaired by Gail Beer.

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 November Managing Diabetes Patient Panel with Diabetes UK

Charlotte Burford, Communities and Volunteering Manager gave an overview on diabetes awareness, including the management, risk factors, and available resources that patients can access. The advice and leaflets given during the panel are available for all residents on our website.

4.1.2 Patient Panel November City of London Corporation's Adult Social Care strategy consultation

Patient Panel on the draft strategy for Adult Social Care from the City of London Corporation. Scott Myers, Strategy officer and Ellie Ward, Head of Strategy and Performance from the City of London Corporation to discuss the new strategy and gather feedback from City residents on their thoughts and concerns over the draft of the strategy.

Key areas of discussion included the accessibility of services, digital exclusion, the role of technology in supporting independence, and the need for better coordination in care services. City residents were able to share their experiences, highlight current and potential challenges, and proposed ideas in order to improve the social care that residents are currently experiencing.

4.1.3 Patient Panel December. Mental Health and Social Isolation over the Festive Period

Patient Panel on mental health, and how to stay well during the festive period, which can be an especially hard time for many. The session was held via zoom and were joined by Katie Pomeroy and Khudaja Ismael from Talking Therapies City and Hackney and Talking Therapies Tower Hamlets. Also joined by Valentina Ines La Mela, from the Together Better Programme, who highlighted the work her team does in City and Hackney to engage with patients.

4.1.4 Patient panels scheduled for the Q4 24/25 include:

- 16th January Neaman Practice new booking system with Dr Hillier In addition two focus groups on the new system in late January early February
- 21st March: Cardio- pulmonary resuscitation training with the London Ambulance Service

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. HWCoL have requested an update on this workstream.

4.3 Festive Party

On 12th December HWCoL held a festive lunch at the Golden Lane Community Centre. The informal event was really well attended with over 25 residents and volunteers joining us.

5 Issues raised on behalf of residents

5.1 Staying Steady classes/ Falls Prevention service

Following our last report on the cessation of the M.R.S Independent Living provision of the Staying Steady class, HWCoL have joined the City and Hackney Falls Prevention group which is made up of City and Hackney Public Health team and falls prevention service providers. The group is designing the new falls prevention offering from the City and Hackney Public Health Team.

HWCoL will also be carrying out resident engagement on behalf of the City and Hackney Public Health team to ascertain the services residents would like to see, and what level of understanding they have of the services already provided. This will be via an online survey followed by some deep dive focus groups.

The Board are asked to note that the current provision will end in March 2025.

5.2 Podiatry Service at the Neaman Practice

HWCoL have been made aware that the current Podiatry Service provided at the Neaman Practice will discontinue in March 2025.

HWCoL raised concerns with the Charlotte Painter, Head of Live Well, City and Hackney Place Based Partnership who was meeting with the Homerton Healthcare NHS Foundation Trust who are the providers of the service and Dr Chor from the Neaman Practice. The following response was received, and reasons were given for the service being stopped.

'The service is only provided once every three months at the Neaman and has 8 "historical" patients in it. Any new podiatry referrals that meet the clinical criteria are seen at St. Leonards. There is an option for patients to get transport there and the service also offers home visits for patients who meet the criteria.

It is not a good use of their resource to send a clinician and equipment just to provide this service (for example the next clinic at the end of January only has 2 patients booked into it but would take up the resource of a podiatrist for ½ day). They are therefore proposing to disband the clinic and offer the existing patients alternative arrangements – none will need to be discharged from the service. They undertook to make sure each patient has an individual plan for future care identified. Homerton also assured that should the needs of the population change in the City of London; they would be open to reviewing clinic locations in the future.'

HWCol received assurance that patients will be informed of the change to service and that patient transport is offered to any current and future patients.

5.3 Hearing support discontinued at the Neaman Practice
HWCoL were made aware that the Hearing support service provided at the Practice will no longer be available. RNID who provide the support, which checks hearing aids and provides help for those who are hard of hearing, have had their funding withdrawn. HWCoL spoke to Dr Chor who has said that patients who require hearing support will be referred to the NHS provision at St Leonards.

5.4 New online booking service at the Neaman Practice
In December the Neaman Practice rolled out a new way for its patients to book appointments. Total triage allows patients to request an appointment between 8 – 6 daily or to submit an admin request (repeat prescriptions, fit 'sick' notes, test results).

Requests are monitored throughout the day with the request being sent to the appropriate healthcare professional or the admin team. The Neaman Practice are pleased with the effectiveness of the new system; however, residents were not informed of the changes by the Practice. HWCoL held a Patient Panel with Dr Amy Hillier who went through how to use the system and answered questions, and it is holding two focus group sessions in January to have a deep dive into any issues raised by patients.
HWCoL have also offered support to the Practice with ongoing communications including for those who are not digitally connected.

5.5 Limited use of text messages
The issue on the limitations placed on GP practices on the use of text messages remains. HWCoL is concerned that patients will not receive adequate information about appointments or from the surgery due to the limitations. HWCoL has previously raised the issue with NEL ICB and NEL ICP but has not received a response. The Board is requested to note our concerns.

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 ‘Digital Apps: A help or hindrance? Understanding and accessing digital healthcare apps’ has been completed and is being presented to CIO’s from across NEL NHS and the PCN on 14 February. The report is attached.

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 originally scheduled for late November, however due to lack of speaker availability this has been postponed until early 2025. Following the announcement by the Secretary of State for Health and Social Care, Wes Streeting, of the intention to create a strategy for men’s health, we believe that we will now get more traction and support for this. HWCoL are in discussions with Barts Health to support this event.

The event will feature speakers who provide health and wellbeing services specifically for men.

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. This report will be published in Q4.

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 2024. The response from Barts Health to the recommendations in the report was delayed. These were received in early January; therefore, the aim is to publish the report in Q4.

7.2 Neaman Practice

HWCoL will be conducting an Enter and View visit to the Neaman Practice on 13th February. The visit will be carried out by the HWCoL team and Board members. The visit will involve interviewing Practice partners, admin staff, operational staff and patients.

8 Q3 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 4 2024/25

In support of the delivery of the business plan during Q4 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 report
- Submit the Charity Commission Trustees report before the 31 January deadline.
- Continue the patient panel series
- Hold objectives review and planning session with the HWCoL staff team and Board.
- Set up the Adult Social Care Advisory Group
- Carry out public engagement on the falls prevention service
- Carry out an Enter and View Visit to the Neaman Practice.

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 raising several issues with service providers on behalf of residents.

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healthwatch City of London

Digital Apps: A help or hindrance?

Understanding and accessing digital healthcare apps

Contents

A message from our chair, Gail Beer

We are pleased to be able to share our Digital Apps report with you and we hope you are able to relate to or gain an insight into the everchanging world of digital healthcare. We would like to thank those who worked on this project, including Matt James, and our volunteers, Saoirse Moriarty, Anna Louise Todsen and Najida Parveen, all who worked hard to make this piece of work happen.

As we started to undertake our research, we found that there are various different digital apps that you could access in relation to your healthcare within the City of London. These apps may vary depending on which GP surgery you are registered with, whether you have had to visit hospital for any appointments, and how many services are involved with your healthcare. We wanted to find out what NHS digital apps were on offer to patients in the local area, how they worked, and whether they were easy to use. Upon talking to local residents and gathering their feedback, we have found that accessing digital apps can prove difficult and confusing for many people.

Healthwatch City of London will be sharing this report with our stakeholders, who all have a role in your health services. These include, our local Integrated Care Board (ICB), Primary Care Network (PCN), Health and Wellbeing Board, the City of London Corporation and shared on our website to enable us to work collaboratively towards change. We will also be holding events/meetings to share the results we have found and enable our community to work collaboratively by sharing our findings.

The methodology used includes desktop research of the digital apps that local residents are most likely to use, what apps were available, what their functions were, and how accessible they were as well. Our team created a survey to capture the thoughts of patients, asking broad questions about their experience of using digital apps and how they had found it. We then also held three focus groups, holding one online and two in person, these were a great way to gain useful feedback, giving us a deeper insight into their experience of using digital apps. Via these methods we were able to access a sufficient number of users and insight to inform this report.

Our three key findings were:

- The number of apps/digital platforms that are now used is confusing.
- The different apps/platforms don't connect to each other; therefore, patients have to access several to get the information needed.
- There is a lack of language and disability access options.

In our report, we include our full list of recommendations. Our most critical recommendations include:

- Our Integrated Care Board and Local Authority should work together to facilitate digital access to all through support, advice and practical help, particularly with setting up and using the basic functions within the NHS app.
- Apps need to work together more effectively or be centralised into one app so that patients have fewer apps to access and are able to understand how to use them better.
- All digital apps to be compliant with the Accessible Information Standard and meet the requirements for those with any additional needs - NHS England Accessible Information Standard Specification.[i]
- Service providers to have adequate information accessible to those who can't access services digitally.

Gail Beer
Chair, Healthwatch City of London

i. england.nhs.uk/publication/accessible-information-standard-specification

Introduction

Did you know there are nine different digital apps you could be accessing in relation to your healthcare within the City of London? These may vary depending which GP surgery you are registered with, whether you have had to visit hospital for any appointments and how many services you have involved with your healthcare.

Healthwatch City of London wanted to find out what digital apps were on offer to patients in the local area, how they worked and whether they were easy to use. Upon talking to local residents and gathering their feedback, we have found that accessing digital apps can prove difficult and confusing for many people. We have also spoken to carers in the local area who have told us that navigating digital apps for themselves and family members has been complicated and tiring. We also asked patients to give feedback to us whether these digital apps were able to link together and whether they were offered any support in setting up or using a digital app.

By the time you have finished reading this report, we hope you will have a greater understanding of the digital apps available and what information/services you may be able to access for yourself and others. In addition to this, this report should enable you to access support and advice should you need further help setting up or using a digital app.

But what is a digital app?

For the purpose of this report, we have used the term "digital" throughout, this could be an app you have downloaded on a smart device such as the NHS app or a website you access through a web browser such as the Neaman Practice website. It could also be a portal that you can use by going through the NHS app such as Patients Know Best. There are many different digital apps, each with their own layout, features and operability which can become confusing for patients, particularly those who use more than one digital app.

Methodology

Our team conducted desktop research of nine digital apps local residents are most likely to use, to establish what apps were available, what their functions were and how accessible they were, particularly for those patients who may not have a high level of health or digital literacy. We focused on only apps that you can access your NHS health record through, rather than exploring all healthcare apps available such as prescription ordering services, health trackers and online GP consultation services. There are many more apps both for accessing your health record and other services available however we focused our research on a small, locally used portion of them.

We then created a survey to capture the thoughts of patients in a quick and concise way, asking broad questions about their experience of using digital apps and how they had found it. This survey was open for ten weeks online and we collected 51 responses digitally, we also collected another five via physical copies of the survey left in central areas such as libraries and community centres.

We also conducted three focus groups; one online and two in person. These proved very successful and we had a total of 15 attendees who gave useful feedback giving us a deeper insight into their experience of using digital apps.

The team also undertook several meetings with professionals who are assisting patients with these apps to get an understanding of their experience of them too. This enabled the team to get feedback on any common issues and what support they were directly offering patients who needed help accessing digital apps.

While conducting this research, the team were able to speak to many residents and professionals in the local community which has meant we now know what support is on offer for people wishing to access additional support with digital apps. This is included at the end of the report with contact information for each service.

Summary of desktop research

The team conducted desktop research through a variety of methods such as analysing websites, apps and portals, along with talking to professionals and those using digital apps themselves or on behalf of others.

The apps below are ones we found that residents of the City would be most likely to access if they seek treatment at a local GP or hospital, this is not a conclusive list of all apps available.

Name of app	Features	Accessibility	Support	Digital requirements
NHS app The Lawson Practice Barts Health Homerton Hospital Neaman Practice	▪ Request repeat prescription ▪ View GP health record ▪ Manage appointments ▪ View messages from GP ▪ Use 111 online	▪ Change contrast, colour and font ▪ Zoom up to 200% ▪ Screen reader compatible	▪ Dedicated support email[ii] ▪ Video ▪ How to guides ▪ AbilityNet[iii]	▪ Web browser ▪ iOS/Android app
Neaman Practice website	▪ Request repeat prescription ▪ Manage appointments ▪ Links to other platforms	▪ List of non compatible access features ▪ Change contrast, colour and font ▪ Screen reader compatible	▪ Support from GP ▪ Learn My Way[iv]	▪ Web browser only
Dr iQ Goodman's Fields	▪ Request repeat prescription ▪ View GP health record ▪ Monitor symptoms ▪ Online consultations ▪ Set medication reminders	▪ Limited accessibility features	▪ Dedicated support email[v] ▪ Live chat function[vi] ▪ Comprehensive FAQs ▪ Support from GP	▪ iOS/Android app only ▪ Camera enabled device (video appointments)

ii. help.login.nhs.uk
iii. mcmw.abilitynet.org.uk
iv. www.learnmyway.com
v. support@dr-iq.com
vi. support.dr-iq.com/hc/en-gb

Lifebox Homerton Hospital	▪ Online preoperative questionnaire	▪ Change contrast, colour and font ▪ Zoom up to 300%	▪ Live chat function[vii] ▪ How to guides ▪ Comprehensive FAQs ▪ Clear options on how to opt out	▪ Web browser only
Patients Know Best Barts Health Homerton Hospital	▪ Manage appointments ▪ View hospital record ▪ View test results ▪ View discharge summaries ▪ View care plans ▪ View clinic letters	▪ Simplified language ▪ List of non compatible access features ▪ Change contrast, colour and font ▪ Zoom up to 300%	▪ Dedicated support email[viii] ▪ Links to digital support ▪ Video ▪ How to guides ▪ Comprehensive FAQs	▪ Web browser only
My Care UCLH	▪ Manage appointments ▪ View test results ▪ View clinic letters ▪ Access video appointments	▪ Change contrast ▪ Limited accessibility features	▪ Dedicated support email ▪ How to guides ▪ Comprehensive FAQs	▪ Web browser ▪ iOS/Android app ▪ Camera enabled device (video appointments) ▪ Reliable internet connection
My Chart Guys and St Thomas'	▪ Manage appointments ▪ View test results ▪ Access video appointments ▪ Update staff before appointments	▪ Change contrast ▪ Limited accessibility features	▪ Dedicated support email[ix] ▪ Video ▪ How to guides ▪ Comprehensive FAQs	▪ Web browser ▪ iOS/Android app ▪ Camera enabled device (video appointments) ▪ Reliable internet connection
Attend Anywhere Barts Health Homerton Hospital	▪ Access video appointments	▪ Change contrast ▪ Limited accessibility features	▪ Video ▪ How to guides	▪ Web browser only ▪ Camera enabled device (video appointments) ▪ Reliable internet connection
Dr Doctor Chelsea and Westminster Hospital	▪ View hospital record ▪ Manage appointments ▪ View clinic letters	▪ List of non compatible access features ▪ Zoom up to 300% ▪ Screen reader compatible	▪ Dedicated support email[x] ▪ Comprehensive FAQs	▪ Web browser only

vii. help.lifeboxhealth.com/en
viii. support.patientsknowbest.com/support/tickets/new
ix. mycharthelpdesk@gstt.nhs.uk
x. support@drdoctor.co.uk

Data protection

All platforms had a comprehensive data protection policy/statement available to view with some offering more advice through their FAQ section. Some also offered more in depth answers to common data protection concerns when using digital apps.

Proxy access

All platforms researched offer proxy access which can be requested through the service e.g. directly with your GP or hospital which enables the patient to give access to someone else for them to view/manage their health records. The boundaries of what carers are able to access was unclear during this research stage.

Languages

On the majority of apps/websites, there was very limited information about being able to select another language or to even request this. Patient Knows Best offers up to 23 different languages but there doesn't appear to be this level of language support on other platforms.

Digital literacy

Using these apps/websites requires a certain level of digital literacy, particularly the ability to log in through the various apps, navigate online platforms, and understand health-related information presented in the apps. The registration process usually involves using an NHS login and creating a password, which indicates a baseline level of digital literacy is needed. However, the platforms are designed to be user-friendly and accessible.

Alternatives to digital access

All online services are offered as an addition, with the aim of improving the use and accessibility of the services they already offer. Patients are still able to call, email or visit in person and none of these digital services on offer are mandatory. Patients have the option of using them or sticking with traditional methods of contacting their healthcare providers. Patients who are unable to access their medical records, for example blood test results, repeat prescriptions, should have priority of access via their GP Practice or relevant healthcare setting.

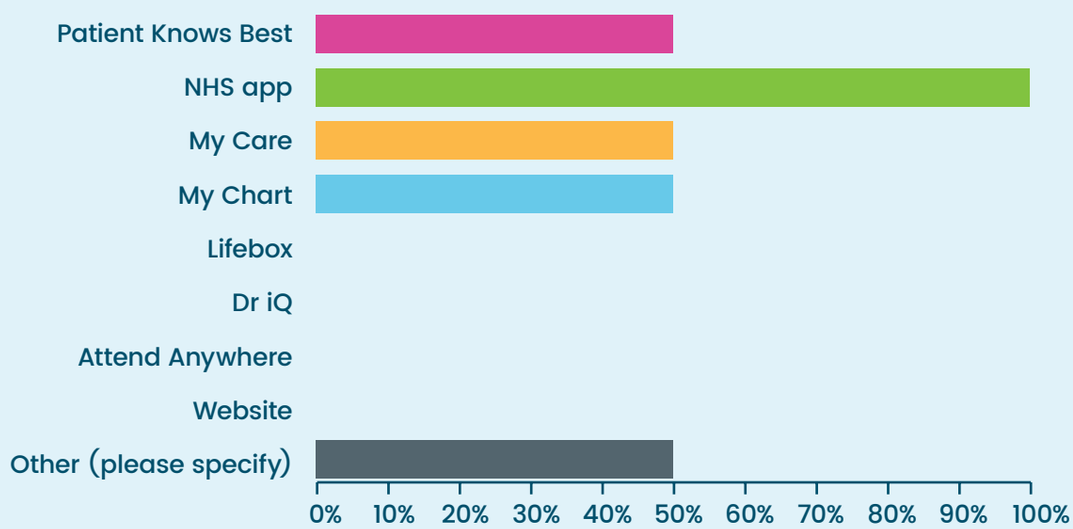
There is a range of support on offer from both the providers of the apps as well as the services themselves in various formats such as videos and face to face support.

Summary of survey results

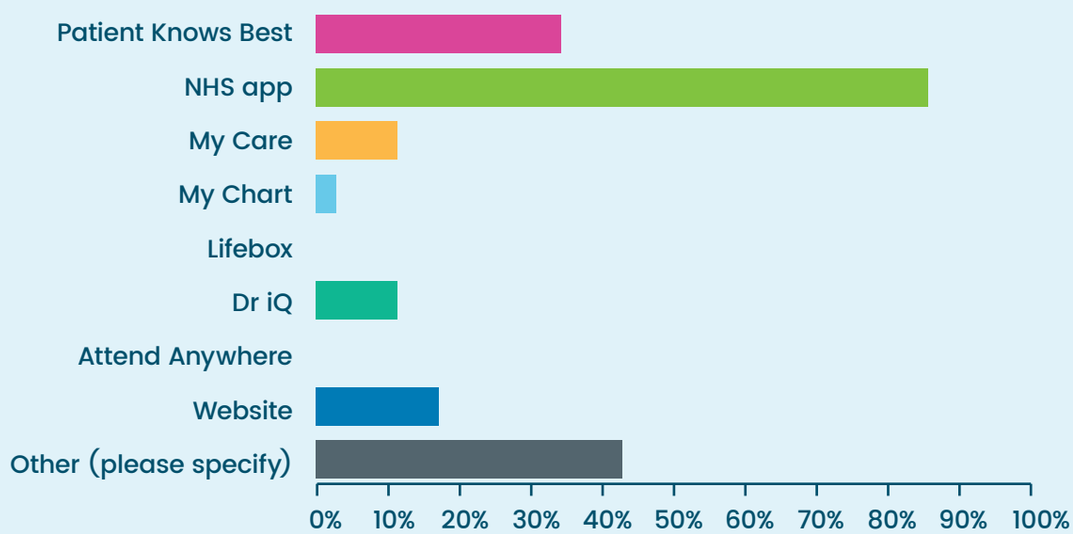
We collected the responses of local residents via an online and paper survey which generated 50 responses. This survey was open for several weeks to ensure there was enough time for people to complete it once it had been circulated both online and via posters in local areas.

We start at question 5 because this survey was formulated in a way that enabled us to identify if the responses were from carers or not and whether they used apps or didn't. The full questions and answers are included within the appendix. Below is a summary of the most relevant questions from the survey and the responses collated.

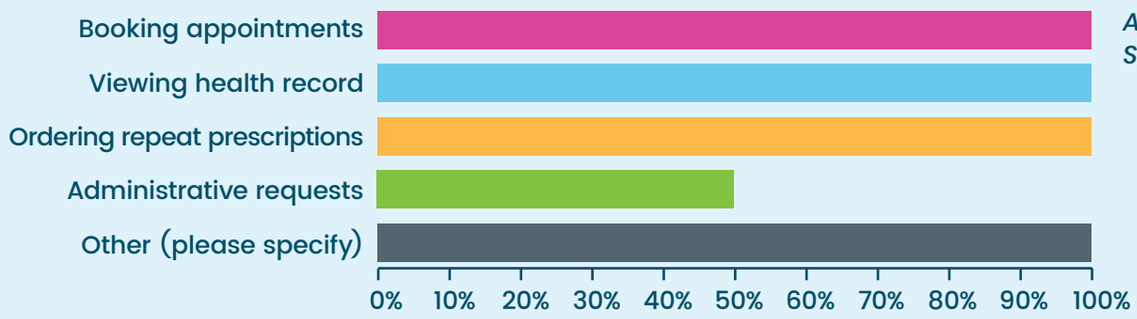
Q5. What apps/websites do you use? Please select all that apply or specify if not listed.



Q22. What apps/websites do you use? Please select all that apply or specify if not listed.

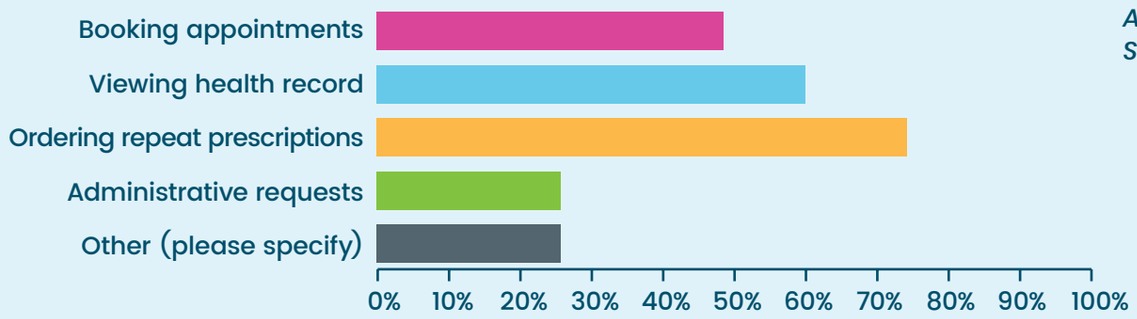


Q6. What do you use these apps/websites for? Please select all that apply.



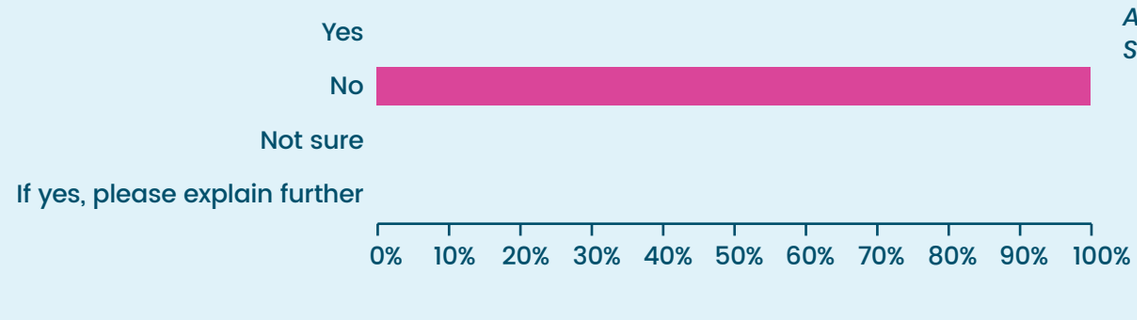
Answered: 2
Skipped: 54

Q23. What do you use these apps/websites for? Please select all that apply.



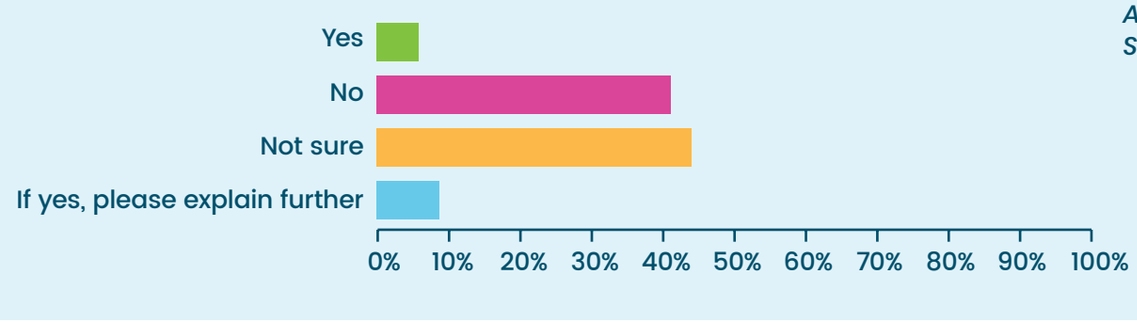
Answered: 35
Skipped: 21

Q12. Do the apps/websites you use link together?



Answered: 2
Skipped: 54

Q29. Do the apps/websites you use link together?



Answered: 34
Skipped: 22

Focus groups

We conducted a series of focus groups, aimed at giving residents the opportunity to share their experience of digital apps in more depth. We understand that an online survey may not be accessible to everyone and may not capture the entire story behind the feedback they would like to give.

We conducted three focus groups; one online and two in person. These proved very successful and we had a total of 15 attendees who gave useful feedback giving us a deeper insight into their experience of using digital apps. These ran for an hour each, with participants being asked some simple open questions about their experience with digital apps to promote conversation on the topic. For example, "How have you found using the NHS app?" and "Is there anything you would like to improve?". The conversation was then continued between the participants where they talked with each other about their struggles with accessing their information etc.

These sessions gave residents the opportunity to have a discussion with other like minded people and give the team the chance to capture valuable feedback. These gave us a good insight into the struggles faced by many local residents when it comes to accessing their health online, particularly from several local carers who shared their experiences with us of trying to juggle multiple online accounts across numerous apps/portals.

Overall from these focus groups, we have seen that many residents appear to be using the NHS app but seemingly for different reasons and are using different features within it. For example, some people are consistently using the NHS app to order their repeat prescriptions whereas others are only using it to access their health record and see any changes. Some residents are using other digital apps, such as Patient Knows Best, but with varying success and there is little or no option for their apps to be linked. For example, some patients are able to see their blood test results along with scans etc whereas others are only able to access their appointments that have been scheduled. This is down to individual services and what features they choose to have available for their patients; this causes consistency issues as details from some hospitals visited will show within a patient's digital app and others will not, which can become even more confusing. The focus groups also showed that many residents are still using traditional methods of communicating with their healthcare services e.g. calling or visiting in person which they have expressed is due to a number of reasons such as poor digital literacy or no desire to access online services.

Common themes

Within our survey and feedback collection, we have found some common themes which we will explore in more detail below.

Pros:

- Some residents have expressed that being able to order their medication online and see when it has been approved or sent to the pharmacy is helpful and erases the need for them to go back and forth between their GP and the pharmacy
- Residents have said that it is helpful to be able to book appointments online with their GP and see what time etc, whereas when you book over the phone there is rarely a follow up confirmation especially if it is the same day
- "It's good for being able to access documents that are uploaded as they are all in one place and they cannot be lost like a physical letter"
- Some residents have expressed that it's easier to use online features than contact their GP via phone and wait in a queue of people
- "It is helpful to see if and when referrals have been made on my behalf and what it is for"
- Residents have said that they like being able to see their test results however this can pose it's own issues which are discussed below
- Residents have expressed that they like the functionality of the NHS app and that it works more seamlessly than other digital apps
- Residents have told us that they find it helpful that they are able to access Patient Knows Best through the NHS app as they are not having to download and log in to a separate app
- Some find it convenient to have a video call rather than having to attend the service in person, especially if it is for something routine like a medication review
- "I can get my appointment reminders via text which I find helpful"
- "I can order my prescriptions whenever I want without having to wait for somewhere to open"
- Residents have said that it is easy to switch between profiles on the NHS app when using proxy access

Cons:

- Residents have reported that when ordering their prescriptions online, these are not always sent or fulfilled which leads to further time needed to chase this
- Some residents, particularly carers, have expressed a concern for the lack of paper copies of appointment letters, clinic summaries etc. as this can become confusing when organising the care for multiple people
- Residents have told us that it can be confusing when apps are updated and the look/interface of it is different, along with how to access previous features or where data is stored
- "There are multiple apps which can be overwhelming and confusing, some apps also send notifications via email/text when there is something to view which can cause additional confusion"
- Residents have told us that they are often confused by links sent in text messages via their GP or hospital as they are unsure if they are real or not
- Test results can be difficult for everyone to comprehend themselves without the assistance of their GP or a medical professional
- Residents have expressed that there are data concerns around the multitude of apps and how their data is being shared/stored which can lead to them not wanting to use it
- Many of the apps do not link up so it is difficult to access information online as this is having to be done through multiple apps/portals
- 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
- Residents have told us that it's often difficult to contact someone in relation to these apps of they have an issue or something doesn't work as it should
- Some apps have complex verification systems which include sending text/email codes and downloading additional apps which can be inaccessible for those who struggle to use digital apps
- Residents feel that it can be more difficult now to book an appointment and see a GP face to face as the default is usually a phone call/video call
- Residents have told us that if there is an issue with their prescription or the GP needs to review their medication etc, this is not communicated through digital apps and this has to be chased by calling
- There is not always confirmation when sending messages to a clinician via an app or portal which is then frustrating when there is no response, leading to feelings of uncertainty on the part of the user

Key findings

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

  In the City, residents have nine different apps available to them to access their health information digitally. We researched and found a plethora of various apps, all stating that they offer a range of varying services and all having varying ways to access them etc. Residents have expressed to us that they feel they are constantly being offered a new app each time they have an appointment at another service which has become overwhelming for them. Our survey also showed us that there are more apps being used by respondents than we were able to research, with many people using the other section to tell us the app they use wasn't listed.

- **The different apps/platforms don't connect to each other, therefore patients have to access several to get the information needed.**

  Many residents have expressed that the apps they do use, don't link together at all which means they have to separately log on to each individual app/portal/website in order to access the different information that each one of these holds for them. Through our survey, this was also apparent with less than 10% of our survey respondents stating that the apps they used linked together.

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

  When speaking to carers in our focus groups, they have told us that it can become confusing when caring for multiple people and having different apps as well as different profiles for each person within each of them. There are also issues with the information shared as for example, one person cares for their mother and father but when they get an appointment through, it does not state who it is for. They have also expressed that without proxy access and communicating with the service multiple times, it is even harder to access the information they need which can add a lot of additional stress to their already busy day.

- **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.**

  During our focus groups, many carers expressed that they have had issues and faced a lot of barriers when trying to obtain and use proxy access for a person they care for. They have told us that it often takes several attempts to be granted proxy access and they aren't always supported through the process, often having to chase things themselves and follow up when things haven't been actioned for them. They have also told us that even once this access is granted, the individual services have the capacity to turn features on and off so the carer is then not always able to see the full information that the patient would. On some apps, you are able to see more than others but overall, carers are not able to see all the information that is on the patient's record which can cause additional stress and mean they then need to contact the service directly.

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

  Patients have told us during focus groups that even when their apps do link up or different services use the same app, what they can access varies drastically. For example, patients using PKB at one hospital can access their blood test results, discharge summaries and more, whereas when they access their records for another hospital using the app, they can only view appointments.

- **There is a lack of language and disability access options.**

  As you can see in the table above from our desktop research, there are very limited options for adapting the apps to be more accessible and they are very basic when they are available. Although it may seem like a lot of accessibility features are available, this very much varies between each app and we have been told that the functionality of these adaptations is often poor and difficult to access in the first place.

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

  Lots of patients who completed our survey stated that the reason they aren't happy with using digital apps is because of the long processes that they have to go through to log in to each individual app. Carers that we spoke to also told us that it can become confusing for the people that they care for if they are having to input and receive multiple verification codes in order to access these digital apps. This can cause additional overwhelm as it's another layer of digital apps that become inaccessible to some as they face a barrier at the start of the process.

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

  During our focus groups, many patients expressed their concerns around data protection and the lack of available information about how their data is stored and used etc, in each of these apps. Patients have told us that there have been several apps before the ones currently used, for example, a patients GP practice has previously used two different platforms which now are invalid and not accessible to them however there is no information on what has happened to the data stored there.

- **Ordering medication/repeat prescriptions has become easier for patients**

  During our focus groups, the main feature that people were using on a digital app was ordering repeat prescriptions. This was also the case in our survey with over 70% of survey respondents telling us that they used a digital app to order their repeat prescriptions. Patients have also told us that it is helpful for them because they can order it whenever they are available rather than having to wait until their GP/pharmacy is open. They also like that it can be sent straight to the pharmacy and they are able to track the status of their prescription without having to contact the pharmacy multiple times.

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

  Patients have said that, when there are appointments available, booking online is a lot easier for them as opposed to calling their GP at 8am or visiting the surgery. Although in many cases, appointments are usually limited and sometimes difficult to get, patients have reported that the process of booking an appointment via a digital app is more convenient for them as they can do this in the comfort of their own home. We have heard that patients also find it useful that they are able to see past and current appointments via a digital app whereas when booking over the phone / in person, they are not always given confirmation of the day/time etc.

- **The text reminders for appointments is helpful.**

  Patients have told us that they like getting a text reminder before their appointment as they are able to check the date/time is correct and have it fresh in their memory for their upcoming appointment. Patients have also told us that it is helpful when they have multiple services involved as they can end up having a lot of appointments and having reminders means they don't have to find all the letters they have been sent. We have also been told that patients find it helpful as they can look back at their reminders to see what appointments they have had without going into a digital app as it is in their text messages.

Recommendations

As part of our findings and research, we feel able to offer some recommendations to improve the issues faced by many. These will be presented to our local Integrated Care Board, Primary Care Network, Health and Wellbeing board, the City of London Corporation and shared on our website to enable us to work collaboratively towards change.

We recommend that:

- Our Integrated Care Board and Local Authority should work together to facilitate digital access to all through support, advice and practical help, particularly with setting up and using the basic functions within the NHS app.
- Apps need to work together more effectively or be centralised into one app so that patients have less apps to access and are able to understand how to use them better.
- Our Integrated Care Board and Primary Care Network should provide adequate digital champions in multiple services e.g GP's, social care, to enable them to support those who need it.
- There is consistency of communications being broadcast to patients regarding digital apps and what is available for them to use to reduce confusion.
- Integrated Care Board and Primary Care Network to set up a monthly digital surgery at local GP surgeries to help set up and use digital apps.
- An increase in user friendly language/interfaces when using digital apps to make them more accessible.
- Digital teams working in each of the GP's/ Hospitals etc need to work collaboratively to ensure that their research and ongoing work is shared and utilised by those working in the same field who can benefit from it.
- Apps to have more accessibility and language features enabled so that more patients are able to access digital apps.
- All digital apps to be compliant with the Accessible Information Standard and meet the requirements for those with any additional needs - NHS England Accessible Information Standard Specification.[xi]
- Service providers to have adequate information accessible to those who can't access services digitally, without needing to go through lots of complicated steps.

xi. england.nhs.uk/publication/accessible-information-standard-specification

Digital support

From our findings, we were able to get an idea of what support is out there for those residents wishing to learn how to use technology or further the skills they already have. Below is a summary of the support available locally and how to access this, created by the Digital Inclusion Team at Homerton Hospital.

Digital inclusion support in City and Hackney

Name / Link	Open to	Support offer
Homerton Digital Inclusion Team homerton.nhs.uk/digital-inclusion-team	City and Hackney residents	One-to-one support and drop-in sessions, helping people to build their confidence using digital health services, including NHS App. Leave a voicemail on 07721 737918 or email huh-tr.digitalinclusion@nhs.net
Age UK East London ageuk.org.uk/eastlondon/our-services/digital-inclusion	East London residents aged 50+	Telephone digital buddy scheme. Drop-in digital support at Marie Lloyd Centre on Tuesdays from 10am Contact Linessa on 020 8981 7124 or linessa.oliveierre@ageukeastlondon.org.uk
Age UK City of London ageuk.org.uk/cityoflondon/services/digital-inclusion-and-technology-support	City of London residents aged 55+	Drop-in support on Tuesday at Barbican Library, 5.30pm-7.30pm One-to-one support available, call 020 3488 6884
Fifty-Plus Digital 50pd.uk	Anyone aged 50+	Drop-in digital support. Wednesdays 1pm-4pm at Mildmay Community Centre
Hackney Council digital skills opportunities.hackney.gov.uk/find-a-course	All Hackney residents	Free digital skills and IT courses, taking place across Hackney.
AbilityNet abilitynet.org.uk	Older and disabled people	Free IT support in the home or over the phone, call 0800 048 7642.
Digital helpline lloydsbank.com/help-guidance/get-skills-and-support-near-you.html	Everyone	Free one-to-one training sessions over the phone. Call 0345 222 0333. If you have a hearing or speech impairment you can book a session using Relay UK or BSL SignVideo.
Citizens Online citizensonline.org.uk/what-we-do/help-for-individuals	Everyone	Free Digital Skills Helpline: 0808 196 5883.

Appendix

Other services we worked with:

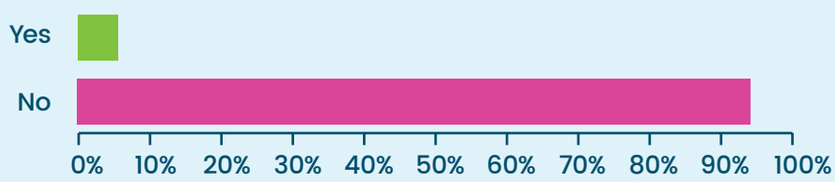
Barts Health NHS Trust • Homerton Healthcare NHS Foundation Trust
Shoreditch Park and City Primacy Care Network • Carers Connections

Survey results

Through Survey Monkey, we were able to create a survey tailored to those who use digital apps, those who don't and those with caring responsibilities, to get specific insight into a variety of experiences. This means that the below survey results reflect the different survey pathways created for this.

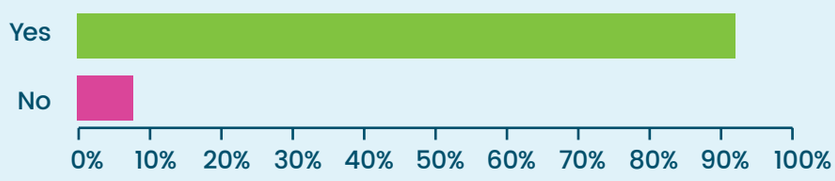
Survey results - Carers

Q2. Are you completing this survey as a carer? For the purpose of this survey, this needs to involve managing or helping someone to manage their healthcare e.g. booking appointments, viewing test results etc.



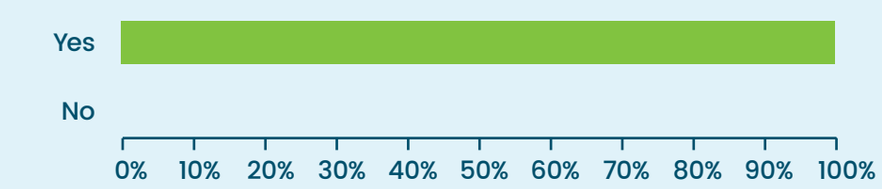
Answered: 53
Skipped: 3

Q3. Do you use apps/websites in relation to your healthcare?



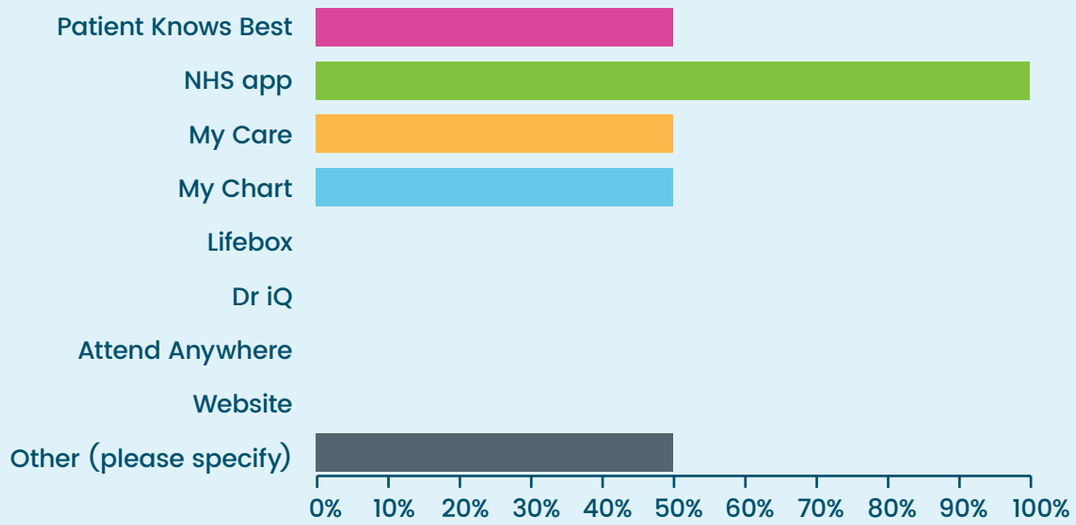
Answered: 51
Skipped: 5

Q4. Do you use healthcare apps/websites on behalf of the person you're caring for?



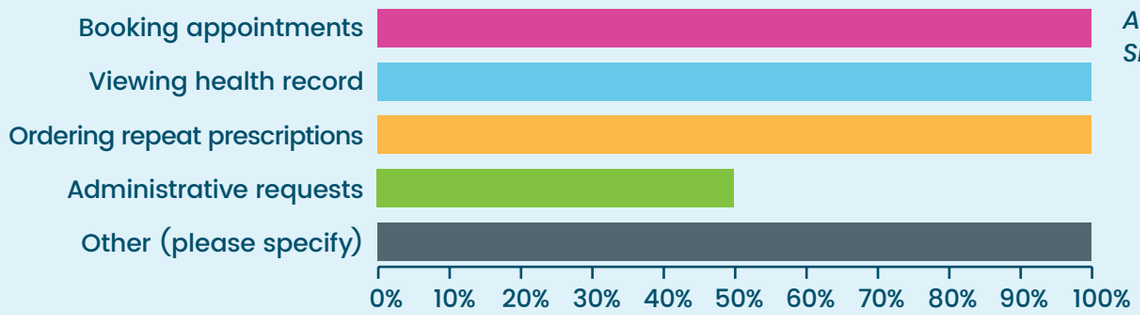
Answered: 2
Skipped: 54

Q5. What apps/websites do you use? Please select all that apply or specify if not listed.



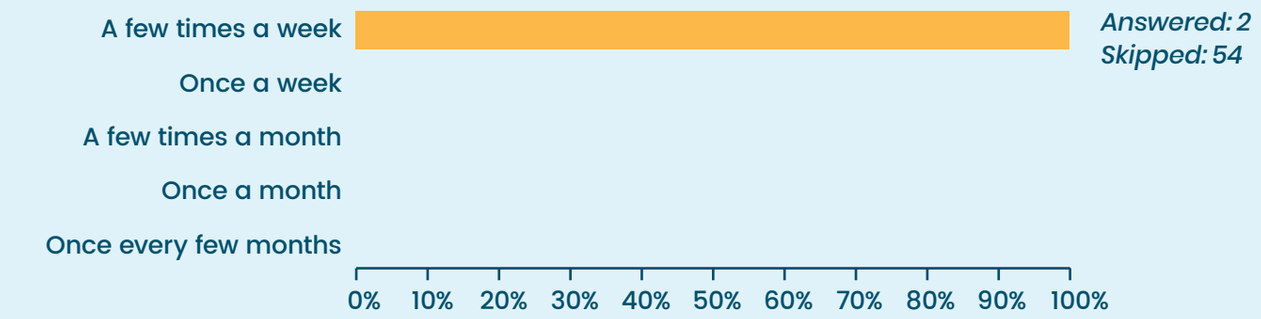
Answered: 2
Skipped: 54

Q6. What do you use these apps/websites for? Please select all that apply.

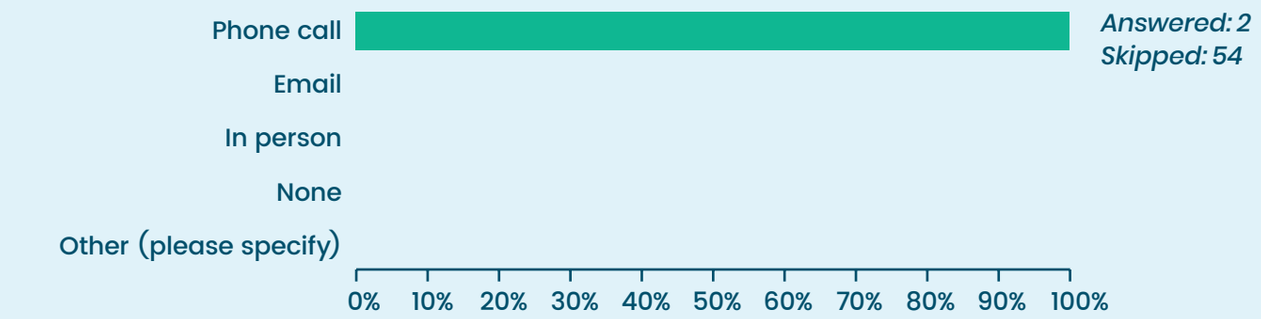


Answered: 2
Skipped: 54

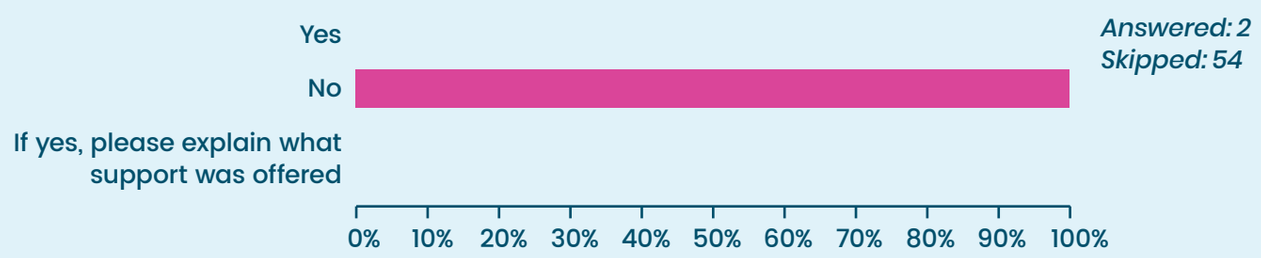
Q7. How often do you use these apps/websites?



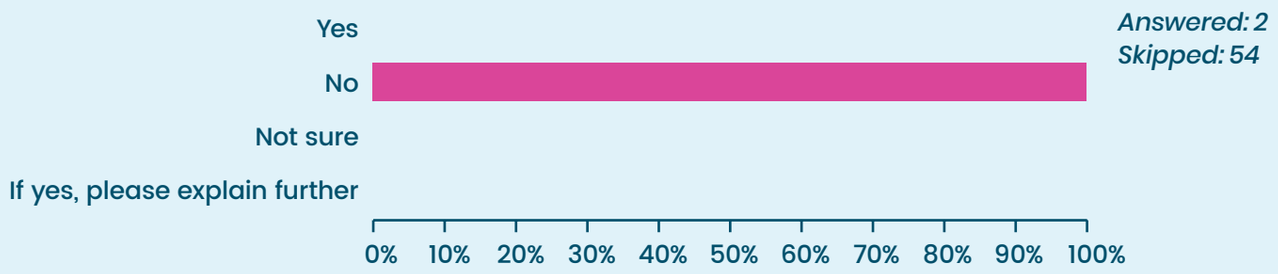
Q10. What other methods do you use to communicate with healthcare providers?



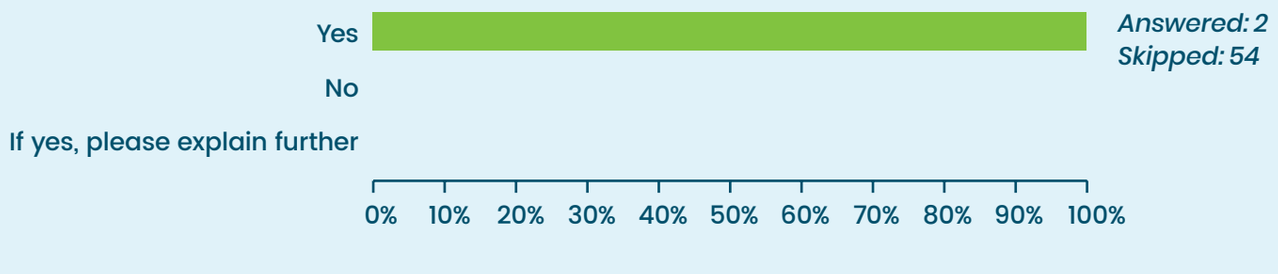
Q11. Were you or the patient offered any support from your healthcare providers to access the apps/websites available?



Q12. Do the apps/websites you use link together?



Q13. Do you or the patient have any concerns about how your personal data is handled/processed?



Not answered questions

Q15. How do you contact healthcare providers?

Q16. Is there a reason the person you care for doesn't use digital apps/websites?

Q17. Does the person you care for struggle to access any services as a result of not using the digital apps/websites offered?

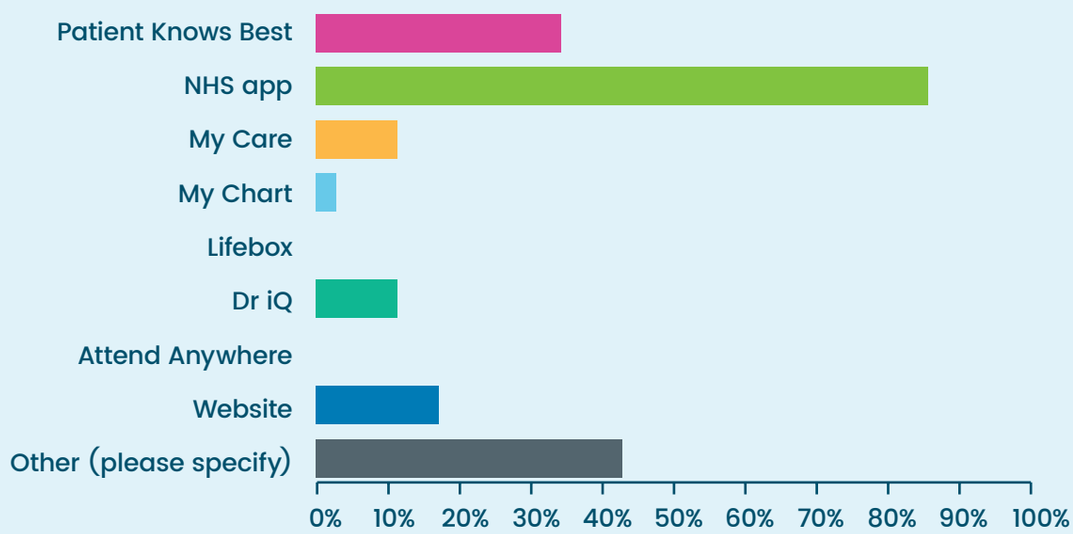
Q18. Does the person you care for have access to a web-enabled device and wifi?

Q19. Would you be interested in using an app/website on behalf of the person you care for or assisting them to use one?

Q20. Does the person you care for use apps/websites for other aspects of their life? e.g banking, food shopping

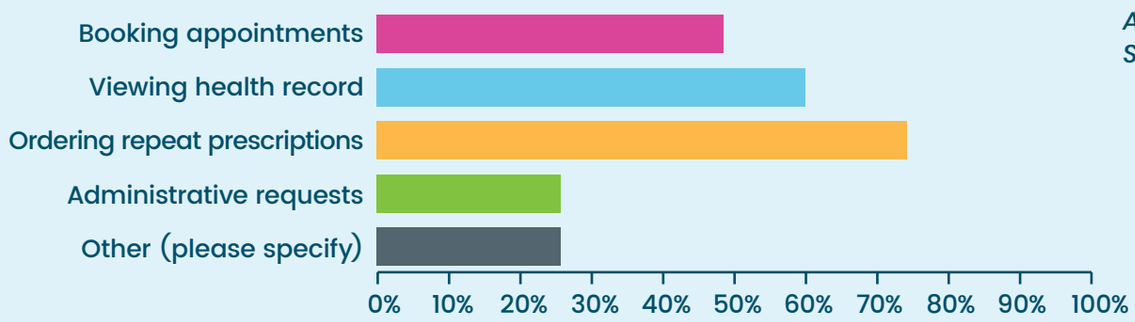
Survey results - Non carers

Q22. What apps/websites do you use? Please select all that apply or specify if not listed.



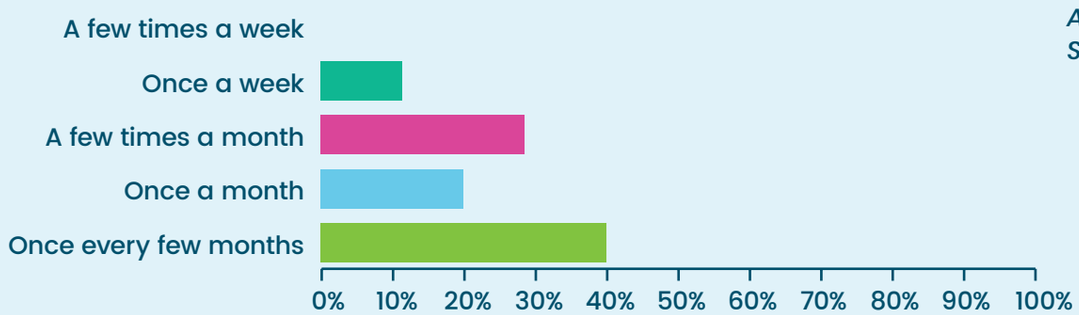
Answered: 35
Skipped: 21

Q23. What do you use these apps/websites for? Please select all that apply.



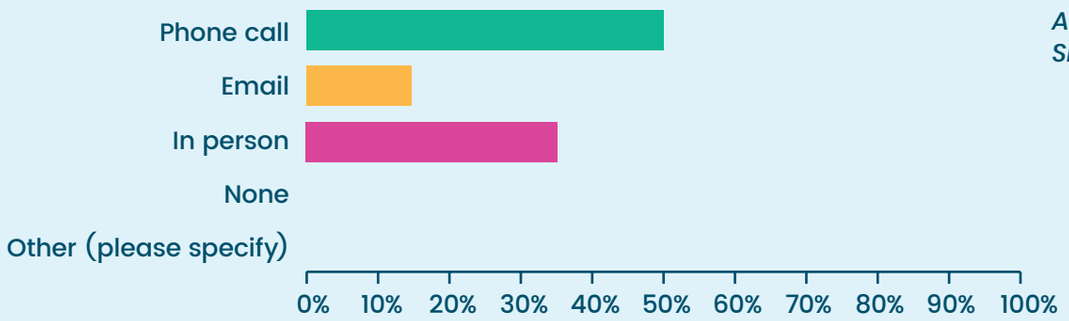
Answered: 35
Skipped: 21

Q24. How often do you use these apps/websites?



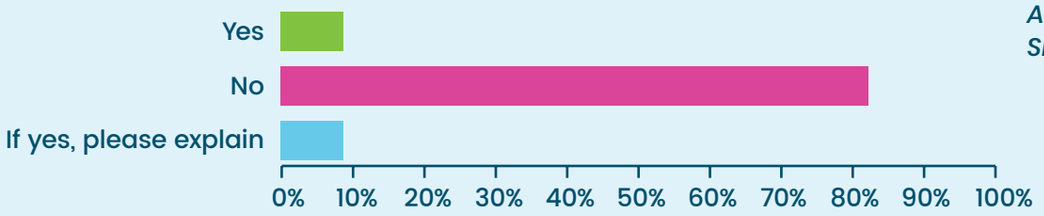
Answered: 35
Skipped: 21

Q27. What other methods do you use to communicate with healthcare providers?



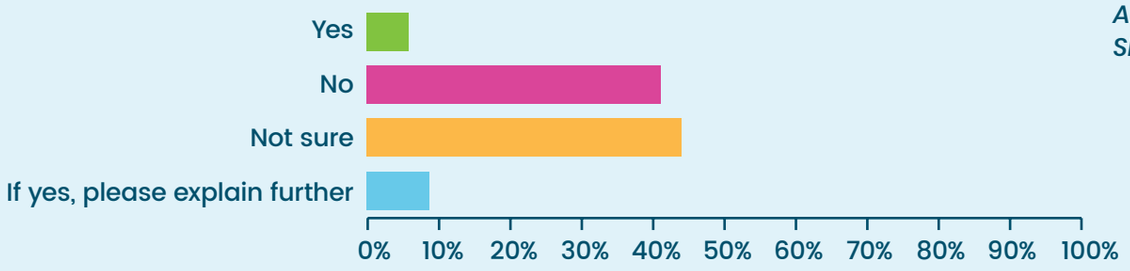
Answered: 34
Skipped: 22

Q28. Did you receive any support from your healthcare providers to access the apps/websites available?



Answered: 34
Skipped: 22

Q29. Do the apps/websites you use link together?



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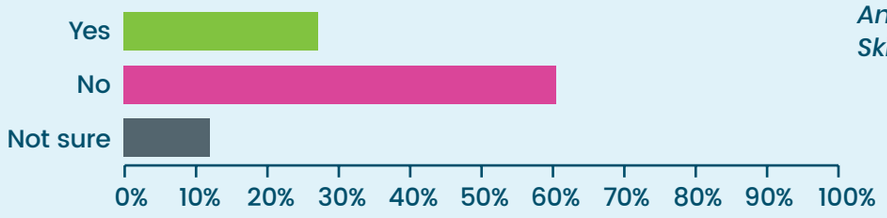
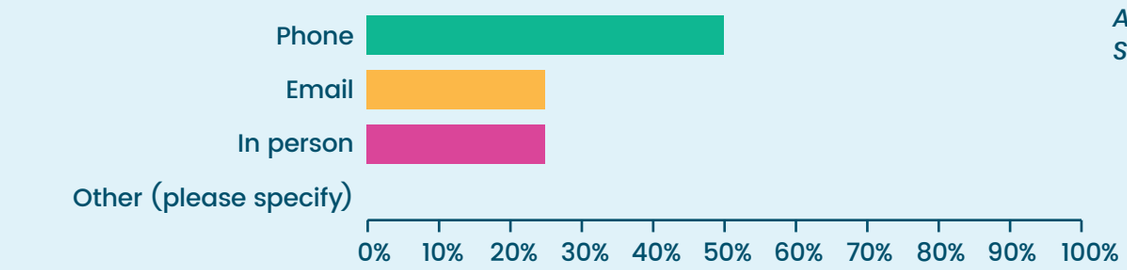
Q30. Do you have any concerns about how your personal data is handled and/or processed?



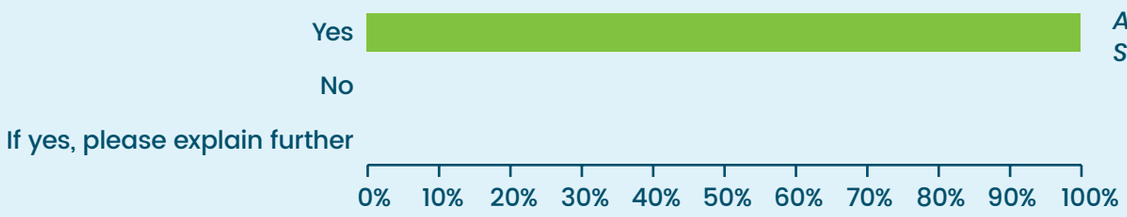
Answered: 33
Skipped: 23

Q32. How do you contact healthcare providers?



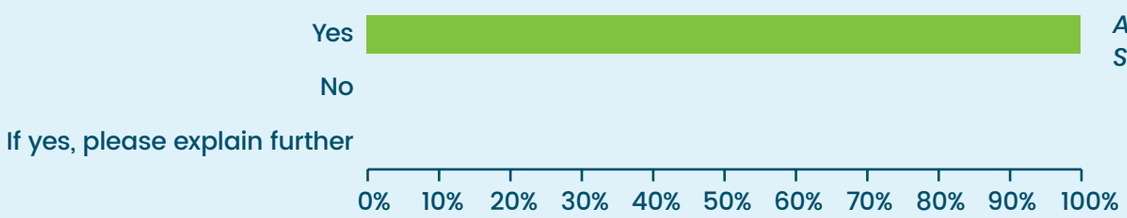
Answered: 4
Skipped: 52

Q33. Is there a reason you don't use digital apps/websites?



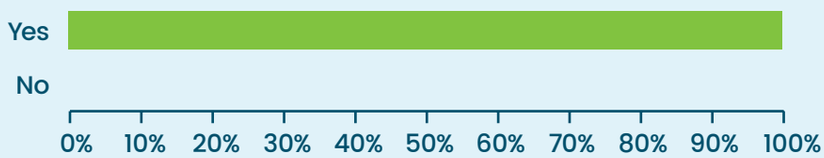
Answered: 4
Skipped: 52

Q34. Do you struggle to access any services as a result of not using the digital apps/websites offered?



Answered: 4
Skipped: 52

Q35. Do you have access to a web enabled device and wifi?



Answered: 4
Skipped: 52

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City of London Corporation Committee Report

Committee(s): City of London Health & Wellbeing Board	**Dated:** 7 February 2025
Subject: Papers only: Finalised City of London Air Quality Strategy 2025-2030	**Public report:** For information
This proposal: ● **delivers Corporate Plan 2024-29 outcomes** ● **provides statutory duties**	Leading Sustainable Environment Flourishing Public Spaces Vibrant Thriving Destination
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	£n/a
What is the source of Funding?	n/a
Has this Funding Source been agreed with the Chamberlain's Department?	n/a
Report of:	Katie Stewart Executive Director of Environment
Report author:	Ruth Calderwood Air Quality Team Manager

Summary

This Air Quality Strategy was presented to the City Health & Wellbeing Board in draft form for comment in May 2024.

The strategy has now been finalised (see appendix) and is being recirculated to Members for their information. The item is not being presented today as an agenda item.

As part of its statutory duties for Air Quality Management, the City of London Corporation is required to measure air quality and, if concentrations are higher than set standards, develop and implement an action plan to bring levels of pollution down.

The strategy covers 2025 to 2030 and includes new data, new targets and new responsibilities for helping to reduce emissions of very fine particles (PM2.5).

The strategy supports the outcomes of the Corporate Plan 2024 to 2029, Climate Action Strategy, Transport Strategy, City Plan and Procurement Strategy.

Recommendation(s)

Members are asked to:

- Note the contents of the report.

Main Report

Background

As per summary, above

Financial implications

N/A

Resource implications

N/A

Legal implications

N/A

Risk implications

N/A

Equalities implications

N/A

Climate implications

N/A

Security implications

N/A

Conclusion

N/A

Appendices

- Appendix 1 – City of London Air Quality Strategy 2025-2030

Ruth Calderwood
Air Quality Team Manager

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City of London Corporation

Air Quality Strategy

Delivering Healthy Air in the City of London | **2025 - 2030**

CITY OF LONDON

Foreword

The City of London Corporation has long been at the forefront of tacking air pollution. We have been measuring air quality for over 60 years and in 1954, following the infamous London Smogs, we published our own legislation to ban the production of smoke in the City. This paved the way for the national Clean Air Act of 1956. In 1971, we were also the first authority to obtain powers to stop the burning of sulphurous fuel. The form and source of air pollution has changed over time and, though much improved, remains at a level that impacts on health.

Twenty years ago, levels of air pollution across the Square Mile were almost three times what they are today. Over that time, we have been taking focussed action through a series of action plans and strategies to improve the quality of the air we breathe. This has been achieved with the support of our communities. Our last Air Quality Strategy alone, supported by national and regional action, delivered an average 40% reduction in the pollutants nitrogen dioxide and fine particulate matters (PM_{10}). The Bank on Safety scheme, and subsequent All Change at Bank scheme, led to an even greater reduction in local levels of nitrogen dioxide of over 50%. We are able to measure this using our extensive network of monitoring equipment.

The data we collect is compared to health-based standards. The current national standards for fine particulate matter are achieved across the Square Mile, and the annual mean standard for nitrogen dioxide is only exceeded adjacent to the busiest roads. With continued action, it is likely that the national standard for nitrogen dioxide will also be met everywhere in the next two to three years.

However, we are not complacent, and I have great pleasure in presenting our fourth Air Quality Strategy. The Strategy, which contains our Air Quality Action Plan, outlines action that we will take to continue to achieve better air quality for our communities. Since the current national air quality standards were set, research has shown that air pollution has an impact on health at lower levels than previously thought. This has been reflected in air quality guidelines issued in 2021 by the World Health Organisation. The aims of the Strategy therefore go beyond the national standards and instead take us on a pathway to meet these guidelines. This goes beyond our statutory obligation.

The majority of the pollution we breathe in the Square Mile comes from beyond our boundary. The Strategy therefore is very collaborative in nature, detailing work that we will do with external partners to support and initiate action to improve air quality. We will also continue to demonstrate leadership, for example through the implementation of our ambitious Climate Action Strategy, which aims to achieve net zero across the City's operations by 2027.

We will manage emissions of pollutants from construction sites; ensure new developments are low emission; tackle unnecessary vehicle engine idling and reward the best practice of our partners. We will continue to press for additional powers to manage remaining sources of pollution; support research into new technologies and consider how we can help to manage pollutants associated with diesel standby generator plant. We will also be turning our attention to activities that emit relatively high levels of very fine particulate matters ($PM_{2.5}$), such as commercial cooking.

An important aspect of our work is engagement with our communities. We will continue to work with our schools, residents, and business communities, raising awareness about the health impacts of air pollution and what steps can be taken to help us to deliver the aims of this Strategy.

We look forward to working with you to achieve our vision of having air quality in the Square Mile that is healthy to breathe.

Mary Durcan CC
Chair, Port Health and
Environmental Services Committee

Air Quality Strategy 2025 – 2030: Delivering Healthy Air in the City of London

Our Vision

The Square Mile has air that is healthy to breathe.

Our definition of healthy air:

Concentrations of nitrogen dioxide (NO_2) and particulate matter (PM_{10} and $PM_{2.5}$) that meet national health-based standards and are on a pathway to meet the 2021 World Health Organisation (WHO) Air Quality Guidelines.

Why us?

The City of London Corporation has a statutory obligation to improve air quality and protect public health. Improving air quality and ensuring good health and wellbeing is supported by our Corporate Plan 2024 to 2029.

Our Aims

- Over 90% of the Square Mile meets an annual average[1] of 30µg/m^3 for nitrogen dioxide by 2030[2].
- To support national and regional action that leads to the Square Mile meeting an annual average of 15µg/m^3 for PM_{10} by 2030[3].
- To support national and regional action that leads to the Square Mile meeting an annual average of 10µg/m^3 for $PM_{2.5}$ by 2030[4].

Our Key Outcomes (Corporate Plan 2024-2029)

- Leading Sustainable Environment
- Providing Excellent Services
- Diverse Engaged Communities

Demonstrating success:

Annual reports will be published detailing progress with each action and with the Strategy aims.

Who we will work with:

Residents, workers, schools and nurseries, businesses and Business Improvement Districts, North-East London NHS Trust and Barts Health NHS, the Greater London Authority, Transport for London, London Councils, London Boroughs, the UK Government, the Environment Agency, London's Universities, Charities, Port of London Authority, Cross River Partnership, and other stakeholders as they arise.

1 Measured as the mean.
2 World Health Organisation 2021 2nd interim target
3 World Health Organisation 2021 Air Quality Guideline
4 National air quality standard to be achieved by 2040 and World Health Organisation 2021 4th interim target

Contents

Technical Glossary

Annual mean: The average concentration of a pollutant measured over one year.

1-hour mean: The average concentration of a pollutant measured over one hour.

8-hour mean: The average concentration of a pollutant measured over eight hours.

24-hour mean: The average concentration of a pollutant for a single day.

µm: Micrometer, equal to one millionth of a meter.

µg: Microgram, equal to one millionth of a gram.

µg/m³: Microgrammes per cubic metre. A measure of concentration in terms of mass per unit volume. A concentration of 1µg/m^3 means that one cubic metre of air contains one microgram of pollutant.

Nitrogen dioxide, NO_2: Nitrogen dioxide is a brown gaseous air pollutant composed of nitrogen and oxygen.

Nitric oxide, NO: Nitric oxide is a colourless gas that reacts with other gases in the atmosphere to form nitrogen dioxide.

Nitrogen oxides, NOx: Nitrogen oxides is a collective term used to refer to nitric oxide and nitrogen dioxide.

Particulate matter: Particulate matter is everything in the air that is not a gas. It consists of a huge variety of chemical compounds and materials.

Fine particulate matter, PM_{10}: PM_{10} is particulate matter of a size less than 10µm in diameter.

Very fine particulate matter, $PM_{2.5}$: $PM_{2.5}$ is particulate matter of a size less than 2.5µm in diameter.

Ozone, O_3: Ozone is a secondary pollutant. In the upper atmosphere ozone absorbs harmful ultraviolet radiation from the sun, however at ground level pollutant ozone is a pollutant that irritates the respiratory system and eyes.

kW: Kilowatt, unit of electric power.

MW: Megawatt, equal to 1,000kW.

MWth: Megawatt thermal, unit of thermal power.

Emission: The release, direct or indirect, of an air pollutant into the atmosphere.

Concentration: The amount of a particular air pollutant in the air.

01

Introduction

1. Introduction

The City of London, also known as the Square Mile, is the historic heart of London. It is home to approximately 8,600 permanent residents with a working population of around 614,500. In addition to workers and residents, each year the City of London welcomes 10 million visitors. The City of London Corporation (City Corporation) is the governing body for the Square Mile. It manages a wide range of functions including 11,000 acres of open space outside of the Square Mile. These provide green lungs for the Capital.

Although much improved, air pollution remains at a level where it impacts on health. The pollutants of current concern are nitrogen dioxide, that is a product of fuel combustion, and particulate matter (PM_{10} and $PM_{2.5}$), of which there are a wide range of sources.

The City Corporation is required by statute to monitor these air pollutants through a framework called London Local Air Quality Management (LLAQM). Following detailed air quality monitoring, the whole of the Square Mile was declared an Air Quality Management Area (AQMA) in January 2001 for annual mean concentrations of nitrogen dioxide and PM_{10}, and 1-hour concentrations of nitrogen dioxide. This was due to levels in 2001 being higher than the national standards. Once an AQMA has been designated, there is a requirement to develop and implement an Air Quality Action Plan (AQAP). The national standards were originally set in European Directives and transposed into domestic legislation.

The Environment Act 2021 set new national standards for $PM_{2.5}$. Subsequent guidance has outlined responsibilities for local government to take action to deal with this pollutant. These requirements are reflected in this Strategy.

The City Corporation has had an AQAP in place since 2002. In 2011, the AQAP was incorporated into an Air Quality Strategy. The Strategy outlined steps that would be taken to both improve local air quality and reduce the impact of air pollution on public health. The Strategy, which contains the AQAP, is updated every five years, as a minimum, with updates published in 2015 and 2019. This Strategy builds upon previous action and includes new responsibilities for helping to reduce concentrations of $PM_{2.5}$.

A significant improvement in air quality has been experienced across the Square Mile since the initial AQMA designation in 2001. The current national standards for PM_{10} are met across the Square Mile, and the annual mean standard for nitrogen dioxide is only exceeded adjacent to the busiest roads. The new national standard for $PM_{2.5}$, 10µg/m^3 as an annual mean to be achieved by 2040, met for the first time in 2023.

Since 1987, the World Health Organisation (WHO) has issued Air Quality Guidelines (AQGs) for air pollutants that have a damaging impact on health. As evidence about the adverse health impacts of air pollution advances, the AQGs are revised. The guidelines are designed to offer quantitative health-based recommendations for managing air quality. They are not legally binding, but they do provide an evidence-based tool to inform legislation and policy in WHO Member States, of which the UK is one. Table 1.1 presents the 2021 WHO AQGs, with interim targets, for the pollutants covered by this Strategy. The national standard for each pollutant is also included.

The aims of this Strategy are:

- **Over 90% of the Square Mile meets an annual mean of 30µg/m^3 for nitrogen dioxide by 2030[5].**
- **To support national and regional action that leads to the Square Mile meeting an annual mean of 15µg/m^3 for PM_{10} by 2030.**
- **To support national and regional action that leads to the Square Mile meeting an annual mean of 10µg/m^3 for $PM_{2.5}$ by 2030.**

These aims support the Corporate Plan outcome of providing a leading sustainable environment, providing excellent services and diverse engaged communities. The Strategy will be delivered across five areas:

1. **Air quality monitoring**
2. **Leading by example**
3. **Collaborating with partners**
4. **Reducing emissions**
5. **Health promotion & raising awareness**

A complete table of actions to deliver the aims of the Strategy is presented in Appendix 1, with further information on air quality standards and guidelines presented in Appendix 2.

Table 1.1: World Health Organisation Recommended Air Quality Guidelines and Current National Standards

Pollutant	National Standard (annual mean µg/m^3)	2021 WHO Guidelines (annual mean µg/m^3) 1 Interim Target	2021 WHO Guidelines (annual mean µg/m^3) 2 Interim Target	2021 WHO Guidelines (annual mean µg/m^3) 3 Interim Target	2021 WHO Guidelines (annual mean µg/m^3) 4 Interim Target	2021 WHO Guidelines (annual mean µg/m^3) AQG
Nitrogen dioxide	40	40	30	20	-	10
PM_{10}	40	70	50	30	20	15
$PM_{2.5}$	10*	35	25	15	10	5

* To be acheived by 2040

5 Where total area includes roads, pavements and public spaces but excludes building internal area.

1.1 Source of Air Pollution in the Square Mile

The quality of the air in the City of London is influenced by a range of sources, from both inside and outside of the Square Mile.

To assist with the development of targeted measures, the Greater London Authority (GLA) and Transport for London (TfL) have developed a database of emission sources across London. This is called the London Atmospheric Emissions Inventory (LAEI)[6]. The data in the inventory is approximate and should not be viewed as absolute. It has been developed as a guide to assist in decision making for tackling the main sources of air pollution. The City Corporation has also undertaken its own research to look in more detail at emissions of air pollutants in the Square Mile[78].

Nitrogen oxides refers to nitric oxide and nitrogen dioxide (NO_2), both of which are formed during the combustion of fuels. Nitric oxide reacts with other gases in the air to form nitrogen dioxide. These reactions take place quickly and are reversible, so the two gases are referred to together as nitrogen oxides.

Particulate matter can travel large distances, with up to 33% transported to the UK from continental Europe. Additionally, around 15%, comes from natural sources such as pollen, sea spray and desert dust. The remaining amount, approximately 50%, comes from anthropogenic sources such as solid fuel burning and road transport.

Appendix 3 details how emissions sources in the Square Mile have changed over time.

Figure 1.1 presents approximate emissions of nitrogen oxides that impact on air pollution measured in the Square Mile[9]. Approximately 75% of the nitrogen oxides in the Square Mile come from outside the boundary. The remaining 25% is made up of emissions from combustion plant such as boilers, generators, combined heat and power (CHP) plant, road transport, river vessels and construction activity.

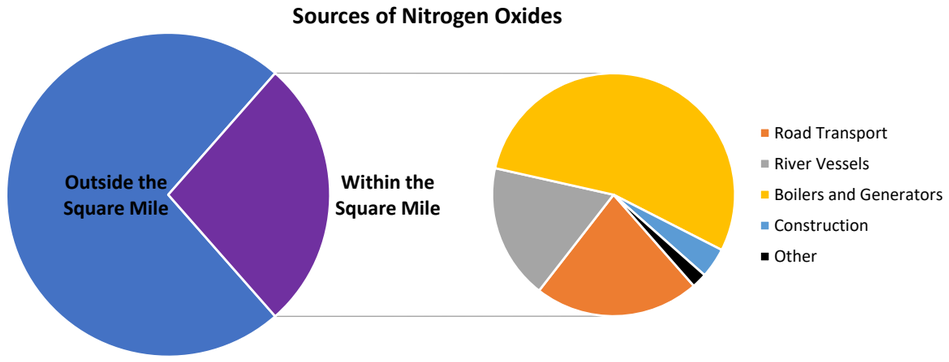


Figure 1.2 details the approximate origin of PM_{10} measured in the Square Mile. Over 90% is generated outside the boundary with the largest source within the Square Mile being associated with construction activity.

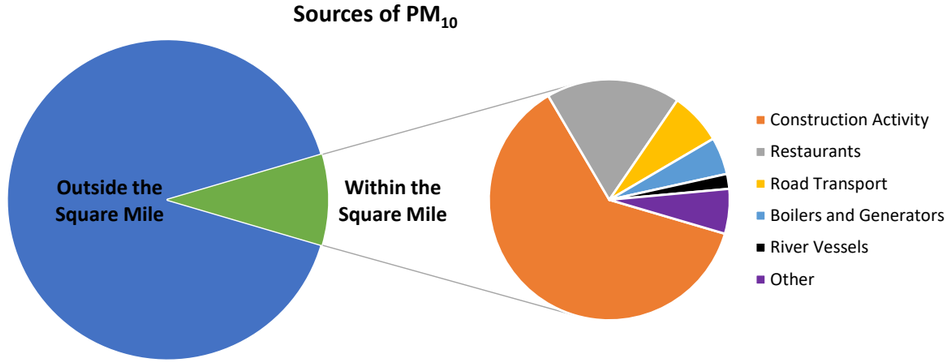
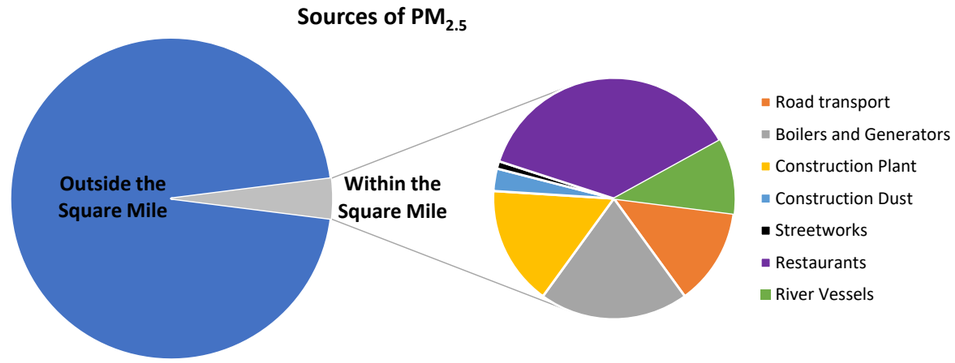


Figure 1.3 shows the approximate origin of $PM_{2.5}$ measured in the Square Mile. 96% of that measured comes from outside the City of London boundary. Of the remaining 4%, the main contributor to local $PM_{2.5}$ is commercial cooking, both from the fuel used and the food itself.



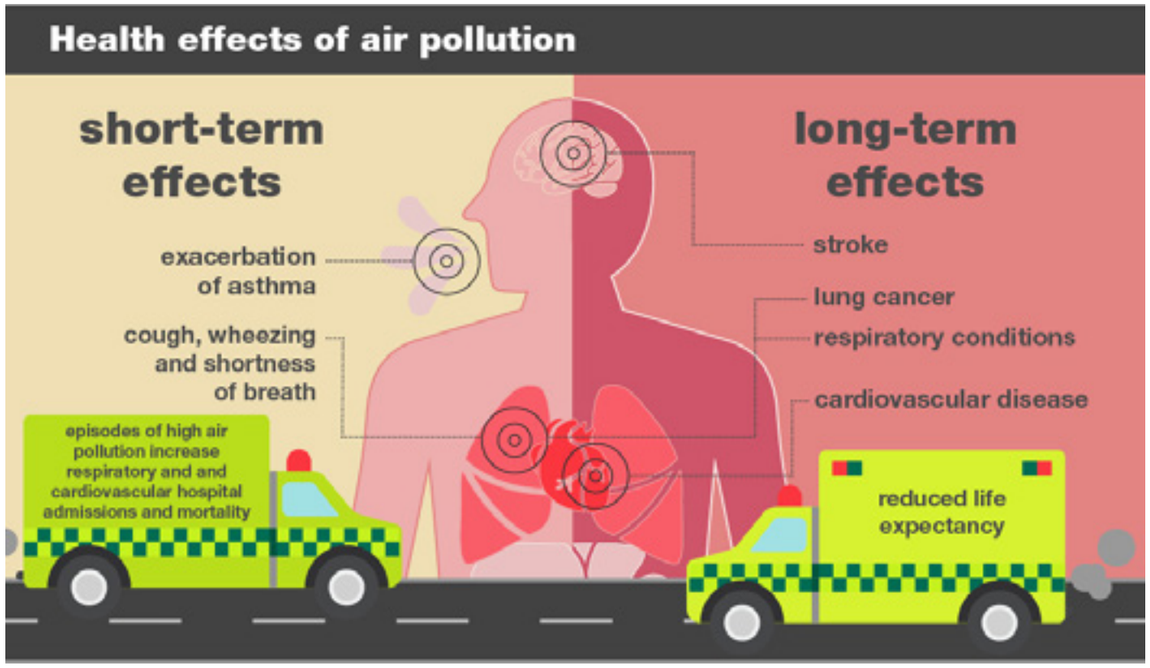
6 Greater London Authority (2021), London Atmospheric Emissions Inventory 2019, London Datastore

7 Ove Arup & Partners Limited (2023), City of London Corporation – WHO Air Quality Guidelines, 295912

8 Ricardo Energy & Environment (2022), City of London – $PM_{2.5}$ Emissions Inventory and Source Apportionment, ED16224

9 Cambridge Environmental Research Consultants (2024), Determination of the area of the City of London exceeding the NO_2 air quality limit value in 2022 using modelling and measurements, FM1424.

1.2 Health Impacts of Air Pollution



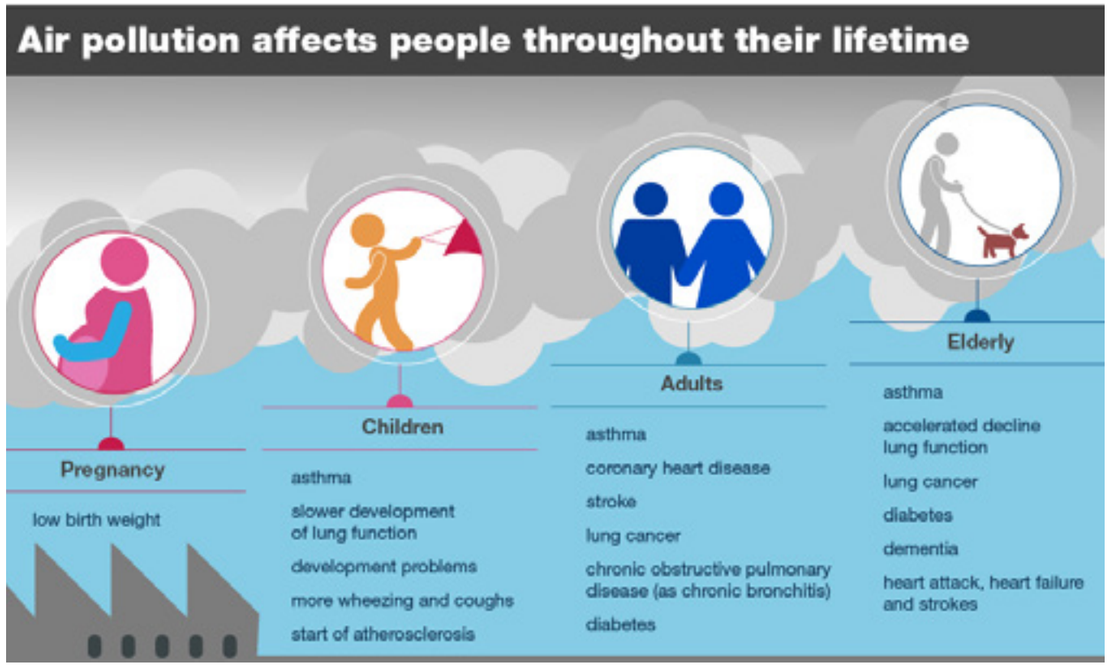


Figure 1.4: Health Effects of Air Pollution[11]

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Air pollution is the largest environmental risk to public health in the UK. It is associated with a range of adverse health impacts, with the evidence base strengthening year on year. Elevated concentrations of air pollution particularly affect society's most vulnerable populations; children, the elderly, and those with existing medical conditions. Long-term exposure to air pollution (over years or a lifetime) can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. It can also reduce the number of years we spend in good health. Long-term exposure to air pollution in early life can have a lasting effect on lung function, including suppressing children's lung function growth.

Short-term acute exposure can impact on lung function, exacerbate asthma, and lead to an increase in respiratory and cardiovascular hospital admissions and mortality.

There is increasing evidence of air pollution having a potential role in causing asthma, especially in people who live near busy roads. In addition, short-term peaks in pollution levels are a trigger that can make asthma symptoms worse, increasing the risk of exacerbations. This is also true for chronic obstructive pulmonary disease (COPD).

The GLA estimated that in 2019 there were between 3,600 and 4,100 premature deaths attributable to air pollution in London. In December 2020, a landmark ruling by a London Coroner concluded that Ella Adoo-Kissi-Debrah died, aged nine in 2013, from a combination of acute respiratory failure, severe asthma, and air pollution exposure. It is the first time in the UK that air pollution has been listed as a medical cause on a death certificate. Currently, there is no clear evidence of a safe level of exposure below which there is no risk of health effects[10].

10 Source: Greater London Authority (2022) Air quality in the City of London A guide for public health professionals

11 Source: UK Health Security Agency (2018), Health matters: air pollution

Air Quality Monitoring

02

2. Air Quality Monitoring

Commitment:

The City of London Corporation will monitor air quality to assess compliance with national air quality standards and internal air quality targets.

The City Corporation has been monitoring air quality for over 60 years. Monitoring is a vital component of air quality management and fulfils the following functions:

- to assess compliance against air quality standards and health guidelines, and consequently the impact on health.
- to assess long term monitoring trends and the effectiveness of policies and interventions to improve air quality.
- to raise public awareness and create alerts when levels of air pollution are high.

Air pollution monitoring is undertaken across the Square Mile using two methods: automatic analysers and passive monitoring. The pollutants nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone are monitored using automatic analysers. Full details of the automatic monitoring sites are provided in Appendix 4, and their locations are presented in Figure 2.1.

Passive diffusion tube samplers are devices which are exposed to the air for a month and then analysed in a laboratory. They are used to measure nitrogen dioxide and in 2023 there were over 70 monitoring locations, see Figure 2.1. The locations selected for air quality monitoring are reviewed annually.

Full details of past monitoring locations can be found in the City Corporation Annual Status Reports (ASRs). All City Corporation monitoring data, is both automatic and passive available on the City Corporation website.

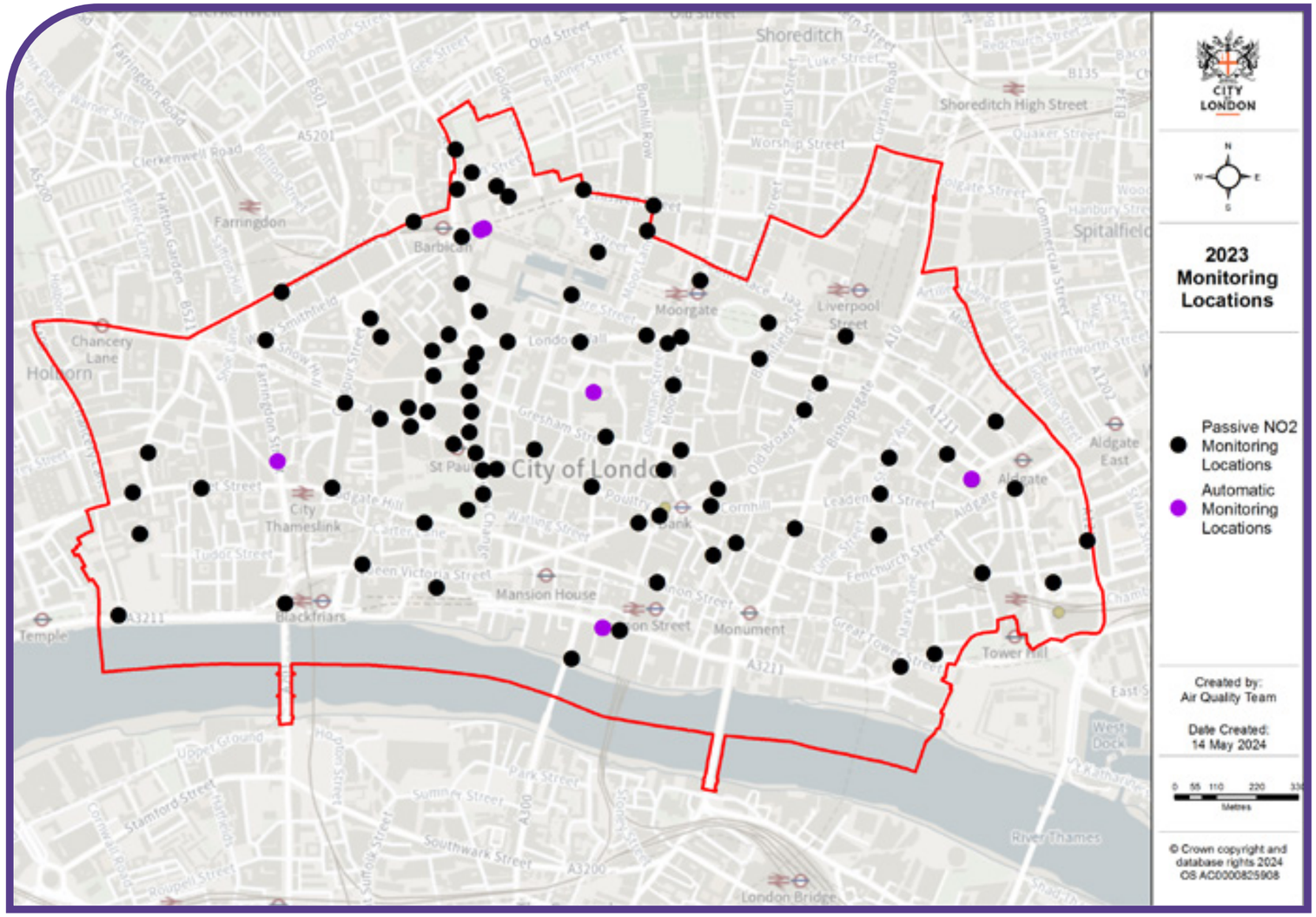


Figure 2.1: City Corporation Automatic Monitoring Sites and Passive Nitrogen Dioxide Monitoring Sites

2.1 Nitrogen Dioxide

2.1.1 Continuous Monitoring

Figure 2.2 details annual mean nitrogen dioxide concentrations at City Corporation monitoring sites for the past seven years. To see how concentrations have changed over the past 15 years, see Appendix 4.

Concentrations have significantly reduced at all monitoring locations. The lowest annual mean concentrations were experienced during the COVID-19 pandemic of 2020. Since 2020 there has been, as expected, a small rebound in roadside concentrations, though concentrations have not returned to pre-pandemic levels.

The final year where monitoring data was collected at the Walbrook Wharf location was 2022. This location has now been decommissioned due to changes in office accommodation, with a new monitoring site established nearby on Bell Wharf Lane.

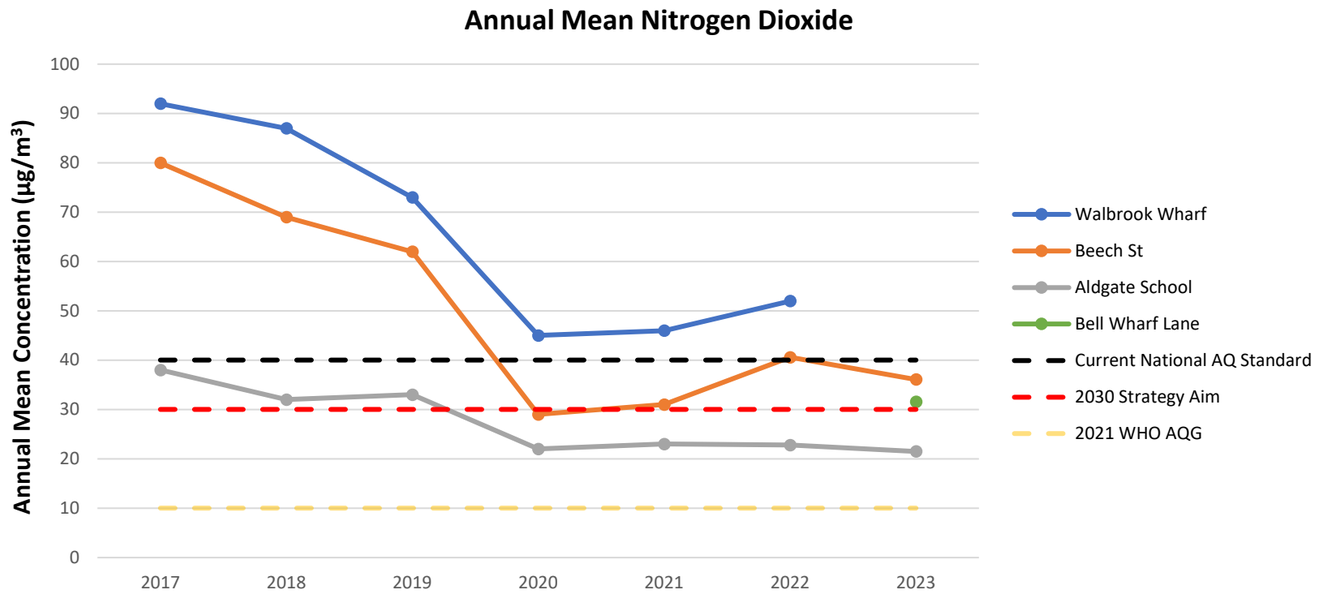


Figure 2.2: Annual Mean Nitrogen Dioxide

2.1.2 Non-continuous (Passive) Nitrogen Dioxide Monitoring

Data for five locations where nitrogen dioxide has been measured long-term using passive diffusion tubes is presented in Figure 2.3. All five sites have been compliant with the national annual mean standard since 2020, with three of the sites meeting the Strategy aim for levels below 30µg/m³ in 2023.

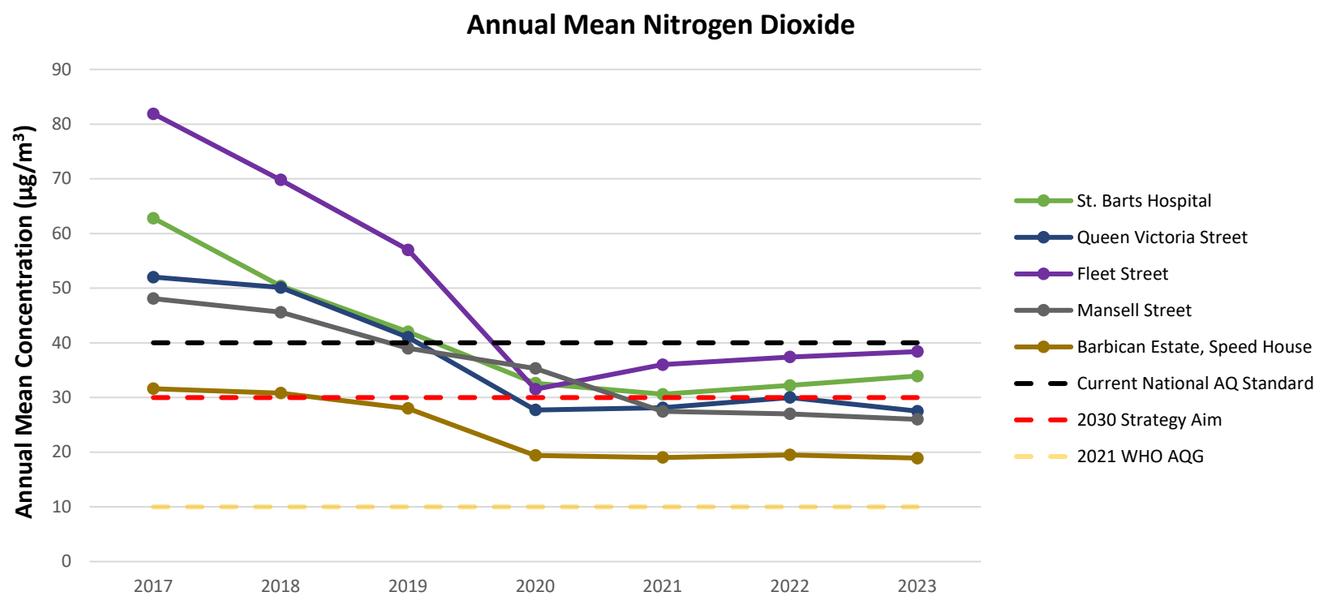


Figure 2.3: Annual Mean Nitrogen Dioxide, Passive Monitoring

2.2 Particulate Matter, PM_{10}

Annual mean PM_{10} concentrations have also reduced. Compliance with the national PM_{10} annual mean standard has been achieved at all sites for the past seven years. The aim to achieve an annual mean PM_{10} concentration of 15µg/m³ by 2030 was met at Beech Street in 2021, and at the Aldgate School in 2023.

2021 was the final year where monitoring data was collected at the Upper Thames Street location. This monitoring site has since been decommissioned, with a new monitoring site established nearby on Bell Wharf Lane.

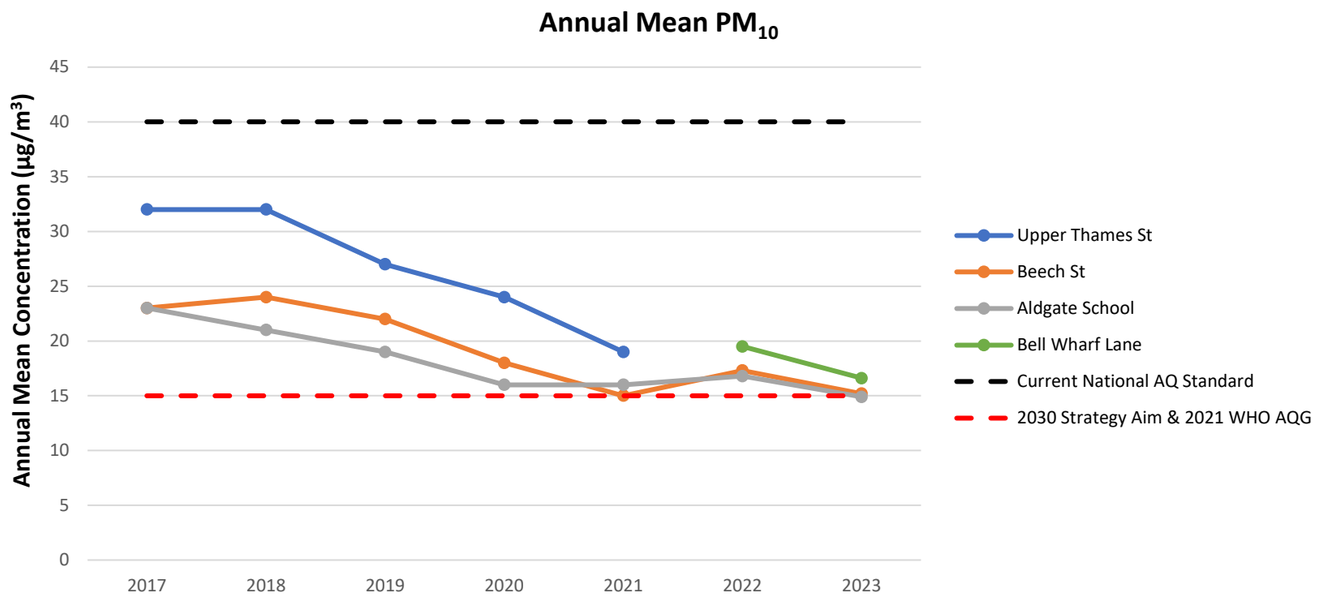


Figure 2.4: Annual Mean PM_{10}

2.3 Particulate Matter, $PM_{2.5}$

The new national standard for $PM_{2.5}$ is 10µg/m³ measured as an annual mean to be achieved by 2040. It was achieved at both monitoring locations in 2023, largely due to the higher than average amount of rainfall during the year

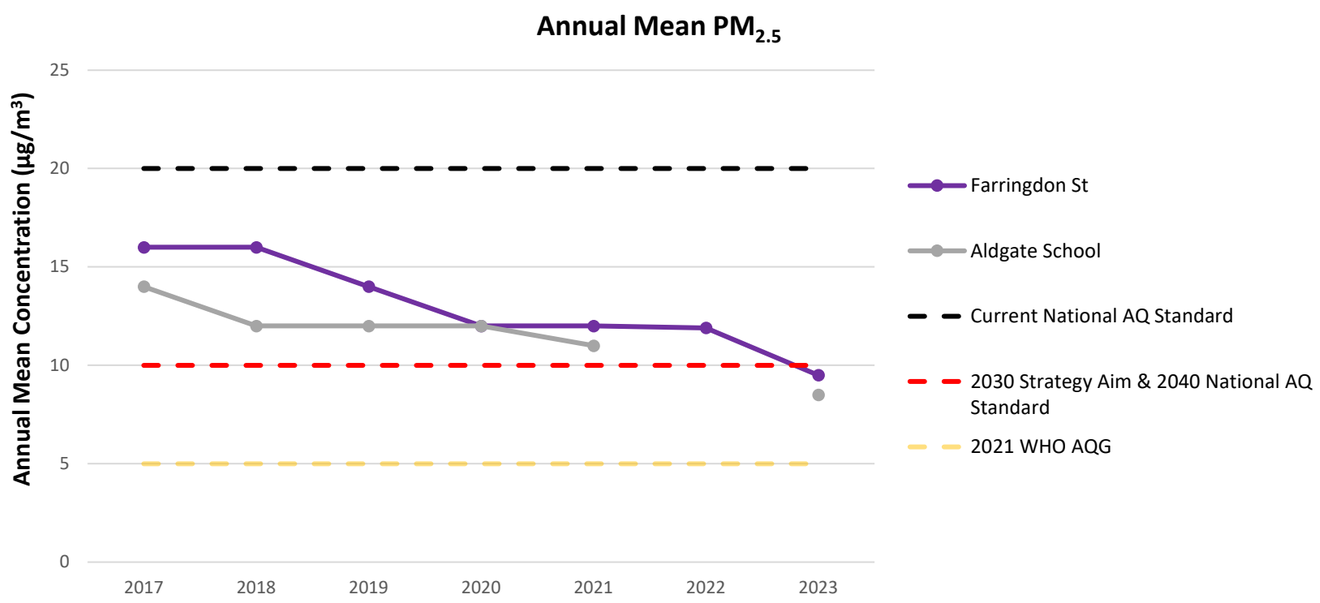


Figure 2.5: Annual Mean $PM_{2.5}$
Notes: The 2022 result for The Aldgate School is not available due to poor data capture for the year.

2.4 Dispersing Modelling

Air quality monitoring provides data for specific locations. The monitoring data is supplemented by computer modelling to enable the assessment of a wider geographical area. In addition, modelling is also used to predict future concentrations of air pollution which assists with action planning.

The LAEI estimates both concentrations and emissions for each of the 32 London Boroughs and the City Corporation. Analysis of the current LAEI data for the City Corporation is presented in Appendix 3.

2.4.1 Demonstrating Success

Whilst air quality in the Square Mile is undoubtably improving, there is further work to be done to ensure that the aims of this Strategy are achieved.

One aim of the previous Strategy was to ensure that the national air quality standard for annual mean nitrogen dioxide (40µg/m^3) was achieved in over 90% of the Square Mile by 2025. An annual assessment has been undertaken since 2018 to track progress. The most recent assessment completed is for 2023. The assessment undertaken also highlights the remaining areas of non-compliance which enables targeted action to be taken to ensure that air quality meets the required standards across the Square Mile. As can be seen in Table 2.1 the target was met ahead of time in 2020.

Table 2.1: Nitrogen Dioxide Assessment Statistics, 2018-2023

Year	Publicly Accessible Area Meeting the Annual Mean Nitrogen Dioxide Standard, 40µg/m^3
2018	30%
2019	67%
2020	93%
2021	94%
2022	93%
2023	94%

One of the aims of this Strategy is for over 90% of publicly accessible areas in the Square Mile to meet a nitrogen dioxide annual mean of 30µg/m^3 by the end of 2030. In 2023, 74% of the Square Mile was below 30µg/m^3.

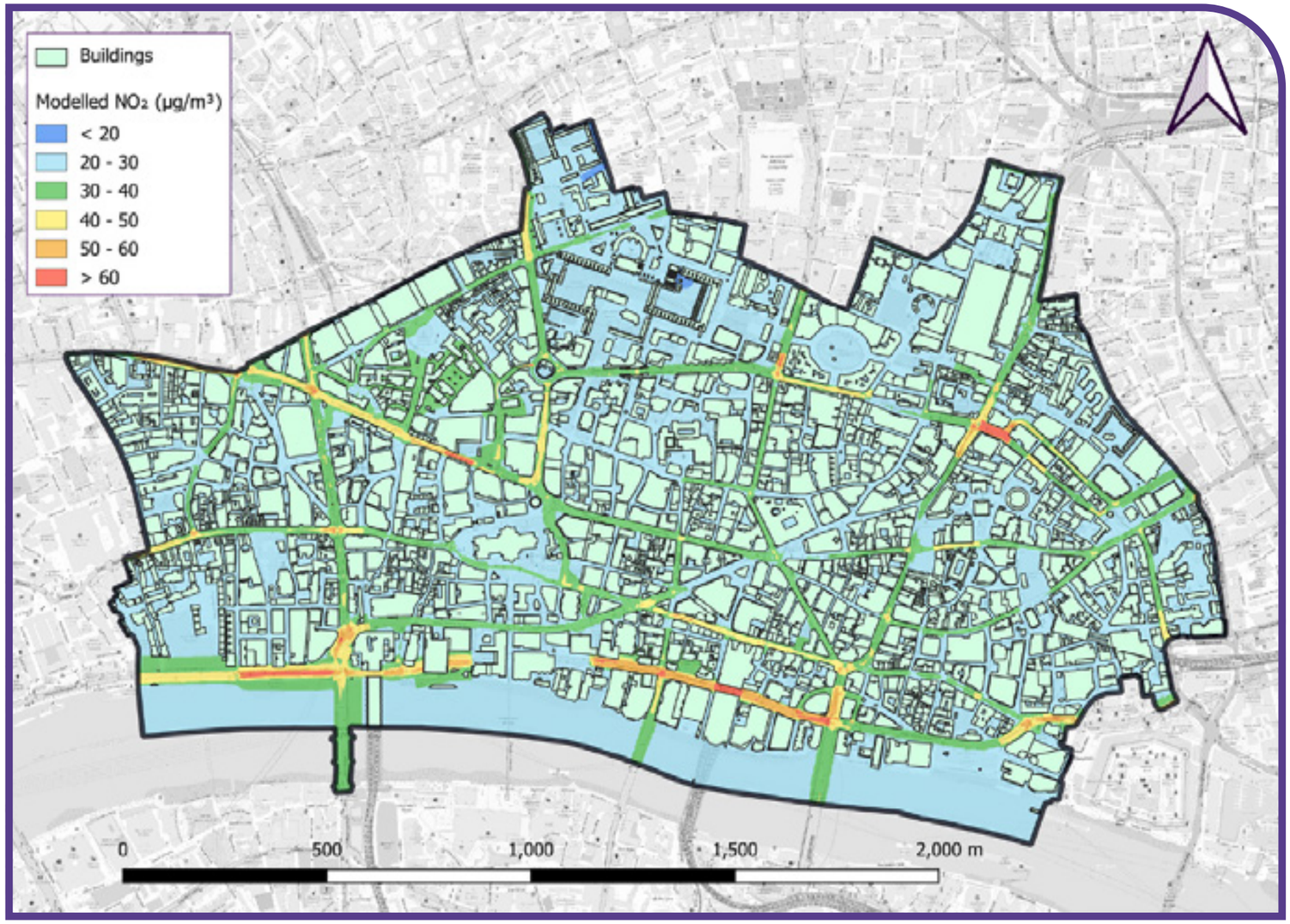
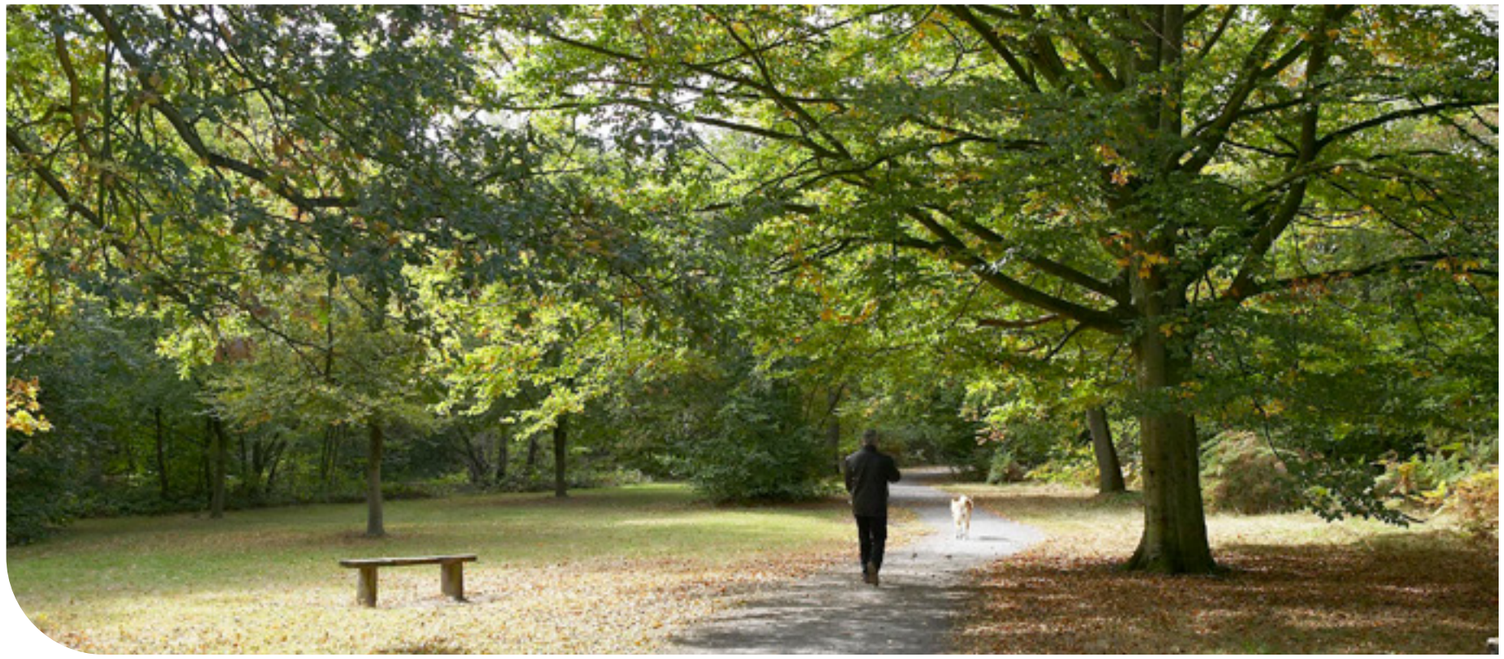


Figure 2.6: Modelled Annual Mean Nitrogen Dioxide, 2023

2.5 Air Quality Monitoring on the wider City Corporation Estate

In addition to monitoring air quality in the Square Mile, the City Corporation also undertakes periodic monitoring at the City Markets, Open Spaces (public parks) and in 2024 commenced monitoring on the City Bridges.

Monitoring generally takes place to assess levels of pollution that users of the sites are exposed to. For Open Spaces, it is also done to see how air pollution impacts on ecosystems. In Epping Forest, nitrogen dioxide and ammonia will be measured for 12 months starting in April 2024. These sites are located near roads, in the forest itself and in locations that are sensitive to nitrogen pollutants such as heathlands and sites that are home to vulnerable species of moss. The data will be assessed to see whether levels of pollution might be damaging habitats. A similar study was undertaken in 2004.



Air Quality Monitoring

We will:

- Undertake monitoring of nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone using continuous analysers at a minimum of five locations.
- Ensure all continuous analysers achieve a minimum data capture of 90% over a calendar year.
- Maintain a nitrogen dioxide monitoring network utilising diffusion tubes, ensuring a high degree of spatial coverage.
- Review all monitoring locations annually.
- Ensure the live data from the continuous monitoring network is made available to the public.
- Undertake an annual assessment to demonstrate progress with the aims of this Strategy.

Leading by Example

03

3. Leading by Example

Commitment:

The City Corporation will lead by example to improve local air quality and reduce exposure to air pollution.

Improving air quality is a priority for the City Corporation with the development and implementation of air quality policy being overseen by the Port Heath and Environmental Services Committee. The City Corporation Health and Wellbeing Board supports measures for improving local air quality. The City's Joint Strategic Needs Assessment recognises the significance of air pollution on public health.

The City Corporation Corporate Plan 2024 to 2029[12] details the City Corporation's commitment to act as a leader on environmental sustainability. Climate action and resilience, air quality, and sustainability are all aspects of ambitious targets for the entire City to be net zero by 2040.

12 City Corporation (2024), Our Corporate Plan 2024-2029

3.1 City Corporation Fleet

The City Corporation has been reducing emissions from its own fleet for several years. This has been achieved by improved management, a reduction in size of the fleet and the purchase of newer, cleaner vehicles. At the time of writing, the City Corporation owns or leases 122 vehicles, with 40 of these being electric or hybrid. The majority are not used in the Square Mile.

Since January 2016, a policy has been in place that diesel vehicles cannot be purchased or leased if there are low or zero tailpipe emission options available. A fuel hierarchy is in place for new vehicles:

1. **Full electric.**
2. **Plug-in hybrid.**
3. **Petrol hybrid (regenerative braking).**
4. **Petrol.**
5. **(Euro 6/ VI) Diesel Fleet Operator Recognition Scheme Accreditation.**

The Fleet Operator Recognition Scheme (FORS) is a voluntary accreditation scheme designed to help fleet operators improve standards in their organisation. Bronze, Silver, or Gold accreditation is awarded to organisations based on a range of criteria including emissions and fuel efficiency. The City Corporation has been awarded the Gold FORS accreditation standard for over a decade.

3.2 Procurement Strategy

The City Corporation Procurement Strategy 2020 to 2024 and Responsible Procurement Policy, support the aims of this Strategy by:

- Ensuring that suppliers minimise air and noise pollution associated with contracts.
- Procuring vehicles, plant and equipment with the lowest emissions and pollutants possible.
- Contracts include a 'no vehicle engine idling' policy.

Contracts that use vehicles are required to put additional measures in place to help reduce air pollution. For example, the City Corporation's waste collection contract uses a fully electric fleet of dustcarts. There is a flexible approach with a menu of options, detailed below, which are periodically reviewed:

- Set ambitious targets for the reduction of nitrogen oxides, PM_{10} and $PM_{2.5}$ emissions from vehicles over the life of the contract.
- Set an ambitious target for increasing the use of zero tailpipe emission vehicles over the life of the contract.
- Set a target for a reduction in the number of motorised vehicle trips that form part of the services.
- Develop a logistics approach that avoids vehicle movements during peak congestion and pedestrian footfall times, 07:00–10:00, 12:00–14:00, 16:00–19:00.
- Use technology that supports air quality improvement e.g., gear shift indictors, stop-start ignition, software to monitor green driving.
- Green driver training for Contractor Staff used on the Contract, offer safer urban driving courses to drivers.
- Another innovative action to support the Air Quality Strategy that the City Corporation would reasonably deem of an equivalent level of ambition.

3.3 Climate Action Strategy

The City Corporation has an ambitious Climate Action Strategy (CAS)[13] supported by a £68 million investment. Annual carbon emissions from the City Corporation's own operations have already been reduced by 66% between 2018/2019 and 2022/2023[14]. Since 2018, 100% of the electricity purchased by the City Corporation has been from renewable sources, and in 2020 the City Corporation became the first UK local authority to sign a 15-year Power Purchase Agreement to purchase electricity from a new solar farm of 49.9MW capacity. At the time of writing, more than half of the City Corporation's electricity comes from this renewable source.

The CAS contains the following commitments which support the aims of this Strategy:

- **Net zero by 2027 in the City Corporation's operations.**
- **Net zero by 2040 across the City Corporation's full value chain.**
- **Support the achievement of net zero by 2040 in the Square Mile.**

Measures underway to achieve the aims of the CAS include:

- Transforming the energy efficiency of operational buildings through the adoption of best available technologies.
- Maximising use of renewable energy.
- Accelerating the move to net zero carbon and improving energy efficiency in tenanted buildings.
- Implement the Square Mile Local Area Energy Plan.

13 The City of London Corporation (2020), Climate Action Strategy 2020-2027

14 The City of London Corporation (2024), Taking Climate Action: Our Progress 2023

3.4 Transport Strategy

The City Corporation Transport Strategy[15] has delivered a reduction in the number of motor vehicles in the Square Mile[16]:

- The total number of motor vehicles decreased by 26% between 2017 and 2022.
- The number of freight vehicles decreased by 14% between 2017 and 2022.

The focus of the Transport Strategy is:

1. **Prioritising the needs of people walking, making streets more accessible and delivering high quality public realm.**
2. **Making the most efficient and effective use of street space by reducing motor traffic, including the number of delivery and servicing vehicles.**
3. **Seeking to ensure that no one is killed or seriously injured while travelling on City streets, including measures to deliver safer streets and reduced speeds.**
4. **Enabling more people to choose to cycle by making conditions for cycling in the Square Mile safer and more pleasant.**
5. **Improving air quality and reduce noise, including by encouraging and enabling the switch to zero emission capable vehicles.**

15 The City of London Corporation (2019), City Streets: Transport for a changing Square Mile, City of London Transport Strategy

16 The City of London Corporation (2023), City Streets 2023 summary report

3.5 Rewarding Best Practice

The City Corporation runs award schemes to recognise stakeholder best practice.

3.5.1 The Clean City Awards Scheme

This scheme has been devised to encourage and reward sustainable business and it celebrated its 30th anniversary in 2024. The awards focus on driving action across the following areas:

- **Air quality and climate action.**
- **Communication and engagement.**
- **Resource efficiency and circular economy.**
- **Transitioning towards a Plastic Free City.**

The 2024 winner of the Air Quality and Climate Action Award was 20 Fenchurch Street Ltd through their work to reduce the environmental impact of light pollution. Project Go Dark reduced energy use by 3,3780kW over a 13-month period by turning office lights off when not needed.

3.5.2 Considerate Contractors and Street works Schemes.

The Considerate Contractors Scheme and Considerate Contractors Streetworks Scheme are open to contractors undertaking building and civil engineering, or street works in the Square Mile. Members of both schemes agree to follow a Code of Conduct which exceeds the legal minimum requirement and ensures that general standards of work are improved.

There are annual awards attached to membership of the schemes. The Considerate Contractors Scheme Award includes a category for exceptional or innovative environmental practice. The 2023 Environment Award was given to the Mace Group for their work at Stonecutter Court.

3.6 Proposal for New Regulatory Powers

Whilst there is a great deal of action underway to reduce emissions from road traffic, there is currently a lack of effective control to deal with emissions from combustion plant (boilers, generators, non-road mobile machinery [NRMM] and CHP).

Monitoring has revealed that there can be a significant local impact on levels of air pollution from some combustion plant. The City Corporation identified the need for a practical, local authority focused piece of legislation to deal with this form of pollution and put the proposals together in a Private Members Bill. The Emissions Reduction (Local Authorities in London) Bill[17] had its first reading in the House of Lords and then fell when Parliament was dissolved in May 2024. The contents will continue to be used as a basis for pressing for new powers to manage emissions of pollutants from combustion plant.

20 Fenchurch Street Ltd, courtesy of Clive Totman

17 UK Parliament (2019), Emissions Reduction (Local Authorities in London) Bill

Leading by Example

We will:

- Fulfil the City Corporation's Climate Action Strategy commitments.
- Reduce emissions from the City Corporation's fleet.
- Deliver the City Corporation Transport Strategy to reduce emissions from vehicles in the Square Mile.
- Encourage the use of zero tailpipe emission vehicles through the City Corporation supply chain.
- Deliver the Clean City Awards and Considerate Contractors Environment Award Schemes to reward exceptional and innovative practice to improve air quality.
- Work with external organisations to promote the proposals in the Emissions Reduction (Local Authorities in London) Bill.

Collaborating With Partners

04

4. Collaborating with Partners

Commitment:

The City Corporation will work with a wide range of external partners on air quality policy and action to improve air quality across the Square Mile and Greater London.

As a significant amount of air pollution monitored in the Square Mile is not generated within its boundary, the City Corporation works with a wide range of partners to improve air quality. This collaborative work is an essential component of air quality management.

4.1 Designated Air Quality Partners

The Environment Act 2021 introduced the new concept of designated Air Quality Partners (AQPs) into the Local Air Quality Management (LAQM) framework. An AQP is required to assist a local authority with any reasonable request to work towards reducing air pollution emissions. To ensure ongoing collaboration with each of the AQPs, a schedule of meetings will be established. This will allow updates to be shared between the City Corporation and the AQP, and for ongoing development as new information and ideas are realised throughout the duration of this Strategy.

The designated AQPs relevant to the Strategy are listed in Table 4.1, and the actions being taken by the AQPs to reduce air pollution are detailed in Appendix 5.

Table 4.1: Designated Air Quality Partners

The Mayor of London: The Greater London Authority	The London Environment Strategy was published with an aim for London to have the best air quality of any major city by 2050. The City Corporation works closely with the GLA to knowledge share and develop targeted actions to reduce air pollution.
The Mayor of London: Transport For London	Through the Mayor of London, the City Corporation also works very closely with TfL. TfL is the integrated transport authority responsible for meeting the Mayor's commitments on transport. It runs the day-to-day operation of public transport, including the licencing of taxi cabs and private hire vehicles.
The Environment Agency	The Environment Agency (EA) is a public body with responsibilities for the protection and enhancement of the environment. The EA regulates several operations that have the potential to affect air quality negatively under the Environmental Permitting Regulations. This includes combustion plant that are subject to the requirements of the Medium Combustion Plant (MCP) Directive. All new MCP should now comply with the regulations, and all existing MCP above 1MWth should have a permit in place by 1 January 2029.
The Port of London Authority	The Port of London Authority (PLA) is the custodian of the tidal Thames. The relative proportion of the river's contribution to London's emissions has been increasing as emissions from road vehicles have fallen due to newer cleaner vehicles. Initially published in the 2018, the PLA Air Quality Strategy was the first strategy developed by a port.

4.2 Additional Partnerships

In addition to the designated AQPs, the City Corporation works very closely with a range of other partners on actions to improve air quality and raise awareness.

Table 4.2: Additional Partnerships

London Boroughs and London Councils	The City Corporation sits within the Central London Air Quality Cluster Group which is comprised of seven London Boroughs plus the City Corporation. The group meets quarterly to discuss best practice and deliver joint programmes for improving air quality. The City Corporation also chairs the London Air Quality Steering Group. The group aims to direct and influence air policy across London. Members include London Councils, London Boroughs, the EA, the GLA, TfL, the PLA, and the UK Health Security Agency (UKHSA).
Cross River Partnership	Cross River Partnership (CRP) supports public, private, and voluntary organisations to address challenges around air quality, transport, placemaking and wellbeing. The chair of the Port Health and Environmental Services Committee co-chairs the CRP Board, and officers engage with CRP on a range of pan London projects.
Universities and Research Groups	The City Corporation sits on the Air Pollution Research in London (APRIL) steering group. APRIL identifies priority areas for research to improve air quality in London and other major cities, supports the development of new scientific research and communicates the latest research findings. In addition, the City Corporation commissions and supports research that aids understanding and improvement of air quality.
Third Sector	The City Corporation works with a range of non-government and non-profit-making organisations, with particular focus on health messaging and community engagement.
Businesses operating in the Square Mile	The City Corporation works with a range of organisations in the Square Mile to quantify and where possible reduce, air pollution emissions from their activities. This includes, but is not limited to, the construction, restaurant, finance, accounting, and legal sectors.

An example of a collaborative project is Clean Air Thames where the City Corporation worked with the PLA and CRP. For the project, a 34-year-old river vessel was retrofitted with pollution emission reduction technology. For the vessel, Driftwood II, this resulted in reductions for all pollutants monitored, including nitrogen dioxide and particulate matter.

Collaborating with Partners

We will:

- Work with designated and non-designated Air Quality Partners to collaborate on policies and measures to improve air quality across the Square Mile and Greater London.
- Support research into measures to improve air quality and into the health impacts of air pollution.

05

Reducing Emissions

5. Reducing Emissions

Commitment:

The City Corporation will implement a range of measures to reduce emissions of air pollutants across the Square Mile.

5.1 Transport Emissions

The movement of people and goods in and around the Square Mile contributes to air pollution. The road network is used intensively; particularly during the working week as vehicles service City businesses. The Square Mile is located within the London Low Emission Zone, the Congestion Charge Zone, and Ultra Low Emission Zone.

The City of London is very well served by public transport. There are a high number of bus routes passing through the Square Mile, with most buses being hybrid or fully electric. A high number of Hackney Carriages are present. At the time of writing almost 8,500 licensed taxis are zero tailpipe emission capable (ZEC), which accounts for over half of the fleet.

5.1.1 Idling Vehicles Engines

The City Corporation takes a wide range of action to deal with unnecessary vehicle engine idling. This includes:

- **Responding to complaints and engaging directly with drivers.**
- **Issuing Penalty Charge Notices (PCNs) where appropriate. In 2023 11 warning notices and four PCNs were issued for unnecessary engine idling in the Square Mile.**
- **Distributing information leaflets.**
- **Installing street signs and place signs on lamp posts.**
- **Writing directly to companies.**
- **Working with local businesses.**
- **Enforcement at street works and construction sites.**

Since pioneering the volunteer led Idling Action Days in 2015, the City Corporation has overseen pan London Idling Action, and continues to work with other London boroughs on programmes to tackle unnecessary vehicle engine idling across the capital.

5.1.2 Zero Emission Delivery

As part of the Barbican and Golden Lane Low Emission Neighbourhood programme in 2018, a number of feasibility studies were completed for cycle logistic hubs and micro-consolidation centres within the Square Mile. Cargo and e-cargo bikes were also made available for use by the local community and departments within the City Corporation.

These studies and projects have acted as precursors to the expansion of cargo-bike and e-cargo bike deliveries that are now commonplace within the Square Mile. The Transport Strategy[14] continues to promote the use of cargo and e-cargo bikes by providing accommodating cycle lanes and associated infrastructure. The move to zero emission alternatives for service and delivery vehicles continues to replace more polluting vehicles, reducing emissions of pollutants from transport sources across the City of London roads.

Table 5.1: Parking Charges as of 2024

Vehicle Type	On Street, Mon-Fri (p/hr)	Off Street (p/hr) *	Off Street Annual Season Ticket (per quarter)	Smithfield Overnight (up to 3-hours)
Electric or hydrogen or hybrid	£5.00	£4.50	£2,500	£1.80
Petrol vehicles registered from 2005	£7.20	£5.00	£2,650	£2.00
Diesel vehicles registered from 2015	£7.20	£5.00	£2,650	£2.00
Other vehicles	£10.00	£7.00	£3,650	£3.50

*City Corporation car parks: Baynard House, London Wall, Minories and Tower Hill

5.1.3 Parking Charges

The City Corporation operates an emission based on-street and off-street parking charging system. Older, more polluting vehicles pay a higher charge to park in the Square Mile, see Table 5.1.

5.1.4 Transport Redevelopment Schemes

Major transport redevelopment schemes can act as a mechanism to greatly improve the environment by reclaiming and creating public space and reducing vehicle emissions through road closures and the re-direction of traffic. Previous schemes have included the closure of Aldgate Gyratory and transformation of Aldgate Square, and the Bank on Safety and subsequent All Change at Bank schemes which have made Bank junction a safer and more pleasant place to travel through and visit.

Improving air quality has been a key objective of major transport schemes and it continues to be a driving factor for future schemes. Between 2016 and 2023, the average nitrogen dioxide annual mean concentration across all monitoring sites associated with the All Change at Bank scheme reduced by over 50%. Additionally, 2023 was the first year since the monitoring began where all monitoring sites were below the nitrogen dioxide national annual mean standard.

5.2 Non-Transport Emissions

Non-transport sources make a significant contribution to air pollution in the Square Mile. As emissions from road vehicles have declined in recent years, the relative proportion of emissions from non-transport sources has increased.

5.2.1 New developments

The Square Mile is in a constant state of redevelopment with planning policy being an important mechanism for improving air quality. The City Corporation is developing a new Local Plan, the City Plan 2040. This sets out the Corporation's vision, strategy, and objectives for planning, together with policies that will guide future decisions on planning applications.

The draft City Plan 2040 supports the City Corporation's drive to improve local air quality. The draft proposals relating to air quality are detailed in Appendix 6.

The City Corporation published an Air Quality Supplementary Planning Document (SPD) in July 2017. The SPD provides developers with information on air quality assessments, and how to mitigate air pollution through appropriate building design, method of construction and choice of heating and energy plant.

The SPD will be updated to align with the City Plan 2040, following its adoption. The update will include the latest best practice guidance and technological advances.

5.2.2 Construction, Deconstruction and Demolition

At any given time, there are many active construction (which includes construction, deconstruction and demolition) sites in operation in the Square Mile. There are also many short-term street works. The City Corporation has a Code of Practice (CoP) for deconstruction and construction[18], detailing environmental standards and operational techniques that it expects all contractors to adhere to.

Construction has been identified by the LAEI as the highest source of PM_{10} emitted in the Square Mile. Therefore, close management and mitigation of construction emissions is a priority for the City Corporation. The CoP reflects best practice guidance issued by the Mayor of London[19]. Regular on-site checks are completed on all large sites to ensure compliance with the CoP.

Table 5.2: NRMM Low Emission Zone Requirements

	NRMM Low Emission Zone Area Greater London	NRMM Low Emission Zone Area CAZ / Canary Wharf / Opportunity Area
Before January 2025	Stage IIIB	Stage IV
From 1 January 2025	Stage IV	Stage IV
From 1 January 2030	Stage V	Stage V

5.2.3 Non-Road Mobile Machinery

NRMM is a broad category which includes mobile machines and equipment, or vehicles not intended for transporting goods or passengers on roads.

The City of London is within the Central Activity Zone (CAZ) of the London NRMM Low Emission Zone. The NRMM Low Emission Zone requires that all engines used on construction sites with a power rating of between 37kW and 560kW must meet a specified emission standard.

Table 5.2 details the dates by which equipment used during construction is required to meet the specified standard. Construction sites across the Square Mile are regularly inspected to ensure compliance.

NRMM is also used in short-term street works. The emission standards used on construction sites don't apply to street works. The City Corporation has been pressing for new powers to deal with this unregulated source of pollution through its Emissions Reduction (Local Authorities in London) Bill.

5.2.4 Commercial Heat and Power

The largest source of nitrogen oxide emissions in the Square Mile, as defined by the LAEI, is gas boilers providing heat and hot water to commercial premises. Back-up or standby diesel generators are an additional source which, although only used periodically, do contribute to air pollution in the Square Mile.

The London Plan requires major developments to be net zero-carbon. The 'Be Clean' section of the energy hierarchy process, below, has driven a design shift from gas boilers to air source heat pumps in commercial buildings:

1. **Connect to local existing or planned heat networks.**
2. **Use zero-emission or local secondary heat sources.**
3. **Use low-emission CHP (only where there is a case for it).**
4. **Use ultra-low nitrogen oxide gas boilers.**

The use of diesel fuelled generators as a back-up energy source in commercial buildings is common across the Square Mile. The generators are installed for emergency life safty use only, but are routinely tested to ensure working capability. Through the planning process, applicants are instructed to consider alternatives where possible. This is in-line with the City of London Planning for Sustainability SPD[20] that prioritises alternatives to diesel backup generators.

18 City of London Corporation (2019), City of London Code of Practice for Deconstruction and Construction Sites, Ninth Edition

19 Mayor of London (2014), The Control of Dust and Emissions During Construction and Demolition: Supplementary Planning Guidance

20 City of London Corporation (2023), Planning for Sustainability Supplementary Planning Document

In 2024, a project to investigate the existing stock of backup generators in the Square Mile commenced. The aim of the project is to work with businesses to reduce emissions from the generators, and to ensure any Environmental Permit requirements managed by the EA are complied with. Our Emissions Reduction (Local Authorities in London) Private Members Bill proposes new powers for London local authorities to set emission limits for all combustion plant, and we will continue to press for new powers which will help us to deal with this form of pollution.

5.2.5 Commercial Cooking

Research undertaken by the City Corporation to assess $PM_{2.5}$ emission sources in the Square Mile revealed that commercial cooking is the largest source at 37%. Work is underway to consider how emissions from this sector can be reduced.

5.2.6 Chimneys

Under the Clean Air Act 1993[21], a gas boiler with a rating of 366.4 kilowatts or more is required to have its chimney height approved by the local authority. The City Corporation ensures that chimneys of large boilers are sited and operate in a way that leads to maximum dispersal of pollutants.

5.2.7 Environmental Permitting Regulations

Local authorities regulate a variety of industrial operations to control emissions to air. In the Square Mile, the only operation subject to this at the time of writing is one dry-cleaning operation.

Larger combustion plant, boilers, generators, and CHP plant, for example St Bartholomew's Hospital, are regulated by the EA. The requirement for a permit depends upon the size of the plant, and in the case of standby generators, how often they are used. All new medium sized plant, put into operation on or after 20th December 2018, will have a permit to operate with conditions designed to minimise pollution. All existing plant between 5MWth and 50MWth should have a permit in place by 1st January 2024 and all plant above 1MWth by 1st January 2029[22].

5.2.8 Smoke Control

The whole of the Square Mile is a Smoke Control Area (SCA) which means it is an offence to emit smoke from the combustion of fuel from any premises. Exemptions are allowed, for example, for a short period during start-up of an engine. The SCA has been in place since 1954[23]. In a SCA, only fuels that are on the list of authorised fuels or 'smokeless' fuels, can be burnt, unless an 'exempt appliance' is used. Authorised fuels, smokeless fuels and exempt appliances are listed on the Department for Environment, Food and Rural Affairs (Defra) website.

The City Corporation is responsible for enforcing the sale of domestic solid fuels in accordance with domestic solid fuel regulations[24]. Compliance checks are undertaken regularly in shops to ensure only certified solid fuel with the correct labelling is sold.

21 Clean Air Act 1993. (c.11). London: The Stationery Office.

22 The Environmental Permitting (England and Wales) (Amendment) Regulations (EPR) 2018 SI 110, the Medium Combustion Plant Directive (MCPD) EU/2015/2193

23 City of London (Various Powers) Act 1954. (2 & 3 Eliz. 2. c. xxviii). London: HMSO

24 The Air Quality (Domestic Solid Fuels Standards) (England) Regulations 2020 (SI 2020 No. 1095)

Reducing Emissions

We will:

- Assess options for reducing annual average concentrations of nitrogen dioxide on all City Corporation roads to below 40µg/m^3.
- Take action to discourage unnecessary vehicle idling and enforce anti-idling policies across the Square Mile.
- Ensure City Corporation vehicle parking charges favour low and zero tailpipe emission vehicles.
- Assess planning applications for air quality impact.
- Revise the City Corporation Supplementary Planning Document for Air Quality.
- Ensure emissions from construction sites are minimised.
- Manage and mitigate emissions from non-road mobile machinery.
- Reduce emissions associated with standby power generation across the Square Mile.
- Develop and implement a plan to mitigate emissions of $PM_{2.5}$ from commercial cooking.
- Ensure that where possible chimney stacks terminate above the height of the nearest building.
- Ensure that the City Corporation's prescribed processes comply with emission control requirements.
- Promote and enforce the requirements of Smoke Control Areas and regulate the sale of solid fuel.

06

Health Promotion and Raising Awareness

6. Health Promotion and Raising Awareness

Commitment:

The City Corporation will continue to raise awareness about air pollution and provide information on how to reduce exposure to pollution.

Although air quality is improving in the Square Mile, it remains at a level that has a detrimental impact on health. The City Corporation therefore takes a wide range of action to increase public awareness and understanding about air pollution. With the right information, people can take steps to avoid high levels of air pollution to reduce the impact on their health.

The City of London Joint Health and Wellbeing Strategy[25] has identified improving air quality as a key priority to improve the health and wellbeing of residents and workers.

A Public Health Outcomes Framework has been introduced and consists of a set of indicators compiled by the UKHSA. One of these indicators is Air Pollution, and this is measured against levels of $PM_{2.5}$. The City of London Health profile for 2022 shows that the City of London has a proportion of mortality attributable to particulate air pollution of 8.3%. This is higher than both London as a whole (7.1%) and England (5.8%).

25 The City of London Corporation (2017), Joint Health and Wellbeing Strategy: 2017-2020

6.1 Provision of Information

The City Corporation uses a range of methods to inform businesses, workers, and residents about air pollution. This includes social media, the City Corporation website and providing information at events. In addition, an e-newsletter is produced every month.

The City Corporation has an X account @_CityAir. This helps to raise awareness about air pollution and support campaigns such as anti-vehicle idling and National Clean Air Day.

Overall levels of air pollution in the Square Mile vary from day to day in response to weather conditions. Levels of air pollution each day are defined as either 'low', 'medium', 'high' or 'very high' which reflects banding devised by the Government[26]. High levels of air pollution occur in the City of London on a small number of days in any year and instances of very high levels of air pollution are now very rare.

Exposure to air pollution varies with location. Concentrations of nitrogen dioxide reduce with an increased distance from a source, such as a busy road. Information is provided, both digitally and physically, on how to reduce personal exposure. Leaflets are distributed with advice such as to step back from the kerb when waiting to cross the road and if possible, avoid road junctions and walking close to busy roads especially during peak traffic periods.

The City Corporation's free Smart Phone App 'CityAir' provides advice to users when pollution levels are high or very high. People can sign up and receive tailored messages to help them avoid high levels of air pollution. The App includes a map of current pollution levels and has a route planning function to guide users along low pollution routes. The City Corporation also supports the provision of the AirText messaging service. AirText is promoted to residents and workers who use the service to receive alerts by email, text, and voicemail.

The Mayor of London provides information about levels of pollution through a range of outlets. TfL broadcasts advice whenever air pollution is moderate, high, or very high, and information is sent directly to schools, healthcare professionals, and care homes across London.

26 Department for environment, Food and Rural Affairs (2013), Update on Implementation of the Daily Air Quality Index: Information for Data Providers and Publishers

As part of a project funded by Defra, and in collaboration with three London Boroughs: Hackney; Tower Hamlets and Newham, a web-based information tool 'Air Aware' has been developed. Air Aware aims to improve awareness of air quality and highlights ways in which people can reduce their exposure, and their emissions, of air pollution. A group of residents from all participating boroughs helped design the website to ensure it contained information relevant to them and their communities.

6.2 National Clean Air Day

National Clean Air Day is held in June each year. A range of activities are carried out nationally to raise awareness of air pollution and inspire behaviour change. National Clean Air Day is supported by the City Corporation and each year a diverse schedule of events and activities are run by the air quality team.

6.3 Working with schools and nurseries

Air quality is measured at all schools and nurseries in the Square Mile. Annual reports are produced containing the monitoring data, and all schools and nurseries are offered awareness raising support and information on how to reduce exposure on routes to and from school.

6.4 Working with businesses

Around 614,500 people work in the City of London. Through the CityAir business engagement programme, the City Corporation has been raising awareness of air pollution with workers. This includes supporting events and providing information for internal dissemination.

6.5 Indoor air quality

As concentrations of ambient air pollution improve, attention is turning to indoor air quality. Whist there is no statutory obligation for local authorities to review and assess indoor air quality, they are encouraged, through government guidance, to provide information to residents. The City Corporation has produced an information leaflet on the sources and health impacts of indoor air pollution.

CityAir

Delivering healthy air in the City of London

Health Promotion and Raising Awareness

We will:

- Prepare annual air quality briefings for colleagues and for the Director of Public Health.
- Disseminate information about air quality.
- Run events in support of National Clean Air Day.
- Work with schools and nurseries in the Square Mile.
- Work with businesses to raise awareness of air pollution amongst workers.
- Raise awareness of the health impacts of poor indoor air quality.

Appendicies

1-6

Appendix 1: Actions to deliver the Air Quality Strategy

Table Key

Dept. = Department responsible

CHB = Chamberlain's

Env = Environment

IG = Innovation and Growth

Cost =Approximate cost to the organisation per annum:

✓ = <£10,000,

✓✓ = £10,000 - £50,000,

✓✓✓ = >£50,000

		Action	Detail	Timeline	Outcome	Dept.	Cost
Air Quality monitoring	**1**	Air quality monitoring.	Undertake monitoring of nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone using continuous analysers at a minimum of five locations in the Square Mile. Ensure all continuous analysers achieve a minimum data capture of 90% over a calendar year. Maintain a nitrogen dioxide monitoring network utilising diffusion tubes, ensuring a high degree of spatial coverage across the Square Mile. Review all monitoring locations annually.	Present to 2030	An effective monitoring network providing accurate, trusted, and accessible data. Monitoring data to demonstrate compliance with statutory obligations and assessing the impact of interventions.	Env	✓✓
	2	Air quality data dissemination.	Ensure live data from the continuous monitoring network is made available to the public.	Present to 2030	Monitoring data that is publicly available through several sources. Data accessed via the Air Quality section of the City Corporation website. Better informed public who can make decisions based on available data.	Env	✓✓
	3	Compliance assessment.	Undertake an annual assessment to demonstrate progress with the aims of this Strategy.	Annually	Meet statutory obligations for reporting. Track progress with meeting the aims of this Strategy.	Env	✓✓

Leading By Example		Action	Detail	Timeline	Outcome	Dept.	Cost
	4	Fulfil the City Corporation's Climate Action Strategy commitments.	Leased assets to have an Energy Performance Certificate rating of B by 2030. Maximise the use of renewable energy sources across operational buildings. Accelerate the move to net zero carbon and improving energy efficiency in tenanted buildings. Implement the Square Mile Local Area Energy Plan by 2040.	Present to 2030	Reduced emissions from the City Corporation's operations. Monitoring data to demonstrate compliance with statutory obligations and assessing the impact of interventions.	IG	✓✓✓
	5	Reduce emissions from the City Corporation's fleet.	Increase the proportion of electric, hybrid and other low emission/zero tailpipe emission vehicles in the fleet. Work to reduce the size of the corporate fleet. Maintain the FORS Gold accreditation.	Present to 2030 Annually	Reduced emissions from the City Corporation's fleet.	Env CHB	✓✓✓
	6	Deliver the City Corporation Transport Strategy.	Prioritising the needs of people walking and wheeling, making streets more accessible and delivering a high-quality public realm. Making the most efficient and effective use of street space by reducing motor traffic, including the number of delivery and servicing vehicles. Enabling more people to choose to cycle by making conditions for cycling in the Square Mile safer and more pleasant. Encouraging and enabling the switch to zero tailpipe emission capable vehicles.	Present to 2030	Reduced emissions from transport across the Square Mile. Track progress with meeting the aims of this strategy.	Env	✓✓✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Leading By Example	**7**	Encourage the use of zero tailpipe emission vehicles through the City Corporation supply chain.	Apply a menu of options for air quality to reduce air pollution from major contracts. Review the menu of options every two years.	Present to 2030 Biannually	Reduced emissions associated with the City Corporation's contracts.	CHB Env	✓
	8	Deliver the Clean City Awards, Considerate Contractors Scheme and Considerate Contractors Streetworks Scheme.	Reward businesses that take positive action to improve air quality through an annual award. Reward building and civil engineering projects that demonstrate exceptional or innovative practice.	Annually	Reduced emissions from City businesses.	Env	✓✓
	9	Work with external organisations to promote the proposals in the Emissions Reduction (Local Authorities in London) Bill.	Work with Defra to highlight the need for additional powers for local authorities. Respond to consultations promoting the proposals in the Bill.	Present to 2030	Closed gap in regulatory powers for tackling sources of pollution from boilers, generator and combined heat and power plant in the Square Mile.	Env	✓✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Collaborating With Partners	**10**	Work with designated and non-designated Air Quality Partners to collaborate on policies and measures to improve air quality across the Square Mile, and Greater London.	Support the activities of the Mayor of London air quality department. Monitor air pollution along the river in at least two locations and support the delivery of Port of London Authority Air Quality Strategy. Support the Enviroment Agency with the implementation of the Medium Combustion Plant Directive. Work with Cross River Partnership on collaborative projects. Work on at least one joint project with the Central London Air Quality Cluster Group. Chair quarterly meetings of the London Air Quality Steering Group.	Present to 2030	Collaboration and the development and implementation of cross London policies for improving air quality.	Env	✓✓
	11	Support research into measures to improve air quality and into the health impacts of air pollution.	Identify priority areas for research to improve air quality and communicate the latest research through membership of APRIL. Investigate the impact of tall buildings on levels of air pollution at street level by 2027, subject to funding. Subject to funding, commission and support research that aids the understanding and improvement of air quality.	Present to 2030	Improved understanding of how air pollution behaves in a complex urban environment. Increased understanding and support for new technologies and other solutions for reducing air pollution.	Env	✓✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Reducing Emissions	**12**	Assess options for reducing annual average concentrations of nitrogen dioxide on all City Corporation roads to below 40µg/m^3.	Identify all roads that breach the national standard for nitrogen dioxide. Assess options for reducing emissions of air pollutants to ensure compliance. Work with Air Quality Partners to develop and implement plans to reduce pollution.	2025 - 2027	All roads in the Square Mile that meet the annual average national standard of 40µg/m^3.	Env	✓✓✓
	13	Take action to discourage unnecessary vehicle idling and enforce anti-idling policies across the Square Mile.	Issue Penalty Charge Notices for unnecessary vehicle engine idling. Respond to complaints within 48 hours and erect signs in hot spot areas. Provide awareness training to all relevant teams advising drivers to switch off their engines when parked. Work with London boroughs on pan London action to deal with unnecessary engine idling. Engage with at least five organisations per year in relation to engine idling.	Present to 2030	Reduced emissions from unnecessary vehicle idling in the Square Mile. Raised awareness amongst drivers and increased support for anti-idling policy.	Env	✓
	14	Ensure City Corporation parking charges favour low and zero tailpipe emission vehicles in the Square Mile.	On-street and off-street parking charges applied based on vehicle emissions.	Ongoing	Parking policies that favour low and zero emission vehicles.	Env	✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Reducing Emissions	**15**	Assess planning applications for air quality impact.	Review all relevant planning applications for air quality impact. Require air quality assessments for major developments. Encourage the use of non-combustion technology. Apply stringent emission standards for combustion plant where non-combustion plant is not feasible. Require all new developments to be Air Quality Neutral as a minimum, and Air Quality Positive where relevant. Require developers to consider alternatives to diesel standby generators through the use of planning conditions.	Present to 2030	New developments that comply with all relevant policies. New developments that do not have a negative impact on local air quality.	Env	✓
	16	Revise the City Corporation Supplementary Planning Document for Air Quality.	Update to reflect the City Plan 2040 and London Plan Guidance. Prepare a draft version. Finalised version and adoption.	 2025 2026	New developments that comply with updated guidance.	Env	✓
	17	Ensure emissions from construction sites are minimised.	Ensure compliance with the CoP for Deconstruction and Construction Sites. Monitor all construction sites and respond to on-going complaints within 1 hour.	Present to 2030	Reduced emissions from construction activities and plant.	Env	✓
	18	Manage and mitigate emissions from non-road mobile machinery.	Undertake inspections of all relevant sites to ensure compliance with the NRMM Low Emission Zone. Support the Mayor of London NRMM Beyond Construction project.	Present to 2030 2025 - 2026	Reduced exaust emissions associated with construction NRMM Improved understanding of emissions from NRMM used for roadworks and licenced events.	Env	✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Reducing Emissions	**19**	Reduce emissions associated with standby power generation across the Square Mile.	Work with building owners to investigate options for reducing emissions and an alternative means of providing emergency back-up power.	2025 - 2026	Reduced emissions from generators.	Env	✓
	20	Develop and implement a plan to mitigate emissions of $PM_{2.5}$ from commercial cooking.	Run an awareness raising campaign for mobile food vendors and commercial cooking establishments. Visit at least 20 food premises each year to advise upon cooking fuel. Work with neighbouring authorities on proposals to mitigate emissions from commercial cooking operations.	2025 - 2026	Reduced emissions of particulate pollution associated with commercial cooking.	Env	✓
	21	Ensure that where possible chimney stacks terminate above the height of the nearest building.	Where combustion plant is installed, good dispersion of emissions will be required.	Present to 2030	Flues from combustion plant that terminate above roof height. Emissions from chimney stacks have minimal impact on ground level concentrations of air pollution.	Env	✓
	22	Ensure that the City Corporation's prescribed processes comply with emission control requirements.	Carry out risk-based inspections of all prescribed processes in the Square Mile.	Present to 2030	Regulated operations that comply with the requirements of the legislation.	Env	✓
	23	Promote and enforce the requirements of Smoke Control Areas and regulate the sale of solid fuel.	Enforce smoke control provisions and raise awareness of the requirements across the Square Mile. Annual inspections of all retail premises that have the potential to sell solid fuel Engage with food premises to ensure the correct appliances and compliant fuels are used.	Present to 2030	A reduction in the amount of smoke, PM_{10} and $PM_{2.5}$ emitted in the Square Mile.	Env	✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Health Promotion and Raising Awareness	**24**	Prepare annual air quality briefings for colleagues and for the Director of Public Health.	Annual summary report detailing air quality data and action being taken to tackle air pollution.	Annually	Well informed colleagues leading to better public health outcomes through shared expertise.	Env	✓
	25	Disseminate information about air quality.	Promote the free CityAir Smart Phone App, the AirText service, Air-Aware, and the Mayor of London's air quality alert system at events and through social media channels. Produce a monthly e-newsletter. Raise awareness through social media channels. Bi-monthly community engagement at City of London libraries. Work with the Public Health team on behaviour change campaigns.	Present to 2030 2025	Better informed public able to take steps to reduce exposure to poor air quality.	Env	✓
	26	Run events in support of National Clean Air Day.	Run at least two events each year.	Annually	Better informed individuals able to take steps to reduce exposure to poor air quality.	Env	✓
	27	Work with schools and nurseries in the Square Mile.	Monitor air pollution at all schools and nurseries. Provide ongoing advice and support and produce annual information reports for each school and nursery. In partnership with public health, deliver assemblies, bespoke workshops, set up stalls at summer fayres, making the topic accessible and where appropriate linked into the school curriculum. Encourage all schools and nurseries to join TfL Travel for Life.	Annually	Reduced the impact of air pollution on the health of children in the Square Mile.	Env	✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Health Promotion and Raising Awareness	**28**	Work with businesses to raise awareness of air pollution amongst workers.	Engage with at least 20 businesses through the CityAir business engagement programme.	Present to 2030	Raised awareness of air pollution amongst workers in the City of London	Env	✓✓
	29	Raise awareness of the health impacts of poor indoor air quality.	Disseminate information about indoor air quality through resident newsletters, at events and social media .	Present to 2030	Improved understanding of how to improve indoor air quality. Identify sources of air pollution in residential properties.	Env	✓

Appendix 2: Air Quality Standards and Guidelines

National Context

In the UK, the responsibility for meeting air quality standards is devolved to the national administrations. The Secretary of State for Environment, Food and Rural Affairs has responsibility for meeting these in England. The Air Quality Standards Regulations 2010 contains the relevant standards and compliance date for different pollutants.

The Environment Act 2021, set additional legally binding national targets for $PM_{2.5}$ in England to be achieved by 2040 with interim targets in 2028.

The Air Quality Standards Regulations[1] requires the UK to complete an air quality assessment annually and to report the findings. The annual Air Pollution in the UK report[2] provides a high-level summary of compliance, against the pollutants stated above and many others, alongside background information on the UK's legal and policy framework and how air pollution is assessed.

For further information about national air quality legislation please see footnotes[3] and[4].

Table A2.1: UK Air Quality Standards

Pollutant	Standard	Averaging Period	Date to be achieved
Nitrogen Dioxide	200µg/m³ not to be exceeded more than 18 times per year	1-hour mean	1 January 2010
Nitrogen Dioxide	40µg/m³	Annual mean	1 January 2010
PM_{10}	50µg/m³ not to be exceeded more than 35 times per year	24-hour mean	31 December 2004
PM_{10}	40µg/m³	Annual mean	31 December 2004
$PM_{2.5}$	20µg/m³	Annual mean	1 January 2020
$PM_{2.5}$	20% reduction in concentrations	Annual mean	Between 2010 and 2020
Ozone	100µg/m³ not to be exceeded more than 10 times per year	Maximum daily 8-hour mean	31 December 2005

Table A2.2: The Environmental Targets (Fine Particulate Matter) (England) Regulations 2023

Pollutant and Metric	Standard	Target Year
$PM_{2.5}$ annual mean concentration	Interim target: 12µg/m³	2028
$PM_{2.5}$ annual mean concentration	Legally binding target: 10µg/m³	2040
$PM_{2.5}$ population exposure	Interim target: 22% reduction in exposure compared to 2018	2028
$PM_{2.5}$ population exposure	Legally binding target: 35% reduction in exposure compared to 2018	2040

1 The Air Quality Standards Regulations 2010 (SI 2010 No. 1001)

2 Department for Environment, Food and Rural Affairs (2023), Air Pollution in the UK 2022

3 House of Commons (2024), Air Quality: policies, proposals, and concerns

4 Department for Environment, Food and Rural Affairs (2023), Air quality strategy: framework for local authority delivery

Local Authority Context

The statutory process for action by local authorities is the LAQM Framework. The framework sets local limits for air pollution prescribed in the Air Quality (England) Regulations 2000 (as amended in 2002)[5]. Local authorities are required to assess the quality of ambient air. If it does not comply with the relevant concentrations, an AQMA must be declared, and an AQAP published to address the areas of poor air quality. This Strategy fulfils the role of an AQAP.

In London, the GLA provides technical and policy context to all London boroughs plus the City Corporation. This London specific guidance is called LLAQM framework.

International Context

The above sets out the national context in terms of air quality legislation. On an international scale, the WHO sets AQGs for ambient air pollutants[6]. They are designed to offer quantitative health-based recommendations for managing air quality. They are not legally binding, but they do provide an evidence-based tool to inform legislation and policy in WHO Member States, of which the United Kingdom is one. Current air quality targets in the UK are based on the 2005 guidelines.

As evidence about the harmful health impacts of air pollution advances, the air quality guidelines are revised. The latest set of guidelines were published in September 2021. The 2021 guidelines are more stringent than those set in 2005 for nitrogen dioxide and particulate matter, $PM_{2.5}$ and PM_{10}. They are presented in Table A2.4 below.

In addition to the guidelines, interim targets have been set to guide the reduction of air pollution towards the achievement of the guidelines. This recognises the difficulty that some countries will face in meeting the new recommendations. The WHO considers there to be no safe limit of exposure to $PM_{2.5}$, and any reduction in $PM_{2.5}$ leads to positive health outcomes.

5 The Air Quality (England) (Amendment) Regulations 2002 (SI 2002 No. 3043)

6 World Health Organisation (2021), WHO global air quality guidelines: Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide

Table A2.3: LAQM Air Quality Standards in England

Pollutant	Standard	Averaging Period
Nitrogen dioxide	200µg/m^3 not to be exceeded more than 18 times a year	1-hour mean
Nitrogen dioxide	40µg/m^3	Annual mean
PM_{10}	50µg/m^3 not to be exceeded more than 35 times a year	24-hour mean
PM_{10}	40µg/m^3	Annual mean
$PM_{2.5}$	Work towards reducing emissions/ concentrations of ($PM_{2.5}$)	Annual mean

Table A2.4: World Health Organisation Recommended Air Quality Guidelines

Pollutant	Averaging Period	2021 WHO Guidelines (µg/m^3) Interim Target 1	2021 WHO Guidelines (µg/m^3) Interim Target 2	2021 WHO Guidelines (µg/m^3) Interim Target 3	2021 WHO Guidelines (µg/m^3) Interim Target 4	2021 Guidelines AQG (µg/m^3)	2005 Guidelines AQG (µg/m^3)
Nitrogen dioxide	Annual mean	40	30	20	-	**10**	40
Nitrogen dioxide	24-hour*	120	50	-	-	**25**	-
PM_{10}	Annual mean	70	50	30	20	**15**	20
PM_{10}	24-hour*	150	100	75	50	**45**	50
$PM_{2.5}$	Annual mean	35	25	15	10	**5**	10
$PM_{2.5}$	24-hour*	75	50	37.5	25	**15**	25

* 99th Percentile, equates to 3-4 exceedance days per year.

Appendix 3: London Atmospheric Emission Inventory

The GLA maintains a database of emission sources across London known as LAEI. At the time of writing, the latest release of the LAEI has a baseline of 2019 and forecast years of 2025 and 2030. It should be noted that 2025 and 2030 are predictions from the baseline of 2019 and so the data should not be treated as absolute. The forecasts are based upon Mayor of London and wider national policies.

Pollutant Concentrations

The LAEI has provided emission and concentration statistics for air pollutants across London for over 15 years. Figure A3.1 presents the annual mean nitrogen dioxide concentrations within the Square Mile in 2011. The whole of the Square Mile was in exceedance of the annual mean standard of 40µg/m^3, with a number of the roads showing concentrations in excess of 100µg/m^3.

When compared to current monitoring and modelling, a significant reduction in nitrogen dioxide concentrations has been achieved. The 2023 compliance assessment demonstrated that 94% of the Square Mile complied with the annual mean standard. This is a substantial improvement since 2011. Although significant progress has been made, due to the health impacts of air pollution there is still a journey to be undertaken to work towards the aims of this Strategy.

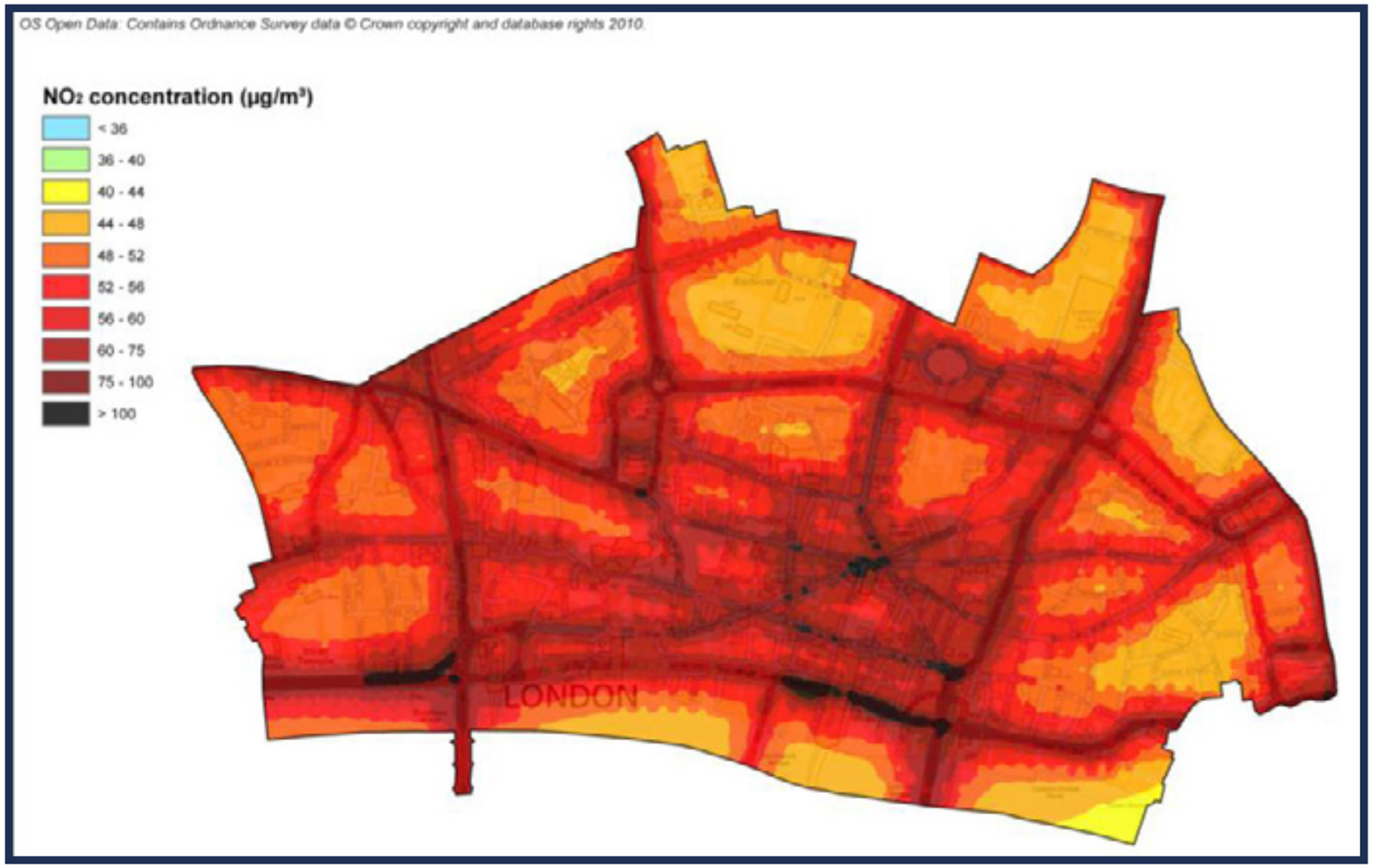
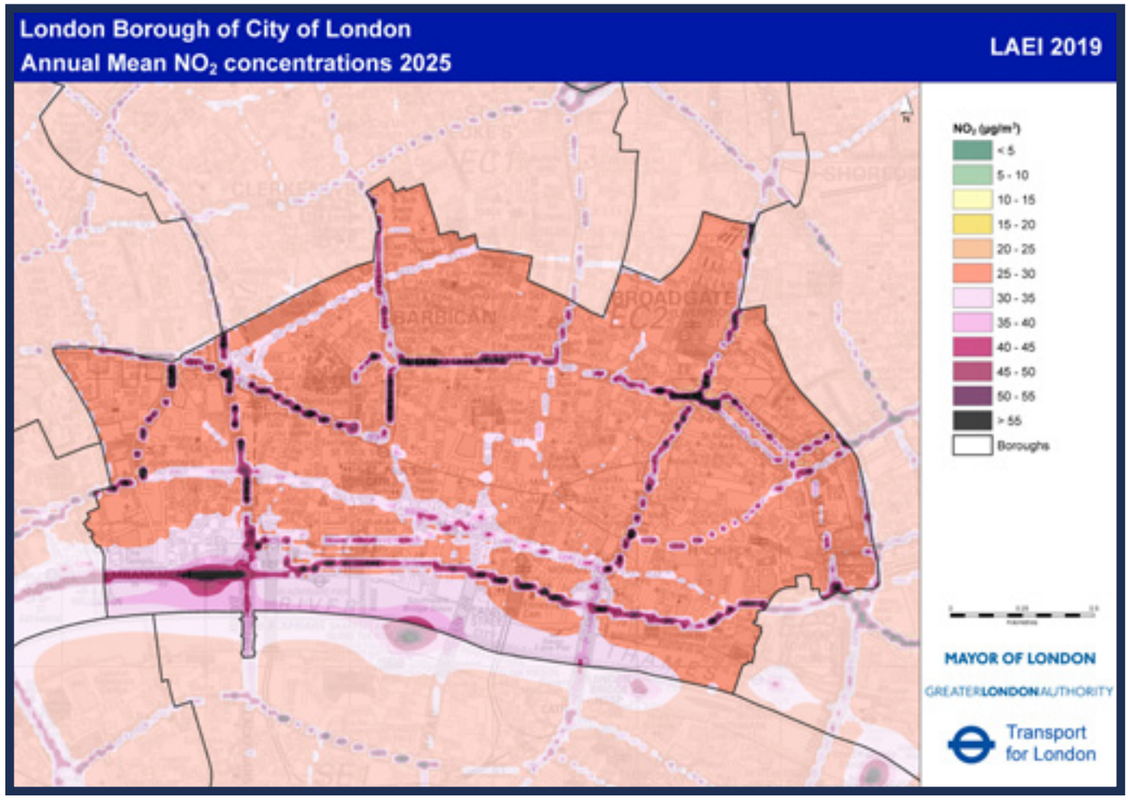


Figure A3.1: Annual Mean Nitrogen Dioxide Concentrations, 2011



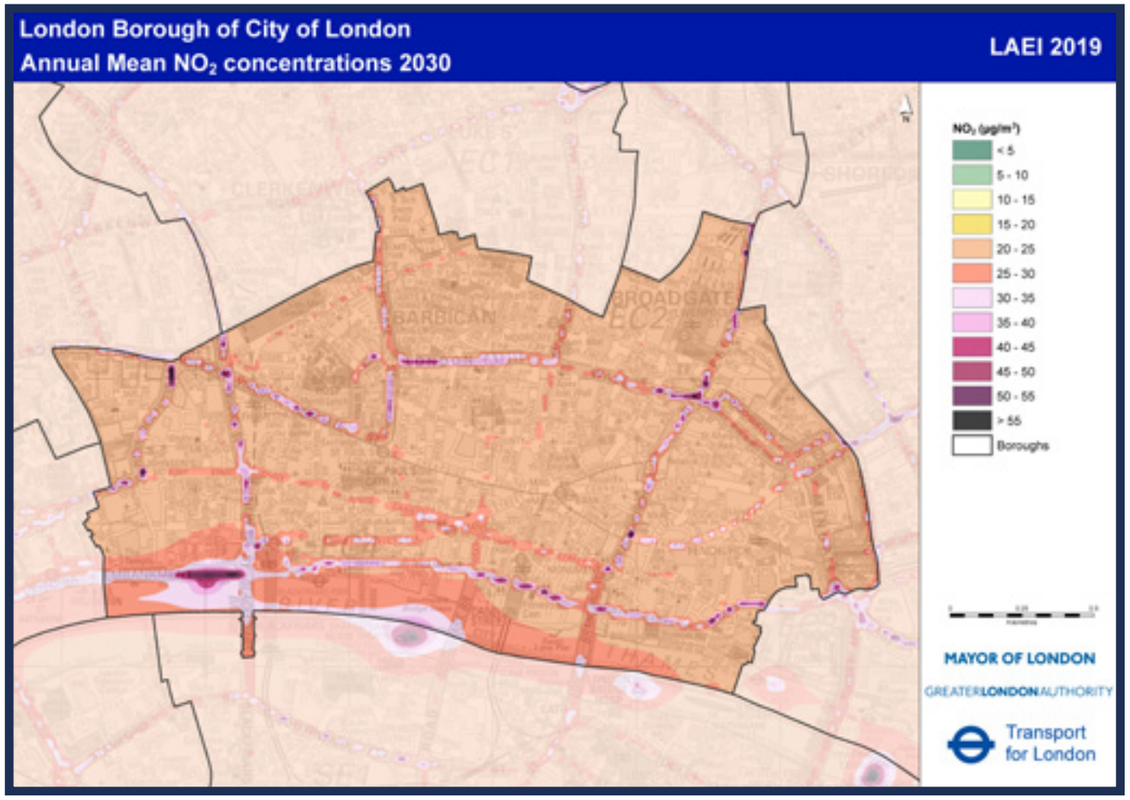


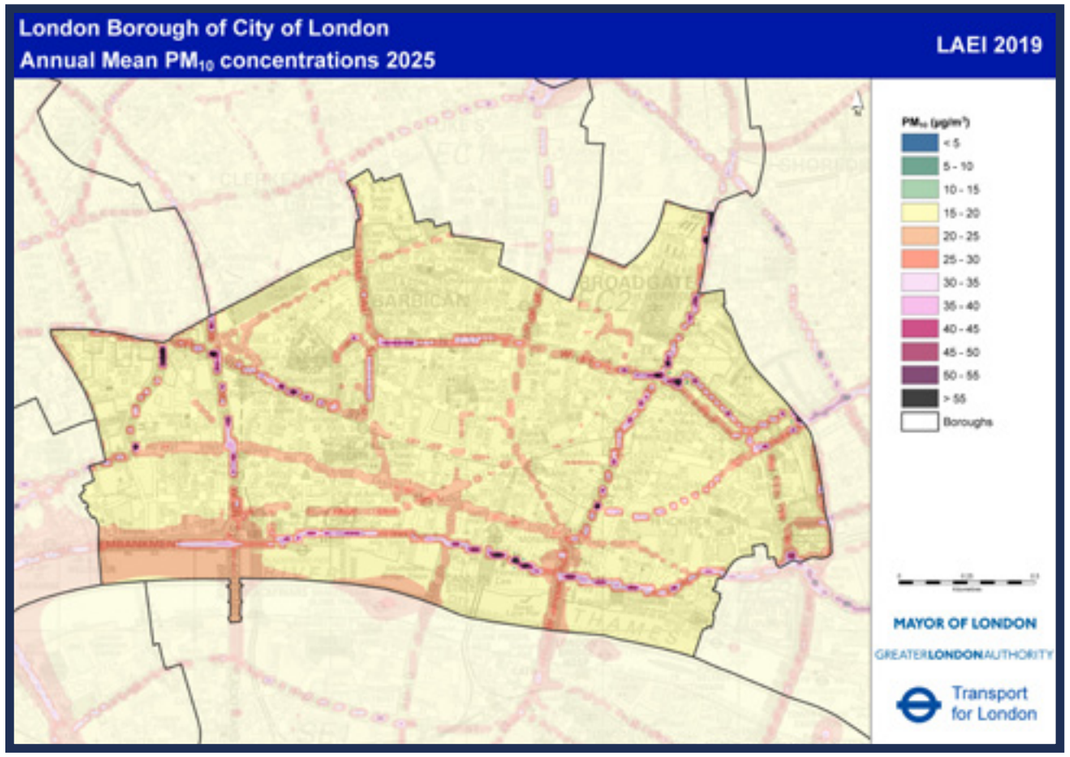
Figure A3.2: Annual Mean Nitrogen Dioxide Concentrations, 2025 and 2030

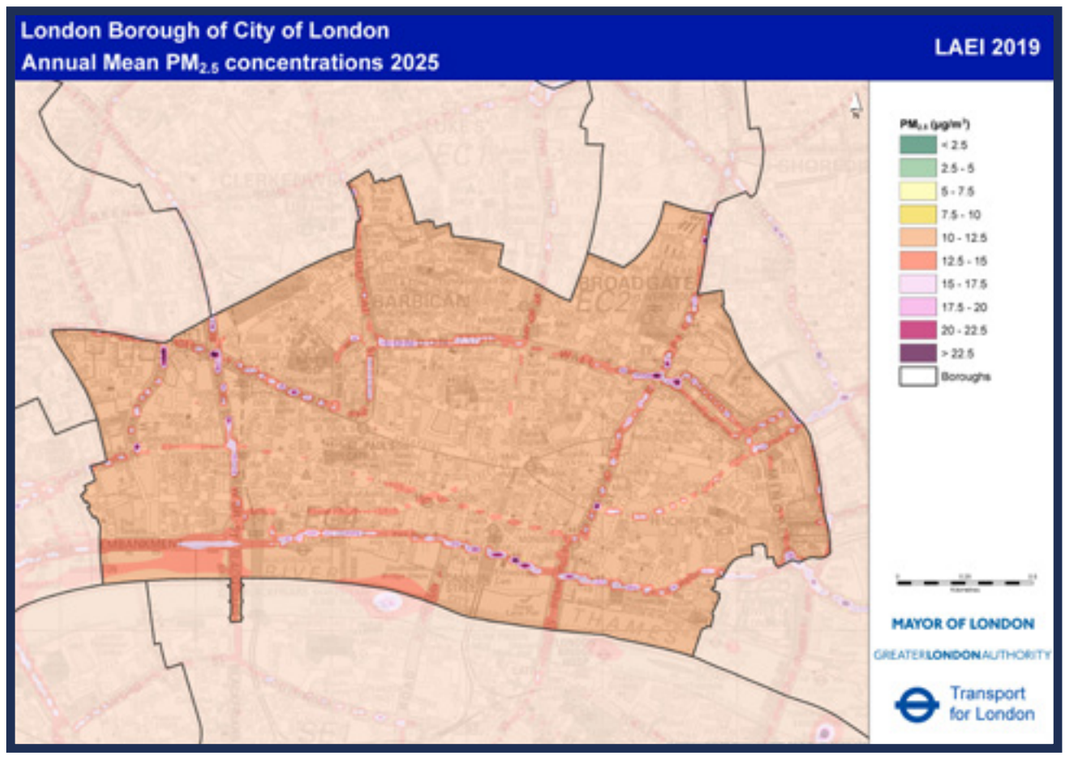
Figures A3.2-A3.4 present computer modelled concentrations of nitrogen dioxide and particulate matter, across the City of London for 2025 and 2030. Both 2025 and 2030 have been presented as they align with the implementation of this Strategy. The forecasts do not include the measures detailed in Appendix 1.

Figure A3.2 shows that the majority of the Square Mile is predicted to be below the nitrogen dioxide annual mean standard of 40µg/m^3 in 2025. The areas that remain in exceedance are the main road links. Away from the transport sources concentrations are between 25 and 30µg/m^3. This is confirmed by monitoring data.

When compared to nitrogen dioxide, there is less geographical variation in modelled concentrations of particulate matter. Figure A3.3 shows that the majority of the Square Mile will have an annual mean concentration for PM_{10} in 2025 of between 15 and 20µg/m^3. This is significantly below the PM_{10} annual mean standard of 40µg/m^3. Slightly elevated concentrations are predicted in the carriageway of busy road links such as Farringdon Street, Bishopsgate, and Upper/Lower Thames Street.

Figure A3.4 shows that the majority of the Square Mile will have an annual mean concentration for $PM_{2.5}$ in 2025 of between 10 and 12.5µg/m^3. Like the PM_{10} concentration maps, slightly elevated concentrations of $PM_{2.5}$ are expected in the carriageway of the busiest roads.





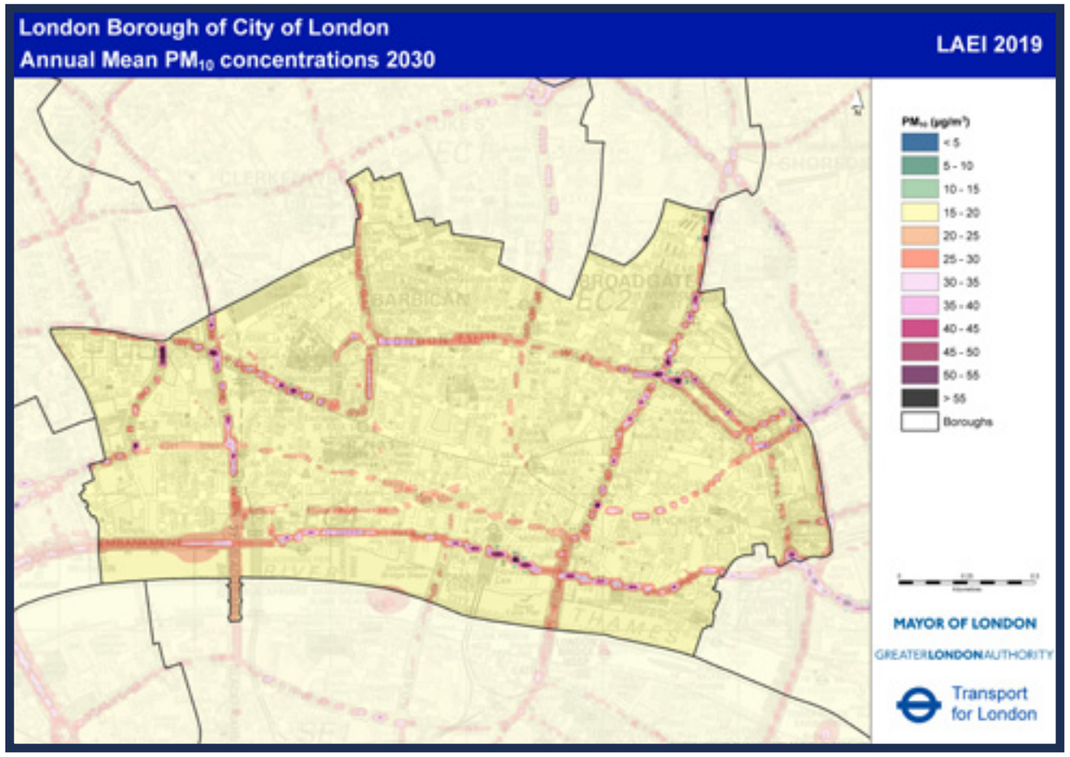


Figure A3.3: Annual Mean PM_{10} Concentrations, 2025 and 2030

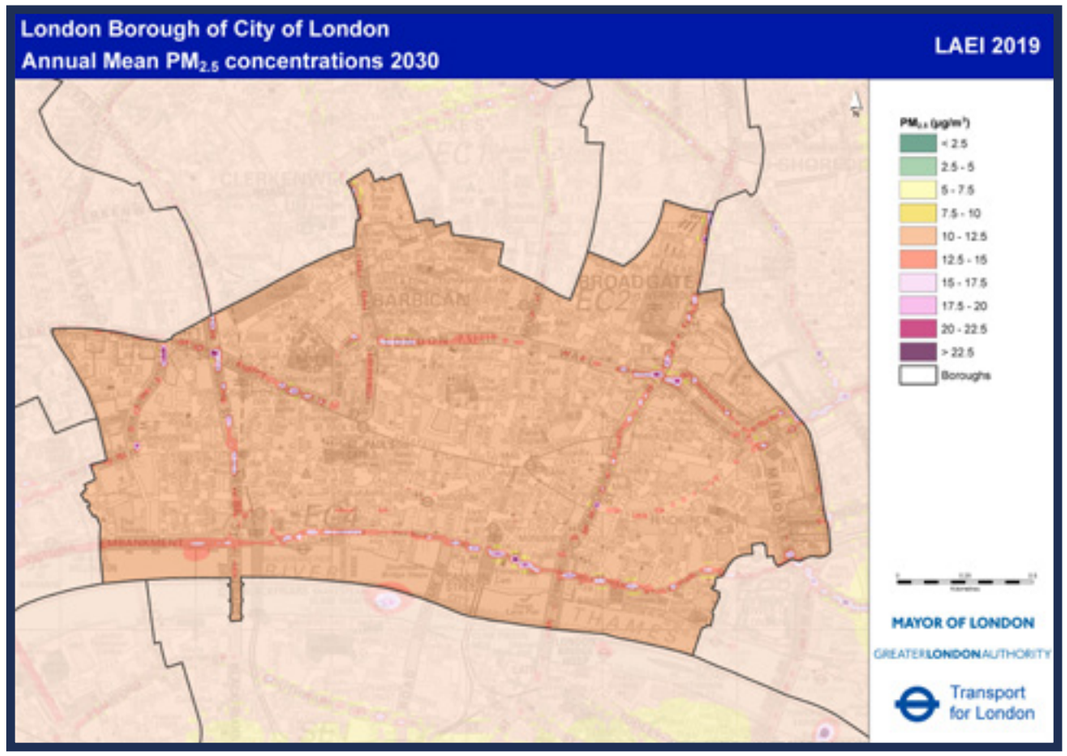
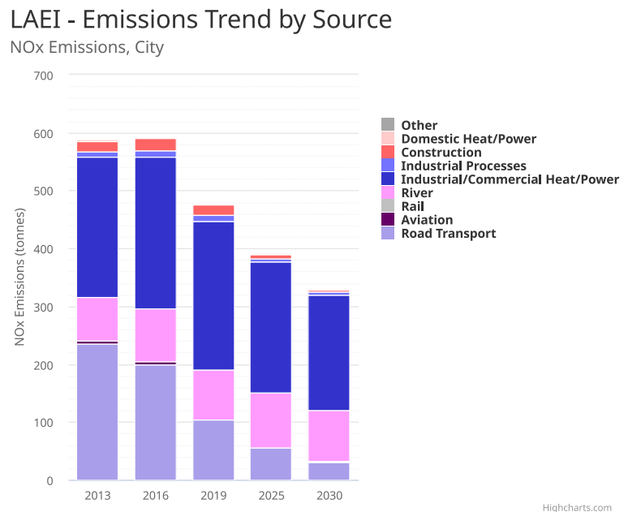


Figure A3.4: Annual Mean $PM_{2.5}$ Concentrations, 2025 and 2030

Pollutant Emissions

Figures A3.5-A3.7 show how pollutant emissions originating in the Square Mile have changed from 2013 to 2019, and are predicted to change by 2030. The data allows identification of areas where targeted improvements can be made and is used as a tool to guide action.

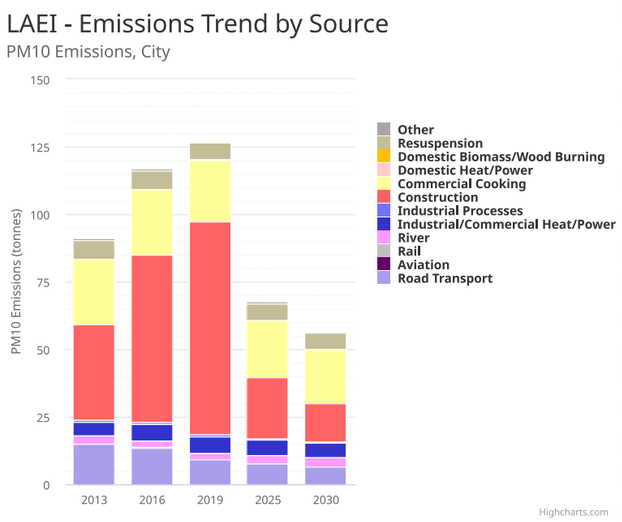


Borough: City

NO_x Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	234	199	104	55	31
Aviation	6	6	1	1	1
Rail	0	0	0	0	0
River	77	91	85	94	88
Industrial/Commercial Heat/Power	242	262	257	226	200
Industrial Processes	8	11	11	7	6
Construction	19	22	17	6	3
Domestic Heat/Power	3	2	2	1	1
Other	0	0	0	0	0
Total	**589**	**593**	**477**	**391**	**330**

Figure A3.5: LAEI Emissions, Nitrogen Oxides

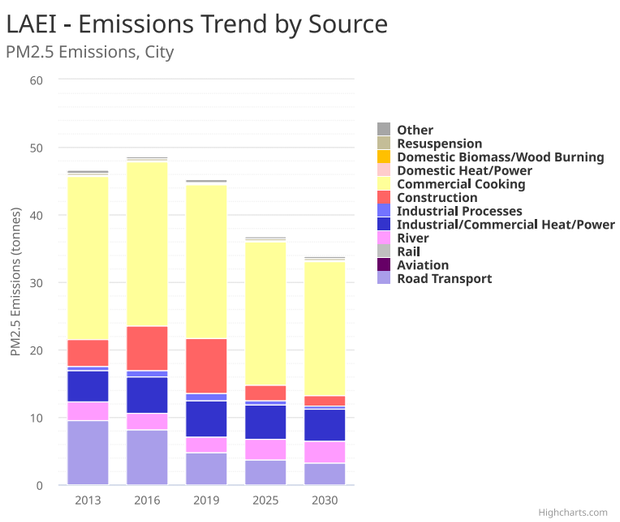


Borough: City

PM_{10} Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	15	14	9	8	7
Aviation	0	0	0	0	0
Rail	0	0	0	0	0
River	3	3	2	3	4
Industrial/Commercial Heat/Power	5	6	6	6	5
Industrial Processes	1	1	1	1	0
Construction	35	62	79	22	14
Commercial Cooking	24	24	23	21	20
Domestic Heat/Power	0	0	0	0	0
Domestic Biomass/Wood Burning	0	0	0	0	0
Resuspension	7	7	6	6	6
Other	1	1	0	0	0
Total	**91**	**117**	**127**	**68**	**57**

Figure A3.6: LAEI Emissions, Particulates, PM_{10}



Borough: City

$PM_{2.5}$ Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	10	8	5	4	3
Aviation	0	0	0	0	0
Rail	0	0	0	0	0
River	3	2	2	3	3
Industrial/Commercial Heat/Power	5	5	5	5	5
Industrial Processes	1	1	1	1	0
Construction	4	7	8	2	2
Commercial Cooking	24	24	23	21	20
Domestic Heat/Power	0	0	0	0	0
Domestic Biomass/Wood Burning	0	0	0	0	0
Resuspension	0	0	0	0	0
Other	0	0	0	0	0
Total	**47**	**49**	**45**	**37**	**34**

Figure A3.7: LAEI Emissions, Particulates, $PM_{2.5}$

Appendix 4: Monitoring Data, Further Assessment

The automatic and passive monitoring sites used for assessing long term changes over 15-years, are detailed in Table A4.1 and Table A4.2.

Table A4.1: Automatic Monitoring Sites

Site Name	Site ID	Site Type	Pollutants Monitored
Farringdon Street	CT2	Roadside	$PM_{2.5}$
The Aldgate School*	CT3	Urban Background	Nitrogen dioxide, PM_{10} $PM_{2.5}$
Beech Street	CT4	Roadside	Nitrogen dioxide, PM_{10}
Walbrook Wharf**	CT6	Roadside	Nitrogen dioxide
Upper Thames Street***	CT8	Roadside	PM_{10}
Guildhall	CT9	Urban Background	Ozone
Bell Wharf Lane	CTA	Roadside	Nitrogen dioxide, PM_{10}

Notes:

* Previously known as Sir John Cass Foundation Primary School.

** Walbrook Wharf was decommissioned in January 2023 with the NOx analyser relocated to Bell Wharf Lane.

*** Upper Thames Street was decommissioned in September 2021 with the PM10 analyser relocated to Bell Wharf Lane in May 2022.

Table A4.2: Long-term Passive Nitrogen Dioxide Monitoring Sites

Site Name	Site ID	Site Type
St Bartholomew's Hospital	CL5	Urban Background
Queen Victoria Street	CL38	Roadside
Fleet Street	CL39	Roadside
Mansell Street	CL40	Roadside
Barbican Centre, Speed House	CL55	Urban Background

Nitrogen Dioxide

Annual Mean Standard

A comparison of nitrogen dioxide annual mean concentrations between 2009 and 2023 is detailed in Table A4.3. Over a 15-year period, significant reductions have been experienced at all sites. The greatest reduction in concentrations between 2009 and 2023 was 79µg/m^3 at Walbrook Wharf, and in terms of percentage reduction the greatest was 63% at the Aldgate School.

Over the 15-year period, the average reduction at roadside sites was 55.7µg/m^3, compared to an average reduction of 18.0µg/m^3 at urban background locations. This average reduction can be seen in Figure A4.3. When compared against national nitrogen dioxide average concentrations, although concentrations have reduced significantly, average roadside and urban background concentrations have always been higher than national averages.

Table A4.3: 15-year Reduction of Nitrogen Dioxide Concentrations

Site ID	Site Type	Annual Mean 2009	Annual Mean 2023	Concentration Reduction µg/m^3	Concentration Reduction %
CL5	Urban Background	42.7	33.4	9.3	22%
CL38	Roadside	66.9	27.1	39.8	59%
CL39	Roadside	102.3	37.9	64.4	63%
CL40	Roadside	66.8	25.6	41.2	62%
CL55	Urban Background	42.6	18.7	23.9	56%
CT3	Urban Background	56	21	35.0	63%
CT4	Roadside	90	36	54.0	60%
CT6	Roadside	131	52 (2022)	79.0	60%
CTA	Roadside	-	32	-	-

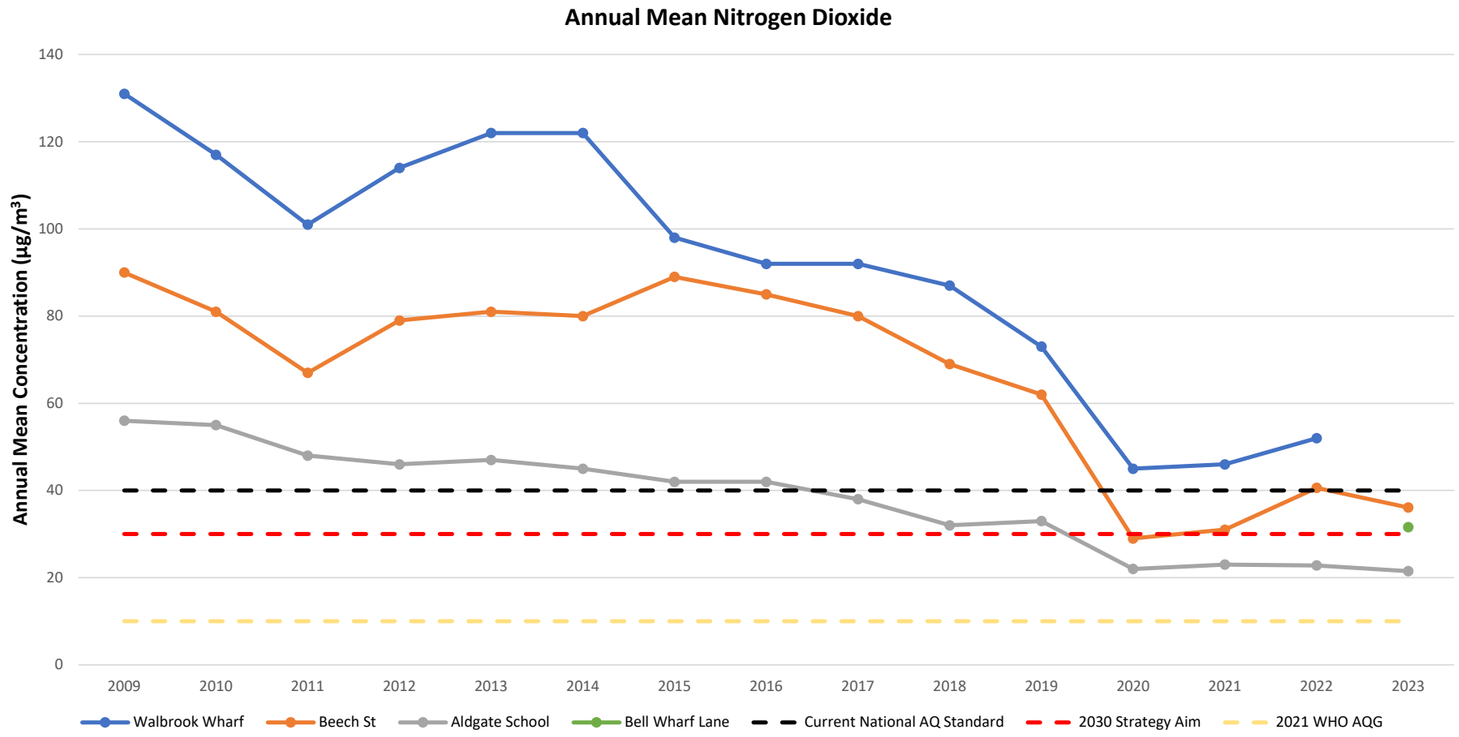


Figure A4.1: Annual Mean Nitrogen Dioxide, 2009 to 2023: Automatic Monitoring Sites

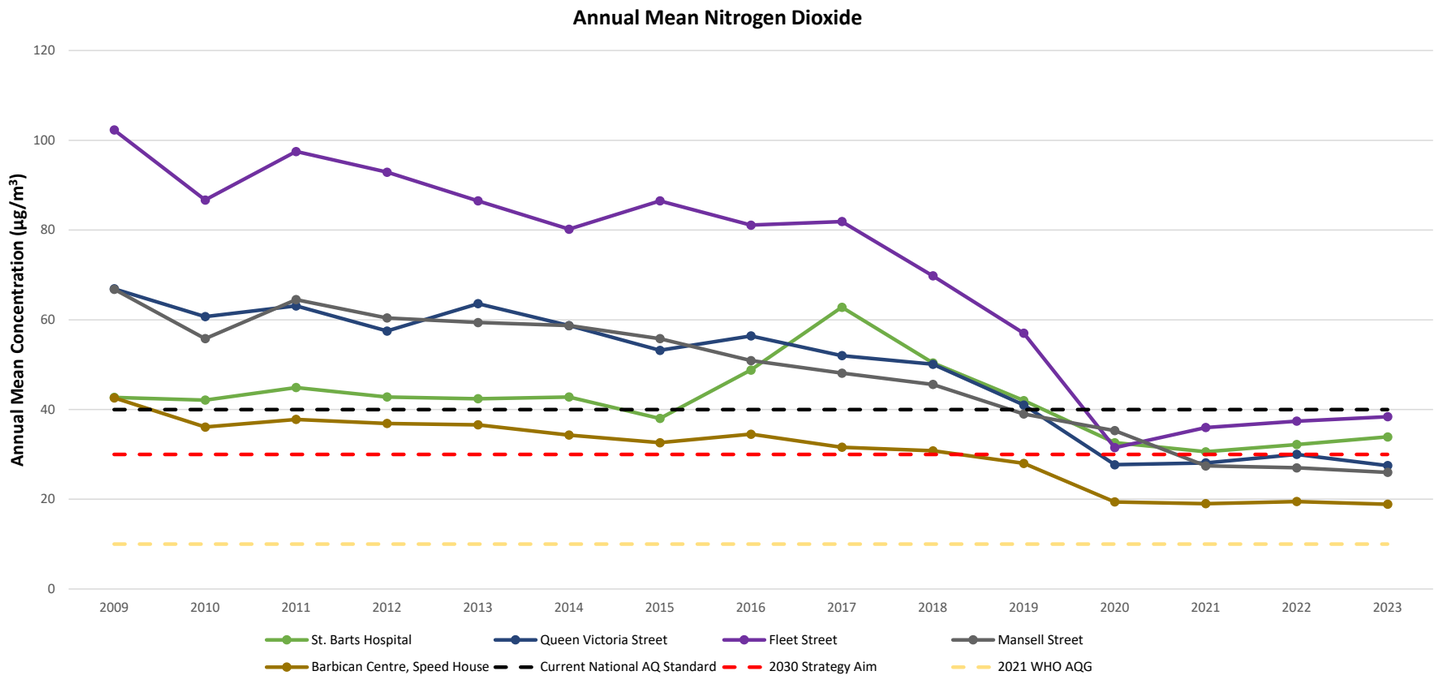


Figure A4.2: Annual Mean Nitrogen Dioxide, 2009 to 2023: Long-term Passive Sites

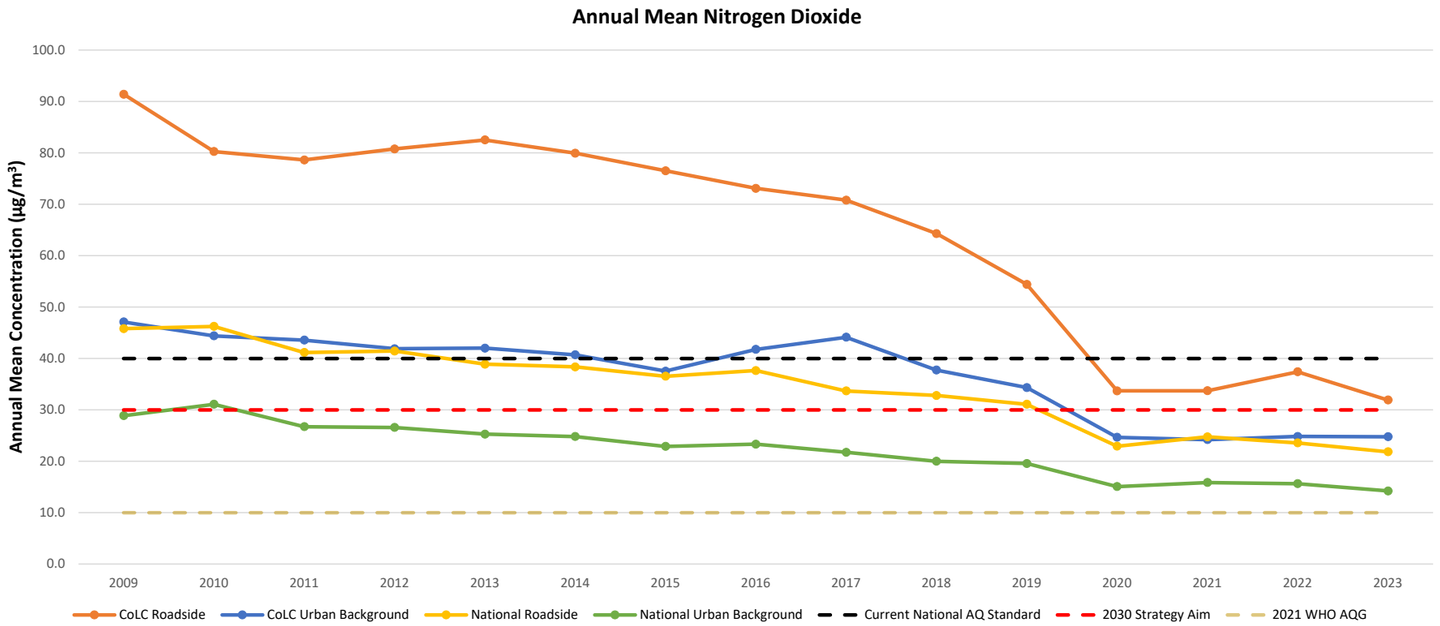


Figure A4.3: Average Annual Mean Nitrogen Dioxide Concentrations, 2009 to 2023: City of London Corporation (CoLC) and National Trends

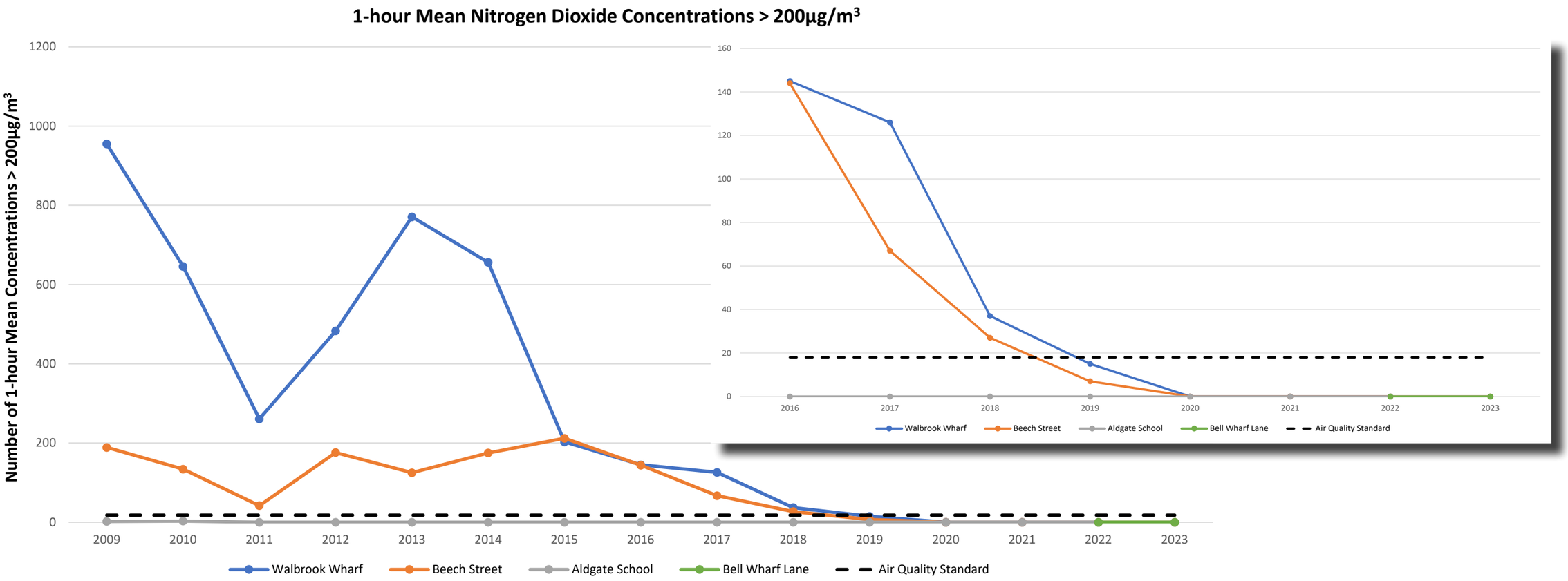


Figure A4.4: 1-hour Mean Nitrogen Dioxide, 2009 to 2023

One Hour Standard

In addition to the annual mean standard for nitrogen dioxide, the 1-hour air quality standard of 200µg/m³ is also assessed in the Square Mile. To achieve compliance there must be no more eighteen instances of the 1-hour concentration in a year. To accurately assess compliance against the 1-hour standard, automatic analysers are used to assess hourly monitoring data, but due to their passive nature, diffusion tubes are not. As per LLAQM guidance[1], a proxy annual mean concentration of 60µg/m³ can be used to predict if there is likely to be an exceedance of the 1-hour standard at a passive nitrogen dioxide monitoring site.

Figure A4.4 details 1-hour mean concentrations greater than 200µg/m³ at the automatic monitoring sites. There has been a significant reduction achieved at both roadside monitoring locations. In 2009 there were almost 1,000 1-hour concentrations greater than 200µg/m³ monitored at Walbrook Wharf, the site achieved compliance in 2019. The Aldgate School has continually reported compliance with the 1-hour standard, and all automatic sites have reported compliance since 2019.

1 Mayor of London (2019), London Local Air Quality Management (LLAQM): Technical Guidance 2019 (LLAQM.TG (19))

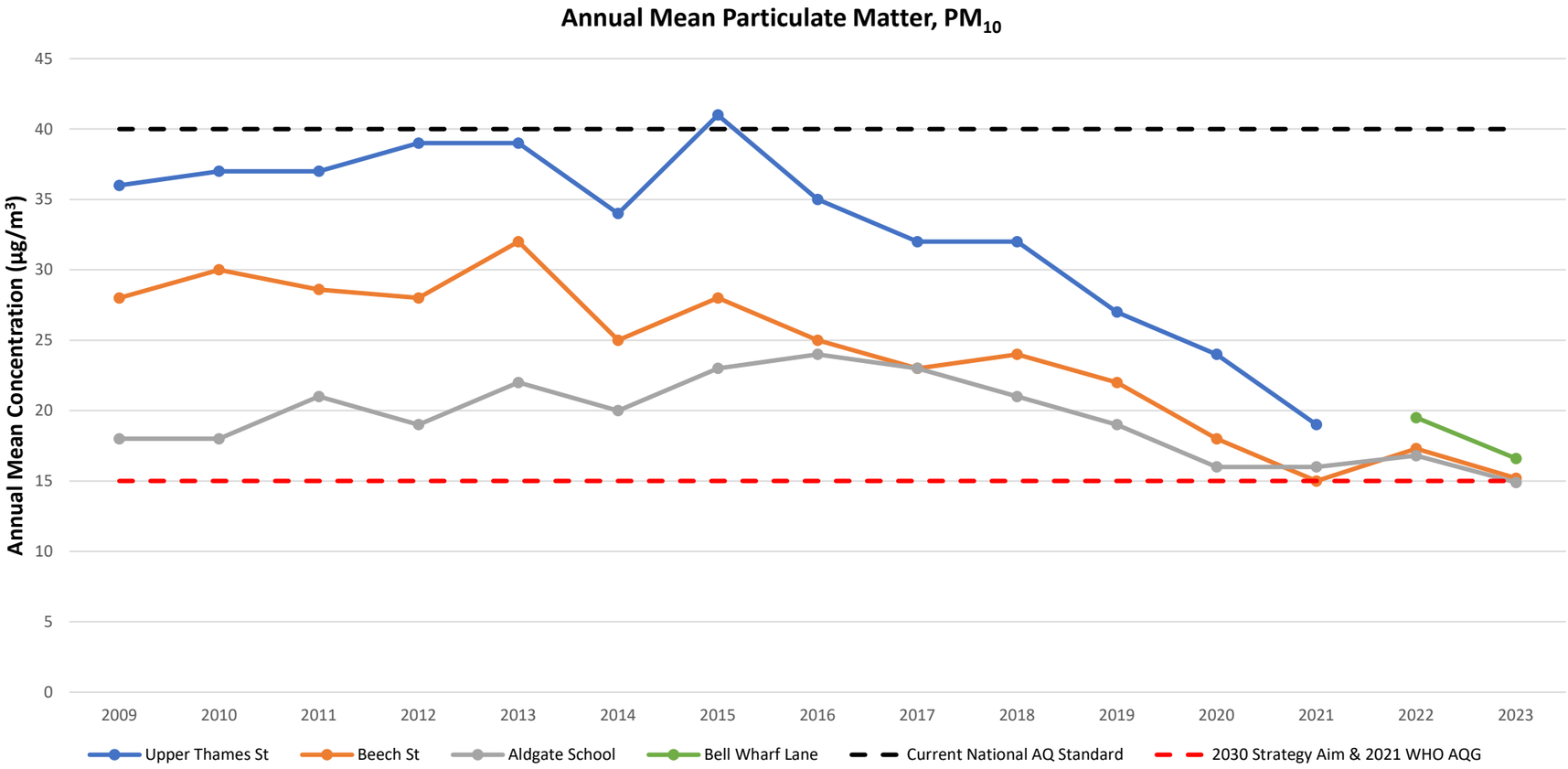


Figure A4.5: Annual Mean PM_{10}, 2009 to 2023

Particulate Matter, PM_{10}

Annual Mean Standard

Over a 15-year period, significant reductions in annual mean PM_{10} concentrations have been experienced at all sites, primarily at roadside monitoring locations. Annual mean concentrations at Upper Thames Street and Beech Street have declined by 17µg/m³ and 13µg/m³ respectively, and experienced similar percentage reductions of 47% and 46%. The Aldgate School, an urban background monitoring location, experienced a smaller overall reduction in terms of concentration and as a percentage over the 15-year monitoring period of 3µg/m³ and 17%.

Over the 15-year period, there was only one exceedance of the 40µg/m³ annual mean air quality standard at Upper Thames Street in 2015. In addition, the aim of achieving an annual mean of 15µg/m³ was met at Beech Street in 2021 and at The Aldgate School in 2023.

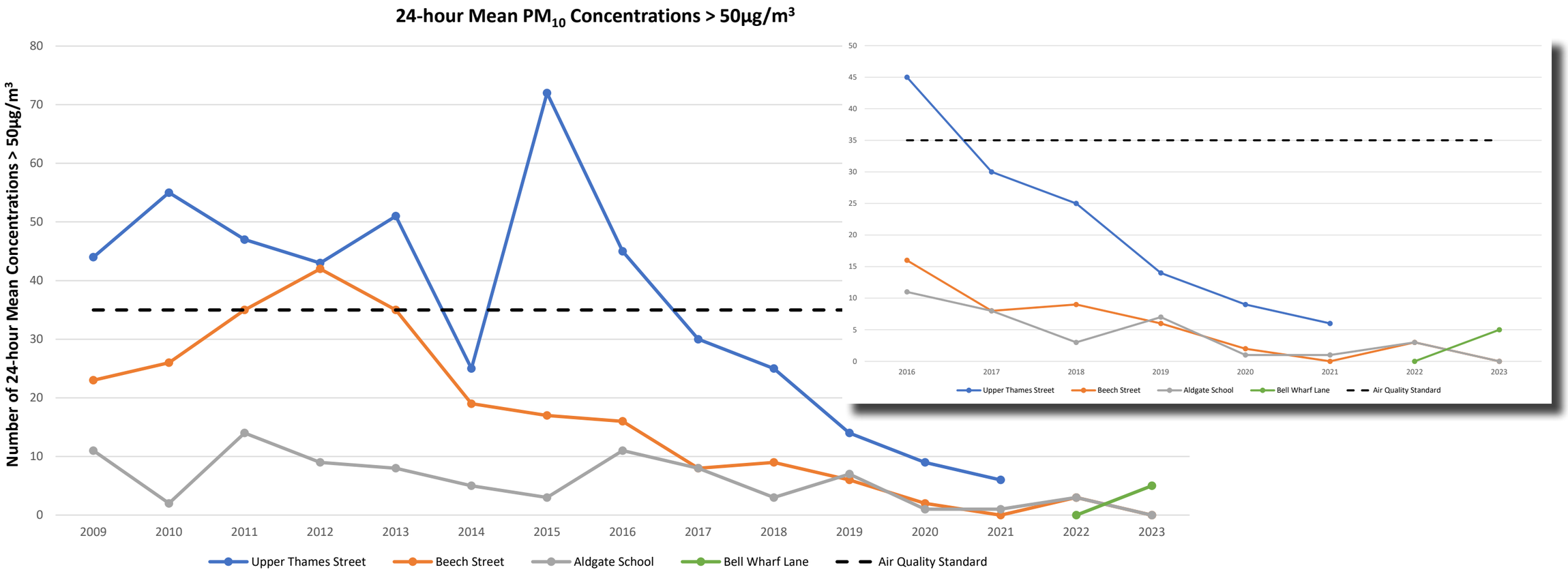


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Figure A4.6: 24-hour Mean PM_{10}, 2009 to 2023

24-Hour Standard

In addition to the annual mean standard for PM_{10}, the 24-hour air quality standard of 50µg/m³ applies. To achieve compliance there must be no more thirty-five instances of the 1-hour concentration in a year. Figure A4.6 details instances of 24-hour mean concentrations greater than 50µg/m³. There has been a significant reduction at both roadside locations in the time-period, and there have been no instances of non-compliance since 2016. The Aldgate School has continually reported compliance with the 24-hour standard for the 15-year period.

Particulate Matter, $PM_{2.5}$

The $PM_{2.5}$ analysers at both Farringdon Street and the Aldgate School were installed in 2016, therefore all results for the two sites have been presented in Figure 2.6 in the main report. The annual mean concentrations for the two monitoring sites do not vary significantly, with the greatest difference between the two sites being 4µg/m3 in 2018.

Compared to nitrogen dioxide and PM_{10}, $PM_{2.5}$ has a smaller variation between a roadside and urban background site. This is partly due to concentrations of $PM_{2.5}$ being lower than other pollutants, and due to increased dispersion of $PM_{2.5}$ rather than a simple source and concentration relationship.

Ozone

Ozone has been measured at the Guildhall since March 2022. Although this is not a requirement through the LLAQM framework, it is measured as it has an impact on health at high levels.

Ozone is primarily a secondary pollutant, therefore there are no major emission sources in the Square Mile. Most of the ozone is instead formed in the air from reactions between other pollutants. Pollutants photochemically react outdoors in the presence of sunlight to produce ground-level ozone. Similar reactions can occur with nitrogen oxides as a precursor.

In addition to the annual mean, a comparison against the 8-hour air quality standard is presented in Table A2.1.

Table A4.4: Ozone Monitoring Results

	2022	2023
Annual Mean (µg/m³)	54	54
100 µg/m³ not to be exceeded more than 10 times per year	24	19

Appendix 5: Air Quality Partner Commitments

The Environment Act 2021[1] introduced the concept of AQPs into the LAQM framework. AQPs are public bodies that are required to assist local authorities with reasonable requests and contribute to AQAPs.

The City Corporation has identified three AQPs:

1. **The EA.**
2. **The PLA.**
3. **The Mayor of London:**
    a. **The GLA; and**
    b. **TfL.**

Engagement with these organisations has taken place to ascertain the actions they are currently taking to reduce pollutant emissions from the operations that they are responsible for. The information received from each AQP is summarised in the following. Active engagement will continue with each AQP throughout the delivery of the Strategy.

1 Environment Act. (c.30). London: The Stationery Office.

The Environment Agency

We continue to implement the requirements for the MCP Directive and domestic legislation of Specified Generators (SG). These will apply MCP Directive Annex II Emission Limits; applied to new and existing combustion plant depending on the date they are put into operation and the thermal capacity. Compliance with Emission Limit Values for existing MCP with a rated thermal input greater than 5MWth is the 1 January 2025. For existing MCP with a rated thermal input less than 5MWth, which is more likely to be plant located within the City of London and its surrounding, the compliance date is 1 January 2030.

MCP that are also SGs may have stricter Emission Limits than specified in the MCP Directive Annex II or Schedule 25B EPR where they are necessary to ensure Air Quality Standards are met. In the City of London this situation may apply to reciprocating engines providing combined heat and power to residential and commercial premises.

We have implemented Best Available Techniques (BAT) for new standby back-up generation on Part A (1) Installations and may require the use of abatement (beyond BAT) for large arrays of diesel back-up standby, such as Data Centres, to manage short term peak nitrogen dioxide immediately adjacent to these regulated facilities. Implementation of the Waste Incineration BAT conclusions has reduced emissions of nitrogen dioxide from existing waste incineration plant by at least 10% by the end of last year, which will reduce the transboundary contribution from incineration plant within the capital and its surroundings. This work will have less reduction on emissions of $PM_{2.5}$ as Waste Incineration Plant are low emitters of particulate matter due to the high capture efficiency of flue gas abatement systems.

In terms of plant that are regulated by the EA the following is relevant to the Square Mile:

- There are three issued permits for MCP/SG, all of which are standard rules and have been appropriately consulted on.
- There are no new or current MCP applications in our systems located within the City of London boundary or within 800m of it.
- There is one Industrial Emissions Directive Environmental Permitting Regulations installation permit of aggregated MCP to >=50MWth (UBS AG Broadgate EPR/ZP3238DK) which was subject to Best Available Techniques and consultation.

The Port of London Authority

The PLA has an Air Quality Strategy (Air Quality Strategy for the Tidal Thames: June 2020) which details an action plan for reducing emissions on the Thames. Since the 2018 and 2020 strategies were published, 14 actions have been completed and 13 are still ongoing, with the aim of raising awareness, knowledge sharing and monitoring emissions on the river. More information on the progress of the previous strategy actions will be detailed in the upcoming 2024 strategy update.

The PLA conduct quarterly and annual river-side monitoring of the river from London Gateway to Richmond. This is done via real-time monitoring and passive nitrogen dioxide monitoring. Monitoring allows us to track any improvements in pollutants over time and can be used to help inform local authorities about the contribution of river vessel emissions.

The updated Air Quality Strategy is to be published in 2024 with updated actions that plan to deliver emission reduction river wide.

In 2024 the PLA's Net Zero River Plan was published, which has been created with the input of river operators on the Thames. It is an action plan to facilitate the achievement of net zero ambitions on the river, working in partnership with stakeholders.

The PLA fleet currently consists of 29 vessels which have been involved various trials to demonstrate the effectiveness of certain technologies to reduce emissions to air.

Recent changes to the PLA fleet include:

- In 2022 a workboat vessel was retrofitted with selective catalytic reduction technology to test pre and post emissions. Results showed a reduction in both NO_x and PM emissions.

- Following a successful trail in 2021, the whole of the PLA fleet transition to hydrotreated vegetable oil (HVO) fuel in 2022 instead of diesel fuel.

Future changes to the PLA fleet include:

- The Director of Marine Operations is currently conducting a fleet review. This review will consider the sustainability of the current fleet.
- Funding has been secured to operate an unmanned hydrogen fuelled survey vessel. It is estimated that this will be part of the fleet by 2025.

Internally, we are exceeding our targets of emission reduction thanks to our transition to HVO in 2022. This transition reduced our scope 1 emissions by 50%, putting us two years ahead of our target schedule. Our river-side monitoring network and newly developed Maritime Emissions Platform (MPE) by RightShip is allowing us to track against our targets more effectively from 2023. Using knowledge gained from the MEP and other sources we will review our targets in 2026. Action plans within the Air Quality Strategy, the Net Zero River Plan, and Thames Vision 2050 will lead us to achieve targets outlined for beyond 2026, by aiding our operators reach their internal net zero targets as well as the overarching government target of net zero by 2050.

The Greater London Authority and Transport for London

The Mayor's Transport Strategy sets the ambitious target of 80% of trips made by sustainable modes such as public transport, cycling and walking by 2041. The Mayor and TfL will continue to invest in making it easier and safer to travel by these modes, which will also have air quality benefits.

Between 2016 and 2020, TfL replaced older buses and new buses, and retrofitted mid-life buses with new exhaust systems meeting Euro VI emissions. Since January 2021, the entire bus fleet has met or exceeded this standard. Upgrading the fleet to meet the latest Euro VI emissions has significantly reduced the contribution from TfL buses to transport-related NO_x emissions, with the proportion of transport NO_x emissions coming from TfL's buses reducing from 15% to around 4%.

TfL has been introducing zero-emission buses from 2016 onwards and there are now over 1,300 zero-emission buses in the fleet that operate across London. TfL has a target of converting the entire bus fleet to zero-emission no later than 2034 or accelerate to 2030 with additional government funding. Most buses operate in London for between 10-14 years. After this time, existing vehicles leave the fleet (once a route contract has ended) and new zero-emission buses will join.

There are 35 current bus routes that pass through the Square Mile. Of these routes, 97% operate a mix hybrid and fully electric vehicles and 17% of routes operate solely fully electric vehicles. Additionally, it is planned for the diesel route and three hybrid routes to become fully electric in 2024/25.

Vehicle Type	Routes
Diesel	1
Hybrid	27
Electric/Hybrid	1
Electric	6

Engine Type	Routes
Euro V+SCRT	5
Euro V+SCRT / Euro VI	2
Euro VI	21
Electric / Euro VI	1
Electric	6

TfL contracted bus operators are responsible for maintaining the vehicles they operate. TfL monitors air quality in London but does not monitor individual bus emissions as buses have been type approved by the Vehicle Certification Agency to the latest Euro standards and have On Board Diagnostics for monitoring in service by the Driver and Vehicle Standards Agency.

Currently 8,419 licensed taxis are ZEC, which accounts for over half of the fleet. Since January 2018, all vehicles new to licencing have been required to be ZEC. As a result of the specified age limits for taxi vehicles, which is set out as a maximum of 15 years for Euro VI vehicles, by January 2033 at the latest the whole fleet will be ZEC.

For more information regarding the schemes delivered by the Mayor of London, please visit the GLA Air Quality website, Mayors Transport Strategy and London Environment Strategy. These strategies outline the ambitious work delivered by the Mayor to improve air quality across London.

Appendix 6: Air Quality Policies in the Draft City Plan 2040

Draft Policy HL2: Air Quality

1. Developers will be required to effectively manage the impact of their proposals on air quality. Major developments must comply with the requirements of the Air Quality SPD for Air Quality Impact Assessments (AQIAs).

2. Development that would result in a worsening of the City's nitrogen dioxide or PM_{10} and $PM_{2.5}$ pollution levels will be strongly resisted.

3. All developments must be at least Air Quality Neutral. Developments subject to an EIA should adopt an Air Quality Positive approach. Major developments must maximise credits for the pollution section of the Building Research Establishment Environmental Assessment Method (BREEAM) assessment relating to on-site emissions of nitrogen oxides.

4. Developers will be expected to install non-combustion energy technology where available.

5. A detailed AQIA will be required for combustion based low carbon technologies (e.g. biomass, CHP), and any necessary mitigation must be approved by the City Corporation.

6. Developments that include uses that are more vulnerable to air pollution, such as schools, nurseries, medical facilities, and residential development, will be refused if the occupants would be exposed to poor air quality. Developments will need to ensure acceptable air quality through appropriate design, layout, landscaping, and technological solutions.

7. Construction and deconstruction and the transport of construction materials and waste must be carried out in such a way as to fully minimise air quality impacts possible. Impacts from these activities must be addressed within submitted AQIAs. All developments should comply with the requirements of the London Low Emission Zone for NRMM.

8. Air intake points should be located away from existing and potential pollution sources (e.g. busy roads and combustion flues). All combustion flues should terminate above the roof height of the tallest part of the development to ensure maximum dispersion of pollutants and be at least three metres away from any publicly accessible roof spaces.

For further information contact:

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This report will be available on the
City of London Corporation website.

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