



## Health and Wellbeing Board

**Date:** FRIDAY, 19 SEPTEMBER 2025  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL  
**Members:**

Deputy Helen Fentimen OBE JP, Court of Common Council (Chair)	Judith Finlay, Executive Director, Community and Children's Services
Sarah Gillinson, Court of Common Council (Deputy Chair)	Jed Francique, Borough Director for City & Hackney, ELFT (External Member)
Gail Beer, Healthwatch	Dr. Sandra Husbands, Director of Public Health
Matthew Bell, Policy and Resources Committee	Gavin Stedman, Port Health and Public Protection Director
Dr. Stephanie Coughlin, Homerton Healthcare NHS Foundation Trust (External Member)	Tony de Wilde, City of London Police Deputy Ceri Wilkins, Court of Common Council
Simon Cribbens, Safer City Partnership	Amy Wilkinson, City and Hackney Place Based Partnership and North East London Integrated Care Board
David Curran, St Bartholomew's Hospital (External Member)	
Deputy Marianne Fredericks, Port Health and Environmental Services Committee	

**Enquiries:** Emmanuel.Ross@cityoflondon.gov.uk - Agenda Planning  
rhys.campbell@cityoflondon.gov.uk - Governance Officer/Clerk to the  
Board

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

**Ian Thomas CBE**  
**Town Clerk and Chief Executive**

# **AGENDA**

NB: Certain items presented for information have been marked \* and will be taken without discussion, unless the Committee Clerk has been informed that a Member has questions or comments prior to the start of the meeting. These for information items have been collated into a supplementary agenda pack and circulated separately.

## **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 11 July 2025 as a correct record.

**For Decision**  
(Pages 5 - 14)

### **4. BETTER CARE FUND 2024/25 END OF YEAR RETURN AND 2025/26 Q1 PROGRESS REPORT**

Report of the Executive Director, Community and Children's Services.

**For Decision**  
(Pages 15 - 38)

### **5. PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028 FINAL REPORT**

Report of the Director of Public Health.

**For Decision**  
(Pages 39 - 166)

### **6. UPDATE ON CITY AND HACKNEY HEALTHY WEIGHT ACTION PLAN**

Report of the Director of Public Health.

**For Decision**  
(Pages 167 - 178)

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

Report of Healthwatch, City of London.

**For Information**  
(Pages 179 - 214)

8. **SUICIDE PREVENTION IN THE CITY OF LONDON ANNUAL UPDATE**

Report of Director of Public Health.

**For Information**  
(Pages 215 - 254)

9. **\*AIR QUALITY ANNUAL STATUS REPORT FOR 2024**

Report of Executive Director, Environment.

**For Information**

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

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

12. **EXCLUSION OF PUBLIC**

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

**For Decision**

**Part 2 - Non-Public Reports**

13. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 11 July 2025 as a correct record.

**For Decision**  
(Pages 255 - 256)

14. **\* SECURE CITY PROGRAMME (SCP) ISSUES REPORT SEP25**

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

**For Information**

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

16. **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, 11 July 2025**

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 11 July 2025 at 11.00 am**

### **Present**

#### **Members:**

Deputy Helen Fentimen OBE JP (Chair)  
Sarah Gillinson (Deputy Chair)  
Gail Beer  
Matthew Bell  
Dr Stephanie Coughlin (External Member)  
Judith Finlay (Executive Director, Community and Children's Services)  
Jed Francique (External Member)  
Deputy Ceri Wilkins

### **In Attendance**

#### **Officers:**

Mark Gettleston	- Director of Campaigns and Engagement
Chris Lovitt	- Deputy Director of Public Health (City and Hackney)
Ellie Ward	- Community and Children's Services
Will Noman	- Community and Children's Services
Nana Choak	- Community and Children's Services
Emmanuel Ross	- City and Hackney Public Health Service
Ratidzo Chinyuku	- City and Hackney Public Health Service
John Bradley	- City and Hackney Autism and ADHD Services
Joia De Sa	- City and Hackney Public Health Service
Jessica Veltman	- City and Hackney Public Health Service
Melissa Matz	- City and Hackney Public Health Service
Andrew Trathen	- City and Hackney Public Health Service
Tim Munday	- Environment
Samantha Palfreyman	- London Ambulance Service
Rachel Cleave	- Healthwatch
Rhys Campbell	- Town Clerk's

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

Apologies were received from Deputy Marianne Fredericks in advance of this meeting.

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

There were no declarations.

### **3. MINUTES**

RESOLVED, that – the public minutes and non-public summary of the previous meeting held on 9 May 2025 were approved as a correct record.

### **4. ADULT ADHD SERVICE UPDATE**

The Board received a report and presentation of the City and Hackney ADHD Service and Autism Service.

Following the presentation the following points were discussed:

1. Regarding post-diagnostic support, A Member asked for further details in relation to funding, overall support and screening. Officers explained that those already diagnosed with ADHD or Autism are given access to medication reviews however only those who are newly diagnosed are given access to all support. The post-diagnostic support featured a monthly peer support group which varied between online and in-person participation. A recording of educational workshops, one-off reasonable adjustment appointments and coaching was made available to service users. Officers were unable to confirm the amount required for funding, however the Board was advised that the service had a tiny resource with assessments taking place on monthly basis with a waiting list of approximately 1,500 people. A Member acknowledged that the lack of support for ADHD and Autism Services was not only a local problem but a national problem also as the current system was unsustainable. Regarding funding, and particularly ADHD services, comparatively with other services it had received a lack of investment and some resource was being spent within the private sector and it was suggested for officers to think how best to use this resource going forward. Work was expected to be undertaken between ELFT, St Bartholomew's Hospital and Homerton Hospital to create a hub for City and Hackney service users.
2. The Executive Director asked for further detail of patient outcomes and whether a different societal approach could be undertaken when managing those with Autism and ADHD. Officers confirmed that generally patients were satisfied with the service and the use of impactful psychiatric medication proved beneficial.
3. The Deputy Chair asked if there was any role in diagnosis or pre-assessment triage and the impact of Senior Practitioners post-diagnosis, and whether nationally steps had been taken to tackle the underfunding of the ADHD and Autism Services. Officers explained that strategically there was a focus on the future of ADHD and Autism services, and to further assist General Practitioners identifying those with severe ADHD and Autism. Officers noted the work of the Mental Health Integration Committee and how they were developing a new strategy including further discussion of allocation of funding and agreed to review what was agreed

when this presentation was shared with the Health and Social Care Scrutiny Committee in May 2025.

4. The Chair thanked officers for their presentation and suggested that this report and presentation be brought to the attention of the Integrated Care Board to facilitate a further discussion between City and Hackney to determine what further steps were needed to support ADHD and Autism Services.

RESOLVED, that – the report was received and its contents noted.

## 5. **WATER STRESS AND HEALTH - OPPORTUNITIES TO COLLABORATE BETWEEN PARTNERS**

The Board received a report of the Director of Public Health and the Executive Director, Environment in respect of the health and wellbeing risks relating to water stress arising from climate-related impacts.

Officers provided a presentation and advised the Board of the effects of climate change and its consequential links to overheating, water stress, pests, diseases and flooding. In relation to water stress, it was noted that this had a direct impact on health as it could reduce water quality supply and the propensity and transmission of various diseases. Water Stress could impact the frequency and intensity of wildfires, and also change the habitats of disease vectors such as mosquitoes and ticks. Water Stress was recognised as a national issue, however it was particularly severe in the South-East of England and with it being extensively connected to London's water system, the sudden loss of water during a heatwave would be significant for health and wellbeing outcomes. Officer advised the Board of the national arrangements, management by environment agencies and water companies, on how to manage water resources with a focus to reduce water use, reduce water wastage and finding new ways of accessing more water.

A Member asked for further information regarding planning actions and officers noted that some actions included was to reduce how much water was being used in developments and determining water efficiency in commercial units, aiming for high efficiency of water usage. The Deputy Chair highlighted the sensibility of these suggestions however asked officers to advise of further actions, and officers advised that improving water resilience relied on the progression of wider London resource schemes such as the building of a new reservoir in Oxfordshire and overall the Board would need to support these schemes as it was essential to the health of City and Hackney residents.

The Chair advised officers that the City of London might be able to utilise its methods and relationships to encourage conversation with central government and the Greater London Authority (GLA) to discuss structural changes to mitigate the impacts of water stress. She also highlighted that this report and presentation would be of interest to the Port Health and Environment Services Committee, the Planning and Transportation Committee and the Policy and Resources Committee due to the implications listed within the report.

RESOLVED, that – the Health and Wellbeing Board:

1. Approve the continued collaboration between system partners on the issues outlined in the report.
2. Approve that actions are taken forward through the City of London Climate Action Strategy and NHS Green Plans, and that progress is reported back to the Health and Wellbeing Board annually.

**6. MATCH PROJECT ON EMBEDDING HEALTH EQUITY**

The Board received a presentation and report of the City and Hackney Director of Public Health in respect of an overview of the eMbedding heAlth equiTy in City & Hackney (MATCH) programme.

Following the presentation a discussion was held, and the following points were noted:

1. The Deputy Chair was in support of the approach of developing new solutions and asked if in year three if there would be an opportunity for these solutions to be embedded as mainstream in City and Hackney's approach. Officers explained that having learnt from previous years, wider engagement should be maintained to prevent officers from working in silos with a view of having further collaborative projects, and a focus on upstream ideas which would be embedded within existing services.
2. The Chair asked officers to clarify the impact of MATCH Project on Embedding Health Equity, and the Board was advised that work had been undertaken to determine the impacts of the projects and year one was expected to have more outcomes and there was a key focus on the development of the capacity and capabilities of partners across the system to undertake work in relation to this project.
3. Members were keen to see focus on Portsoken Ward and wanted to understand the health inequalities which existed there, and the response of the City Corporation to these inequalities. For Members to consider approval of the recommendations listed within the report, they would require a focus on the project's impact for year three. Officers agreed to provide the Board with more detail regarding measuring outcomes/impact to the plan for year 3.

RESOLVED, that – the Health and Wellbeing Board approve the proposed outline for MATCH Year 3.

**7. MEETING HEALTH NEEDS FOR PEOPLE ROUGH SLEEPING IN THE CITY OF LONDON**

The Board received a report of the Executive Director, Community and Children's Services in respect of an overview of support offered across the City of London

to address the health needs of the rough sleeping population, both in the context of local services and wider policy developments at the North East London level.

The Chair raised concern since primary care services did not seem easily accessible and questioned the adequacy of mental health services, and wondered if there was sufficient resource in this area for those sleeping rough. It was noted that provision of services was key to supporting rough sleepers, and it was suggested whether the City Corporation could ask property developers to contribute to a neighbourhood centre containing a host of services such as dental services and primary care to help tackle the increase of rough sleepers. In terms of gaining support from the City's business community which aligned with their Corporate Social Responsibility and Environmental, Social and Governance strategies officers suggested that a campaign could be launched to encourage occupiers to consider a community space or funding for a holistic City approach to tackling homelessness and rough sleeping. Further consideration on whether the Community Infrastructure Levy Fund and Neighbourhood Community Infrastructure Levy Fund could be used for such a community facility was expected to take place also. Officers agreed to produce a further report which would provide Members with an update on work undertaken across the system, working alongside with the Director of Campaigns and Engagement and his team on campaigns.

The Deputy Chair asked if more could be done on behalf of the Board to support meeting the health needs of rough sleepers with a focus on developing further housing being mentioned. Officers explained that building accommodation for those sleeping rough was necessary but not sufficient since other health issues also influenced rough sleeping and this would need to be addressed also.

A Member advised the Board that ELFT had begun the process of transforming their community mental health services and that there was a national focus for community mental health services to address the needs of rough sleepers.

RESOLVED, that – the report was received and its contents noted.

## **8. HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

The Board received a report of Healthwatch City of London detailing the work of Healthwatch City of London for Q1 2025/26.

The Chair, Healthwatch advised the Board of the work of the adult social care advisory group and that over the next few weeks following the meeting a series of workshops were expected to take place with a focus on intermediate lower-level intervention such as service users accessing aid assistance for their flats. Three meetings shall be taken across geographical areas with a Head Occupational Therapist available to discuss the services on offer such as attendance allowance which can deter those from accessing social care.

Events in anticipation of the Launch of the Entry Review Report were to take place at St. Bartholomew's Hospital and also an event in relation to men's health,

and how better for service users to access services such as minor injuries unit. The Chair, Healthwatch thanked a Member for their work regarding young people and their health and wellbeing.

Work had continued in respect of the Neighbourhood Engagement Forum and more work was expected to take place to determine how best neighbourhoods could work together. A Health in the City day event had taken place, and the Chair, Healthwatch thanked all who had supported the event including the Neaman Practice.

In respect of the Health and Social Care act and the Dash Report, officers were aware of the change to Healthwatch and how it would operate, and how localism would overall be reduced. The Dash Report stated that Healthwatch would be abolished along with Integrated Care Partnerships (ICPS) and a number of other groups, and social care would fall under the remit of local authorities, whilst health scrutiny shall be managed inhouse by the Integrated Care Board (ICB) with the intention to utilise online services. However, the utilisation of online services was raised with the Department of Health as an inequalities issue given that there were those who were unable to access online services. The abolition of Healthwatch was expected to take place in Autumn 2026 or Summer 2027.

The Executive Director, Community and Children's Services thanked the Chair, Healthwatch for their work and was also concerned about the abolition of Healthwatch and acknowledged that Healthwatch had been a "driver for good" for many years across the healthcare system and particularly within the City Corporation. She confirmed that officers would continue to work closely with NHS Colleagues to ensure that the opinions and needs of patients and service users were recognised.

The Deputy Chair noted the importance of the role which Healthwatch played and recognised that the following two years could be used as an opportunity to prototype the works of Healthwatch to ensure that there was a solid plan going forward following its abolition.

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

## **9. SAVING LIVES WITH FIRST AID INTERVENTIONS**

The Board received a joint report of the Director of Public Health and Director of Community and Children's Services which asked Members to consider the role of Health and Wellbeing partners in maximising the benefits of first aid interventions and, if additional resources were required, potential sources of funding or staff time.

Officers provided a presentation and following the presentation a Member asked if it was possible for defibrillators to be placed in telephone boxes due to its high visibility, however officers explained that this concept had been explored but it was deemed not suitable since telephone boxes were difficult to monitor. The Executive Director, Community and Children's Services advised that it was important for the Board to ensure that city residents were aware of the locations

of defibrillators to increase access and encouraged those who had unregistered defibrillators to register them. Officers agreed to liaise with the Neighbourhood Forums to expand on the strategic context of defibrillator provision and support.

The Board were advised of the interaction between businesses and the local community such as the Safe Havens Project being utilised to support homelessness projects, and suggested that businesses and building management companies be asked to help increase access to defibrillators.

The Deputy Chair asked officers to provide a leading recommendation to changing the culture of saving lives with first aid interventions and it was suggested that stories of how a life has been saved using CPR or a public accessed defibrillator helped to change people's perspective.

RESOLVED, that – the report was received and its contents noted.

**10. \* ADULT SOCIAL CARE STRATEGY 2025-29**

The Board received a report of the Executive Director, Community & Children's Services which presented the City of London Corporation's draft Adult Social Care Strategy 2025-29.

RESOLVED, that – the report was received, and its contents were noted.

**11. \*ADULT SOCIAL CARE SELF-EVALUATION FRAMEWORK 2024-5**

The Board received a report of the Executive Director, Community and Children's Services in respect of the City of London Corporation (City Corporation) Department of Community and Children's Services (DCCS) Adult Social Care Self-Evaluation Framework (SEF) 2024.

RESOLVED, that – the report was received, and its contents were noted.

**12. \*COMMERCIAL ENVIRONMENTAL HEALTH SERVICE PLAN 2025-26**

The Board received a report of the Executive Director, Environment Department in respect of the Commercial Environmental Health Service Plan 2025-26.

RESOLVED, that – the report was received, and its contents were noted.

**13. \*PORT HEALTH FOOD SAFETY ENFORCEMENT PLAN AND PORT HEALTH SERVICE PLAN 2025/26**

The Board received a report of the Executive Director, Environment Department in respect of the Port Health Food Safety Enforcement Plan and Port Health Service Plan 2025/26.

RESOLVED, that – the report was received, and its contents were noted.

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

There were no questions.

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

Officers advised the Board of the Gloji Smokefree City & Hackney local stop smoking service for adults and children (12+ years) who live, work, study or have a GP in Hackney or in the City of London.

The service offered 12 weeks of free support to help smokers quit, with dedicated stop smoking advisors and easy access to free stop smoking aids (e.g. e-cigarettes/vapes, nicotine patches, and more). The service also offered face to face support in the North Wing of The Guildhall every Wednesday between 12-2pm.

Members of the public could drop in or contact Smokefree City & Hackney by calling 0800 046 9946 or emailing [cityandhackney@gloji.co.uk](mailto:cityandhackney@gloji.co.uk).

**16. 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.

**17. NON PUBLIC MINUTES**

RESOLVED, that –the non-public minutes of the previous meeting held on 9 May 2025 be approved as a correct record.

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

There was one non-public question.

**19. 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 13:17pm.**

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Chairman



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

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## City of London Corporation Committee Report

<b>Committee:</b> Health and Wellbeing Board	<b>Dated:</b> 19/09/2025
<b>Subject:</b> Better Care Fund 2024/25 end of year return and 2025/26 Q1 progress report	<b>Public report:</b> For Decision
<b>This proposal:</b> <ul style="list-style-type: none"> <li>• delivers Corporate Plan 2024-29 outcomes</li> <li>• provides statutory duties</li> </ul>	Delivers excellent services
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>If so, how much?</b>	N/A
<b>What is the source of Funding?</b>	N/A
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	N/A
<b>Report of:</b> Judith Finlay, Executive Director, Community and Children's Services	
<b>Report author:</b> Ellie Ward, Head of Strategy and Performance	

### Summary

The Better Care Fund programme supports local systems to deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and carers.

The Fund is based on a pooled budget of funding from Integrated Care Boards and local authorities. Local systems are required to produce plans for the BCF which must be signed off by local Health and Wellbeing Boards.

The plans are governed by a policy framework and requirements set out by the Department of Health and Social. Quarterly reports on progress of the plans and metrics are required and these must be signed off by the Health and Wellbeing Board. This report seeks approval for the 2024/25 end of year return and the 2025/26 Q1 progress report.

### Recommendation(s)

Members are asked to:

- Approve the Better Care Fund end of year 2024/25 return and Quarter 1 2025/26 progress report.

## **Main Report**

### **Background**

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring Integrated Care Boards (ICBs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.
2. Each year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.
3. The City Corporation is required to report quarterly on progress with the plans and these progress reports must be approved by the Health and Wellbeing Board (HWBB).

### **Current Position**

4. Summary table of funding for 2024/25 and 2025/26

<b>Year</b>	<b>Total pooled budget</b>	<b>Amount spent on ASC services (excluding iBCF and DFG)</b>	<b>Minimum amount required to be spent on ASC services</b>
2024/25	£1,435,838	£357,283	£172,763
2025/26	£1,505,755	£374, 076	£175,544

## **End of Year 2024/25 Report**

5. The BCF end of year report can be found at Appendix one and sets out progress against certain mandatory conditions and metrics.

<b>Area</b>	<b>Position</b>	<b>Commentary and mitigating measures</b>
Mandatory conditions	All met	N/A
Metrics	3 out of 4 not met	<p>As noted in the return, some of these metrics fluctuate significantly between quarters due to a small cohort and the way they are calculated per 1000.</p> <p>Also to note, data for three of the metrics come from health and we are working to be able to look behind these figures to really understand the data and what factors are at play.</p> <p>The metric on residential care was exceeded but this is because there was an unusual influx / level of need at one point in time. These can be hard to predict as they are based on need. We adopt a home first approach wherever appropriate and have a good record on keeping people independent at home for longer periods.</p>
Expenditure	Underspent	<p>This was caused by the Disabled Facilities Grant Fund. There can often be an underspend on this due to levels of demand and financial means tests but we have recently introduced a Housing Assistance Policy to use the fund more flexibly and also</p>

		appointed a new Home Improvement Agency to assist with processing DFGs.
Capacity and Demand planning	Some variation	As can be seen, there is variation in some areas of capacity and demand planning – mainly less activity than predicted. It can be seen that there was a longer than anticipated time taken from referral to commencement of short-term residential care with a view to longer term residential care. This was due to friends and family choice impacting on placement.

6. Overall, performance on admission avoidance and hospital discharge is good due to the care navigator role and rapid response service, both of which are funded through the BCF.
7. As noted, we would like to understand some of the data from health in greater detail and these conversations are underway.

### **2025/26 Q1 return**

8. The Q1 return can be found in Appendix 2 and focuses on minimal areas and whether we wish to make changes to the targets and demand profile submitted and agreed by Health and Wellbeing Board as part of the overall BCF plan.
9. The mandatory conditions are all met apart from signing the S75 which is in hand and is due to be completed by the end of September and no changes are proposed to any areas.
10. Expenditure is currently on target and for metrics, we are currently on track (or it is too early to say whether we are or not). At the present time we are not proposing any changes to the targets.
11. Members of the Health and Wellbeing Board are asked to approve the returns.

### **Corporate & Strategic Implications**

#### *Strategic implications*

The BCF aligns with our corporate priorities of:

- Providing Excellent Services

It also sits within a wider strategic context of health and social care integration and policies driving hospital discharge work.

#### *Financial implications*

The City Corporation only contributes required funding to the pooled budget and does not contribute any additional funding but this year (2025/26) included £100,000 which was funding carried forward from the previous year under iBCF.

In terms of expenditure on schemes within the plan, City Corporation schemes are funded above the minimum required from the pooled budget.

#### *Resource implications*

None

#### *Legal implications*

None

#### *Risk implications*

None

#### *Equalities implications*

All schemes which are funded through the BCF and commissioned or delivered by the City Corporation are subject to Equality Impact Assessments.

#### *Climate implications*

None

#### *Security implications*

None

### **Conclusion**

12. The City of London HWBB is asked to approve the two BCF returns – end of year 2024/25 and Q1 2025/26.

### **Appendices**

- Appendix 1 – BCF 2024/25 end of year report
- Appendix 2 – BCF 2025/26 Q1 report

**Ellie Ward**

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## Better Care Fund 2024-25 EOY Reporting Template

### 2. Cover

Version 1.0

**Please Note:**

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

**Checklist**

Complete:

Yes  
Yes  
Yes  
Yes  
Yes  
Yes  
Yes

Health and Wellbeing Board:	City of London
Completed by:	Ellie Ward
E-mail:	<a href="mailto:ellie.ward@cityoflondon.gov.uk">ellie.ward@cityoflondon.gov.uk</a>
Contact number:	020 73321535
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Fri 11/07/2025

<< Please enter using the format,  
DD/MM/YYYY

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

**Complete**

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Actual Activity	Yes
6. Income actual	Yes
7b. Expenditure	Yes
8. Year End Feedback	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

Expenditure Underspent or Overspent

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2024-25 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: City of London

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		
Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 EOY Reporting Template

4. Metrics

Selected Health and Wellbeing Board: 

City of London

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q3  (For Q4 data, please refer to data pack on BCF)	Assessment of whether ambitions have been met	Challenges and any Support Needs  <i>Please:</i> - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan	Achievements - including where BCF funding is supporting improvements.  <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan  <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery  <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	52.3	49.7	47.2	44.8	61.2	Target met	N/A	We were under plan by 24 in Q4 and our annual performance was also 61 under our target. 136.2 vs 194.	N/A	N/A
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	96.6%	94.5%	93.6%	91.23%	Target not met	The annual average was 93.2 against a plan of 94.6%; however, small numbers of patients can have a great impact on percentages.	Our Q4 performance was 94.8; 1.2% above our target and an improvement from 91.2% in Q3.	N/A	Q3 had higher numbers of people requiring residential care than usual. We have fluctuations between years and between quarters which makes it hard to forecast accurately. We utilise a home first approach where possible.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				733.6	379.9	Target not met	We don't fully understand the challenges we are seeing but have a working group looking at data and pathway mapping. It would have been helpful if the BCF dashboard included numbers of falls in	Q4 showed improvement against the rest of the year. We were 69 below target.	Overall, our indication value was 1353.3 against a plan of 733.6	We have established a falls group to review pathways and outcomes of services.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				575	not applicable	Target not met	Over the course of the year we had 4 additional people admitted against the forecast 10. As CoL has a small population, small variations against forecast figures can significantly impact performance reporting outcomes. Despite a significant jump in the rate the actuals are not a cause for concern.	N/A	4 over target.	We don't have a mitigation plan. CoL take a home first, D2A approach. All pathway 3 discharges are assessed, a step down will be facilitated where it is felt further assessment is required, or CoL will seek a short term placement. All placements are reviewed after 6 weeks. The home first model is practiced where appropriate and safe to do so.

Complete:
Yes
Yes
Yes
Yes

## Better Care Fund 2024-25 EOY Reporting Template

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

City of London

#### 5.1 Assumptions

**1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.**

We have seen an increase in the complexity of patients rehab needs with 8 people requiring inpatient rehabilitation compared to 2-3 in previous years. We spot purchase the placements so were able to meet the demand; however, it is challenging financially. Our therapists will do a review of any of the long-stay patients over the year to help with learning for 25-26. We will also put in regular biweekly meetings between our community team and the rehab placement team to better monitor LOS and support with any delays to discharge from these units.

**2. Do you have any capacity concerns for 25-26? Please consider both your community capacity and hospital discharge capacity.**

No Capacity concerns

**3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.**

We have a rapid response service which can mobilise quickly and flexibly to prevent hospital admission and enable discharge

**4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.**

No support needs.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

#### 5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- Modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

#### Hospital Discharge

#### Checklist

Yes

Yes

Yes

Yes

<p>This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.</p> <ul style="list-style-type: none"> <li>- Reablement &amp; Rehabilitation at home (pathway 1)</li> <li>- Short term domiciliary care (pathway 1)</li> <li>- Reablement &amp; Rehabilitation in a bedded setting (pathway 2)</li> <li>- Other short term bedded care (pathway 2)</li> <li>- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)</li> </ul>
<p><b>Community</b></p> <p>This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:</p> <p>Social support (including VCS)</p> <p>Urgent Community Response</p> <p>Reablement &amp; Rehabilitation at home</p> <p>Reablement &amp; Rehabilitation in a bedded setting</p> <p>Other short-term social care</p>

Better Care Fund 2024-25 EOY Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan			Actual activity (not including spot purchased capacity)			Actual activity through only spot purchasing (doesn't apply to time to service)		
Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	6	7	5	0	4	1	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	1	1	1	0	0.5	1			
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	0	0	0	5	2	0	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	2.6	0	0			
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	2	1	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4	4	4	0	0	0			
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	1	0	1	0	0	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	17			
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	0	0	0	0	0	0	3	1	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4	4	4	28.3	0	0			

Actual activity - Community		Prepopulated demand from 2024-25 plan			Actual activity:		
Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	8	7	7	4	4	4
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	0	1	0	0	4	1
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 EOY Reporting Template

6. Income actual

Selected Health and Wellbeing Board:

City of London

	2024-25			
Source of Funding	Planned Income	Actual income	Carried from previous year (23-24)	Actual total income (Column D + E)
DFG	£40,457	£40,457	£0	£40,457
Minimum NHS Contribution	£943,650	£943,650		£943,650
iBCF	£323,659	£323,659		£323,659
Additional LA Contribution	£43,563	£43,563		£43,563
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£75,627	£75,627		£75,627
ICB Discharge Funding	£8,881	£8,881		£8,881
Total	£1,435,837			£1,435,837

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

See next sheet for Scheme Type (and Sub Type) descriptions

7b. Expenditure

Selected Health and Wellbeing Board:City of London

Running Balances	2024-25					If underspent, please provide reasons
	Income	Expenditure to date	Percentage spent	Balance		
DFG	£40,457	£0	0.00%	£40,457	Underspent!	Had to recruit new DFG support organisation. Now in place and some DFGs are
Minimum NHS Contribution	£943,650	£943,651	100.00%	-£1	Overspent!	
IBCF	£323,659	£323,659	100.00%	£0		
Additional LA Contribution	£43,563	£0	0.00%	£43,563	Underspent!	Had to recruit new DFG support organisation. Now in place and some DFGs are
Additional NHS Contribution	£0	£0		£0		
Local Authority Discharge Funding	£75,627	£75,627	100.00%	£0		
ICB Discharge Funding	£8,881	£8,881	100.00%	£0		
Total	£1,435,837	£1,351,818	94.15%	£84,019	Underspent!	

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£247,339	£570,590	£0
Adult Social Care services spend from the minimum ICB allocations	£172,763	£357,283	£0

Checklist	Column complete:	Yes	Yes
-----------	------------------	-----	-----

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Actual Spend (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	CoL-Care Navigator Service	To ensure safe hospital discharge for City of London residents	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Social Care	0	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 60,000	£60,000		
2	CoL-Carers' support	To provide specialist independent support, information and advice for adult carers living in the City of London to support them in their caring role and promote their health and wellbeing	Carers Services	Other	Provides specialist independent help	80	100	Beneficiaries	Social Care	0	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 60,000	£60,000		
3	Brokerage pilot (one-year)	To provide a more efficient and effective commissioning of placements including for Discharge to Assess	Residential Placements	Other	Commissioning	12	5	Number of beds	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 65,000	£65,000		
4	CoL-Discharge Scheme	To prevent hospital admissions and provide an intensive discharge to assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		0	0		Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 163,000	£163,000		
5	Disabled Facilities Grant	To support Disabled people to live more independently in their own homes	DFG Related Schemes	Adaptations, including statutory DFG grants		5	0	Number of adaptations funded/people supported	Social Care	0	LA			Private Sector	DFG	£ 40,457	£0		
6	IBCF	Meeting adult social care needs by delivering a targeted, preventative,	Care Act Implementation Related Duties	Other	Adult social care support		0		Social Care	0	LA			Local Authority	IBCF	£ 323,659	£323,659		
7	Adult Cardiorespiratory Enhanced and	ACERS Respiratory Service is a 7 day service, that provides care and support to anyone	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 23,033	£23,033		
8	Bryning Day Unit/Falls Prevention	The Bryning Unit is a multidisciplinary team running a weekly programme	Prevention / Early Intervention	Other	Physical health and wellbeing	0	0		Acute	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 14,356	£14,356		
9	Asthma	This service will offer asthma expertise in the community in order to train health	Community Based Schemes	Other	Education and training of HCP and patients.	0	0		Acute	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 1,422	£1,422		
10	St Joseph's Hospice	Community-based and inpatient palliative care services	Personalised Care at Home	Physical health/wellbeing		0	0		Other	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 86,111	£86,111		
11	Paradoc	The service provides an urgent GP and paramedic response service to patients	Urgent Community Response			0	0		Primary Care	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 21,213	£21,213		
12	Adult Community Rehabilitation Team	To provide specialist inter-disciplinary and uni-disciplinary rehabilitation to	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 163,823	£163,823		



[illegible]

## Better Care Fund 2024-25 EOY Reporting Template

### 8. Year End Impact Summary

Selected Health and Wellbeing Board:

City of London

Confirmation of Statements		
Question statements	Confirmation	If the answer is "No" please provide an explanation:
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2024-25	Yes	
The delivery of our BCF plan 2024-25 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	Narrative
2 key successes observed towards driving the enablers for integration	<ul style="list-style-type: none"> <li>• <b>Neighbourhoods</b> are a fundamental part of our system at place - providing the essential building blocks for hyper local community engagement and service delivery. Structural change has happened as many services are now organised around or linked into neighbourhoods. We have the infrastructure for community and resident engagement in place via VCS led neighbourhood forums and regular insight gathering. We held a regular series of health promotion events through the forums, focusing on health inequalities and what matters to residents. There was also a widespread OD programme that has helped staff to get to know each other, their neighbourhoods, and learn new skills.</li> </ul>
2 key challenges observed towards driving the enablers for integration	<ul style="list-style-type: none"> <li>• All partners are working in a challenging financial context which means that they may focus on their own agenda's rather than working collectively.</li> <li>• Each partner has different IT systems so we don't have one version of the truth. We have created a spreadsheet to track discharges but will need better processes with between health and ASC to manage and monitor discharge delays.</li> </ul>

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

## Better Care Fund 2025-26 Q1 Reporting Template

### 2. Cover

Version 1.0

#### Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	City of London
Completed by:	Ellie Ward
E-mail:	<a href="mailto:ellie.ward@cityoflondon.gov.uk">ellie.ward@cityoflondon.gov.uk</a>
Contact number:	020 7332 1535
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? ( Please provide name of HWB Chair)	No
If no, please indicate when the report is expected to be signed off:	Fri 19/09/2025

<< Please enter using the format,  
DD/MM/YYYY

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

#### Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please  
refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

**Better Care Fund 2025-26 Q1 Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board: City of London

Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	30/09/2025	
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	In progress	
Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Yes	
4) Complying with oversight and support processes	Yes	

<b>Checklist</b>
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

City of London

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Actuals + Original Plan		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,076.0	1,076.0	1,434.7	1,076.0	717.4	1,793.4	1,434.7	1,076.0	1,793.4	2,152.1	1,076.0	1,076.0
	Number of Admissions 65+	15	15	20	15	10	25	20	15	25	30	15	15
	Population of 65+*	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
	Rate	1,076.0	1,076.0	1,434.7	1,076.0	717.4	1,793.4	1,434.7	1,076.0	1,076.0	717.4	1,076.0	
	Number of Admissions 65+	15	15	20	15	10	25	20	15	15	10	15	
	Population of 65+	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	

Do you want to update your Emergency Admission metric plan?	No
---	----

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Number of Admissions 65+													
Population of 65+	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	1,394.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	N/A

<p>You can also use this box to provide a very brief explanation of overall progress if you wish.</p>	<p>It's early in the year to say we won't meet the goal; particularly as the only data available is April. We were 33% higher than planned although small numbers can significantly impact on rates.</p>
---	--

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

## 4.2 Discharge Delays

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
<b>Actuals</b> Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.89	0.16	2.29	1.88	1.16	1.19	0.53
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	77.1%	94.7%	80.6%	84.4%	86.3%	87.1%	78.9%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	3.88	3.00	11.83	12.00	8.43	9.25	2.50
<b>Original Plan</b>	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
Proportion of adult patients discharged from acute hospitals on their discharge ready date	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00

Do you want to update your Discharge Delay metric plan?	No
---	----

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

<b>Updated Plan</b>	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Proportion of adult patients discharged from acute hospitals on their discharge ready date													
For those adult patients not discharged on DRD, average number of days from DRD to discharge													

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	N/A
You can also use this box to provide a very brief explanation of overall progress if you wish.	Our average for April and May was 74.4% so lower than the 86% target. For those patients that were delayed, the average days delayed were 2.63 so considerably faster than the 6 days planned.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	215.2	717.4	143.5	143.5	286.9	286.9
	Number of admissions	3.0	10.0	2.0	2.0	4.0	4.0
	Population of 65+*	1394.0	1394.0	1394.0	1394.0	1394.0	1394.0

Do you want to update your Residential Admissions metric plan?	No
--	----

Please enter plan number of admissions within the specific quarter

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

## Better Care Fund 2025-26 Q1 Reporting Template

### 5. Income & Expenditure

Selected Health and Wellbeing Board:

City of London

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	Q1 Year-to-Date Actual Expenditure
DFG	£46,024	£46,024	£0
Minimum NHS Contribution	£960,444	£960,444	
Local Authority Better Care Grant	£399,287	£399,287	
Additional LA Contribution	£100,000	£100,000	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£1,505,755</b>	<b>£1,505,755</b>	

	Original	Updated	% variance
<b>Planned Expenditure</b>	<b>£1,505,755</b>	<b>£1,505,755</b>	<b>0%</b>

		% of Planned Income
<b>Q1 Year-to-Date Actual Expenditure</b>	<b>£352,433</b>	<b>23%</b>

If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.	N/A
--	-----

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by	N/A
---	-----

### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes



local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

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## City of London Corporation Committee Report

<b>Committee(s):</b> Health and Wellbeing Board – For decision	<b>Dated:</b> 19/09/2025
<b>Subject:</b>  Pharmaceutical Needs Assessment 2025-2028 Final Report	<b>Public report:</b>  For Decision
<b>This proposal:</b> <ul style="list-style-type: none"> <li>Provides statutory duties</li> </ul>	This report meets the Health and Wellbeing Board duty to produce a pharmaceutical needs assessment every three years, as per The NHS Act 2006.
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>If so, how much?</b>	N/A
<b>What is the source of Funding?</b>	N/A
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	N/A
<b>Report of:</b>	Dr Sandra Husbands Director of Public Health
<b>Report author:</b>	Dr Andrew Trathen Consultant in Public Health

### Summary

This report seeks Health and Wellbeing Board approval for the Pharmaceutical Needs Assessment (PNA) 2025-2028. Public Health commissioned the provider *Healthy Dialogues* in early 2025 to ensure the board meets its statutory requirement to publish a PNA by 1st October 2025. With the support of a multi-stakeholder steering group, a final report has now been delivered by the provider.

### Recommendation

Members are asked to:

- Approve the draft of the City of London Pharmaceutical Needs Assessment 2025-2028 for publication.

## **Main Report**

### **Background**

1. Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area.
2. The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update a [‘Pharmaceutical Needs Assessment’](#) (PNA).
3. Following HWB approval, the current PNA was published in October 2022. The deadline for the next is 1st October 2025.
4. At the beginning of 2025, the City and Hackney Public Health team commissioned *Healthy Dialogues* as an external provider to produce the PNA. The work has been overseen by a multi-partner steering group, who first met in March to agree a Terms of Reference (ToR) and the structure and content of a public survey. The ToR is included in the PNA.
5. Subsequent meetings have supported the work through answering questions for the provider, providing data where appropriate, and appraising early drafts for the full report.

### **Current Position**

6. Following the mandatory two month consultation period on a full draft, Healthy Dialogues incorporated feedback into a final draft intended for publication.
7. This report is presented to the board for approval (Appendix 1).

### **Options**

8. N/A

### **Proposals**

9. The Health and Wellbeing Board are asked to approve the final draft of the PNA 2025-28.
10. Following approval, the report can be published online in good time to meet the 1st October 2025 deadline.

### **Key Data**

11. The PNA contains comprehensive information intended to support commissioning decisions on pharmaceutical services. The headline conclusions are:

- a. There is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.
  - b. No substantial differences were found between groups with protected characteristics or a likely higher need for services in how they access their pharmacies or what they use them for.
12. Further details on the statutory requirements of the PNA, the methods deployed and detailed findings can be found in the report itself, Appendix 1.

## **Corporate & Strategic Implications**

### ***Strategic implications***

13. The provision of pharmaceutical services is a responsibility of the NHS. However, ensuring we meet local needs supports the Corporate Plan priority to provide excellent services.

### ***Financial implications***

14. None

### ***Resource implications***

15. The work has been undertaken drawing on the public health grant for commissioning the provider, and delivered by the public health team. There are no further resource implications.

### ***Legal implications***

16. Publishing the PNA by 1st October 2025 will meet the statutory duty of the HWB to assess needs for pharmaceutical services in its area.

### ***Risk implications***

17. None

### ***Equalities implications***

18. The PNA concludes that there are no equalities implications given the provision of pharmaceutical services in the City of London, as no substantial differences were found between groups with protected characteristics or a likely higher needs for services in how they access their pharmacies or what they use them for.
19. These findings will be recorded in a separate Equalities Impact Assessment template.

### ***Climate implications***

20. None

### ***Security implications***

21. None

### **Conclusion**

22. The process of producing the PNA for 2025-2028 has now concluded, with a final report that meets all statutory requirements. This has been undertaken by a public health-commissioned provider with previous experience of delivering such reports.

23. The work has had close operational oversight by a steering group containing a wide range of locally relevant expertise. Public and professionals have had multiple opportunities to engage with the process and feed into the output, through an initial public survey and later consultation phase.

24. The board is requested to approve the final report in good time for publication before the deadline of 1st October 2025.

### **Appendices**

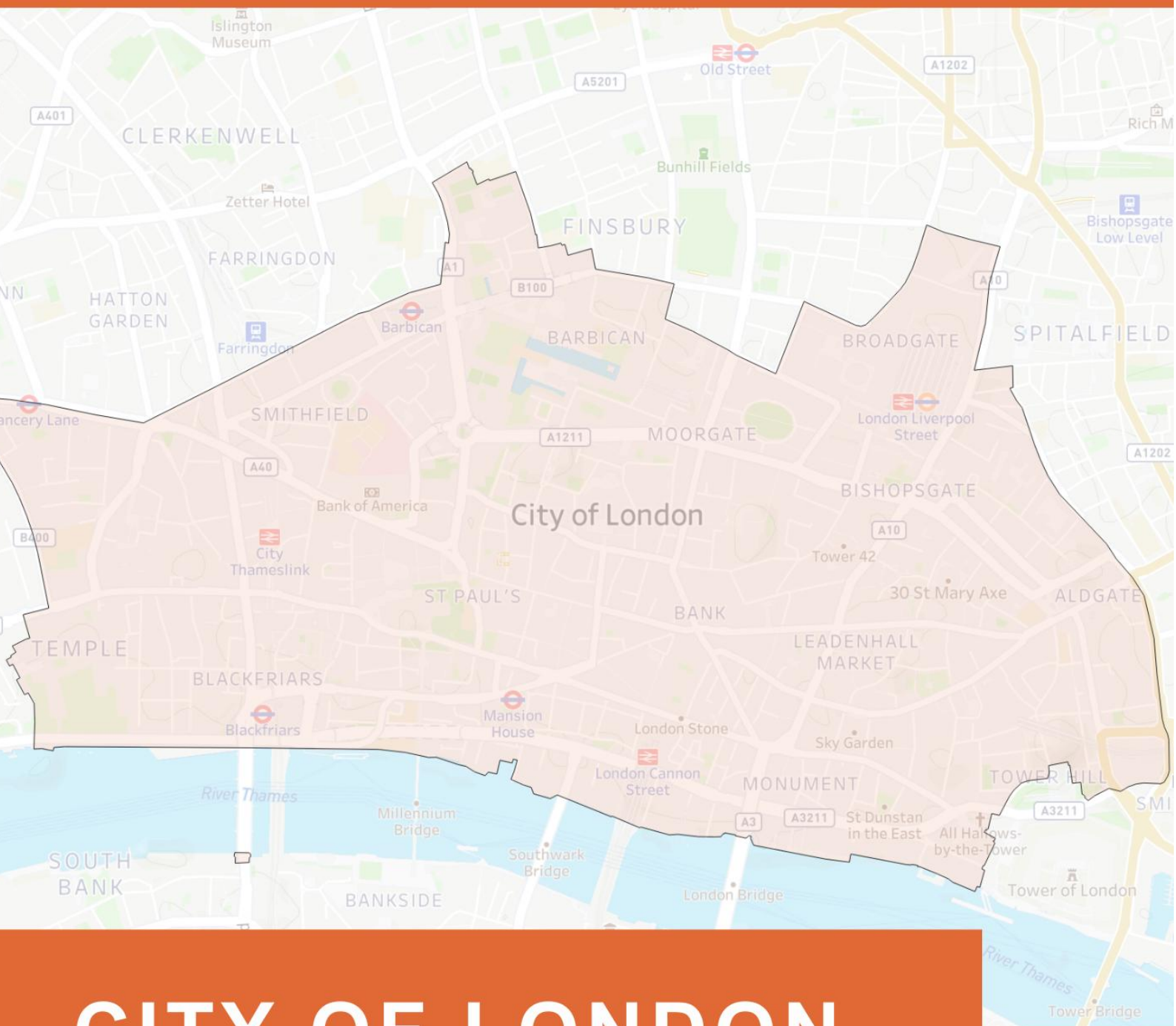
- Appendix 1 – Pharmaceutical Needs Assessment 2025-2028

### **Dr Andrew Trathen**

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# CITY OF LONDON

## Pharmaceutical Needs Assessment 2025 - 2028



# Executive Summary

## Introduction

All Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of the City of London's population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of City's residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30<sup>th</sup> September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

## Methodology

In March 2025, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

- A review of the current and future demographics and health needs of the area's population.
- A survey to City patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.



- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in City.

The PNA consultation draft was published for formal consultation between the period of 20<sup>th</sup> June to 19<sup>th</sup> August 2025. Responses to the consultation will be considered by the steering group before final publication of the PNA in October 2025.

## **Findings**

### **Key population demographics of City**

The City of London is a unique London local authority with a population estimate of 10,559. Its comparatively low resident population density belies the large daytime population, owing to the large commuter presence.

City's population is projected to increase by 2.5% in the lifetime of this PNA.

None of the area's six LSOAs are among the most deprived 20% in England.

### **Key population health needs of City**

City residents exhibit low levels of smoking, rates of overweight and obesity among adults, and higher levels of sexual screening rates compared to regional and national comparators.


Some indicators identified where City of London are worse than regional and national comparators include:

- Overweight or obesity rates amongst reception and Year 6 school pupils
- Flu vaccination coverage for over 65s and at-risk individuals (data includes Hackney coverage)
- Proportion of residents who feel lonely (data includes Hackney coverage)
- Alcohol-related admission episodes (data includes Hackney coverage)

### **Patient and public engagement**

A patient and public survey was disseminated across City to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 69 people responded.

The majority of respondents chose their pharmacy because it was close to their home or work, was where their GP sends their prescriptions, or they were happy with the



overall experience provided by the pharmacy. All respondents can reach their pharmacy in 20 minutes or less with walking being their reported method of travel. 82% of respondents find their journey to their pharmacy extremely easy. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

## **Health and Wellbeing Board statements on service provision**

There are 9 community pharmacies within City's Health and Wellbeing Board area. There are also a further 73 community pharmacies located within 0.8 miles of City's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of City's population. It has also assessed whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30<sup>th</sup> September 2028.

The City of London is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

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# Glossary of Terms

**A&E** – Accident and Emergency

**ABPM** – Ambulatory Blood Pressure Monitoring

**AF** – Atrial Fibrillation

**AUR** – Appliance Use Review

**BMI** – Body Mass Index

**BOB** – Buckinghamshire, Oxfordshire and Berkshire West

**CCG** – Clinical Commissioning Groups

**CHD** – Coronary Heart Disease

**CHIS** – Child Health Information Service

**CoL** – City of London

**COPD** – Chronic Obstructive Pulmonary Disease

**COVID-19** – Coronavirus Disease 2019

**CPCF** – Community Pharmacy Contractual Framework

**CPCS** – Community Pharmacist Consultation Service

**CPPE** – Centre for Pharmacy Postgraduate Education

**CPSAS** – Community Pharmacy Selfcare Advice Service

**CVD** – Cardiovascular Disease

**DAC** – Dispensing Appliance Contractor(s)

**DHSC** – Department of Health and Social Care

**DMS** – Discharge Medicines Service

**DOPS / DOP** – Dentistry, Optometry and Pharmacy (Services)

**DSP** – Distance Selling Pharmacy

**EHC** – Emergency Hormonal Contraception

**EPS** – Electronic Prescription Service

**GP** – General Practitioner / General Practice

**GPFV** – General Practice Forward View

**HIV** – Human Immunodeficiency Virus

**HLP** – Healthy Living Pharmacies

**HWB** – Health and Wellbeing Board

**ICB** – Integrated Care Board

**ICS** – Integrated Care System

**IMD** – Index of Multiple Deprivation

**JCVI** – Joint Committee on Vaccination and Immunisation

**JSNA** – Joint Strategic Needs Assessment

**LBH** – London Borough of Hackney  
**LFD** – Lateral Flow Device / Test Supply  
**LMC** – Local Medical Committee  
**LPC** – Local Pharmaceutical Committee  
**LPS** – Local Pharmaceutical Services  
**LSOA** – Lower Super Output Area  
**MMR** – Measles, Mumps and Rubella  
**NCRS** – National Care Records Service  
**NCSCT** – National Centre for Smoking Cessation and Training  
**NHSE** – National Health Service England  
**NHS** – National Health Service  
**NHSBSA** – National Health Service Business Services Authority  
**NMS** – New Medicines Service  
**NRT** – Nicotine Replacement Therapy  
**NICE** – National Institute for Health and Care Excellence  
**ONS** – Office for National Statistics  
**OHID** – Office for Health Improvement and Disparities  
**PCN** – Primary Care Network (or Private Care Networks)  
**PCS** – Pharmacy Contraceptive Service  
**PGD** – Patient Group Direction  
**PhIF** – Pharmacy Integration Fund  
**PMR** – Patient Medication Record  
**PNA** – Pharmaceutical Needs Assessment  
**POC** – Point of Care  
**PSNC** – Pharmaceutical Services Negotiating Committee  
**QOF** – Quality Outcomes Framework  
**SAC** – Stoma Appliance Customisation  
**SCR** – Summary Care Record  
**SCS** – Smoking Cessation Service  
**STI** – Sexually Transmitted Infection  
**STP** – Standard Treatment Programme  
**MYS** – Manage Your Service  
**eRD** – Electronic Repeat Dispensing

# Chapter 1 - Introduction

## Purpose of the Pharmaceutical Needs Assessment

- 1.1 Community pharmacies play a vital role in delivering quality healthcare within local communities. Beyond dispensing medications, they often serve as the first point of contact for patients and the public. In certain situations, they may be the only interaction an individual has with a healthcare professional.
- 1.2 A 'Pharmaceutical Needs Assessment' (PNA) outlines the pharmaceutical service requirements of a specific population within a defined area. It details the existing pharmaceutical services, including their availability in terms of time and location. This particular PNA evaluates the pharmaceutical needs of the City of London population.
- 1.3 NHS Pharmaceutical Services operate within a regulated and controlled market. Pharmacists or dispensing appliance contractors seeking to provide these services must apply to NHS England for inclusion on the Pharmaceutical List of the Health and Wellbeing Board.
- 1.4 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services whilst supporting decision-making regarding new applications or changes in pharmacy locations. This includes:
  - Assisting NHS England in the 'market entry' decision-making process for applications related to new pharmacies or changes to existing pharmacy premises.
  - Informing the commissioning of enhanced pharmacy services by NHS England, as well as the local authority and other commissioners, such as Integrated Care Boards (ICBs).
- 1.5 The City of London PNA can also be used to:
  - Assist the Health and Wellbeing Board (HWB) in informing stakeholders about the area's pharmaceutical needs, aiding in the planning, development, and delivery of services for the community.
  - Support the HWB in working with providers to target services to areas of need whilst reducing duplication in areas with adequate provision.

## PNA Legislation

- 1.6 Since 2006, NHS Primary Care Trusts have been legally obligated to assess and evaluate the pharmaceutical needs of their area and publish both an initial statement of their assessment and any subsequent updates.
- 1.7 Following the abolition of Primary Care Trusts and the establishment of Clinical Commissioning Groups (CCGs) in 2013 (and later Integrated Care Boards (ICBs) in 2022), Public Health functions were transferred to local authorities. Health and Wellbeing Boards were created and hosted by local authorities to bring together commissioners of Health Services, Public health, Adult Social Care, Children's services, and Healthwatch.
- 1.8 The Health and Social Care Act of 2012 assigned Health and Wellbeing Boards the responsibility of developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

## PNA Requirements

- 1.9 The PNA covers the period between 1st October 2025 and 30th September 2028. It must be produced and published by the 1st October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
  - The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
  - The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.
- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
  - **Necessary Services – current provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the Health and Wellbeing Board's area.
  - **Necessary Services - gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.



- **Other Relevant Services - current provision:** any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
- **Improvement and better access - gaps in provision:** services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report of the formal consultation on the draft PNA.

## Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 20<sup>th</sup> June to 19<sup>th</sup> August 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

1.14 All comments received were considered in the final PNA report to be presented to the HWB before the 1<sup>st</sup> October 2025.

## **PNA Revisions and updates**

1.15 The PNA must account for any changes affecting the needs for the pharmaceutical services in the City of London and should therefore be updated every three years.

1.16 The HWB is also obligated to revise the PNA publication if significant changes in pharmaceutical services occur before 1<sup>st</sup> October 2028. Not all changes in a population or area will necessarily affect the need for pharmaceutical services. If the HWB identifies a change that warrants a review, they may issue a supplementary statement explaining the changes since the PNA was published.

# Chapter 2 - Strategic Context

- 2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

## National Context

- 2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

### Health and Care Act (2022)<sup>1</sup>

- 2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

### Health Equity in England: Marmot Review 10 years on<sup>2</sup>

- 2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and

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<sup>1</sup> Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>2</sup> Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: [Marmot Review 10 Years On - IHE](https://www.instituteofhealthequity.org/)

vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

### **Plan for Change<sup>3</sup>**

- 2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpin the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.
- 2.6 As part of this, the Community Pharmacy Contractual Framework (CPCF), agreed by the Department of Health and Social Care, NHS England, and Community Pharmacy England, outlines how community pharmacies support the NHS Long Term Plan. Funding has increased to £2.698 billion for 2024–2025 (a 4.1% rise) and will grow to £3.073 billion in 2025–2026.
- 2.7 Building on the expansion of clinical services, the 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. Key developments include:
- New Medicine Service: Expanded to include support for patients with depression.
  - Pharmacy Contraceptive Service (PCS): Will now include emergency contraception; drospirenone to be supplied under a Patient Group Direction (PGD).
  - Smoking Cessation: Varenicline and cytisinicline to be provided via PGD.
  - Skill Mix: Greater use of both registered and non-registered staff, including pharmacy technicians delivering PGDs.
  - Hypertension Case Finding: Updates to align with NICE guidelines, including limits on funded clinic check consultations and clearer referral criteria for GPs.
- 2.8 These changes aim to enhance pharmacy services and integrate them more deeply into NHS care delivery.

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<sup>3</sup> HM Government (2024). *Plan for Change: Milestones for mission-led government*. Available here: [Plan for Change – Milestones for mission-led government](#)

## Pharmacy Integration Fund

- 2.9 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.
- 2.10 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

## Local Context

### Joint Local Health and Wellbeing Strategy (JLHWS) 2024-28<sup>4</sup>

- 2.11 The JLHWS outlines the priorities, outcomes, and actions established by the City of London Health and Wellbeing Board to address health inequalities within the local area. Whilst acknowledging many factors can impact health and wellbeing, this strategy focuses on three key priorities determined through a combination of existing evidence and resident engagement:

- Increasing financial resilience.
- Social isolation and connection.
- Mental health.

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<sup>4</sup> City of London (2024). *Joint Local Health and Wellbeing Strategy 2024-28*. Available here: [Joint Local Health and Wellbeing Strategy 2024-28](#)

2.12 A summary of each of these priorities is outlined below.

- Priority 1 - Increasing financial resilience: This focuses on improving employment opportunities by helping individuals upskill or transition to better jobs, creating apprenticeships and internships through local businesses, and promoting access to existing financial assistance programs. Additionally, wrap-around services will be provided at the Artisan Food Pantry, and efforts will be made to ensure residents are aware of and are accessing their entitlements. Money and debt advice will be offered in health and care settings, and the Housing Support Fund (HSF) will be used innovatively to address needs. Finally, recommendations from the "Delivering Better Health Outcomes for Hidden Workers" report will be implemented.
- Priority 2 – Increasing social connection and reducing social isolation: Over the next four years, the focus will be on embedding efforts to tackle social isolation and promote social connection across service plans, strategies, and policies within partner organisations. This will include equipping partners to identify residents at risk of social isolation, raising awareness of initiatives that support social connection, increasing social capital in the City of London, and promoting physical activity.
- Priority 3 – Improving Mental Health: the focus will be on shaping the 'Mental Health Integration Committee' to ensure its strategic objectives address the needs of the City of London, fostering collaboration to strengthen local mental health services within the neighbourhood model. This includes integrating the promotion of good mental health into partner strategies and services, strengthening the evidence base on mental health, and ensuring emotional wellbeing for various groups through strategies like the Carers and Emotional Wellbeing Strategies. Efforts will also include addressing the mental health needs of rough sleepers, promoting self-help and prevention, and collaborating on suicide prevention initiatives.

## **City and Hackney Immunisations Strategic Action Plan 2024-2027<sup>5</sup>**

- 2.13 The Immunisations Strategic Action Plan seeks to protect all communities from vaccine-preventable diseases by enhancing immunisation coverage and addressing disparities through community-driven, data-informed, and system-led initiatives.
- 2.14 The action plan outlines five key objectives:
- Reduce inequalities in 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.
  - Provide guidance, training and development across the system as part of the approach to Making Every Contact Count.
  - Develop an implementation and evaluation framework.

## **City and Hackney Sexual and reproductive health 2024-2029<sup>6</sup>**

- 2.15 The overarching ambition of this strategy is for all residents in Hackney and the City of London to lead healthy and fulfilling lives in which they have knowledge and agency to make informed choices about their sexual and reproductive health and can access high quality services to support them in doing so. The vision is to work with residents and partners from across the spectrum of integrated SRH in order to deliver high quality, easy-access and equitable provision across the City of London and Hackney, with the prevention of illness and the promotion of healthy relationships at the core of all activity. It sets out to:
- Improve the quality of care provided to all residents
  - Improve outcomes and/or reduce variability in outcomes

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<sup>5</sup> NHS Northeast London, City of London, Hackney (2024). *City and Hackney Immunisations Strategic Action Plan 2024-2027*. Available here: [City & Hackney Immunisation Strategic Action Plan](#)

<sup>6</sup> City of London, Hackney (2024). *City and Hackney Sexual and reproductive health 2024-2029*. <https://cityhackneyhealth.org.uk/wp-content/uploads/2025/01/City-Hackney-Sexual-and-Reproductive-Health-Strategy-2024-2029.pdf>

- Achieve more efficient and sustainable delivery

### **Healthy Connections: the role of Social Capital in City & Hackney<sup>7</sup> :**

2.16 The report outlined the strong basis to build upon in City and Hackney and how the public health team, wider council along with partners across the community and statutory sector can build on this further through working together. The core recommendations of the report were:

- To design and evaluate the approach with the community.
- To consider places as well as people to build social capital.
- To work in partnership with the networks and assets across City & Hackney.

### **City of London and Hackney Needs Assessments**

2.17 Healthy Weight Needs Assessment for City and Hackney<sup>8</sup>: A series of recommendations were made following this report, which included:

- Collaboration is key to promoting healthy weight and tackling obesity-related harms in City and Hackney. This involves strengthening whole-system approaches by reviewing and updating local plans, ensuring effective strategies are embedded. Additionally, a shared measurement framework should be co-developed with stakeholders to track progress toward healthy weight goals. Lastly, residents must be actively involved in designing and delivering these initiatives, working closely with voluntary and community sector partners to ensure their needs are at the heart of local efforts.
- Targeted support for those most in need to achieve and maintain a healthy weight. This includes a combination of nutritional support, upskilling, enhancing care pathways and promoting disease prevention programmes.
- Ensure easy access to affordable healthy food by building on good local practices, increasing food growing, seeking additional opportunities to improve

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<sup>7</sup> City of London, Hackney (2024). *Healthy Connections: the role of Social Capital in City & Hackney*. Available here: [Annual-Director-of-Public-Health-report-2024\\_25.pdf](#)

<sup>8</sup> City of London, Hackney (2024). *Healthy Weight Needs Assessment for City and Hackney*. Available here: [Final version- Healthy weight needs assessment report 2024](#)



the wider local food environment, and supporting more low-income families to access healthy food.

- Develop a healthy environment that makes it easy for people to be active, prioritising play in early years, increasing physical activity within schools, improving understanding of physical activity needs and increase awareness of tailored, inclusive leisure programmes amongst inactive residents.
- Enable easy access to information to promote healthy weight messages, including the dissemination of tailored information.

2.18 Cancer Needs Assessment<sup>9</sup>: the report aimed to assess cancer-related needs in City and Hackney and provide recommendations for local action to improve cancer outcomes – through primary prevention (addressing cancer risk factors), secondary prevention (screening and early diagnosis) and tertiary prevention (effective, equitable treatment and ongoing support for cancer survivors).

2.19 Tobacco Needs Assessment<sup>10</sup>: recommendations included:

- Sustained and robust partnership action to address inequalities.
- Take a whole school approach by offering tailored support to quit.
- De-normalising smoking.
- Offer flexible services that meet the needs of individuals.
- Developing communication campaigns to dispel myths associated with vaping.


2.20 Joint strategic needs assessment for children and young people with special education needs and disabilities<sup>11</sup> recommended enhancing communication strategies to ensure clear, accessible information for families and professionals; improving early identification and intervention processes; increasing accessibility and availability of health and wellbeing services; implementing targeted strategies to

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<sup>9</sup> City of London, Hackney (2024). *City and Hackney Cancer Joint Strategic Needs Assessment 2024*. Available here: [Cancer JSNA FINAL August 2024](#)

<sup>10</sup> City of London, Hackney (2024). *Tobacco needs assessment for City and Hackney*. Available here: [Tobacco Needs Assessment for City and Hackney](#)

<sup>11</sup> City of London, Hackney (2024). *City and Hackney Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities*. Available here: [City and Hackney Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities](#)



address health and social inequalities; improving data collection and sharing practices; and addressing broader social determinants of health and wellbeing of children and young people with SEND.

# Chapter 3 - Methodology

3.1 In line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, this PNA has been developed using a range of information sources. These include:

- Nationally published data.
- The City of London and Hackney Health and Wellbeing Profile.<sup>12</sup>
- Local policies and strategies.
- A survey to people who live, work and study in the City of London.
- NHS Business Services Authority.
- Commissioning data from:
  - City of London and the London Borough of Hackney.
  - NHS North East London ICB.

3.2 These data have been collated to illustrate the City of London population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

## Geographical coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. The PNA Steering Group decided that the City of London geography would be used to define a single locality for the PNA.

3.4 The HWB considered provision and choice of pharmacies is determined by accessible distance as defined as one or more of the following:

- 15-minute walking distance.
- 10-minute driving distance.
- 15-minute journey by public transport.

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<sup>12</sup> <https://cityhackneyhealth.org.uk/>

- 3.5 These are mapped and presented in Chapter 7 of this report.
- 3.6 Other factors are considered when determining if there is sufficient pharmacy provision. These include pharmacy provision outside normal working hours (past 5:30pm on weekdays), proximity to GP practices, current and future population density, changes in healthcare provision and deprivation levels.

## **Patient and public survey**

- 3.7 A patient and public survey was shared across the City of London to understand how people use their pharmacies; what they use them for and their views of the pharmacy provision. Responses from the survey of people who live and work in the City of London were explored, and an equality impact assessment was carried out. The findings from the survey are presented in Chapter 6 of this PNA.

## **Governance and Steering Group**

- 3.8 The City of London HWB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The management governance of the production of this PNA was delegated by the HWB to the City and Hackney PNA steering group.
- 3.9 The City and Hackney PNA steering group comprised representation from:
- City of London and the London Borough of Hackney Public Health Team.
  - Community Pharmacy NEL (NEL LPC).
  - NHS North East London.
  - Healthwatch City of London.
  - Healthwatch Hackney.
  - Healthy Dialogues.
- 3.10 The Terms of Reference of the Steering Group presented in Appendix A.

## **Stakeholder consultation and report**

- 3.11 A draft of this PNA was put out to consultation between the period of 20<sup>th</sup> June to 19<sup>th</sup> August 2025. Comments received over the period were considered and incorporated into the final report to be published by 1<sup>st</sup> October 2025.

# Chapter 4 - Population demographics

- 4.1 This chapter provides an overview of the City of London's population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of the district's residents, population sizes changes, the wider determinants of health and patient groups with specific needs.

## About the area

- 4.2 The City of London, often referred to simply as "the City" or "the Square Mile," is a unique local authority at the historic and financial heart of Greater London. Unlike other London local authorities, it holds city status in its own right and operates with a distinctive governance model headed by the Lord Mayor of London, separate from the Mayor of London who oversees the wider metropolis.
- 4.3 Neighbouring the City of London are several London boroughs, including Camden and Islington to the north, Hackney and Tower Hamlets to the east, Southwark to the south across the River Thames, and the City of Westminster to the west.
- 4.4 The City's daytime population swells significantly due to the vast number of commuters working in its major financial institutions, law firms, and corporate offices.
- 4.5 It is home to landmark institutions including the Bank of England, the London Stock Exchange, and numerous global banks. The City is also renowned for its historic buildings including St Paul's Cathedral, The Gherkin, Old Bailey and Leadenhall Market.
- 4.6 Despite being primarily a commercial district, the City includes several green spaces such as Postman's Park and Finsbury Circus.

## Demography

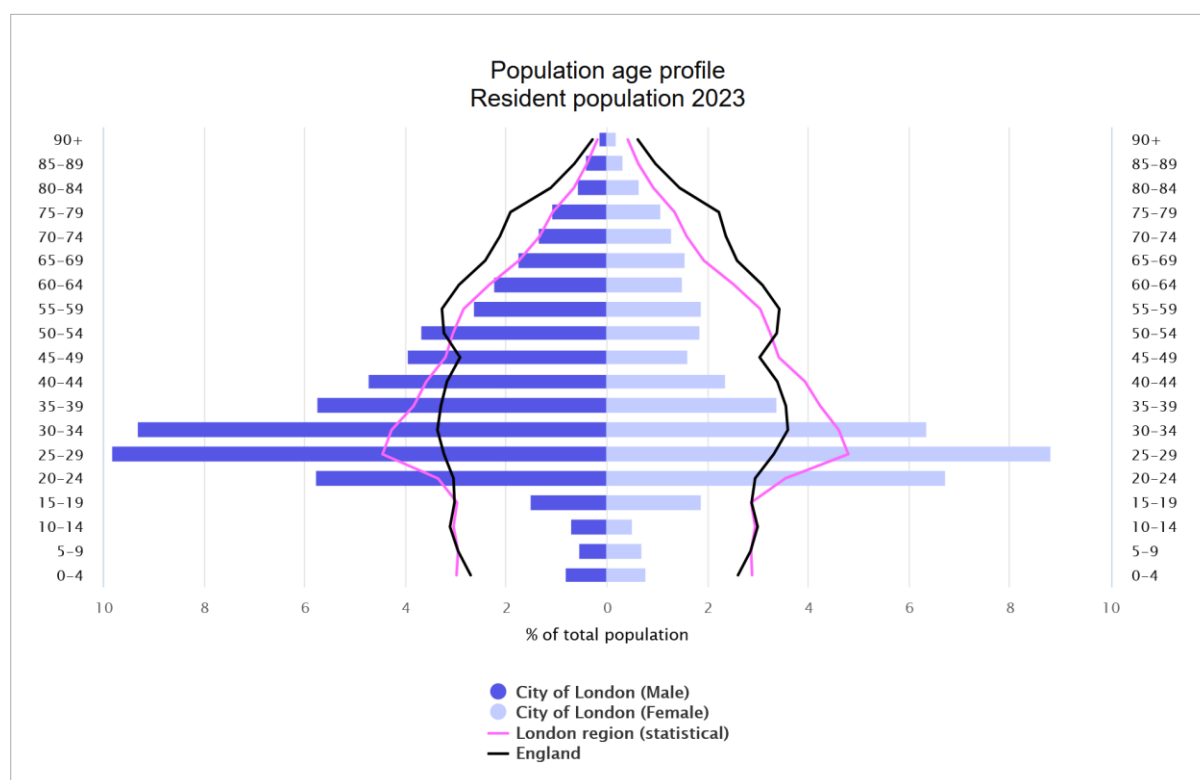
### Population size and density

- 4.7 The Greater London Authority projects City of London's population to be 10,559 in 2025 (Housing-led projections, central fertility identified capacity).
- 4.8 With a population density of 37 people per hectare, City of London is one of the least densely populated local authorities in London, attesting to the large commuter presence it exhibits.

## Age profile

- 4.9 The City's median age of 37 years is greater than that of London (35 years) but below the national average (40 years).
- 4.10 Older adults (aged 65 and over) make up 13% of the district's population. This is just above London's overall picture which stands at 12%.
- 4.11 The figure below presents a breakdown of the age and gender of the City of London residents. It shows how the City has a higher proportion of young working age population and lower proportion of children compared to the rest of London and the nation.

**Figure 4.2: Proportion of City of London resident population by age-band and gender**



Source: Public Health Outcomes Framework, Resident Population 2023

## Ethnicity and diversity

- 4.12 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance<sup>13</sup> highlights that community pharmacies can impact on health inequalities in several ways. For example, pharmacy staff often

<sup>13</sup> NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

- 4.13 Nearly a third of City of London residents (31%) are from an ethnic minority as detailed in the table below.

**Table 4.1: Proportion of City of London population by ethnicity**

	City of London	London	England
Asian or Asian British	17%	21%	9%
Black, Black British, Caribbean or African	3%	14%	4%
Mixed or Multiple ethnic groups	5%	6%	3%
White	69%	54%	82%
Other ethnic group	6%	6%	2%

Source: ONS, Census, 2021

- 4.14 Spanish, French and Italian are the most widely spoken main languages in the district after English.

**Table 4.2: Proportion of main languages spoken in the City of London - Top 10**

Main Language	Percentage of population
English	78.4%
Spanish	2.9%
French	2.0%
Italian	2.0%
All other Chinese	1.8%
German	1.2%
Greek	1.1%
Portuguese	1.1%
Bengali (with Sylheti and Chatgaya)	1.1%
Polish	1.0%

Source: ONS, Census 2021

- 4.15 1.6% of the borough's population reports that they cannot speak English well or at all.
- 4.16 Clinical services have expanded and become more available in community pharmacy. With that, the need has grown for translation services to support the diverse population in North East London. NEL ICB has agreed for a translation

service provider to be available for community pharmacies in NEL and the cost of translation service will be reimbursed to the pharmacy providers.

## Population changes

### Population size projections

- 4.17 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.
- 4.18 During the 2025-2028 PNA period, City of London's population is expected to increase by 2.5% to 10,827 (GLA, Housing-led projections, central fertility identified capacity). These projections are based on mid-year population estimates and assumptions such as births, deaths, and migration.

Table 4.3: Projected population changes between 2025 and 2028

Year	Population Size	Percentage Change
2025	10,559	0.0%
2026	10,625	0.6%
2027	10,719	1.5%
2028	10,827	2.5%

Source: GLA population projections

### Housing developments

- 4.19 The City of London is scheduled to complete over 1,600 new dwellings in the lifetime of this PNA. The largest of these developments are for student housing. It should be noted that not all units will be complete in the anticipated time.

Table 4.4: Housing developments projected to be completed during the lifetime of the PNA

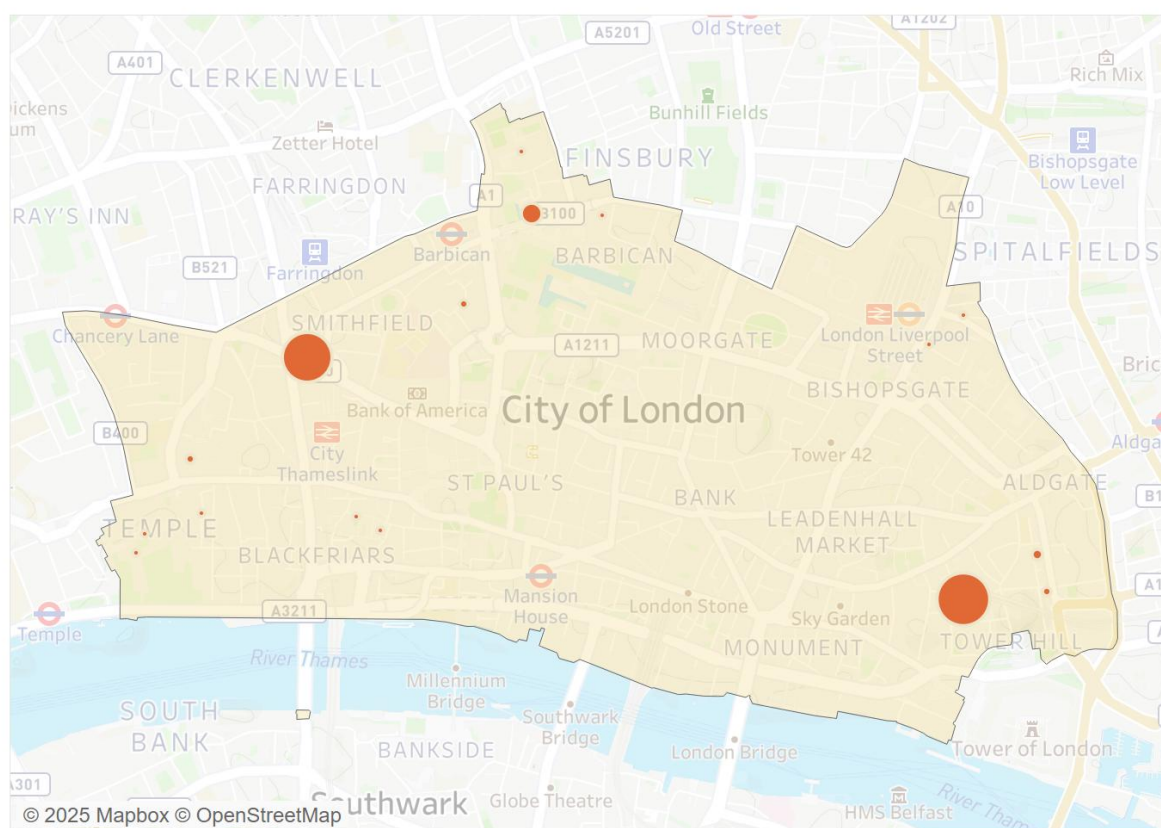
Type	2025	2026	2027	2028	Total
Student housing				1470	1470
Co-living			97		97
Residential	27	42			69
<b>Year Total</b>	<b>27</b>	<b>42</b>	<b>97</b>	<b>1470</b>	<b>1,636</b>

Source: City of London

- 4.20 The location of the development sites is shown below.



**Figure 4.3: Location of housing development sites**



**Source: City of London**

- 4.21 The largest of the sites are on Crutched Friars (782 units) and Holborn Viaduct (688 units), both of which are for student accommodation.

### ***Changes in employment***

- 4.22 The City of London has a large day time population consisting of people who work in the district but do not live in it. Given the nature of its population base, any significant changes in employment levels would affect the demand for pharmaceutical services in the area.
- 4.23 There are 678,000 workers in the City of London, with jobs having grown over 25% since pre-pandemic 2019 to 2023, with nearly 136,000 more jobs than in 2019 (ONS). Financial and professional services account for over half of the City's workforce. However, given the evolving economic climate and potential shifts in working patterns, it is not possible to reliably predict future employment levels or their impact on the demand for pharmaceutical services in the City of London.

## Wider determinants of health

- 4.24 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These are outlined in Fair Society, Healthy Lives: (The Marmot Review)<sup>14</sup> and later the 'Marmot Review 10 Years On'<sup>15</sup>. They include factors such as deprivation, education, employment and fuel poverty.

### Index of Multiple Deprivation

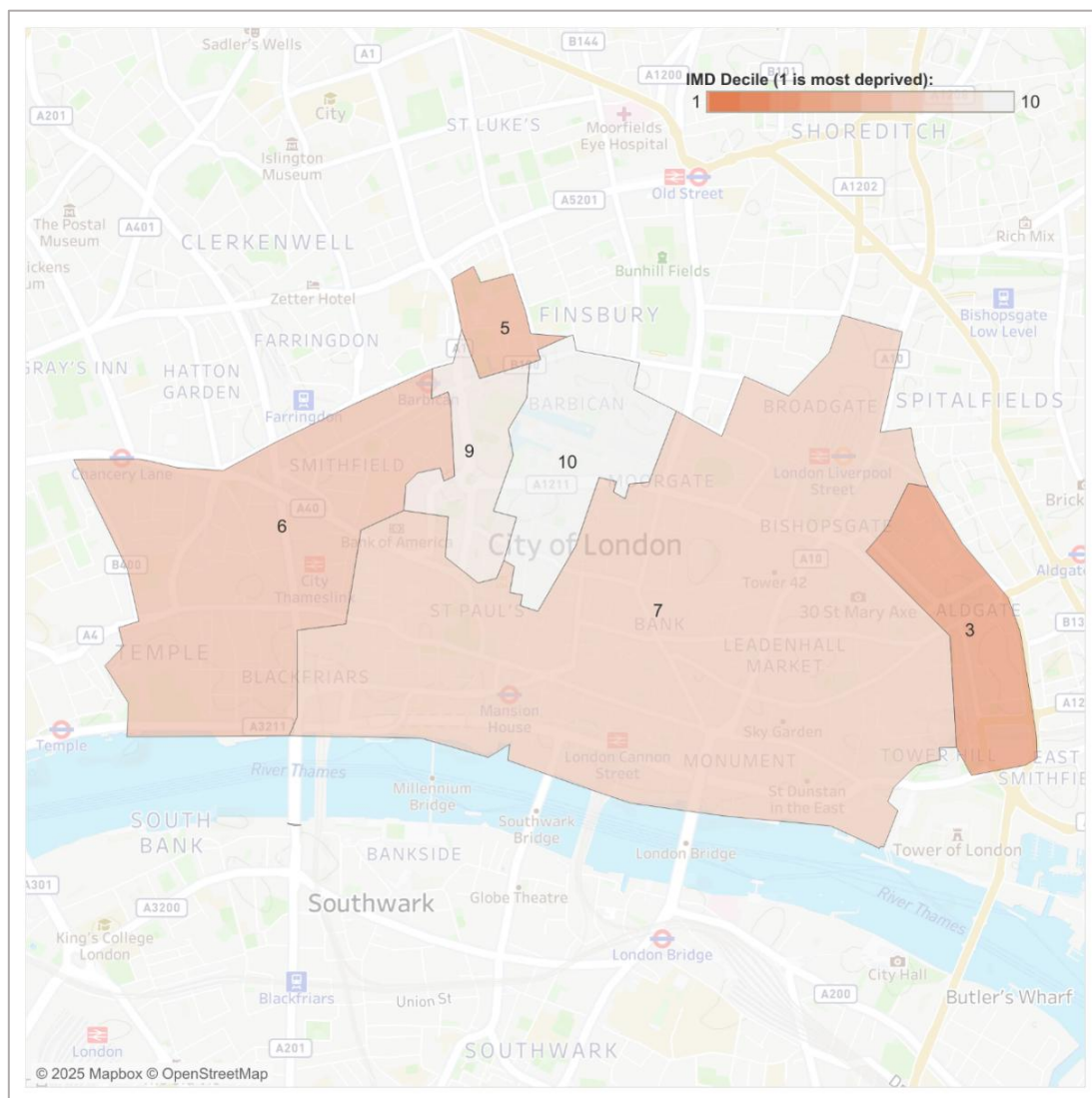
- 4.25 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.26 City of London is ranked 126<sup>th</sup> out of the nation's 151 upper-tier local authorities, where 1 is the most deprived.
- 4.27 Figure 4.4 shows deprivation deciles at Lower Super Output Area (LSOA) level, highlighting that none of the district's 6 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

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<sup>14</sup> Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>15</sup> Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

**Figure 4.4: The Index of Multiple Deprivation deciles in City of London by LSOA, 2019**



**Source: Ministry of Housing, Communities & Local Government**

## **Other economic markers**

- 4.28 In 2022, 5.3% of people did not have enough income to afford sufficient fuel. This is lower the London and national rates of 10.4% and 13.1% respectively (OHID, Public Health Profiles).

## **Patient groups with specific needs**

### **People who are sleeping rough**

- 4.29 Homelessness is a serious and highly visible issue in the City of London, where a disproportionately high number of individuals experience street homelessness. In 2023, 61 people were recorded as sleeping rough on a single night in the Square

Mile, equating to a staggering rate of 562.4 per 100,000 residents<sup>16</sup>, significantly above national and regional averages. However, homelessness in the City extends beyond rough sleeping to include individuals in unsafe, overcrowded, or insecure housing, as well as those at risk of losing their home.

- 4.30 The City of London Corporation's Homelessness and Rough Sleeping Strategy (2023–2027)<sup>17</sup> highlights a renewed commitment to tackling the root causes and consequences of homelessness. The strategy prioritises early intervention, rapid and tailored responses, sustainable access to suitable housing, and collaborative working across services and borough boundaries. Special attention is given to individuals with complex vulnerabilities, including those with mental health needs, substance use issues, and histories of trauma, care, or exclusion, who are overrepresented in homelessness statistics.
- 4.31 Community pharmacies in the City of London can play a vital role in supporting residents affected by homelessness. They are often among the most accessible and trusted health services, especially for individuals who may not engage with GPs or secondary care. For those sleeping rough or in precarious housing, pharmacies can provide a safe, stigma-free environment where people can access both clinical services and advice.
- 4.32 Pharmacies contribute to harm reduction by distributing clean needles, offering supervised consumption services, and providing medications management. They can also supply essential health information around personal hygiene, vaccinations, and sexual health, addressing some of the basic but critical health needs of people who are homeless.

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<sup>16</sup> Department for Levelling Up, Housing & Communities. Official Statistics. Rough Sleeping snapshot in England: Autumn 2023.

<sup>17</sup> City of London Corporation. (2023). *Homelessness and rough sleeping strategy 2023–2027* [PDF]. <https://www.cityoflondon.gov.uk/assets/Services-DCCS/homelessness-and-rough-sleeping-strategy-2023-27.pdf>

### **Summary of the demographics of the City of London**

The City of London, with an estimated population of 10,559, is one of the least densely populated areas in London, though its daytime population significantly increases due to commuting workers. The population of the City is expected to increase by 2.5% by 2028.

The population is relatively mature, with a median age of 37, and 13% of people aged 65 and over. Around 31% of residents identify as part of an ethnic minority, and multiple European languages such as Spanish, French, and Italian are commonly spoken.

Deprivation levels are comparatively low compared with other local authorities. However, the area faces a notable challenge with homelessness, exhibiting one of the highest rough sleeping rates in the country.

# Chapter 5 - Population health needs

- 5.1 This chapter provides an overview of health and wellbeing in City of London, focusing on topics related to the needs for community pharmacy services. This explores health behaviours and major health conditions in City of London.
- 5.2 All the data in this chapter is sourced Office for Health Improvement and Disparities (OHID), Public Health Profiles, 2025.
- 5.3 Some data sources used in this section are specific to the City of London. However, many OHID datasets combine information for both the City of London and Hackney, and cannot be disaggregated. As a result, there are limitations to interpreting this combined data for the City alone. Where such combined data is used, this has been clearly noted in the text.

## Our health and behaviours

- 5.4 Community pharmacies are often situated within the heart of communities. The 'walk-in' access to their services makes them ideally placed to provide opportunistic screening and brief interventions, supporting local health and wellbeing.
- 5.5 Within the NHS Community Pharmacy Contractual Framework, community pharmacies are required to have appropriate provisions in place to offer health promotion on risk factors such as smoking cessation and weight management. They can also give opportunistic advice and information on wellbeing and self-care along with signposting, supporting individuals to reach the appropriate services for support.
- 5.6 In the following section, we explore the health behaviours and lifestyle factors that impact on health and wellbeing. The role of pharmacies in supporting these through the Healthy Living Pharmacy framework and by signposting are also discussed. Topics include weight management, physical activity, smoking, alcohol consumption and substance misuse, mental health, and sexual health.

## Smoking

- 5.7 Smoking is the leading cause of premature death and preventable illness in England. It is estimated that smoking accounts for 16% of all premature deaths in England and more than 9% of years of life lost as a result of ill health, disability or early death.

Smoking increases the risk of many diseases and conditions, including cancer, respiratory diseases and cardiovascular diseases.

- 5.8 The GP Patient Survey collects data on smoking behaviours from patients at GP services. According to this, in 2022/23, 7.5% of adults aged 18 and over in City of London smoked, half of that in London (15%) and significantly less than the rate in England of 13.6%.
- 5.9 Due to the harmful effects of smoking on maternal health and the baby's growth and development, smoking prevalence among pregnant women is monitored. In 2023/24, 3.7% of mothers in City and Hackney combined, smoked at the time of delivery, similar to the rate of 3.9% in the London region but significantly better than the England rate of 7.4%.
- 5.10 Community pharmacies can provide information and advice around smoking cessation, supplying individuals with appropriate resources such as leaflets and booklets. As detailed in chapter 7, community pharmacies can also offer smoking cessation services, including brief advice on stopping smoking, information on vaping, provision of nicotine replacement therapies as well as prescription medicines (e.g., varenicline and bupropion).

## **Alcohol**

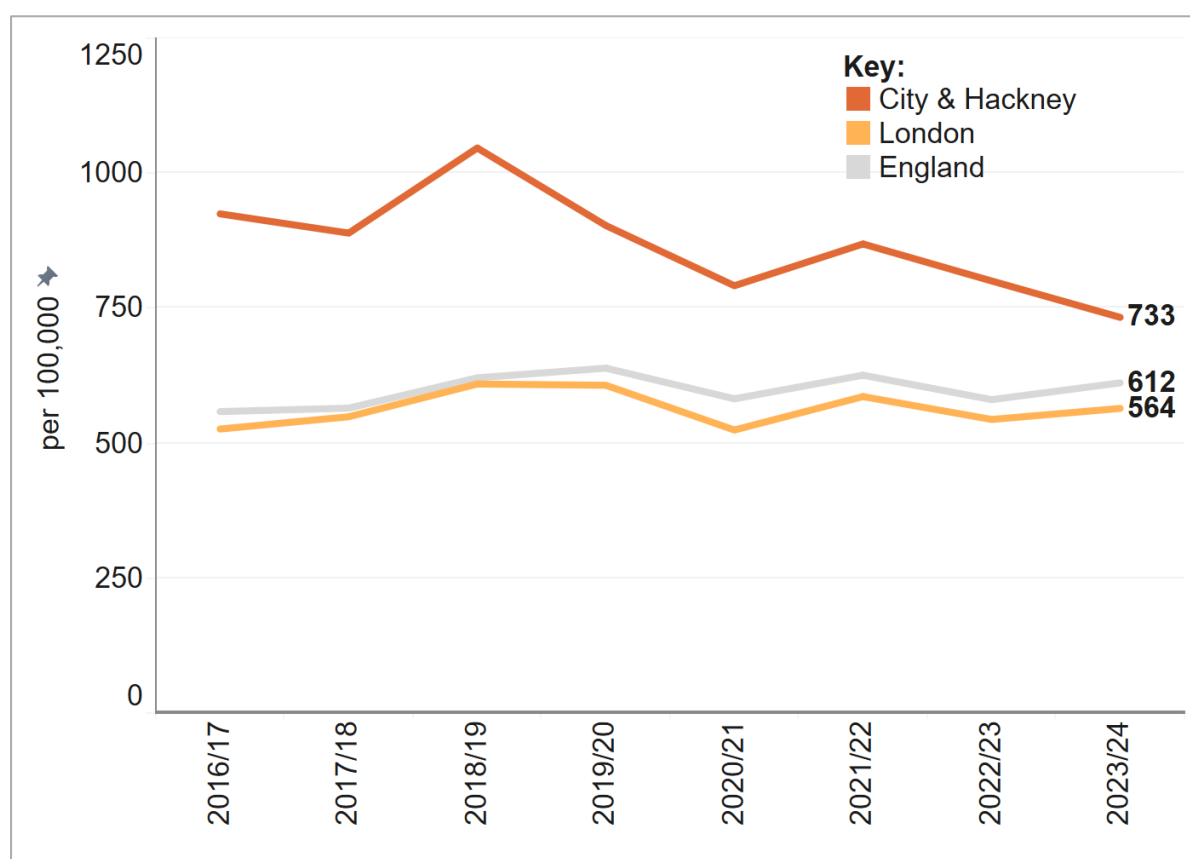
- 5.11 Harmful drinking is associated with a myriad of health issues such as brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, and poor mental health. Additionally, other risks include accidents, acts of violence, criminal behaviour, and various social problems following alcohol consumption.<sup>18</sup>
- 5.12 In 2023, for City and Hackney combined, the rate of 'alcohol-rated mortality' was 31.3 per 100,000 population, similar to the rate for the London region and is statistically similar to the rate for England (40.7 per 100,000).
- 5.13 In 2023/24, for City and Hackney combined, the rate of admission episodes for alcohol-specific conditions was 733 per 100,000, which is significantly worse than the rate for England of 612 per 100,000. However, this has been decreasing, with improvements since 2018/19.

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<sup>18</sup> GOV.UK - Health matters: harmful drinking and alcohol dependence



**Figure 5.1: Admission episodes for alcohol-specific conditions in City and Hackney, London and England 2016/17 – 2023/24**



- 5.14 Community pharmacies are well-placed to support individuals to engage with local addiction services. Some pharmacies are also able to provide medicine used in the treatment of alcohol use disorder (alcoholism) such as Acamprosate.

### Drug use

- 5.15 Substance misuse is associated with a range of mental health issues, including depression, disruptive behaviour and suicide. Between 2021 and 2023, the rate of deaths due to drug misuse was 5.8 per 100,000 population for City and Hackney, which is similar to the rates for England (5.5 per 100,000) and the London region (3.8 per 100,000).
- 5.16 In 2023, 4.5% of drug users aged 18 and over in City and Hackney successfully completed treatment for opiate use, a figure similar to England (5.1%) and the London region (5.2%). Among non-opiate users aged 18 and over, the successful treatment completion rate in City and Hackney was 22.1%, compared to 29.5% for England and 28% for London.



- 5.17 Harm reduction services for substance misuse can be provided by community pharmacies such as offering needle exchange, opioid substitution therapies (e.g., methadone and Buprenorphine) as well as supervised consumption services. Some pharmacies may also provide medicine such as naloxone for the reversal of opioid overdoses.

### **Weight management**

- 5.18 An individual is classified as obese when their Body Mass Index (BMI) exceeds 30. Obesity is associated with premature mortality and preventable ill health, increasing the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes.
- 5.19 In 2023/24, 48.6% of adults in City of London were overweight or obese, significantly lower than the national average of 64.5% and lower than the London rate of 57.8%. This is the third lowest in the London region.
- 5.20 Childhood obesity, which can have life-long health implications, is on the rise. Children who are overweight or obese have increased risk of elevated blood lipids, glucose intolerance, type 2 diabetes, hypertension, and liver enzyme increases linked to fatty liver disease. Additionally, these children may experience psychological issues, including social isolation, low self-esteem, teasing and bullying.
- 5.21 City and Hackney have high levels of overweight and obesity among children. In 2023/24, 26.3% of children in Reception Class in City and Hackney were classified as overweight or obese, significantly worse than the England rate of 22.1% and is the highest in the London region. Similarly, among children in Year 6, 41.4% were overweight or obese in City and Hackney, significantly higher than the national average of 35.8% and the fifth highest in the London region.
- 5.22 Community pharmacies can provide onward referrals to weight management support such as local services or the NHS Digital Weight Management Programme where individuals can receive one-to-one coaching from a weight loss expert.

### **Physical activity**

- 5.23 Maintaining a physically active lifestyle can reduce the risk of developing cardiovascular disease, coronary heart disease, and stroke, along with improving mental health and overall wellbeing. According to the Global Burden of Disease

study, physical inactivity is directly responsible for 5% of deaths in England and is the fourth leading risk factor for global mortality.<sup>19</sup>

- 5.24 The population of City of London is relatively active. In 2023/24 63.2% of adults in City of London were considered 'physically active', similar to the England average of 67.4%. Additionally, 26.1% of adults in City of London were classed as 'physically inactive', similar to the England rate of 22%.

### **Sexual health**

- 5.25 Sexual health services in City of London are provided by the Homerton Healthcare NHS Foundation Trust, GPs, pharmacies and online through Sexual Health London.
- 5.26 The rate of new sexually transmitted infection (STI) diagnoses in City of London is considerably higher than the national average although the number of STIs may be over reported due to some sexual health clinics incorrectly registering non-residential City workers with work postcodes.
- 5.27 In 2023, there were 15 cases of chlamydia detected in City of London, equating to a rate of 1,685 per 100,000 young people aged 15–24 (females). This is significantly lower than the rates for England (1,962 per 100,000) and the London rate of (2,028 per 100,000), although rates for the City of London are based on small numbers.
- 5.28 Community pharmacies are vital in promoting and supporting sexual health in a variety of ways, such as STI self-testing, chlamydia treatment and providing contraceptive counselling to support the selection of contraception methods, offering emergency contraceptive services as well as products for on-going contraception. It is possible to easily purchase condoms at pharmacies, and they are also provided free of charge as part of the locally commissioned enhanced service. The role of community pharmacies in providing both PrEP and sexual health related vaccinations such as Hepatitis A/B, Mpox, HPV catch up and MenB for gonorrhoea prevention is an area that is likely to be developed locally for commissioning in 2025/26.
- 5.29 Community pharmacies can also give information about sexual health in leaflets, brochures, and one-on-one consultations. This information can include the signs and

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<sup>19</sup> World Health Organization - Global Status Report on Physical Activity 2022

symptoms of common STIs, safe sex practices, treatment seeking and when to get tested. Some pharmacies may also be able to screen for STIs such as chlamydia, increasing access and encouraging early detection.

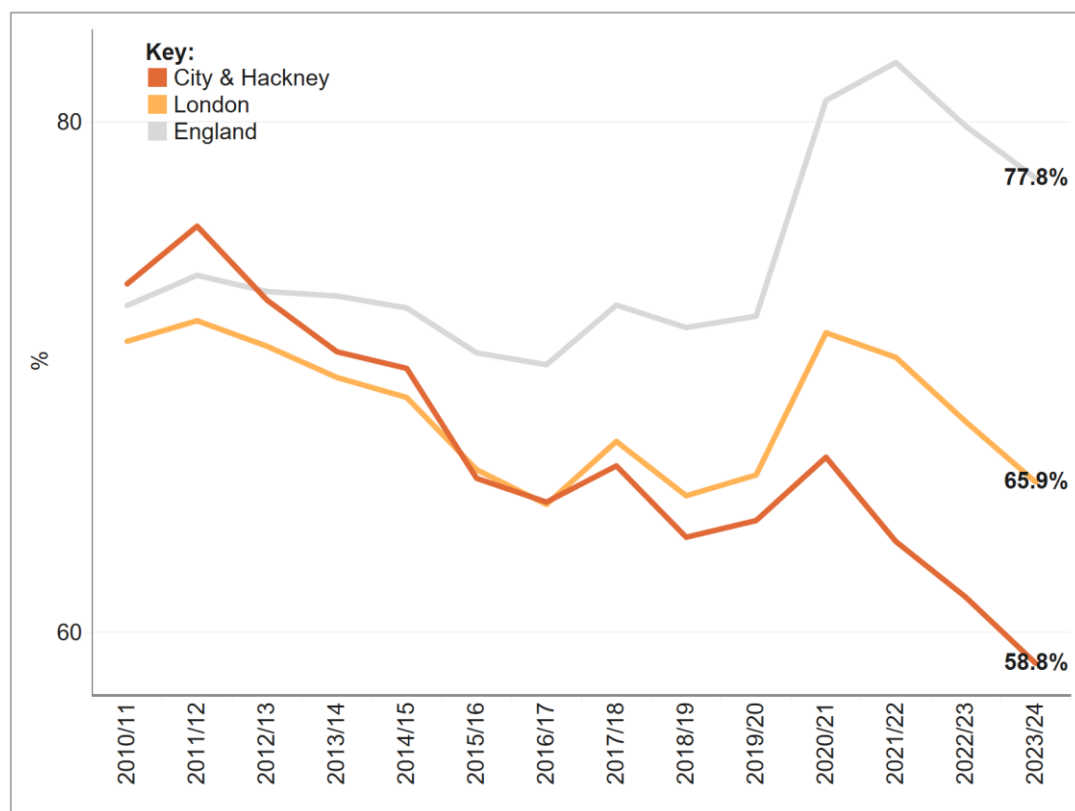
## **HIV**

- 5.30 The latest figures show that there were only 3 residents aged 15-59 years in the City in 2023 newly diagnosed with HIV. This equates to 22.3 per 100,000 population which is statistically similar to the national rate of 10.4 per 100,000 and similar to the regional rate of 17.2 per 100,000.
- 5.31 HIV testing coverage in City of London in 2023 was the second highest in the London region. In City of London, 14,363.4 per 100,000 people who attended specialist sexual health services were tested, which is higher than the London rate of 6,816.5 per 100,000 and is significantly higher than the rate for England (2,770.7 per 100,000).

## **Flu vaccination**

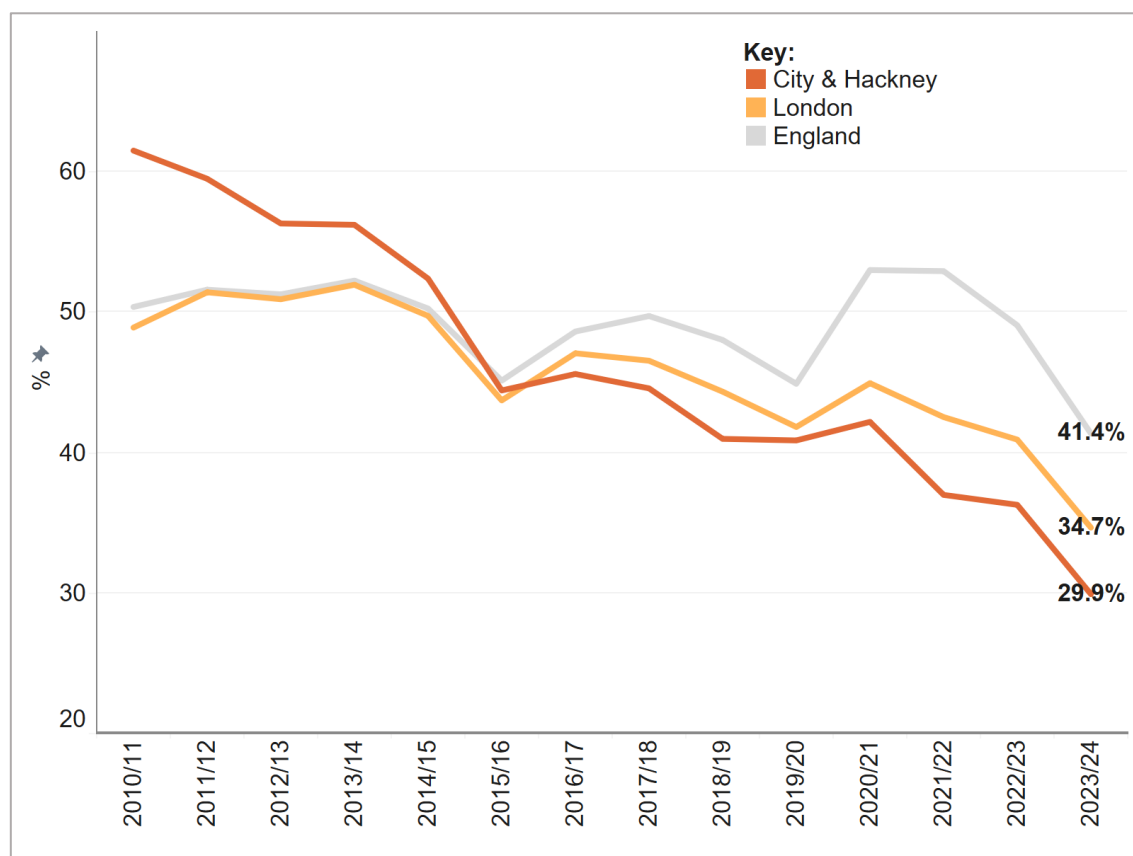
- 5.32 The flu vaccination is offered to individuals at greater risk of developing serious complications from flu. In 2023/24, 58.8% of over-65s in City and Hackney received the vaccine. This is below the England average of 77.8% and is below the national vaccination coverage target of 75%. This has been decreasing and getting worse since 2019/20 (Figure 5.2).

**Figure 5.2: Prevalence of flu vaccination coverage for 65s and over in City and Hackney, London and England 2010/11-2023/24**



5.33 Flu vaccination coverage for at-risk individuals aged 6 months to 64 years in City and Hackney was 29.9% in 2023/24, the fourth lowest in the London region and below the England average of 41.4%. It also remains below the national vaccination coverage target of 55%. The coverage rate for at-risk individuals has been declining in recent years (Figure 5.3).

**Figure 5.3: Prevalence of vaccination coverage for flu for at risk individuals in City and Hackney, London and England 2010/11 – 2023/24**






- 5.34 The convenience of flu vaccinations provided by pharmacies can improve accessibility and uptake of flu vaccines, reducing the need to visit a GP for vaccination. Pharmacies are well positioned to reach vulnerable populations at higher risk of complications from the flu, such as older adults, people with chronic conditions, or pregnant women and people who might be less likely to visit their GP.

### MMR Vaccinations

- 5.35 Measles, Mumps, Rubella (MMR) a combined vaccine that protects against measles, mumps, and rubella, three highly contagious viral infections. City and Hackney (data combined) have the lowest uptake of the vaccine in England across both age groups (ages 2 and 5) (figure 5.4).

**Figure 5.4: Population vaccination coverage for MMR in City and Hackney, London and England in 2023/24**

Indicator	Period	Hackney		England				
		Recent Trend	Count	Value	Value	Worst	Range	Best
Population vaccination coverage: MMR for one dose (2 years old)	2023/24	↓	2,720	67.7%*	88.9%	67.7%		96.3%
Population vaccination coverage: MMR for one dose (5 years old)	2023/24	↓	3,135	78.2%*	91.9%	78.2%		97.1%
Population vaccination coverage: MMR for two doses (5 years old)	2023/24	↓	2,437	60.8%*	83.9%	60.8%		94.5%

- 5.36 Children in City can receive their MMR vaccinations from their GP practice and Catch-up Clinics in schools. In addition, parents and carers can book an appointment for their child with the Local Vaccination Team if they have missed a vaccination.

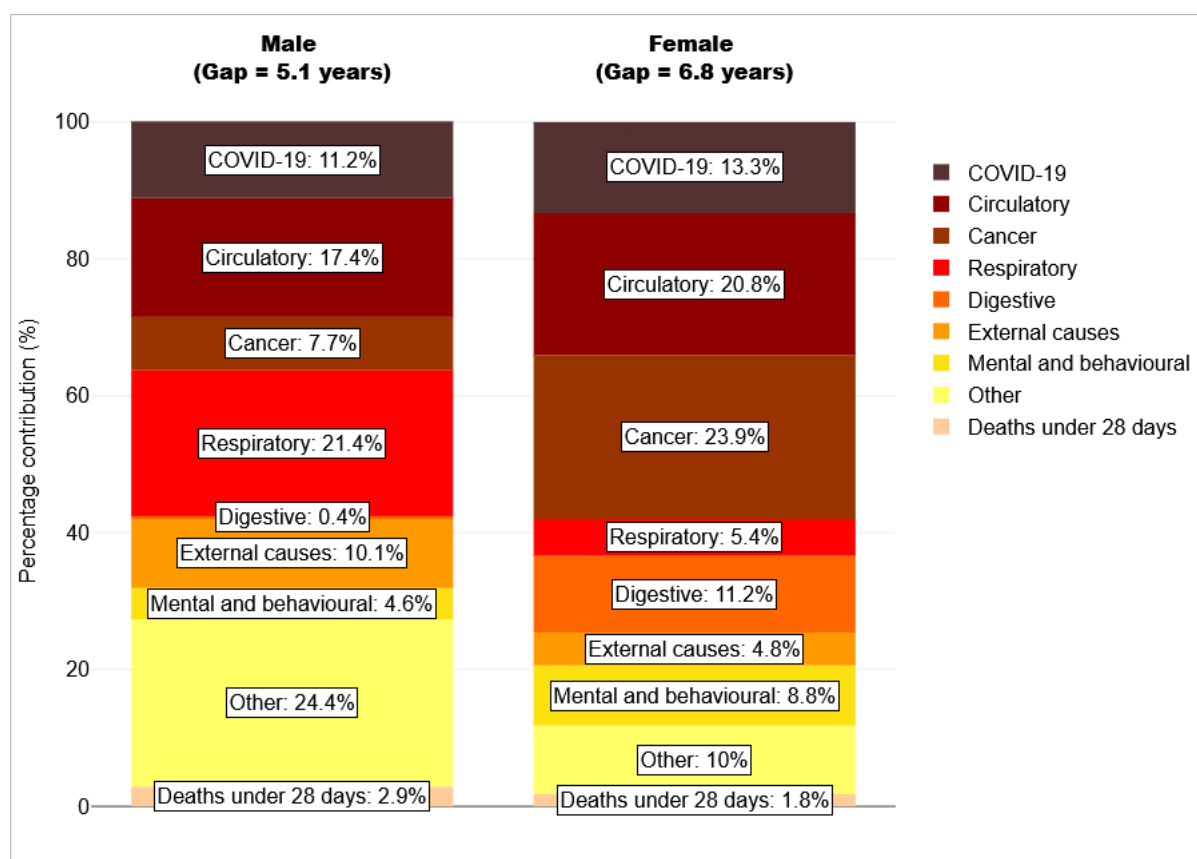
### Social isolation and loneliness

- 5.37 Social isolation and loneliness are linked to increased behavioural risk factors, poor mental health, and higher morbidity and mortality rates from conditions such as acute myocardial infarction and stroke. The 2021/22 to 2022/23 Active Lives Adult Survey asked respondents, "How often do you feel lonely?", to understand the proportion who feel lonely always or often. City and Hackney had the fifth highest figure in the London region, with 9.2% reporting that they feel lonely often or always, which is higher than the national figure of 6.8% and the regional figure of 7%.
- 5.38 The 2023/24 Adult Social Care Survey found that 36.8% of adult social care users in the City of London aged 18 and over reported having as much social contact as they would like, which is similar to the regional rate of 40.7% and statistically similar to the national rate of 45.6%. These figures highlight that nearly two thirds of those receiving social care do not have sufficient social contact and are likely experiencing isolation and loneliness.
- 5.39 Pharmacies can support mental health and wellbeing among the community by helping to identify new or worsening symptoms in patients, signposting or referring individuals to existing support services. They can also support medication adherence among patients. Pharmacists can also provide immediate access to necessary medications for those experiencing a mental health crisis, such as emergency supplies of medicines used for the treatment of mental health conditions, to help individuals manage their condition until they can access further support.

## Major health conditions

- 5.40 Examining the causes of the life expectancy gap between the most deprived and least deprived populations within a district can gain valuable insight into where a targeted approach is needed by building an understanding of which health conditions have the greatest impact on local populations.
- 5.41 Figure 5.5 illustrates the breakdown of the life expectancy gap (by broad cause of death) between the most deprived and least deprived quintiles of City and Hackney for 2020 to 2021. The leading cause of the life expectancy gap between the most and least deprived quintiles of City and Hackney for males was 'other' diseases, accounting for 24.4% of the gap, the second was respiratory diseases, accounting for 21.4%, whilst the third was circulatory diseases, accounting for 17.4% of the gap. COVID-19 accounted for 11.2% of the gap, external causes accounted for 10.1% of the gap and cancer for 7.7% of the gap. For females, cancer was the main contributor, accounting for 23.9% of the gap, circulatory diseases for 20.8%, COVID-19 for 13.3%, digestive for 11.2% and 'other' diseases for 10%.

**Figure 5.5: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of City and Hackney, by broad cause of death, 2020-21**



- 5.42 The next section will take a closer look at respiratory diseases, circulatory diseases and cancer, and their impact in City of London.

### **Respiratory diseases**

- 5.43 Respiratory diseases, such as flu, pneumonia, and chronic lower respiratory diseases such as chronic obstructive pulmonary disease (COPD), are some of the leading causes of death in England for those under 75.
- 5.44 In City and Hackney, the under-75 mortality rate for respiratory diseases between 2021 and 2023 was 36.2 per 100,000 population. This rate is higher than both the national rate for England, which stands at 30.3 per 100,000, and the rate for the London region at 25.5 per 100,000. This is the third highest in the London region.
- 5.45 One of the major respiratory diseases is COPD. The mortality rate from COPD in City and Hackney was 53.8 per 100,000 in 2021-2023, which was higher than the rate for London of 38.8 per 100,000 and significantly higher than the England rate of 43.9 per 100,000.

### **Circulatory diseases**

- 5.46 Circulatory diseases, which affect the heart and blood vessels such as coronary heart disease and stroke, are among the leading causes of death globally. For the period 2021-2023, the under 75 mortality rate from cardiovascular disease in City and Hackney was 99.7 per 100,000 population which was higher than the figures for the London region (74.5 per 100,000 population) and significantly higher than the England rate (77.1 per 100,000 population).
- 5.47 The most recent prevalence of coronary heart disease patients in City of London general practices (2023/24) (1.9%) was similar to the London region (1.9%) and less than two thirds of the overall England rate (3%).
- 5.48 Stroke prevalence was also similar to the London region. In 2023/24, 1.1% of patients registered with a GP in City of London had a stroke or transient ischaemic attack (TIA) diagnosis. This is similar to the London rate of 1.1% but just over half of the England rate of 1.9%.

### **Cancer**

- 5.49 Cancer is a group of diseases whereby abnormal cells grow and reproduce. These abnormal cells have the potential to spread to other areas of the body. In 2023, the



mortality rate from cancer in City and Hackney was 262.5 per 100,000, similar to rates in England (247 per 100,000) and London (226 per 100,000). This is the third highest in the London region. However, premature cancer mortality (under 75) in City and Hackney was 135 per 100,000 in 2021–2023, significantly worse than England (122 per 100,000) and London (110 per 100,000).

- 5.50 Mortality rates for breast (females), prostate (males), colorectal, bladder and stomach cancers were comparable to national figures.
- 5.51 Mortality rate from lung cancer was significantly worse in City and Hackney at 57.7 per 100,000 than England at 47.5 per 100,000. Additionally, the mortality rate for leukaemia and lymphoma was significantly worse in City and Hackney at 25.5 per 100,000 than England at 20.2 per 100,000.
- 5.52 However, oesophageal cancer mortality was significantly lower in City and Hackney at 7.1 per 100,000 compared to 11.6 per 100,000 in England.

### **Summary of health needs**

Overall, the people of City of London can expect to have a good level of health, with low levels of smoking, low rates of overweight and obesity among adults and high sexual health screening rates.

Many health datasets combine information for both the City of London and Hackney, and unfortunately, cannot be disaggregated. They have shown that there are some indicators identified within 'Our Health and Behaviours' where City and Hackney is doing worse than regional and national comparators. These include:

- Proportion of reception and Year 6 school pupils who are overweight or obese (2023/24).
- Flu vaccination coverage for over 65s and 'at-risk' individuals (2023/24).
- Proportion of residents who reported feeling lonely always or often (2021/22-2022/23).
- Admission episodes for alcohol-specific conditions (2023/24).

Respiratory diseases, circulatory diseases and cancer are the 'Major Health Conditions' identified as the main causes of inequalities in life expectancy in City and Hackney.

## Chapter 6 - Patient and public survey

- 6.1 To gain insight into the views of patients and the public regarding the use of pharmacies, a survey was developed and widely distributed across in City and Hackney between 4<sup>th</sup> March and the 1<sup>st</sup> May 2025. The survey explored how residents, workers, and students access and experience local pharmacy services.
- 6.2 In addition to service use, the survey collected information on respondents' protected characteristics, as defined in section 149 (7) of the Equality Act 2010. These include age, ethnicity, gender, pregnancy and breastfeeding status, sexual orientation, employment status, relationship status, and disability status.
- 6.3 The survey was reviewed and approved by the PNA Steering Group for use with the local population before it was shared.
- 6.4 The following chapter presents the survey findings for City along with the results of the equality impact assessment.

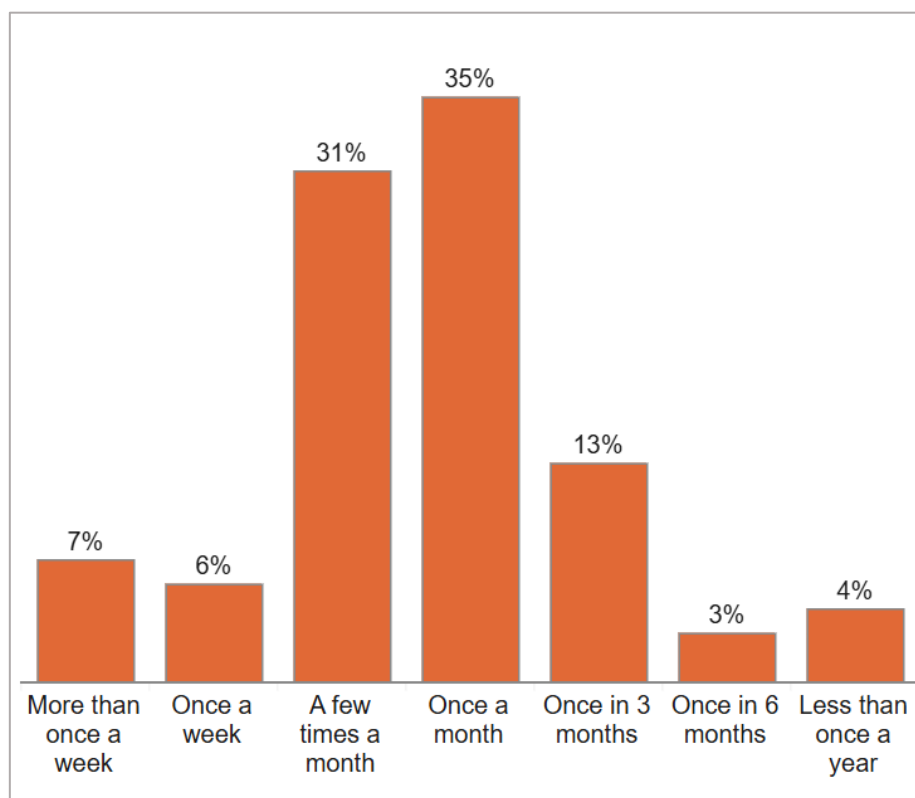
### **City of London engagement strategy**

- 6.5 Working closely with the steering group and the City of London Communications Team, the survey was promoted through a variety of channels. It was shared via the City of London Healthwatch networks and social media channels, Community Champions, Community and Voluntary Sector groups, the Population Health Hub and libraries across the borough.
- 6.6 In total, the survey was completed by 69 residents, workers and students of City of London.

### **Results of the public survey**

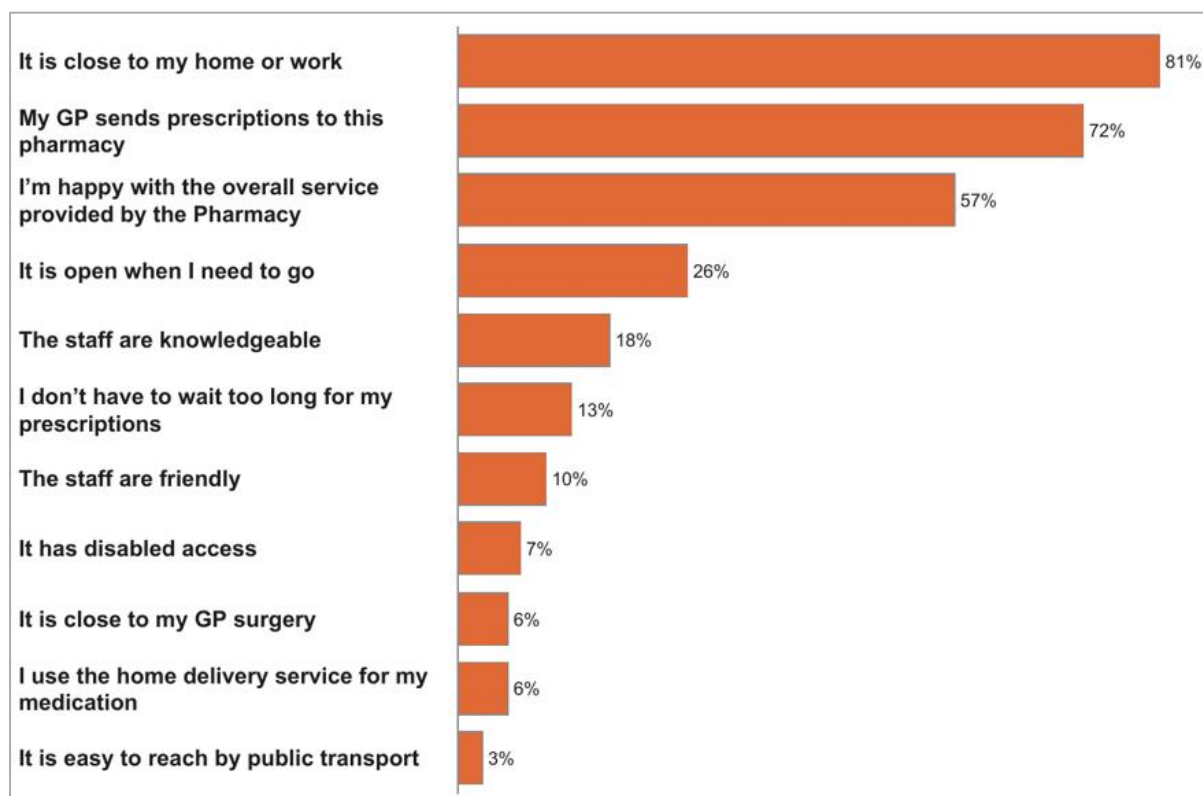
- 6.7 Pharmacies are well frequented by respondents in City of London. Over a third (35%) of respondents reported that they used their pharmacy once a month, 31% a few times a month, 13% once every 3 months, 7% used it more than once a week, 6% once a week, 4% less than once a year and only 3% once every 6 months (Figure 6.1).

**Figure 6.1: Responses by frequency of pharmacy use**



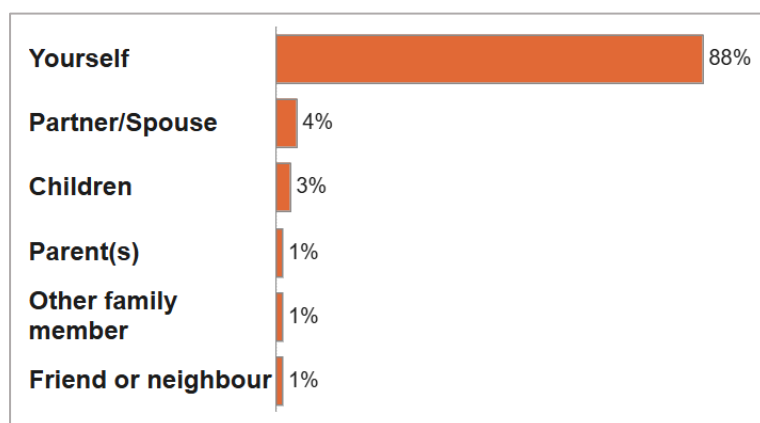
6.8 When asked respondents to provide the top three reasons they chose their particular pharmacy, the vast majority (81%) reported that it was because it was close to their home or work, nearly three quarters (72%) said it was where their GP sent their prescriptions to, for 57% it was because they are happy with the overall service provided and over a quarter (26%) stated that it was open when they needed to go (Figure 6.2).

**Figure 6.2: Responses by reasons for pharmacy choice**



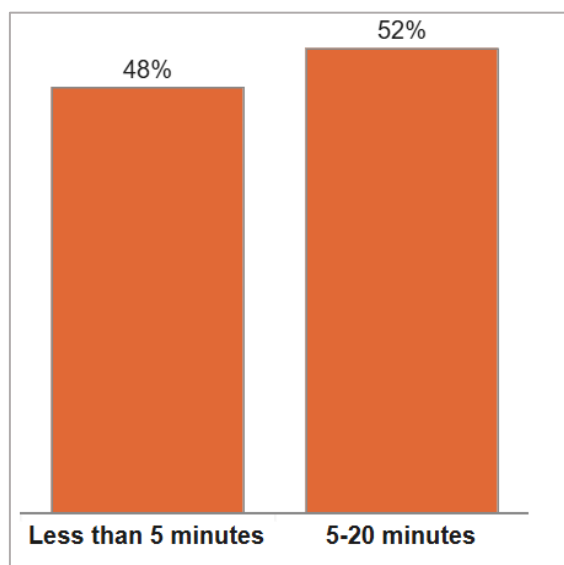
6.9 A large proportion (88%) of respondents reported that they primarily use a pharmacy for themselves, 4% primarily use a pharmacy for their partner/spouse, 3% for their children, 1% for their parent(s), 1% for another family member and 1% a friend or neighbour (Figure 6.3).

**Figure 6.3: Responses by whom the pharmacy is primarily used for**



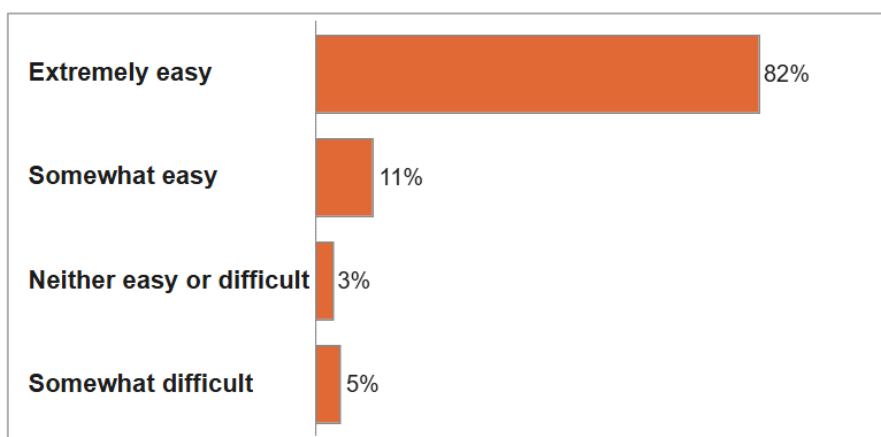
6.10 All respondents could reach their pharmacy in 20 minutes or less. For over half the respondents (52%), it takes between 5 and 20 minutes to travel to their pharmacy, with the remaining 48% spending less than 5 minutes (Figure 6.4). All respondents reported that they walk to their pharmacy.

**Figure 6.4: Responses by travel time to pharmacy**



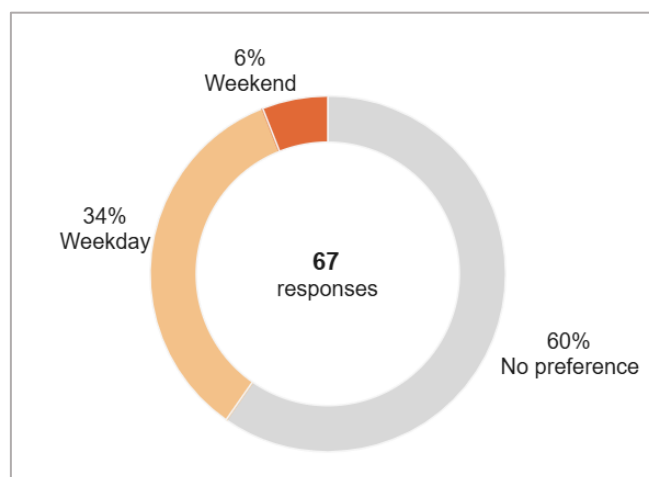
6.11 Overall, respondents were happy with their journey to their pharmacy, with the majority of respondents (82%) finding the journey to reach their pharmacy extremely easy, a further 11% finding it somewhat easy, 5% finding it somewhat difficult and 3% finding it neither easy nor difficult (Figure 6.5).

**Figure 6.5: Responses ease of journey to pharmacy**

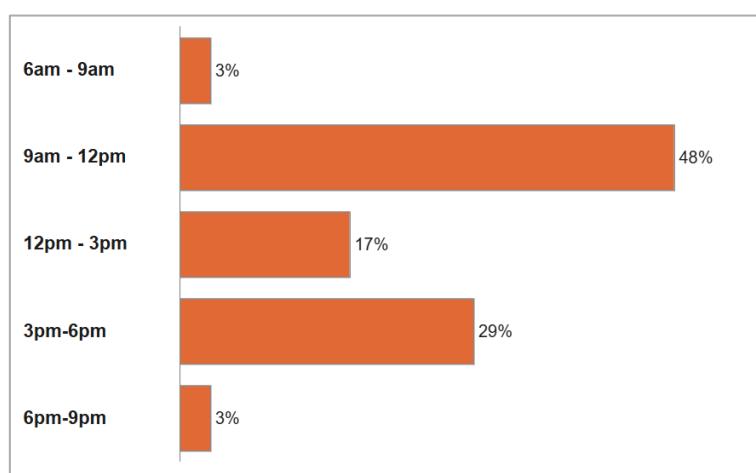


6.12 There was not a clear preference among respondents for when to visit their pharmacy. More than half of the respondents (60%) did not have a preference for whether they visit their pharmacy on a weekday or weekend, while just over a third (34%) preferred to go on a weekday and only 6% preferred to go on a weekend (Figure 6.6). When asked what time of the day they usually go to their pharmacy, nearly half (48%) said it was between 9am-12pm, 29% between 3-6pm, 17% between 12-3pm, 3% between 6-9pm and a further 3% between 6am-9am (Figure 6.7).

**Figure 6.6: Responses by preferred day for pharmacy use**

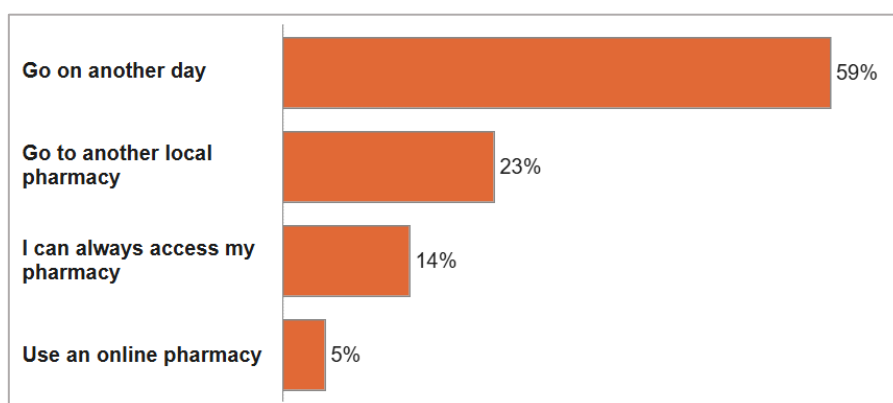


**Figure 6.7: Responses by preferred time of day preferred to go to pharmacy**



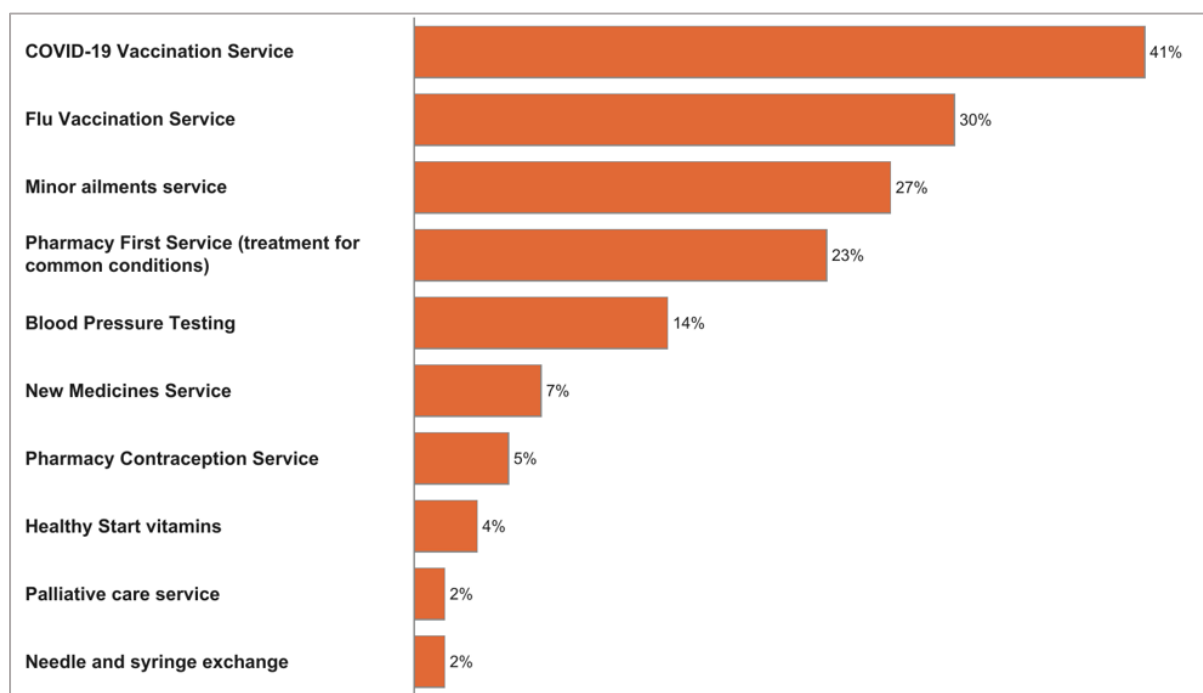
6.13 When asked what they would do if they could not access their pharmacy, most (59%) would go on another day, while nearly a quarter (23%) report that they would go to another pharmacy, 14% reported that they could always access their pharmacy and a further 5% would use an online pharmacy instead (Figure 6.8).

**Figure 6.8: Responses by action if had no access to their pharmacy**



6.14 Respondents were asked what services they would like to see at their pharmacy, with 41% suggesting COVID-19 vaccination services, 30% wanting flu vaccinations services, over a quarter (27%) minor ailments services, nearly a quarter (23%) pharmacy first service and 14% blood pressure testing (Figure 6.9).

**Figure 6.9: Responses on services they would like to see at their pharmacy**



## Equality impact assessment

6.15 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

### Age

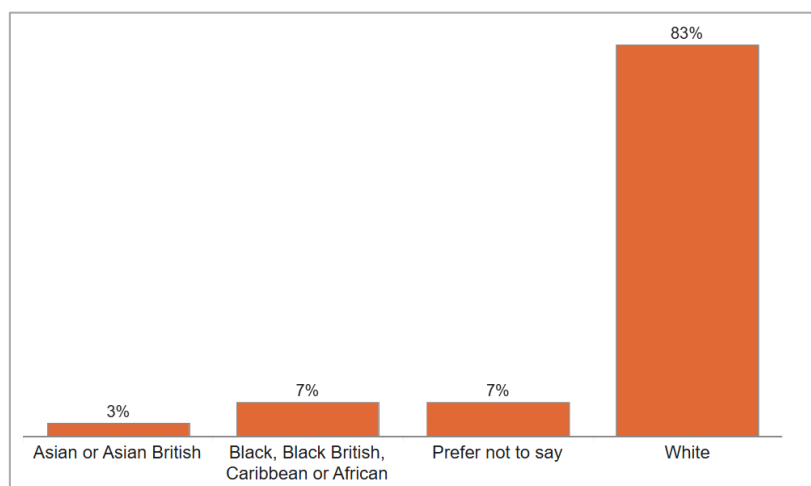
6.16 To understand any differences between age groups, we compared differences between those aged over 65 (n=40), and individuals aged 65 and under (n=26).

6.17 There were no differences between age groups in access to or use of pharmacy.

### Ethnicity

6.18 The vast majority (83%; n=57) respondents were from White ethnic groups, 7% (n=5) preferred not to say, 7% (n=5) were from Black, Black British, Caribbean or African ethnic groups and a further 3% (n=2) from Asian or Asian British ethnic groups (Figure 6.10).

**Figure 6.10: Responses by ethnicity**



- 6.19 Those from white ethnic groups were more likely to use a pharmacy primarily for themselves (91%).

### **Gender**

- 6.20 Respondents were asked what sex they were registered with at birth. Most (70%; n=48) were registered as female, over a quarter (28%; n=19) were registered as male and 3% (n=52) preferred not to say. Respondents were also asked how they would describe their gender identity, with over two thirds (68%; n=47) identifying as women, over a quarter (28%; n=19) identifying as men and 4% (n=3) preferring not to say. No respondents reported that they were Trans or had a Trans history.
- 6.21 Those identifying as men were more likely to usually use their pharmacy between 9am-12pm (74%) than those identifying as women (36%).

### **Pregnancy and breastfeeding**

- 6.22 When asked if they were currently or recently pregnant and/or currently breastfeeding, 1% (n=1) respondents reported that they were currently or recently pregnant and no respondent reported that they were breastfeeding.

### **Employment status**

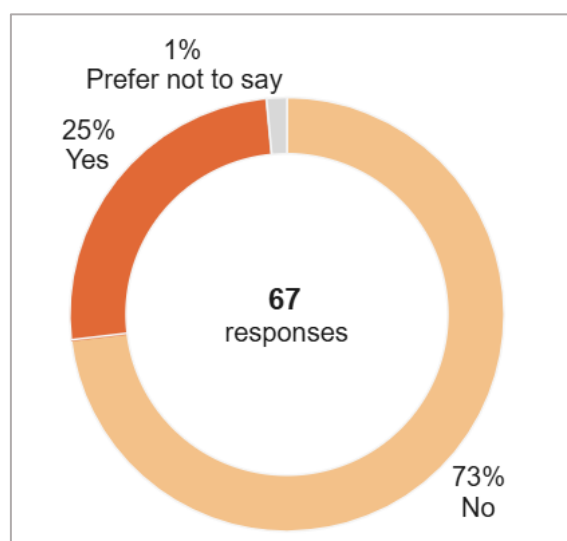
- 6.23 Employment status was grouped into those who were in employment and those who were not. Just over half (64%; n=45) were not in employment, nearly a third (32%; n=23) were in employment and 1% (n=1) preferred not to say.
- 6.24 Those not in employment were more likely to not have a preference in what day they visit their pharmacy (71%) than those in employment (39%).



## Caring responsibilities

- 6.25 Nearly three quarters (73%; n=49) did not have caring responsibilities, whilst a quarter (25%; n=17) did and 1% preferred not to say (n=1) (Figure 6.11).

Figure 6.11: Responses by caring responsibility status

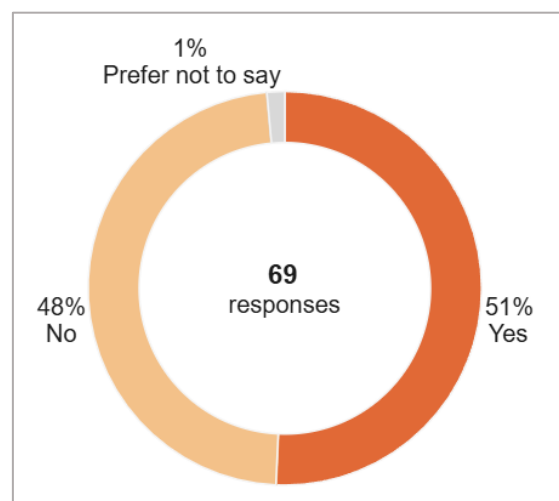


- 6.26 There were no differences between those with and those without caring responsibilities in access to and use of pharmacies.

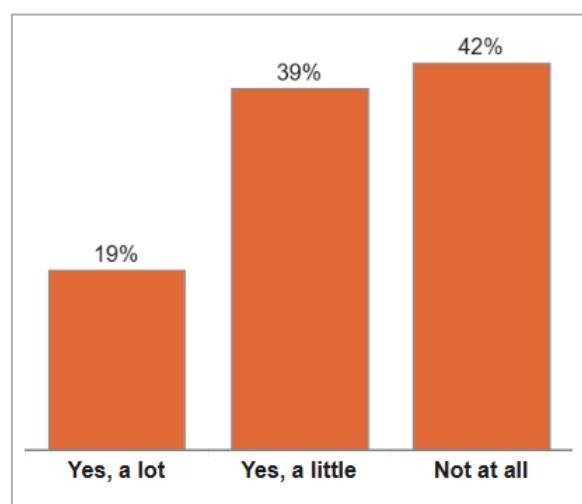
## Long-Term Conditions

- 6.27 Over half (51%; n=35) respondents had a long-term physical or mental health condition or illness, whilst nearly half (48%; n=33) did not and 1% (n=1) preferred not to say (Figure 6.12). A large proportion (42%; n=15) of these respondents stated 'not at all' when asked if their condition or illness reduces their ability to carry out day-to-day activities, 39% (n=14) responded with 'yes, a little' and nearly a fifth (19%; n=7) responded 'yes, a lot' (Figure 6.13).

**Figure 6.12: Responses by long-term condition status**



**Figure 6.13: Responses by reduced ability status related to long-term condition**

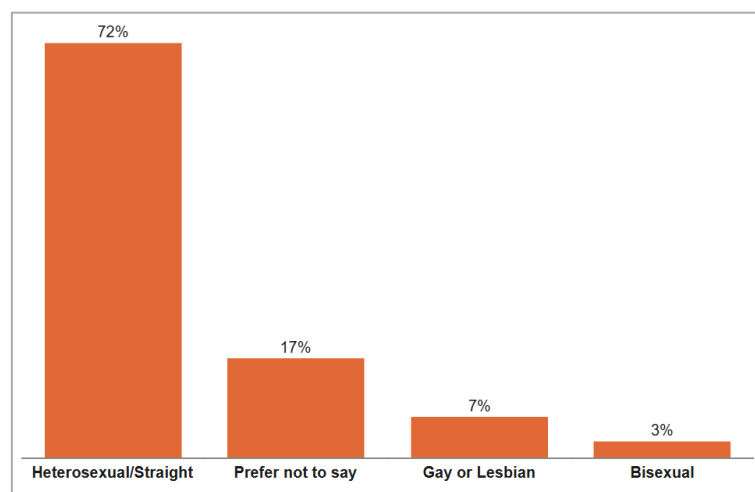


- 6.28 Those who responded 'yes, a lot' to having a reduced ability related to a long-term condition were more likely to visit their pharmacy once a month (71%), were less likely to choose their pharmacy because they are happy with the overall service (29%) and were more likely to usually visit their pharmacy between 3-6pm (71%).

### **Sexual orientation**

- 6.29 Nearly three quarters (72%; n=50) identified as heterosexual/straight, with 17% (n=12) preferring not to say, 7% (n=5) identifying as gay/lesbian and 3% (n=2) identifying as bisexual (Figure 6.14).

**Figure 6.14: Responses by sexual orientation**

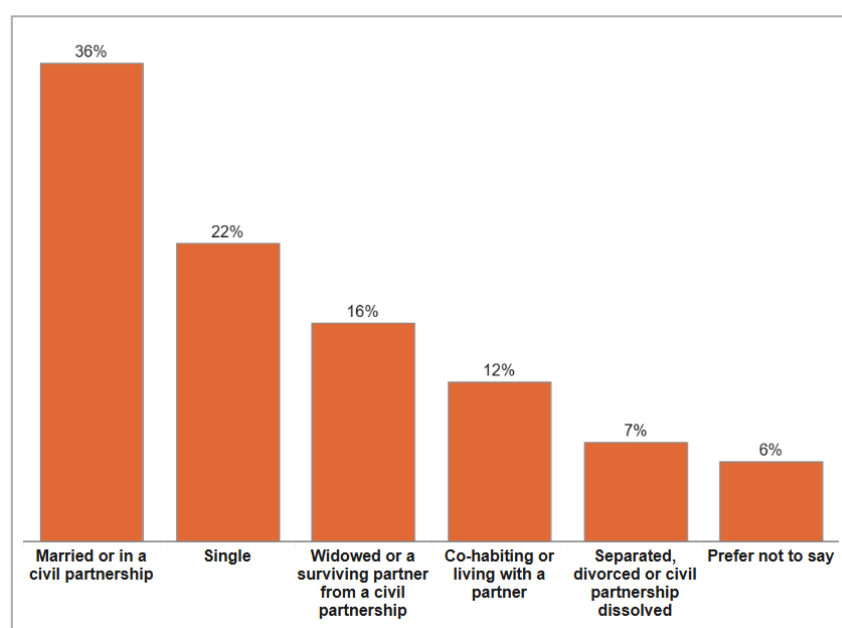


6.30 There were no differences in in access to or use of pharmacies between sexual orientation groups.

### **Relationship Status**

6.31 Many respondents (36%; n=24) reported that they were married or in a civil partnership, 22% (n=15) were single, 16% (n=11) were widowed or a surviving partner from a civil partnership, 12% (n=8) were co-habiting or living with a partner, 7% (n=5) were separated, divorced or had their civil partnership dissolved and 6% (n=4) preferred not to say (Figure 6.15).

**Figure 6.15: Responses by relationship status**



- 6.32 There were no differences in in access to or use of pharmacies between relationship status groups.

### **Summary of the patient and public engagement and equality impact assessment**

To build an understanding of how pharmacies are being used in City of London, a public and patient survey was carried out. The survey sought to examine how local people are using pharmacies, including how and when they are accessing them.

The survey garnered 69 responses from people who live, work and/or study in City of London. Most respondents used their pharmacy at least once a month over the last 6 months. All respondents could reach their pharmacy in 20 minutes or less with all choosing to walk there. The vast majority of survey respondents found this journey easy. There were no clear preferences in whether respondents visited their pharmacy on a weekday or weekend, although most usually visited between 9am and 6pm.

To understand the health needs of people with protected characteristics and vulnerable groups, an equalities impact assessment was undertaken. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

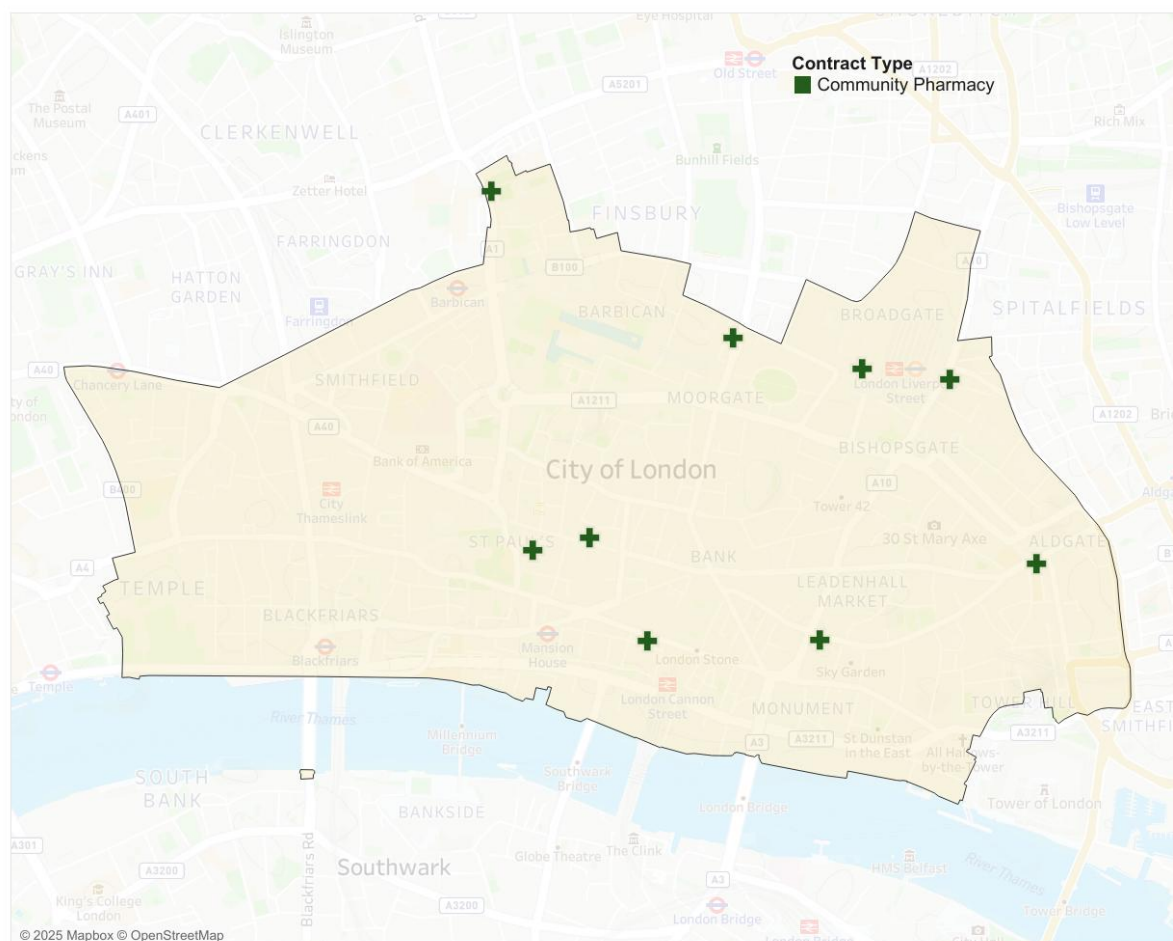
# Chapter 7 - Pharmaceutical Services Provision

- 7.1 This chapter identifies the pharmaceutical service providers available in the City of London, the services they provide and maps their accessibility.
- 7.2 It evaluates the adequacy of services by considering:
- Different types of pharmaceutical services provided.
  - Geographical distribution and choice of pharmacies within and outside the district.
  - Opening hours.
  - Dispensing data and capacity.
  - Pharmacies that provide essential, advanced and enhanced services.
- 7.3 Where appropriate, a 0.8-mile radius has been included around service providers to highlight their coverage.

## Pharmaceutical Service Providers

- 7.4 As of August 2025, there are 9 pharmacies included in the pharmaceutical list for the City of London HWB area, all of which are community pharmacies. The pharmacies are presented in the map in Figure 7.1 below. All the pharmacy providers in the district are also listed in Appendix B.

**Figure 7.1 Pharmaceutical service providers in the City of London**



Source: NHSBSA

## Community Pharmacies

- 7.5 City of London's 9 community pharmacies equate to 8.5 community pharmacies per 10,000 residents (based on 2025 population estimate of 211,611). This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents (NHBSA and 2021 Census).

## Dispensing Appliance Contractors (DACs)

- 7.6 Dispensing Appliance Contractors (DACs) are specialised service providers supply patients with prescribed appliances, primarily focusing on providing appliances such as stoma appliances, catheters, incontinence products and wound care appliances rather than medicines. There are no DACs in the City of London.

## **GP Dispensing Practices**

- 7.7 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible. There are no GP Dispensing Practices in the City of London.

## **Distance Selling Pharmacies (DSPs)**

- 7.8 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to face services. There are no DSPs in the City of London.

## **Local Pharmaceutical Services (LPS)**

- 7.9 This is a type of pharmacy contract that allows commissioners to commission tailored pharmaceutical services to meet specific needs of a local population. There are no Local Pharmaceutical Service (LPS) contracts in the City of London and no areas in the City of London have been designated as LPS areas.

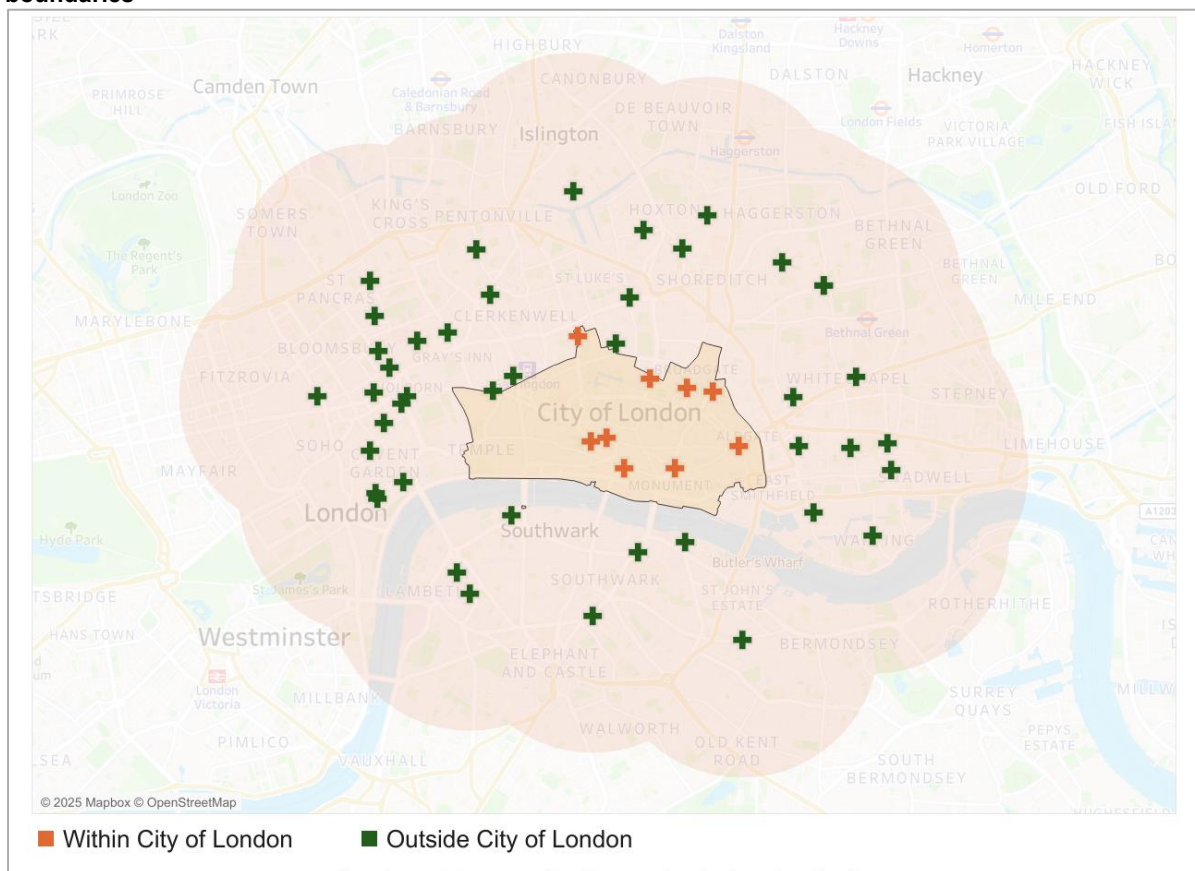
# **Accessibility**

## **Distribution and Choice**

- 7.10 In the City of London, majority of the community pharmacies are owned and operated by a single large contractor, with only one pharmacy owned by an alternative provider. While this represents a limited range of ownership compared with other areas, current evidence does not indicate that this concentration impacts the availability, accessibility, or quality of pharmaceutical services delivered to the local population.
- 7.11 The PNA is required to assess whether the current provision of services meets the needs of the population, rather than to regulate market competition or ownership. NHS England remains responsible for market entry and contractual matters.
- 7.12 As described in Chapter 3, the PNA Steering Group established a maximum acceptable distance for residents to access pharmaceutical services of:
- A 15-minute walk (equivalent of about 0.8 mile).
  - A 10-minute drive.
  - 15 minutes by public transport.

7.13 Figure 7.2 below shows the 9 community pharmacies located in the City of London and 73 additional pharmacies within 0.8 mile of its boundaries.

**Figure 7.2: Distribution of community pharmacies in the City of London and within 0.8 mile of the district's boundaries**



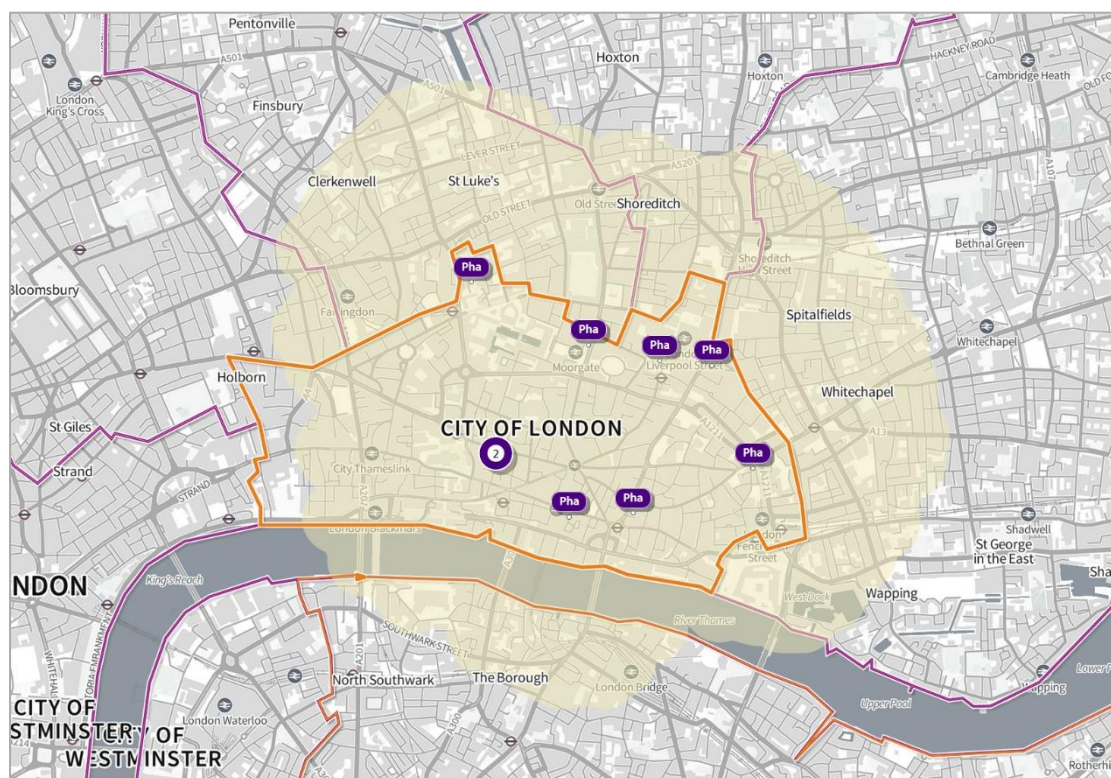
Source: NHSBSA

7.14 As seen, there is a good distribution of pharmacies in and around the City of London attesting to ease of access to pharmacies by its residents.

7.15 This is also reflected in terms of easy access to pharmacies by public transport as seen in Figures 7.3 to 7.5 below. City's boundary is shown as orange in these images. As seen, the entire local authority's area is within reach of a pharmacy as per the established criteria (within 15 minutes by walking, 10 minutes by car and 15 minutes by public transport).

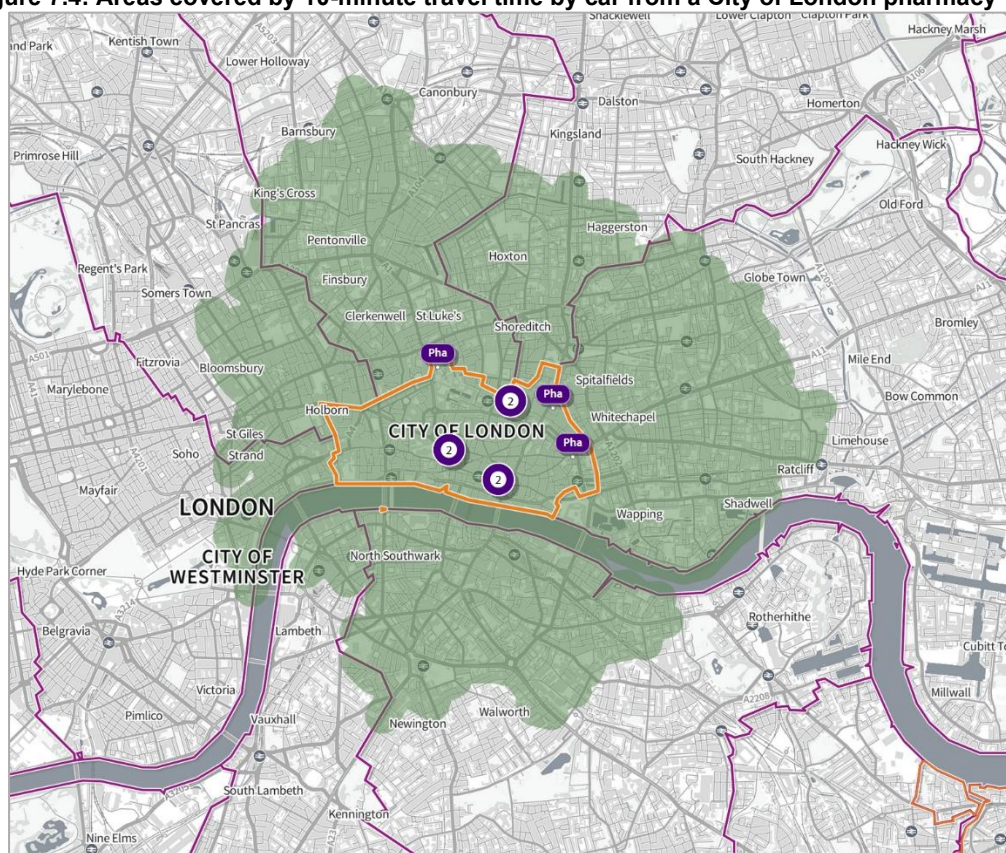


**Figure 7.3: Areas covered by 15-minute travel time by walking from a City of London pharmacy**



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

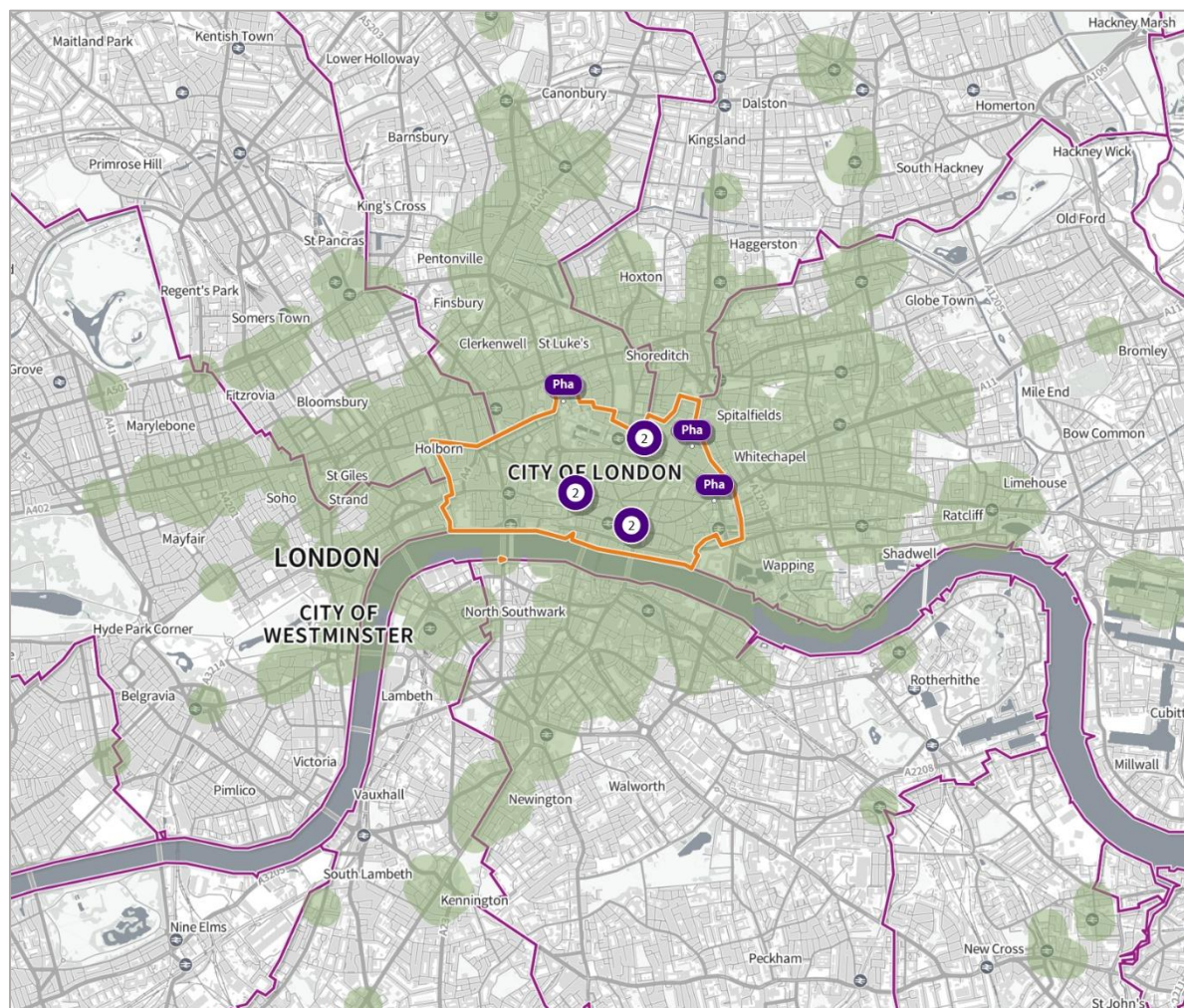
**Figure 7.4: Areas covered by 10-minute travel time by car from a City of London pharmacy**



Source: Strategic Health Asset Planning and Evaluation Atlas Tool



**Figure 7.5: Areas covered by 15-minute travel time by public transport from a City of London pharmacy**



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

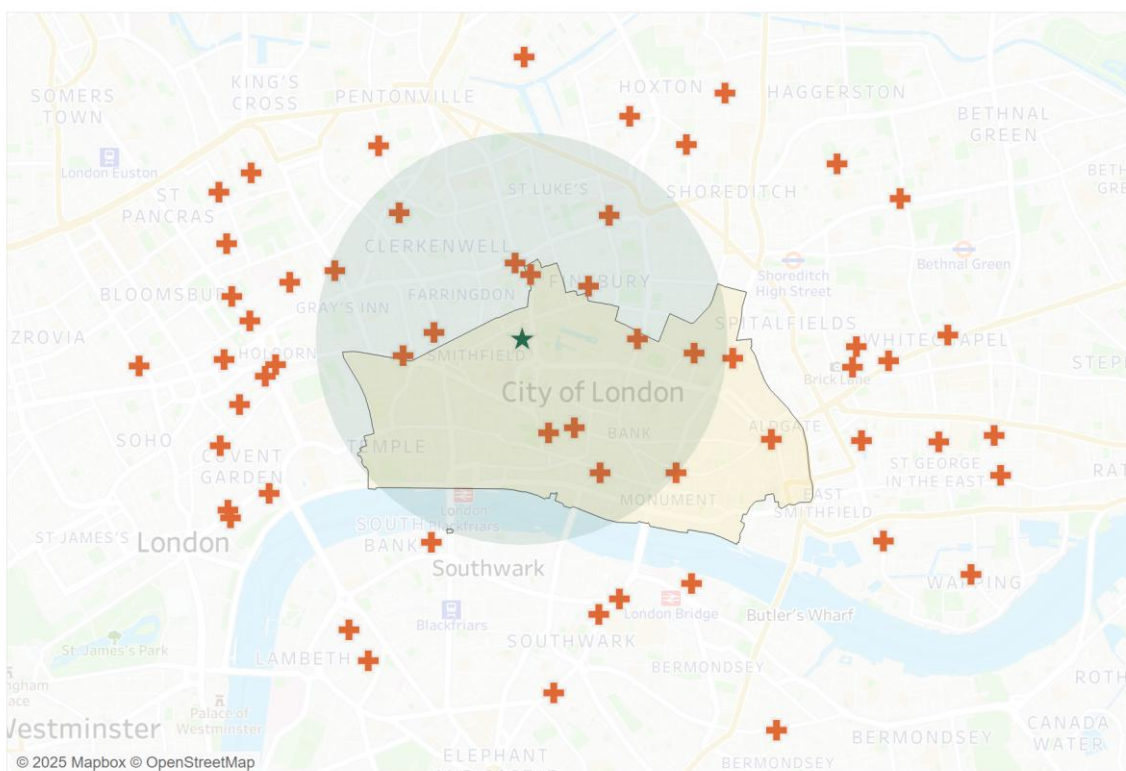
### ***Pharmacy distribution in relation to GP surgeries***

- 7.16 In early 2019, the NHS Long Term Plan was announced that urged general practices to form Primary Care Networks (PCNs). PCNs are collaborative entities linking primary care services with hospital, social care and voluntary sector organisations and covering populations between 30,000–50,000 people. The Neaman Practice is the only general practice in the City of London with a combined prescribing list size population of 9,415. It is one of the five practices that make up the Shoreditch Park & City PCN.
- 7.17 Each primary care network has expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies can engage with the PCNs to maximise services provided to patients and residents.

7.18 Figure 7.7 below illustrates the ease of access to pharmacies from the general practice in the City of London (The Neaman Practice).

**Figure 7.7: General practices and their 0.8-mile coverage in relation to community pharmacies**

**Key:** GP ★ Pharmacy +



**Source: NHSBSA**

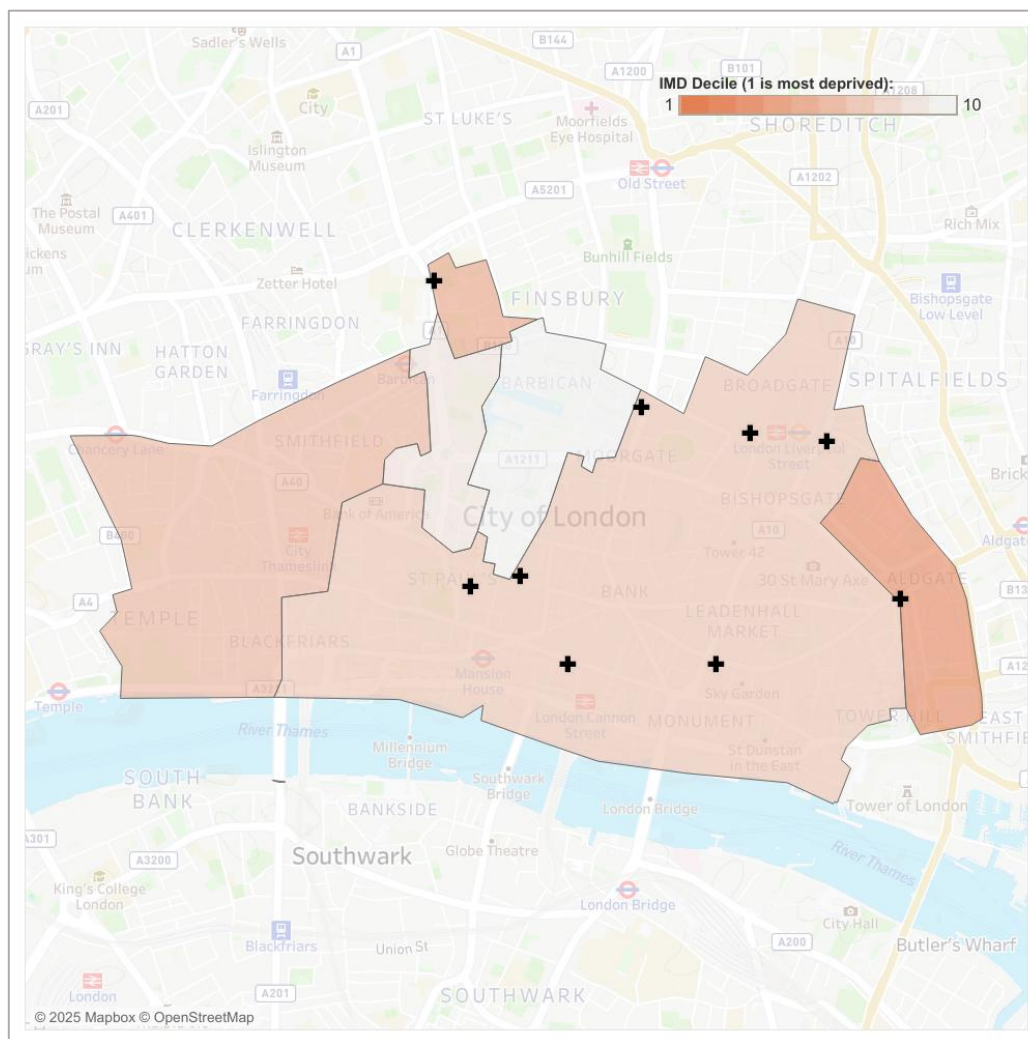
7.19 NHSE data for 2024-2025 showed that 52.9% of items prescribed by the GP in the City of London were dispensed by pharmacies in Islington while 32.6% were dispensed in the City of London. The next largest place where prescriptions written by GP in the City of London were filled was Westminster (3.8%).

### ***Pharmacy Distribution in relation to Index of Multiple Deprivation***

7.20 Figure 7.8 below shows there is good pharmacy distribution among the areas of high deprivation.



**Figure 7.8: Pharmacy locations in relation to deprivation deciles in the City of London**



Source: NHSBSA & MHCLG

## Opening times

- 7.21 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged so as to maintain out-of-hours pharmacy provision.

- 7.22 It is important to consider access to pharmacies both within and outside regular hours. The Steering Group defined evening opening pharmacies as pharmacies that remain open past 5.30pm on weekdays.

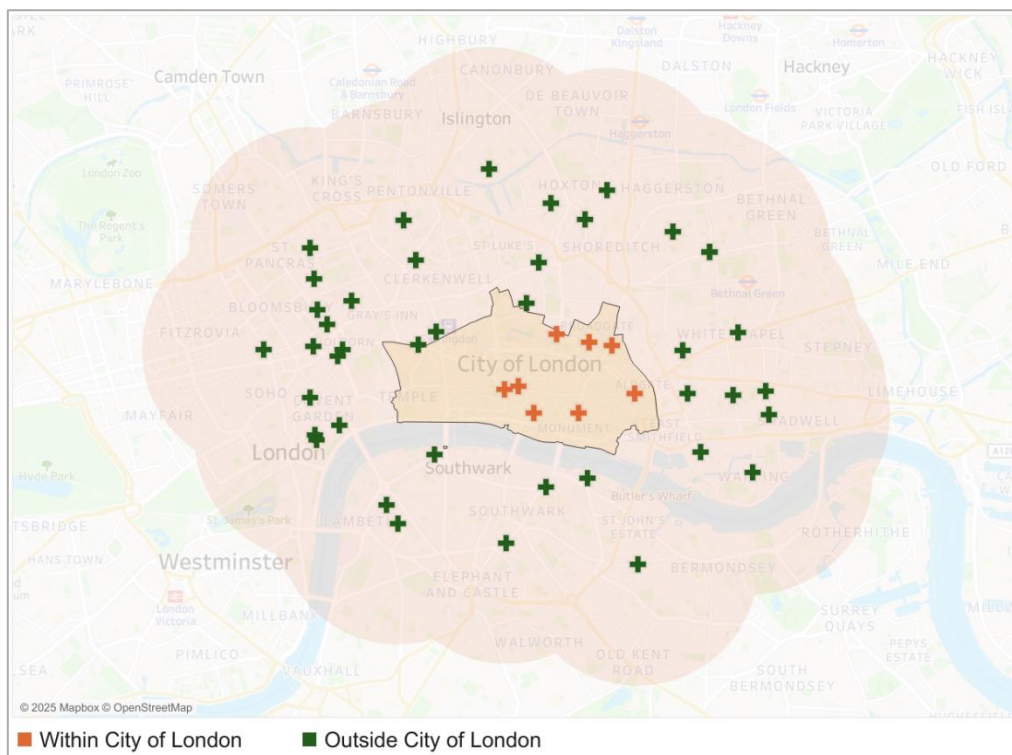
### **100-hour pharmacies**

- 7.23 The City of London has one 100-hour pharmacies (Boots located at 11 Octagon Arcade).

### **Evening Opening**

- 7.24 There is wide availability of pharmacies in the evening, with eight out of the nine pharmacies remaining open past 5.30pm on weekdays and another 31 within 0.8 mile of the district's boundary. These are shown in Figure 7.9.

**Figure 7.9: Distribution of community pharmacies remain open past 5:30pm**

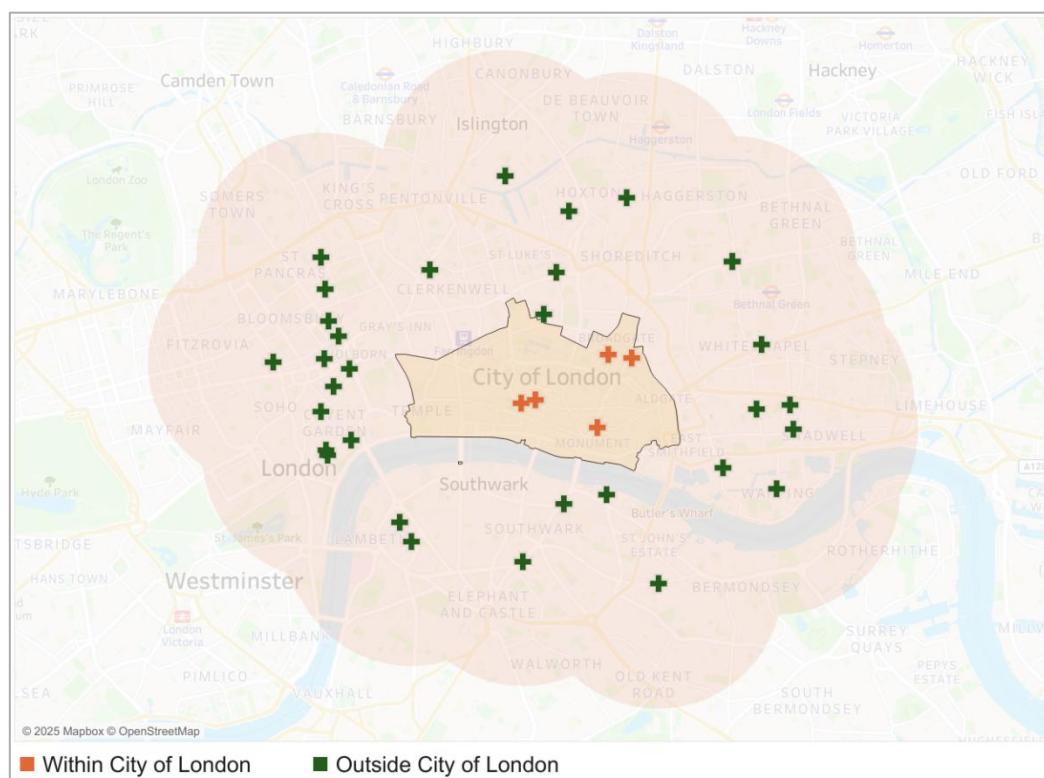


Source: NHSBSA

### **Saturday Opening**

- 7.25 Majority of the pharmacies (5 out of 9) in the City of London are open on Saturdays, with additional 32 pharmacies within close reach of the district's boundaries that are open on Saturdays as can be seen in Figure 7.10.

**Figure 7.10: Distribution of community pharmacies open on Saturdays**

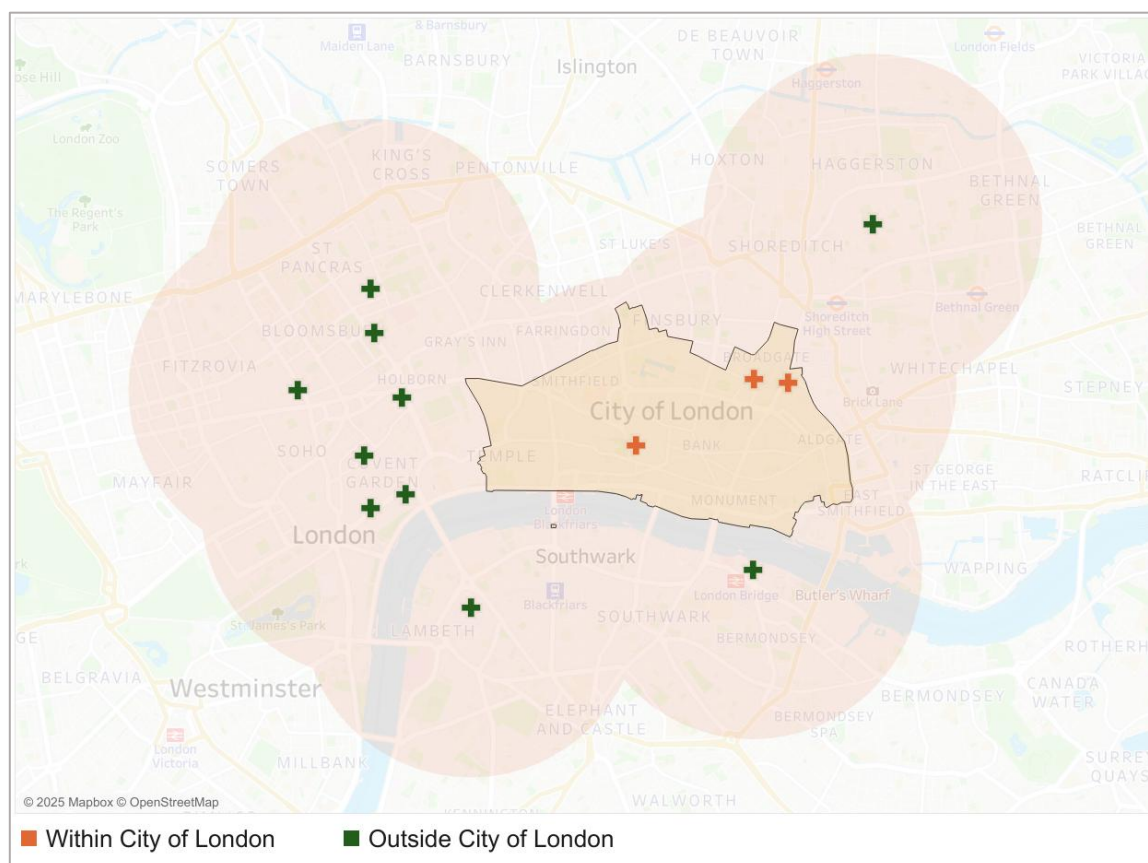


Source: NHSBSA

### **Sunday Opening**

- 7.26 There are 3 pharmacies in the City of London (Boots located at Bishopsgate, Octagon Arcade and New Change Passage) and 10 others within 0.8 mile of its boundaries that are open on Sundays as shown in Figure 7.11 and below.

**Figure 7.11: Distribution of community pharmacies open on Sundays**



Source: NHSBSA

### Summary of the accessibility of pharmacies in the City of London

Overall, there is good distribution and accessibility of pharmacies in and around the City of London covering areas of both low and high population densities. There is also a good number of pharmacies that are open outside weekday core hours and at weekends.

## Essential Services

7.27 Essential services are the core services that all community pharmacies must provide under the NHS Community Pharmacy Contractual Framework (CPCF). These services form the foundation of community pharmacy practice and are aimed at ensuring accessibility, quality care and support for patients in managing their health. Below is the list and description of nine essential services provided by community pharmacies in the UK.

- Dispensing medicines.

- Discharge Medicines Service.
- Dispensing Appliances.
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.
- Public Health (promotion of healthy lifestyles).
- Repeat Dispensing and eRD.
- Sign Posting.
- Support for Self-Care.

### **Dispensing Medicines**

7.28 This is one of the core essential services provided by the community pharmacies under the CPCF. It ensures that patients receive their prescribed medicines safely, efficiently and in accordance with regulatory and clinical standards. It includes:

- Accurate dispensing of prescribed medicines.
- Checking of prescriptions for the appropriateness of the medicines, potential drug interactions, dosage accuracy and clarifying any queries or concerns with the prescriber.
- Labelling and packaging in compliance with legal and clinical requirements.
- Provision of counselling and advice to patients on how and when to take their medicines, possible side effects and actions to take if they occur, storage and disposal instructions for unused medicines.
- Management of repeat prescription requests usually through the Electronic Prescription Service (EPS).
- Accurate record keeping of all dispensed items to ensure compliance to regulatory requirements and support clinical audits and continuity of care.
- Having safeguards in place for minimisation of medicine wastage and ensuring that unused and damaged items are safely disposed of, preventing misuse or harm to the environment.



- 7.29 City of London pharmacies dispense an average of **1,512 items per month** (NHSBSA, 2024/25 financial year data). This is markedly lower than London's average of 7,461 items per month and England's average of 8,689 items per month. This suggests that there is a good distribution and capacity amongst the City of London pharmacies to meet current and anticipated need in the lifetime of this PNA.

### **Discharge Medicines Service (DMS)**

- 7.30 The Discharge Medicines Service became a new essential service under the CPCF from the February 2021, at which point NHS Trusts were able to refer patients that would benefit from additional guidance around their prescribed medicines to their community pharmacy for the Discharge Medicines Service. The key objectives of this service are to reduce hospital re-admissions, reduce medicines-related harm during transfers of care, optimise the use of medicines, whilst facilitating shared decision making, improve communication between hospitals, community pharmacies and primary care teams and to support patients through enhancing their understanding and adherence to prescribed medicines following discharge from hospital.
- 7.31 This service is intended for patients who are discharged with changes to their medication regimen as well as patients who are likely to benefit from support in understanding or managing their medications, for instance those with polypharmacy, frailty or chronic conditions.
- 7.32 DMS follows a structured three step process which includes the following:
- Referral: Hospitals identify patients at risk of medication-related problems upon discharge and subject to the patient's consenting to a referral, they will send a referral to the pharmacy via secure electronic system such as Refer to Pharmacy, PharmOutcomes or NHSmail.
  - Community Pharmacy Review: The community pharmacy reconciles their medicines by comparing the discharge summary with the current medication on records to identify and resolve any discrepancies. Tailored advice is provided to the patient about their medication changes, including potential side effects and usage instructions.
  - Ongoing Support: The community pharmacist may follow up with the patient to ensure understanding and adherence and where necessary.

## **Dispensing Appliances**

- 7.33 This service is relevant to dispensing contractors like the community pharmacies and appliance contractors, providing appliances such as stoma care items, incontinence supplies and dressings. This service ensures that these contractors supply appliances as prescribed and in a timely and accurate manner as well as provide advice on their safe and effective use. This is essential in supporting patients to have access to appliances they require for managing their conditions.

## **Disposal of Unwanted Medicines**

- 7.34 This service ensures that patients can dispose of their unwanted, unused or expired medicines safely through their local community pharmacy. This helps to prevent environmental contamination, reduce the risk of misuse and promote safe handling of hazardous substances, ultimately promoting public health and environmental sustainability. As part of this service, pharmacies are obliged to accept back unwanted medicines from patients and if necessary, sort them into solids, liquids and aerosols and in accordance with the Hazardous waste regulations. The local NHS contract management team makes arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

## **Healthy Living Pharmacies (HLP)**

- 7.35 This is designed to improve public health by providing accessible health promotion interventions and wellbeing services and helping to reduce inequalities. It aligns with the promotion of healthy lifestyle which is a core requirement for all community pharmacies. Pharmacists were required to become HLPs in 2020/2021 as agreed in the five-year CPCF. This requires pharmacists to comply with the HLP framework requirements through ensuring a health promotion environment which meets stipulated standards, embedding health promotion and prevention in their everyday practice and making sure their staff are well equipped to deliver high quality public health interventions. They are also required to ensure that they continue to meet the terms of service requirements by reviewing their compliance against the requirements at least every 3 years.

## **Public Health (promotion of healthy lifestyles)**

- 7.36 This is a core part of the CPCF which requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing

advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the convenience and important role that community pharmacies provide to patients who may not usually engage with other healthcare services.

7.37 The key requirements of this service include the following:

- Provision of a health promotion environment for instance through having clear displays of health advice materials in the pharmacy.
- Provision of tailored health promotion and lifestyle advice to patients who are receiving prescriptions for conditions where lifestyle can make significant difference such as hypertension and diabetes. This includes focusing on areas such as smoking cessation, healthy eating, exercise, reduction of alcohol consumption and mental health support.
- Providing support for NHS campaigns through actively participating in up to six national public health campaigns per financial year (1st April to 31st March) as directed by NHS England through ways such as displaying and distributing the campaign leaflets and engaging patients in discussions related to the campaign themes.
- Signposting patients who require further support or specialised care to appropriate health, social care or voluntary services for instance referral to stop smoking cessation services and weight management programmes.
- Keeping records of the health promotion interventions undertaken and any referrals made and participating in evaluations to show the impact of such interventions.

### **Repeat Dispensing and eRD**

7.38 Repeat dispensing became an essential service within the CPCF since 2005. This service enables patients to obtain repeat supplies of their medicines and appliances prescribed on a repeat basis from their nominated pharmacy, without the need for their GP to issue a prescription each time a supply is needed. This service is suitable for patients on stable, long-term medications who understand how the service works and consent to participate. This helps to save GP and patients time, improve convenience and ensures ongoing medication adherence by allowing community

pharmacies to be more actively involved in the safe supply of regular prescriptions of patients. This service was initially carried out with paper prescriptions. However, following the development of the Electronic Prescription Service (EPS), the majority of the repeat dispensing is now done through the EPS and referred to as the electronic Repeat Dispensing (eRD).

- 7.39 This service involves the community pharmacy ensuring that each repeat supply is required, confirming there is no reason why the patient should be referred back to their GP and if appropriate dispensing the repeat dispensing prescriptions issued by the GP at the agreed intervals based on the prescription batches.

### **Signposting**

- 7.40 This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their needs fall outside the pharmacy's scope. Examples include needs related to social care, specialist medical advice or community health programmes. This ensures that patients receive timely and appropriate care. Pharmacies are required to offer clear guidance on where the patient can access the required service. This could include providing contact details, directions or making a direct referral to such services if appropriate.
- 7.41 The lists of sources of care and support in the area can be obtained from NHS England and pharmacies should maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.

### **Support for Self-Care**

- 7.42 The key components of this service are provision of advice and information to patient, promotion of self-care, supply of over-the-counter medicines by community pharmacy teams to patients as well as signposting them to other services if a condition is beyond the scope of self-care. This service aims at empowering patients to manage minor ailments and common health conditions independently, with guidance from community pharmacy teams through their provision of advice and where necessary, sale of medicines. This also includes handling referrals from NHS 111.

- 7.43 Examples of minor ailments that can be addressed include cold and flu symptoms, sore throat, management of mild aches and pains, skin conditions such as eczema and insect bites, allergies and digestive issues such as constipation and diarrhoea
- 7.44 Provision of this service by community pharmacies help to reduce the burden on GPs and urgent care services, highlights the crucial role that community pharmacies play as the first point of contact for healthcare advice and fosters trust between the patients and the community pharmacy teams.

## **Advanced Services**

- 7.45 Advanced services are nationally set and specified optional services which community pharmacies and dispensing appliance contractors can choose to provide. These services go beyond essential pharmacy services, offering targeted support to improve patient outcomes, enhance public health, and reduce pressure on other parts of the healthcare system.
- 7.46 Pharmacies who choose to provide these services must meet the requirements set out in the Secretary of State Directions.
- 7.47 The NHS community Pharmacy Contractual Framework (CPCF) lists nine advanced services. These include the Pharmacy First service, New Medicines Service (NMS), Flu Vaccination Service, Pharmacy Contraceptive Service (PCS), Hypertension Case-Finding Service, Smoking Cessation Service. Two of the Advanced services are appliance advanced services that pharmacies and dispensing appliance contractors can choose to provide. These are the Appliance Use Review (AUR) service and the Stoma Appliance Customisation (SAC) service. Additionally, the Lateral Flow Device Test Supply (LFD) service was commissioned as an advanced service from November 2023.

### **Pharmacy First Service**

- 7.48 The Pharmacy First Service is a scheme implemented in the United Kingdom to provide easy access to healthcare advice and treatment through community pharmacies. It aims to establish community pharmacies as the first port of call for all healthcare advice, thereby reducing the pressure that General Practices and hospital emergency departments face through enabling them to handle minor ailments, provide emergency supply of medicines and NHS funded treatment via Patient

Group Directions where appropriate for seven clinical conditions referred to as the clinical pathway consultations. The seven clinical pathways in the Pharmacy First service include sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles and uncomplicated urinary tract infection in women.

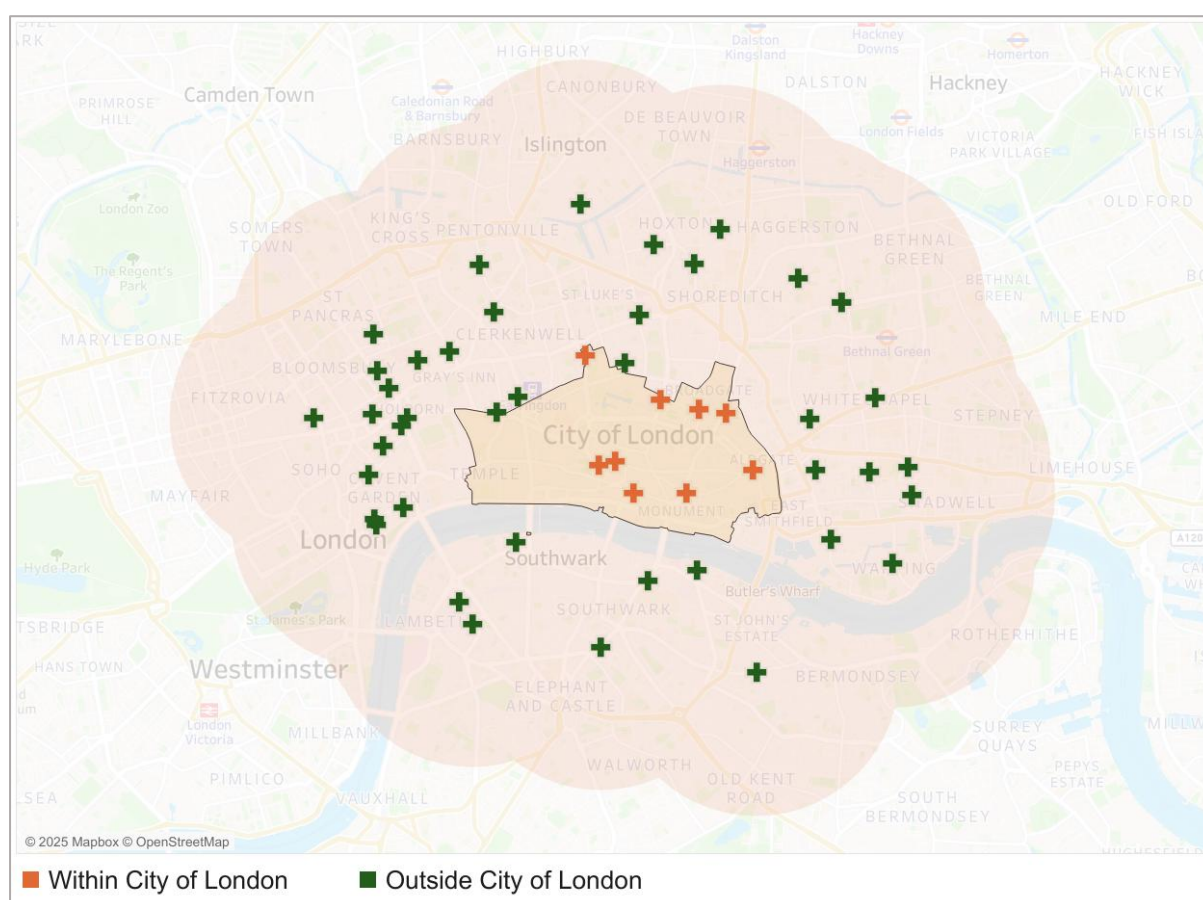
- 7.49 The Pharmacy First Service commenced on the 31<sup>st</sup> January 2024, replacing the Community Pharmacy Consultation Service (CPCS) which ended on the 30<sup>th</sup> January 2024. Patients can access this service through referral from one of the following routes:
- NHS 111 (online and via telephone).
  - Integrated urgent care clinical assessment service.
  - 999 services.
  - General Practice (low acuity minor illness conditions and the seven clinical pathways only).
  - Other urgent and emergency care providers (such as Emergency departments and Urgent Care Centres).
- 7.50 In addition to the above referral routes, patients can self-refer for the clinical pathway consultations only.
- 7.51 There are three elements of the Pharmacy First service:
- Pharmacy First (clinical pathways consultations).
  - Pharmacy First (urgent repeat medicine supply).
  - Pharmacy First (NHS referrals for minor illness).
- 7.52 Pharmacy contractors can remotely deliver Pharmacy First where it is safe to do so, and with suitable safeguards to ensure face-to-face clinical assessment are provided in person or by good-quality video consultation where needed. Distance selling pharmacies (DSPs) can provide the service for six of the seven conditions (excluding the otitis media which requires in-person examination with an otoscope). DSPs are not able to provide Pharmacy First (clinical pathways) on their pharmacy premises because the first part of the consultation is an Essential service, which DSPs cannot provide. However, they can offer the service and where it is clinically appropriate to do so, minor illness consultations and urgent medicines supply consultations via



telephone/audio or video consultations by a pharmacist present at the pharmacy premises. Local Pharmaceutical Services (LPS) pharmacists wanting to provide the pharmacy first service will need to contact their local commissioner to propose a contract variation that includes the Pharmacy First Service.

- 7.53 All 9 pharmacies in the City of London provide Pharmacy First Service, with 42 additional pharmacies within 0.8 mile of its boundaries that provide pharmacy first service as can be seen in Figure 7.12 below.

**Figure 7.12: Distribution of community pharmacies that provide Pharmacy First Service**



Source: NHSBSA

## New Medicines Service

- 7.54 New Medicines Service (NMS) is a structured, pharmacy-led service which commenced on the 1st of October 2011. It is provided under the NHS Community Pharmacy Contractual Framework to support patients and their carers in managing their medications effectively especially for long term conditions, by improving adherence and resolving medication-related issues.
- 7.55 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the

expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.

7.56 The following conditions are covered by the service:

- Asthma and COPD.
- Diabetes (Type 2).
- Hypertension.
- Hypercholesterolaemia.
- Osteoporosis.
- Gout.
- Glaucoma.
- Epilepsy.
- Parkinson's disease.
- Urinary incontinence/retention.
- Heart failure.
- Acute coronary syndromes.
- Atrial fibrillation.
- Long term risks of venous thromboembolism/embolism.
- Stroke / transient ischemic attack
- Coronary heart disease.
- (Depression will be reflected in the updated service specification)

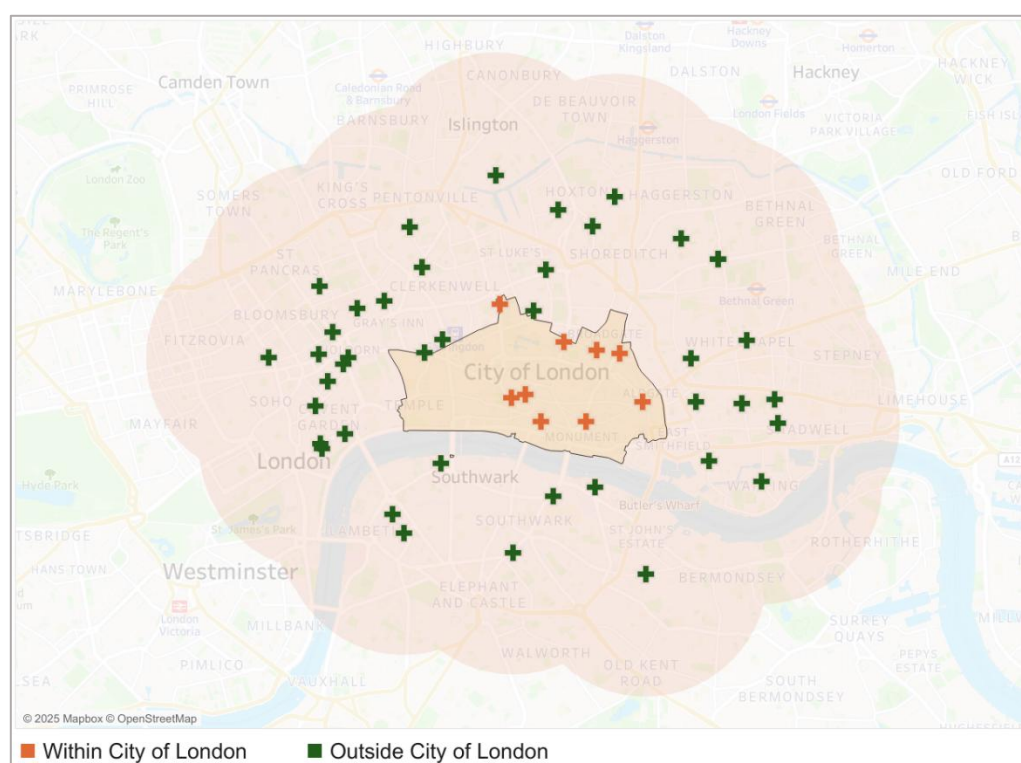
7.57 NMS consultations should usually take place in-person in the pharmacy's consultation room. However, they can also take place remotely via telephone or video consultation when clinically appropriate and with the patient's prior consent. Irrespective of whether the consultation is undertaken in-person or remotely, the environment must be such that the conversation cannot be overheard by others



(except by someone the patient wants to hear the conversation such as a carer). Where appropriate safe-guarding arrangements are in place, NMS can also be provided in patients' homes.

- 7.58 All 9 pharmacies in the City of London offer NMS and an additional 41 pharmacies within 0.8 mile of its boundaries also offering NMS. This is shown in Figure 7.13.

**Figure 7.13: Distribution of community pharmacies that provide NMS**



Source: NHSBSA

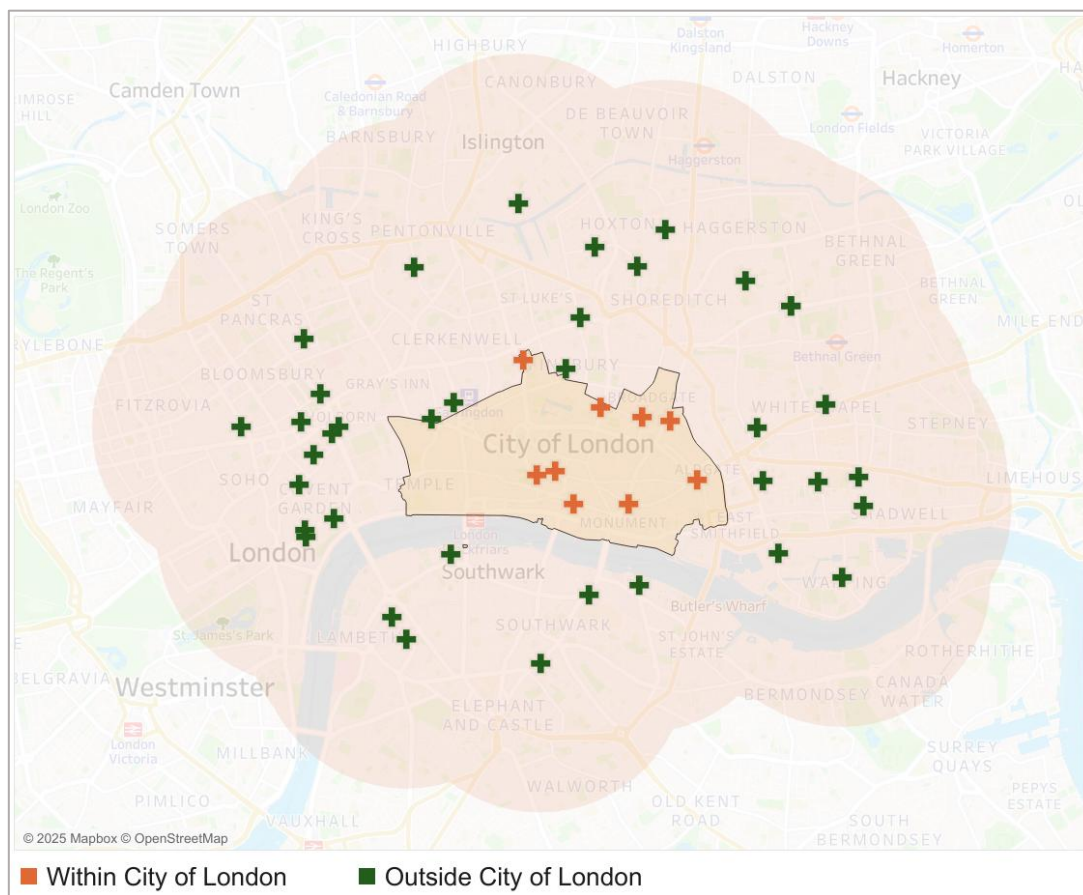
## Flu Vaccination Service

- 7.59 The Community pharmacy began providing flu vaccinations under a nationally commissioned service from September 2015.
- 7.60 This service aims to sustain and maximise uptake of seasonal influenza vaccine in those who are most at risk of serious illness or death should they develop seasonal influenza. The accessibility of pharmacies, their extended opening hours and the option they provide for patients to walk in without prior appointment make them an attractive alternative to general practice for patients seeking eligible for flu vaccination. Eligible groups include:
- All people aged 65 years or over

- Those aged between 18 and 65, and in specified clinical risk groups including diabetes, chronic heart disease, chronic kidney disease, chronic liver disease, pregnant women
- People aged 18 or over and living in long-stay residential care homes or other long-stay care facilities (not including prisons, young offender's institutions, or university halls of residence)
- People aged 18 or over in receipt of a carer's allowance or those who are the primary carer of an elderly or disabled person.
- People aged 18 or over and are close contacts of immunocompromised people.
- All frontline social care staff without an employer-led occupational scheme, including those employed by:
  - A registered residential care or nursing home.
  - A registered domiciliary care provider.
  - A voluntary managed hospice provider and
  - Frontline workers employed through direct payment (personal budgets) and/or Personal Health Budgets to deliver domiciliary care to patients and service users, such as personal assistants.

7.61 All 9 of the pharmacies in the City of London provide flu vaccination advanced service, with 37 additional pharmacies within 0.8 mile of its boundaries that provide the service as can be seen in Figure 7.14 below.

**Figure 7.14: Distribution of community pharmacies that provide Flu Vaccination services**



Source: NHSBSA

## Pharmacy Contraceptive Service (PCS)

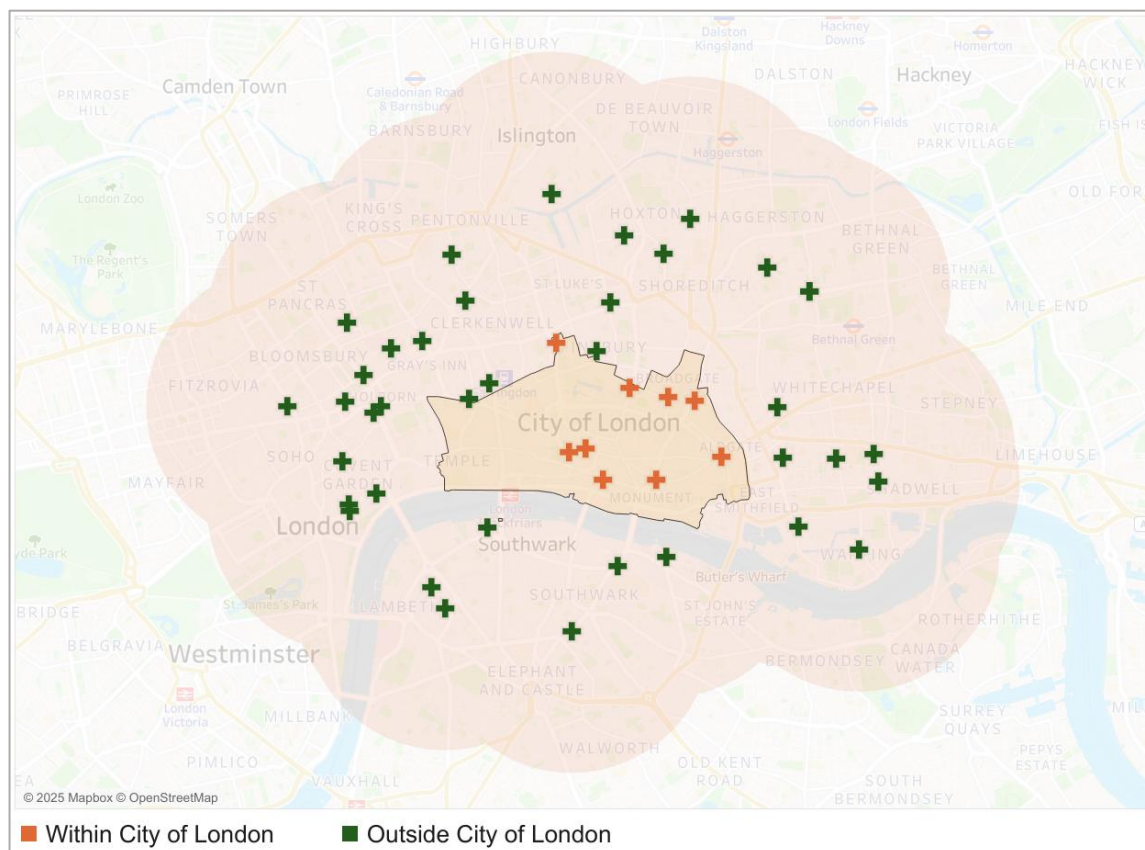
- 7.62 The Pharmacy Contraceptive Service began in April 2023 to allow for continued supply of oral contraception from community pharmacies and from 1st December 2023 included both initiation and on-going supply of oral contraceptives. The aim of this service is to offer greater choice and access to those considering starting or continuing their current form of oral contraception. This forms part of the Community Pharmacy Contractual framework (CPCF) and seeks to reduce the pressure on GPs and sexual health clinics. The service allows for self-referral as well as referral by general practice, sexual health clinics and other NHS service providers such as NHS 111 to a participating pharmacy.
- 7.63 The service involves trained community pharmacists either initiating oral contraceptives or providing on-going supply under the patient group directions.
- Initiation: This includes commencement of oral contraception for the first time in patients who wish to start oral contraceptives, needs to restart oral

contraceptives following a pill free break or when a person is being switched to an alternative pill following consultation.

- Ongoing supply: This focuses on ongoing management and supply of oral contraceptives for patients previously initiated by another provider for instance a General Practitioner or sexual health clinic.

- 7.64 Pharmacies are required to respond to anyone requesting the Pharmacy Contraceptive service as soon as is reasonably possible. However, in the case where the pharmacy is unable to offer a consultation service within the time needed to meet the person's contraception needs, they should be signposted to an alternative pharmacy or other service for a consultation
- 7.65 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.
- 7.66 All 9 of the pharmacies in the City of London provide the pharmacy contraceptive service. An additional 38 cross-boundary pharmacies provide the pharmacy contraceptive service as shown in figure 7.15 below.

**Figure 7.15: Distribution of community pharmacies that provide Pharmacy Contraceptive Service**



Source: NHSBSA

## Hypertension Case-Finding Service

- 7.67 This is commonly referred to as the NHS Blood Pressure Check Service in public-facing communications. This was commissioned as an advanced service from 1st October 2021 with only registered pharmacy professionals (pharmacists and pharmacy technicians) being allowed to provide the service. However, this was extended from the 1st December 2023 to allow other suitably trained and competent staff to provide the service.
- 7.68 This service provides an opportunity to promote healthy behaviours to patients, and it is aimed at early detection of hypertension and reduction of the risks of associated medical conditions such as stroke and heart diseases through early intervention.
- 7.69 This service is part of the NHS Long Term Plan that emphasises preventive healthcare strategies and demonstrates the NHS commitment to reducing morbidity and mortality due to cardiovascular diseases.
- 7.70 The service operates in two stages:



### **Stage 1: Blood pressure screening**

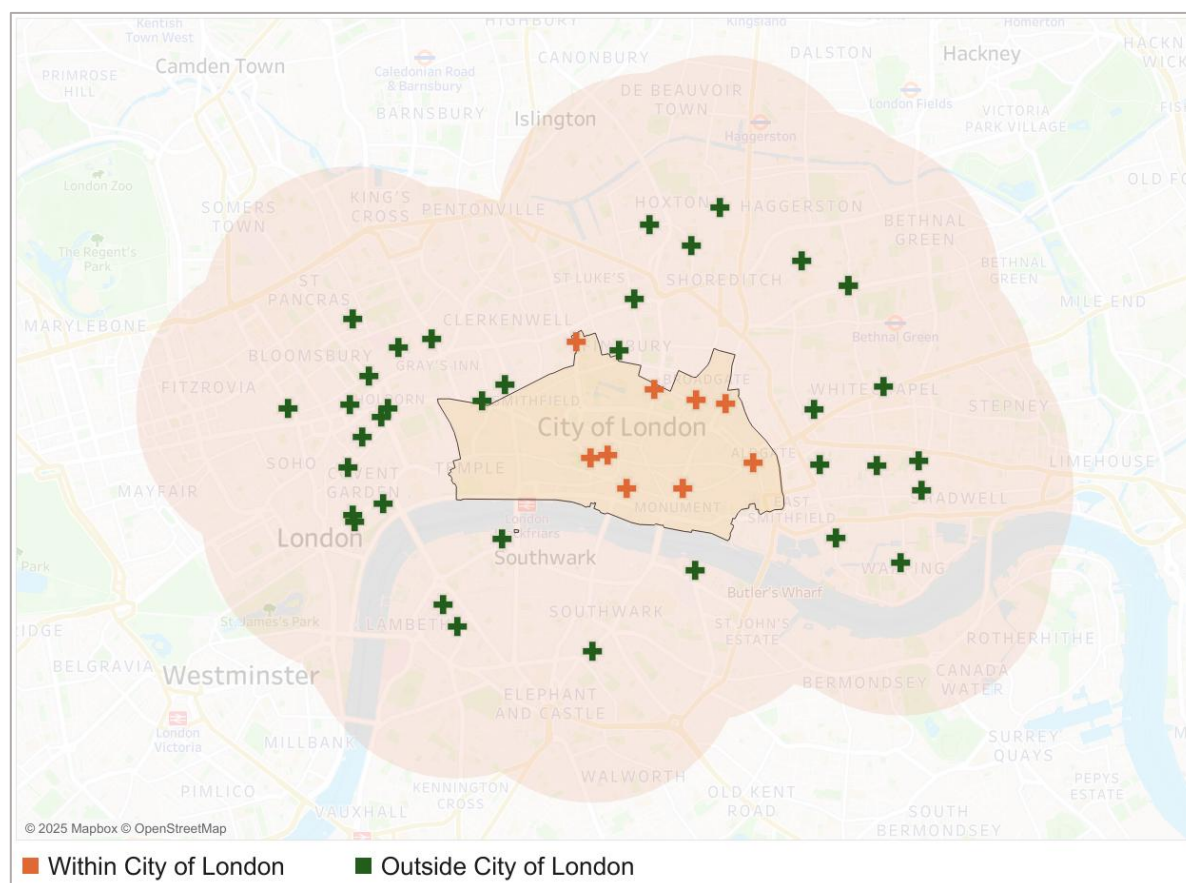
This involves identifying people aged 40 years or older, or at the discretion of the Pharmacy staff, people under the age of 40, with high blood pressure (who do not have a current diagnosis of hypertension) and to refer them to general practice to confirm diagnosis and for appropriate management.

### **Stage 2: Ambulatory Blood Pressure Monitoring (ABPM)**

Patients with an initial high reading undergo 24-hour ABPM to confirm diagnosis as this provides comprehensive assessment by measuring blood pressure at intervals over the day and night. The results are shared with GPs to ensure seamless patient care.

- 7.71 As part of the NHS Hypertension Case-Finding Service, GPs can request community pharmacies to undertake ad hoc clinic and ambulatory blood pressure measurements for people with or without a diagnosis of hypertension where this has been agreed locally.
- 7.72 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.
- 7.73 All 9 of the pharmacies in the City of London provide the Hypertension Case-Finding Service together with 36 other pharmacies within 0.8 of its boundaries as can be seen in Figure 7.16 below.

**Figure 7.16: Distribution of community pharmacies that provide the Hypertension Case Finding Service**



Source: NHSBSA

## Smoking Cessation Service (SCS)

7.74 The Smoking Cessation Service was commissioned as an advanced service from 10th March 2022. It is an initiative designed to support individuals who want to quit smoking by offering accessible, evidence-based help through community pharmacies. It forms part of the NHS long term plan of making England a smoke-free society by supporting people in contact with NHS services to quit based on an established smoking cessation model, consequently reducing smoking rates, tackling smoking-related illnesses, reducing morbidity and mortality from smoking and reducing inequalities associated with higher rates of smoking. This service is open to adults referred from hospital settings under the NHS Tobacco Dependency Treatment Programme as well as patients identified during routine pharmacy consultations.

7.75 Currently, only pharmacists and pharmacy technicians can provide this service.

7.76 To provide the service pharmacists and pharmacy technicians must have:

- Read and understood the operational processes to provide the SCS as described in the service specification.
- Successfully completed the following National Centre for Smoking Cessation and Training (NCSCT) courses and satisfactorily passed the assessments (where applicable).
- Stop Smoking Practitioner training and certification.
- Mental health and smoking cessation course.
- Pregnancy and smoking cessation course; and
- E-cigarettes: a guide for healthcare professionals course.
- Have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations.

7.77 Pharmacists and pharmacy technicians are also required to be aware of the availability of locally commissioned services that they can sign post patients to where applicable as well as support helplines or groups that they can inform patients about.

7.78 As part of the service requirements for this service, pharmacies are required to have a consultation room with IT equipment accessible within the room to allow for contemporaneous documentation of the consultations provided as part of this service. This means that pharmacies that have agreement with NHS England that their pharmacy is too small for a consultation room and pharmacies (including distance selling pharmacies) that do not have a consultation room are not able to provide this service solely on a remote basis.

7.79 Currently available data does not show any City of London pharmacy providing the Smoking Cessation Service, though pharmacies have indicated via the area's LPC that have capacity to supply it.

### **Appliance Use Reviews (AUR) Service**

7.80 The Appliance Use Review (AUR) service was the second Advanced Service introduced into the NHS Community Pharmacy Contractual Framework. It is offered by community pharmacies and Dispensing Appliance Contractors (DACs) who meet NHS requirements, including appropriate training and resources. It is designed to support patients using certain prescribed medical appliances by improving their



understanding and use of the appliances, improving health outcomes and reducing waste. This is achieved through the following:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

7.81 AURs can be conducted by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Where it is clinically appropriate and with the consent of the patient, this can be provided by telephone or video consultation. However, such consultations must be done in a way that maintains patient's confidentiality by ensuring is not overhead by others (except by someone whom the patient wants to hear the conversation such as a Carer).

7.82 Patients using prescribed medical appliances such as stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products can access this service. These patients are often identified during regular prescription dispensing or referred by healthcare professionals. AUR is appropriate for new appliance users as it helps to provide initial education on the appliance, when a patient reports issues such as discomfort or difficulty in using the appliance and as part of routine review to ensure continued appropriate use.

7.83 Though no pharmacies within the City of London indicated providing the service, AURs are widely available from prescribing health, social care providers and DACs outside the borough.

### **Stoma Appliance Customisation (SAC) Service**

7.84 The Stoma Appliance Customisation Service was introduced in April 2010. It is an advanced service offered by community pharmacies and DACs to ensure proper use and comfortable fitting of stoma appliances and to improve their duration of usage, thereby reducing waste. It is provided by suitably trained and qualified persons and

involves customisation of multiple stoma appliances based on the patient's measurements or a template. Eligible appliances are listed in the Part IXC of the Drug Tariff and include stoma pouches, bags and associated accessories such as closures, covers and adhesive discs among others.

- 7.85 If on the presentation of a prescription, the pharmacy is unable to provide the service because the provision of the appliance or its customisation is not within the pharmacists' normal course of business, the prescription must be referred to another pharmacy or appliance provider with the consent of the patient. In the case, the patient refuses to consent, the contact details of at least two pharmacies or suppliers of appliances who can provide the stoma appliance customisation service must be provided to the patient if contact details are known to the pharmacist. If the contact details are unknown to the pharmacist, the local NHS England team may provide this information, or it can be established by the pharmacist.
- 7.86 The service should usually be provided in an area within the pharmacy that meets the following criteria specified by the NHS:
- An area within the pharmacy that is distinct from the public area.
  - Clearly designated as a private area whilst the service is being provided.
  - Suitable and designated for the retention of the appropriate equipment for customisation.
  - Suitable and designated for modification of the appliances.
  - Suitable for the volume of customisation being undertaken at any given time.
- 7.87 Where the pharmacy carries out customisation at other premises outside the pharmacy, such premises must comply with the above specified criteria and the pharmacy must have procedures that ensure co-operation with inspection and review of the premises where the service is provided by the local NHS England team.
- 7.88 Except in exceptional circumstances such as illness, a three-months' notice is required to be given to NHS England and NHSBSA should a pharmacy want to cease providing the service.
- 7.89 No City of London pharmacy provides this service. However, residents can access the SAC service either from non-pharmacy providers within the borough (e.g.

community health services) or from dispensing appliance contractors outside the borough.

### **Lateral Flow Device Tests Supply Service**

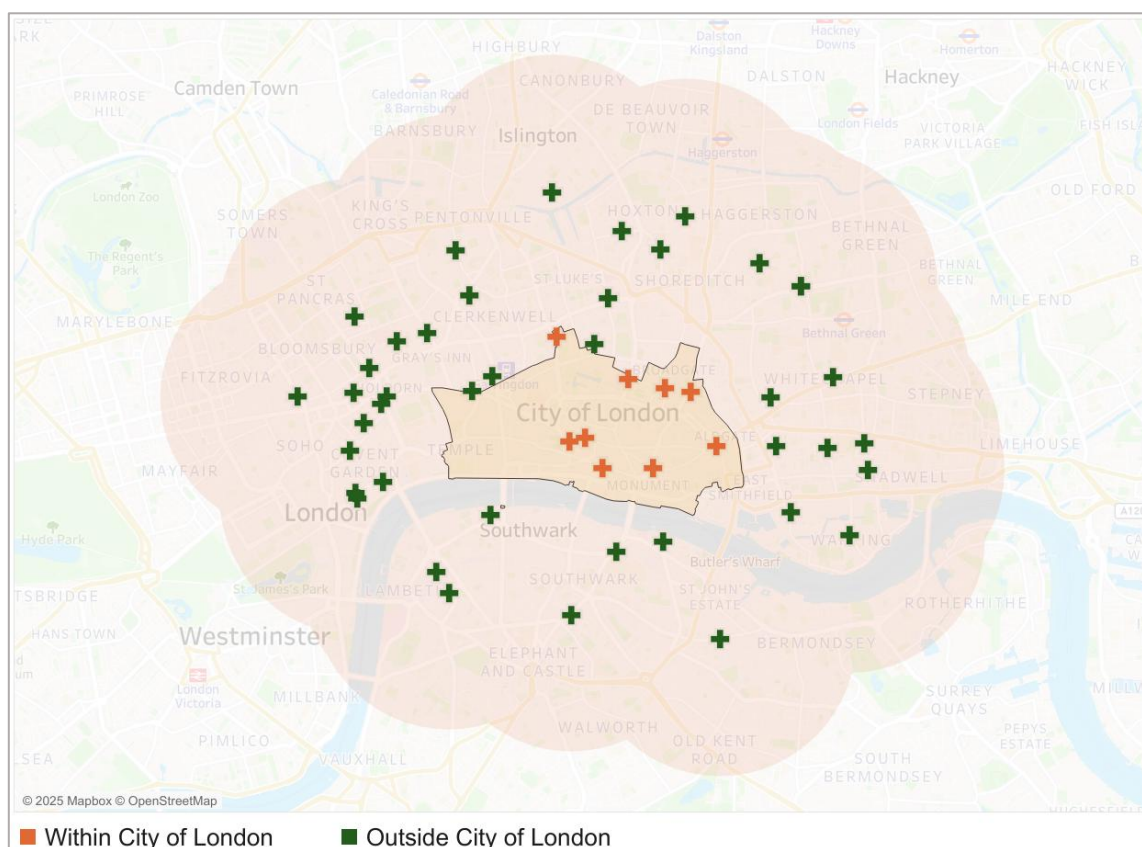
- 7.90 This was commissioned as an advanced service from 6th November 2023. This service involves distribution and availability of rapid antigen tests used to detect COVID-19 and allow eligible patients or their representatives to walk into any participating community pharmacy to collect one box of 5 LFD tests. The full list of the patient groups eligible for this service is contained in the NICE Guidance and include adults with risk factors for progression to severe COVID-19 as defined by the Independent advisory group commissioned by the Department of Health and Social Care.
- 7.91 Following an update to the National Institute for Health and Care Excellence (NICE) guidance on antiviral treatment for COVID-19, from 1st May 2025, eligibility criteria for the service were updated to exclude the following:
- People aged 85 years and over
  - People with end-stage heart failure who have a long-term ventricular assistance device
  - People on the organ transplant waiting list
  - People resident in a care home who are aged 70 years and over
  - People resident in a care home who have a BMI of 35 kg/m2 or more
  - People resident in a care home who have diabetes
  - People resident in a care home who have heart failure
  - People currently in a hospital who are aged 70 years and over
  - People currently in a hospital who have a BMI of 35 kg/m2 or more
  - People currently in a hospital who have diabetes
  - People currently in a hospital who have heart failure
- 7.92 Before providing the service to patients, the pharmacist must confirm eligibility for supply of LFD tests through either of the following ways:

- Seeing the patient's NHS letter which confirms eligibility. However, not all patients will have been sent a letter.
- Establishing that the patient qualifies under any of the pre-specified conditions or by age through having a discussion with the patient or their representative about the patient and their medical history, reviewing of the Patient Medication Record (PMR) or the National Care Records Service (NCRS) and then using their clinical judgement.
- Referring to the pharmacy's clinical records for the service, where the pharmacy has previously seen and made a record of having seen a copy of the patient's NHS letter confirming eligibility or has previously had a discussion with the patient or their representative which confirmed their eligibility, and this was documented.

7.93 The NHS website has a service finder through which the public and other health care professionals can find pharmacies that provide this service. If a pharmacy wishes to withdraw from providing this service, they must notify the NHS England about their decision to cease providing the service via the Manage Your Service (MYS) portal, giving at least 30-days' notice.

7.94 All 9 pharmacies in the City of London provide the Lateral Flow Device Tests Supply Service. This is in addition to 41 other pharmacies within 0.8 mile of its boundaries that provide the Lateral Flow Device Tests Supply Service as can be seen in Figure 7.17 and table 7.10 below.

**Figure 7.17: Distribution of community pharmacies that provide the Lateral Flow Device Tests Supply Service**



Source: NHSBSA

## Enhanced Pharmacy Services

7.95 NHSE in conjunction with the London ICBs currently commission locally enhanced services in the London region.

7.96 The enhanced services include:

- London Flu and COVID-19 vaccination service.
- Bank Holiday Rota.
- MMR Vaccination Service.

### London Flu and COVID-19 vaccination service

7.97 This enhanced service enables eligible Community Pharmacies across London that sign up to participate to deliver both seasonal influenza and COVID-19 vaccinations, including co-administration, where both vaccines are offered in the same appointment, where clinically appropriate.

7.98 The aims of the service are to:

- Sustain and maximise uptake of flu vaccine (and Covid-19 vaccine) in at-risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance.
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- Extend provision of flu vaccinations to a wider patient group, including carers, asylum seekers, the homeless and children from 2 to 18 years.

7.99 Healthwatch have discussed difficulties some City residents experience accessing this service in the last few years. At the time of drafting, there was no data available on which pharmacies are offering this service. Commissioning of this service is seasonal and responsive to the needs of the local population.

### **Bank Holiday Rota**

7.100 During bank holidays in London, pharmacies operate a rota system to ensure continuous service. For instance, over Christmas and New Year holidays, specific pharmacies in London, including the City of London are scheduled to be open on designated days and times.

7.101 None of the City of London pharmacies were listed were part of London's Bank Holiday Rota over the Christmas period in 2024/25. Although pharmacies may not be signed up formally and contractually to open over bank holidays, some pharmacies open anyway.

7.102 A new service will be commissioned starting from Christmas 2025 by the ICB.

### **MMR Vaccination Service**

7.103 The MMR vaccination service by community pharmacy contractors was introduced following the UK Health Security Agency's declaration of a national incident in response to rising measles cases. Under this service, pharmacy contractors must meet the specified requirements and adhere to all NHS England guidance for delivery in community settings. The MMR patient group direction outlines strict inclusion and exclusion criteria.

7.104 The aims of this service include:

- To administer MMR vaccines as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) in the Green book and MMR PGD.
- Increase opportunities for patients to receive MMR vaccinations in a range of settings.
- Maximise uptake of MMR vaccine by patients by providing vaccination services from pharmacy contractors where a need is identified by the commissioner.

7.105 The following group of people are eligible for the MMR vaccination service:


- Those who are resident and/or registered with a GP practice in the London region, those who are resident in the London region and not registered with a GP practice.
- Individuals who are aged 5 years to 19yrs+364 days and having made reasonable attempts to check immunisation status via the London CHIS and/or the patient's SCR (immunisations tab)

7.106 The Pharmacy Contractor must:

- Ensure that the delivery of the vaccination services is accessible, appropriate and sensitive to the needs of all patients.
- Ensure every effort is made to access the Patients vaccination record via the London CHIS and/or the Summary Care Record (Immunisation tab) to establish eligibility for any outstanding MMR1 and or MMR2 vaccines.
- Ensure that vaccinations are provided in line with the PGD and the Green Book.
- Have a process in place to check any updates to the Green Book.
- Only administer MMR vaccine to patients under the provisions of this Enhanced Service.

7.107 Unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.

7.108 Where a patient meets the eligibility requirement and is vaccinated, the contractor must notify the patient's GP and the London CHIS via the SONAR POC system that the patient has received vaccination.

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- 7.109 In line with the age cohorts and service specifications, on commissioner request and dependent on changes to current regulations, there may be a requirement to support a response to outbreaks.
- 7.110 As mentioned in Chapter 6, the MMR uptake in City and Hackney (aggregated data) remains the lowest in the country, well below the level needed for herd immunity. Although NHS England London has explored including pharmacies in the local provision of MMR vaccination, it is not currently a commissioned service in the area. While expanding access, such as through pharmacies is essential, it may not be sufficient on its own to improve uptake in City, where deeper social, cultural, and systemic barriers may also be contributing to low vaccination rates.



## Chapter 8 - Other NHS Services

- 8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are deemed to affect the need for pharmaceutical services.

### **Locally commissioned services**

- 8.2 These are services commissioned by the London Borough of Hackney, City of London District and North-East London ICB to fulfil a local population health and wellbeing need.


- 8.3 These services are listed below:

- Local authority commissioned services:
  - Needle exchange service.
  - Supervised Consumption service.
  - Take Home Naloxone Programme.
  - Sexual Health Service.
  - City of London and Hackney Stop Smoking Service
  - Healthy Start City & Hackney
- NHS North East ICB commissioned services:
  - Palliative End of Life Care (PEoLC) Service
  - Community Pharmacy Selfcare Advice Service (CPSAS)
  - Community Pharmacy Independent Prescribing Pathfinder Programme

- 8.4 Most of these services are jointly commissioned between City and Hackney.

### **Needle exchange service**

- 8.5 The needle exchange service in the City of London supplies sterile injecting equipment such as needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this service is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

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- 8.6 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing appropriate harm reduction advice and information as well as acting as a gateway to other services, including drug treatment centres.
  - 8.7 This service provides needle and syringe programme for all adults aged 18 years or above requiring sterile injecting equipment and the exchange of clean needles, syringes and associated injecting paraphernalia including those engaged in the wider treatment system.
  - 8.8 This service is available to all adult intravenous drug users including anabolic steroids users and recreational drugs users.
  - 8.9 Community pharmacists can also signpost people to the service, either via the Specialist Harm Reduction Service or directly.
  - 8.10 Community pharmacists should be up to date with NICE guidance and emergent good practice in relation to the needle and syringe programme and harm reduction advice and information service.
  - 8.11 While no pharmacies in City offer the needle exchange service, it is available via eight pharmacies in Hackney which can also be reached by City residents

### **Supervised consumption**

- 8.12 The district in conjunction with Hackney commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 8.13 Pharmacists and contractor staff involved in the provision of this service should have relevant knowledge and be appropriately trained in the operation of the service.
- 8.14 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 8.15 This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

- 8.16 It is a medicines adherence service which aims to reduce the risk of harm to the client by over- or under-usage of drug treatment, reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market or accidental exposure to prescribed medicines.
- 8.17 Pharmacies that provide this service:
- Ensure there is sufficient coverage and availability for the supervised consumption of opiate substitute treatment prescribed by the service. They are encouraged to use the City and Hackney neighbourhood model to ensure equitable access to pharmacies offering supervised consumption, which includes Hackney.
  - Ensure each supervised dose is correctly administered to the service user for whom it was intended.
  - Liaise with the prescriber, named key worker and others directly involved in the care of the service user.
  - Monitor service users' response to the prescribed treatment.
  - Help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- 8.18 While no pharmacies in City offer the supervised consumption service, it is available via 31 pharmacies in Hackney which can also be reached by City residents.

### **Take Home Naloxone Programme (THN)**

- 8.19 The THN service relates to the supply of Prenoxad® 1mg/ml pre-filled syringe (2ml) injection for lay administration.
- 8.20 This THN service in the City of London is available to anyone over 16 years old.
- 8.21 Contractors are required to offer a user-friendly, non-judgmental, client-centred and confidential service.
- 8.22 Pharmacies supplying Prenoxad® as part of their drug treatment service must have a Standard Operating Procedure (SOP) in place which covers the ordering, storage, access, supply, monitoring and disposal arrangements for Prenoxad®.

8.23 Community pharmacy staff issuing supplies of Prenoxad® to individuals must as best practice:

- Be authorised by name to make Prenoxad® supplies (individuals are authorised to make supplies once they have completed the specified training and signed the training record).
- Keep up to date with any changes to the service. Any changes to the service is communicated via Turning Point.
- The pharmacy should retain a training record for each member of staff completing the training.
- Apply a label to each Prenoxad® unit confirming supply by the named pharmacy only.
- Know where to refer to for further information and advice.
- Pharmacies are required to keep a record of the naloxone they supply.

8.24 City residents can access the service from three Hackney pharmacies.

### **Sexual Health Service**

8.25 The City of London district commissions community pharmacies to provide an enhanced service for sexual health and contribute to an improvement in the sexual and reproductive health and wellbeing of people in the City of London and Hackney with a particular emphasis on young people.

8.26 Medicines counter staff must refer all requests for chlamydia treatment or Emergency Hormonal Contraception (EHC) to the pharmacist without delay. The pharmacist must personally speak with and advise the person requesting treatment. Advice may be given over the telephone, but medication can only be dispensed to the intended user in person.

8.27 The principal aims of this service are:

- To increase the use of condoms by sexually active young people (aged under 25 years).
- To achieve high screening rates for chlamydia and gonorrhoea in sexually active young people.

- To improve access to treatment of chlamydia and other sexually transmitted infections (STIs) for sexually active young people.
- To increase access to EHC for all women, non-binary persons and transgender men who need it.

8.28 The key objectives of this service are:

- To register young people with the free condoms scheme.
- To supply condoms to young people registered to receive free condoms.
- To supply chlamydia and gonorrhoea postal testing kits to sexually active young people, free of charge.
- To supply antibiotic treatment for chlamydia to (young) people who have received a definitive or equivocal diagnosis, as well as their sexual contacts, free of charge.
- To supply EHC to all women, non-binary people with a womb, or transgender men who need it, free of charge.
- To increase awareness of the risk of contracting STIs through unprotected sex and thereby help to decrease the incidence of STIs among young people.
- To signpost the availability of other services, thereby increasing numbers of residents accessing sexual and reproductive health services.
- To refer vulnerable patients, especially young people, into sexual and reproductive to the appropriate service
- The pharmacy must deal with all requests for any element of this service sensitively, discreetly and in a non-judgemental manner. Clients should be offered the option of using a private space for the discussion or consultation.

8.29 The pharmacist can supply chlamydia/gonorrhoea screening kits to the intended user for their own use, plus additional kits for partner screening.

8.30 No City pharmacies offer sexual health services. However, they are made available via Hackney pharmacies (9 Hackney pharmacies offer chlamydia/ gonorrhoea screening kits, and 31 offer EHC).

### **City of London and Hackney Stop Smoking Service**

8.31 Community pharmacies in the City of London and London Borough of Hackney are commissioned to support delivery of this service aimed at reducing smoking

prevalence and related harm in local populations, with a specific focus on high-risk and high-prevalence groups.

8.32 The service will provide specialist support to smokers aged 12 and over through both face-to-face and remote interventions, offering a flexible and accessible programme that reflects the diverse needs of residents and workers across City and Hackney. The service will work alongside local partners, including NHS services and community stakeholders, to ensure timely and seamless access to support.

8.33 The principal aims of this Service are:

- To reduce smoking prevalence and smoking-related harm in City and Hackney;
- To support smokers in quitting or reducing tobacco use, with a view to eventual cessation;
- To target tobacco-related health inequalities by prioritising delivery to high-need communities and vulnerable groups;
- To contribute to national Smokefree 2030 ambitions by reducing smoking rates to 5% or lower;
- To decrease demand on local health and care services by supporting healthier lifestyles.

8.34 The key objectives of this Service are:

- To provide an integrated, evidence-based stop smoking service accessible to residents, workers, and students aged 12 and over in City and Hackney;
- To prioritise support for the following key groups:
  - People from socioeconomically deprived backgrounds
  - Residents of social housing
  - People in routine and manual occupations
  - High smoking prevalence ethnic groups (e.g. Turkish, Kurdish, Black Caribbean, Bangladeshi, Eastern European, Vietnamese)
  - Individuals with poor mental health or long-term conditions
  - Pregnant women and their families
  - People experiencing homelessness, substance misuse or multiple needs

- LGBTQIA+ communities
- To offer behavioural support alongside approved pharmacotherapy, including Nicotine Replacement Therapy (NRT), in accordance with NICE guidelines;
- To provide harm reduction support for individuals not yet ready to quit but motivated to reduce use;
- To track quit outcomes at 4, 26, and 52 weeks, including carbon monoxide (CO) validation where possible;
- To ensure that clients are not concurrently enrolled with other stop smoking programmes.

8.35 Pharmacotherapy offered through the service may include:

- Nicotine patches (16hr or 24hr)
- Gum, lozenges, microtabs
- Nasal spray, mouth spray
- Inhalators

8.36 These may be provided for up to 12 weeks per quit attempt and should only be supplied alongside behavioural support from trained advisors.

8.37 Community pharmacies may refer clients interested in vaping to the core stop smoking service, as electronic cigarettes are only provided by trained specialist advisors within the service. Bupropion (Zyban), Varenicline, and other non-approved pharmacotherapies must not be supplied under this scheme.

8.38 All staff delivering the Stop Smoking Service must ensure that care is provided in a respectful, confidential, and non-judgmental manner. Clients should be offered the option to discuss their quit attempt in a private consultation space if desired.

8.39 One pharmacy in the City (Barbican Pharmacy & Clinic on Goswell Road) offers the service, but it is also available from another 12 pharmacies in Hackney.

### **Healthy Start City & Hackney**

8.40 Community pharmacies in the City of London and Hackney are commissioned to support the delivery of the *Healthy Start City & Hackney* scheme, which aims to improve maternal and child health outcomes by reducing vitamin D deficiency and promoting adequate intake of essential vitamins in pregnancy and early childhood.

8.41 The *Healthy Start* service provides free vitamin supplements to:

- Pregnant women and new mothers (until their child turns one),
- Children from birth until their fourth birthday, who are either resident in the City of London or the London Borough of Hackney, or registered with a GP in these areas.

8.42 The primary aims of this service are:

- To reduce high levels of vitamin D deficiency among pregnant women, new mothers, and children under four years of age in City and Hackney;
- To increase the uptake of folic acid during early pregnancy, thereby reducing the risk of neural tube defects such as spina bifida;
- To ensure adequate intake of vitamins A, C and D in young children, supporting healthy growth, bone development, vision, and immune function.

8.43 The key objectives of this service are:

- To increase the number of eligible women taking Healthy Start vitamin tablets, which include folic acid and vitamins C and D;
- To increase the number of children receiving Healthy Start vitamin drops, which include vitamins A, C and D;
- To promote the Healthy Start scheme to eligible families through community pharmacies, children's centres, and healthcare professionals;
- To encourage registration with the Healthy Start programme and regular collection of supplements from designated pharmacies or children's centres;
- To signpost families to wider support services where appropriate.

8.44 The service must be promoted by pharmacies routinely to pregnant women, new mothers, and families with children under the age of four.

8.45 The service forms part of NICE-recommended antenatal care and must be discussed routinely with families by midwives, health visitors, and other relevant professionals. Promotion must also take place through children's centres and other local authority services.



- 8.46 All staff involved in the delivery of this service must ensure that advice and provision are offered in a sensitive, respectful, and non-judgemental manner. Private consultation space should be made available where required.
- 8.47 One pharmacy in the City (Barbican Pharmacy & Clinic on Goswell Road) delivers this service, but it is also commissioned in 14 Hackney pharmacies.

### **Palliative End of Life Care (PEoLC) Service**

- 8.48 The purpose of this service is to ensure 24/7 availability of PEoLC medicines through community pharmacies in NEL, in turn enabling the provision of PEoLC in accordance with patients' and families' preferences.
- 8.49 Community pharmacies commissioned to provide the out of hours service also supplement the in-hours provision of PEoLC medicines, commissioned through the 25/26 Pharmacy Quality Scheme, as part of the nationally commissioned Community Pharmacy Contractual Framework. They maintain a specific stock of PEoLC medicines and are listed on the NHS Profile Manager as a 'Pharmacy Palliative Care Medication Stockholder'.
- 8.50 During out of hours, a rota system is operated, to provide the out of hours PEoLC medicine supply service. The pharmacies on-call will be so for the entirety of the week, inclusive of weekends and any bank holidays that may fall within that week. The community pharmacies are strategically located to ensure coverage of NEL is represented as fairly as possible, to allow for timely access to the medicines for all NEL residents.
- 8.51 In circumstances where a community pharmacist is unable to supply the PEoLC medicines, they must direct / signpost the individual to the nearest commissioned community pharmacy, checking first that they have the required medicine(s) in stock.
- 8.52 Pharmacists and staff involved in the provision of the service will have received the appropriate training to deliver the service.
- 8.53 Palliative and End of Life care services are currently being reviewed across North East London to ensure that a consistent service is delivered across the entirety of the geography.
- 8.54 Ten pharmacies across City and Hackney provide the service.

## **Community Pharmacy Selfcare Advice Service (CPSAS)**

- 8.55 This service, commissioned by North East London Integrated Care Board, launched on the 22nd July 2024.
- 8.56 This service has been funded by the Population Health and Integration 'Shared Ambition' Fund, to help reduce health inequalities in NEL. This is a priority in the current context of significant health inequalities within our population, with those living in more deprived areas experiencing poorer health outcomes, and high cost of living pressures across NEL
- 8.57 Any pharmacies in North East London who have signed up to this service can provide support to socially vulnerable NEL residents to self-manage their minor ailments with clinical advice and free over-the-counter medicines where indicated. The pharmacies will also provide overall health and wellbeing advice, this includes signposting/referral to other relevant local services e.g. blood pressure checks and sexual health services.
- 8.58 The eligibility criteria for CPSAS are registered patients with a NEL practice, who are currently receiving any financial related benefits e.g. Universal credit, Income support or related allowance and HC2 certificate. This also expands to their dependents who are 18 years of age and under. The CPSAS eligibility also includes specific population such as young care leavers, homeless, refugee and asylum seekers in North East London.
- 8.59 The primary access to service was initially via a referral from patient's GP or NHS111 through NHSE commissioned service – Pharmacy First, where walk-ins were only accepted for patients who are homeless, refugee and asylum seekers.
- 8.60 However, from 4th August 2025, access to CPSAS was extended to walk in for all eligible patients, i.e. not limited to those who are homeless, refugee and asylum seekers. This extension was effected to widen access to patient groups who do not routinely visit their practices
- 8.61 CPSAS has improved patient access to medicines for minor illnesses related conditions, reduced health inequalities by removing the barrier of cost of medicines. This service has also enhanced patient access to timely advice and support on health and wellbeing, providing targeted interventions and reduced fragmentations between care pathways for socially vulnerable cohorts. With the widening of access

to CPSAS, it is hoped that this service can help reduce pressures on GP appointments and on A&E.

8.62 All 9 City of London pharmacies offer this service.

### **Community Pharmacy Independent Prescribing (IP) Pathfinder Programme**

8.63 The aim of the community pharmacy IP pathfinder programme is to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing.

8.64 Following submission of an expression of interest to NHSE, in August 2023 NEL ICB were approved for 6 NEL community pharmacies to become pathfinder sites.

8.65 The model that was agreed was to link each community pharmacy to one GP practice in close proximity. As part of this programme, the clinical models agreed were:

- Hypertension and CVD risk reduction
- Lipid review

8.66 The nominated community pharmacist providing the clinical review service is a qualified independent prescriber. A robust training framework was implemented to upskill the pharmacists to provide these services in the community pharmacy. The pharmacists have access to EMIS web for their linked practice and are able to book appointments, view and write into patient records, request and access blood tests and prescribe medication in line with the service specifications for the agreed clinical models.

8.67 The development of community pharmacists plays a crucial role in shaping the future of healthcare services. Preliminary evaluation from the pathfinder and lipid POCT has demonstrated the positive impact of the role of a community pharmacy in providing clinical services and prescribing medication in the community pharmacy setting.

8.68 Community pharmacies are already providing health screening and monitoring and proactively expanding this in the community pharmacy setting will help with early detection and management of long-term conditions.

- 8.69 The community pharmacy independent prescribing pathfinder programme has demonstrated that community pharmacists can take a more active role in managing chronic conditions such as hypertension. There is potential to increase their scope of practice further to manage patients with diabetes, respiratory conditions and more complex cardiovascular conditions. In addition, it is hoped to further develop the pathfinder community pharmacists into Designated Prescribing Practitioners (DPPs) to support the future development of pharmacist prescribers.
- 8.70 No City pharmacies are currently enrolled in the service.

## **Other prescribing centres**

- 8.71 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

### **Walk-in Centres**

- 8.72 These centres provide urgent medical care for non-life-threatening conditions. Below is the walk-in centre in the City of London.

- Soho NHS walk-in centre located at Frith Street.

### **GP extended access hubs**

- 8.73 Enhanced Access Services are established to provide patients with improved access to GP appointments outside of standard working hours. These services are coordinated through various Enhanced Access Hubs across the area. Appointments are available during weekday evenings and weekends, aiming to accommodate patients who may have difficulty attending during regular hours.
- 8.74 The extended access hubs are strategically located to serve different areas in the City of London.
- 8.75 GP extended access hub in the City of London is the Neaman Practice located at Half Moon Court.

### **End of life services**

- 8.76 A range of services are available to residents of the City of London to support individuals requiring end-of-life care, including inpatient facilities, community-based services, and support organisations. These services aim to provide compassionate


care tailored to individual's needs, ensuring comfort and dignity during end-of-life stages.

8.77 The following NHS and charitable services provide end-of-life services to residents if the City of London:

- St Joseph's Hospice located at Mare Street Offers community palliative care, inpatient services, and bereavement support. They provide services to residents of the City of London and surrounding areas).
- Palliative Care Team at Homerton University Hospital located at Homerton Row (provided specialist palliative care for patients with serious or life-limiting illnesses, support for families and carers, management of complex symptoms such as pain, nausea, and fatigue, emotional, spiritual, and psychological support).
- Pembridge Hospice and Palliative Care located at St Charles Centre for Health and Wellbeing, Exmoor Street (includes community palliative care team providing home visits, day hospice offering treatments, support, and complementary therapies, bereavement counselling services and 24-hour advice line staffed by nurses and specialist consultants).
- University College London Hospitals NHS Foundation Trust – Transforming End of Life Care Team located at Euston Road (provides daily reviews for patients in the last days of life, advance care planning support, facilitation of discharges towards the end of life as well as educating and mentoring for healthcare professionals).
- Advanced Care Planning Team based at Beaumont House, Mile End Hospital (supports patients in the final stages of life, assisting with care planning and coordination.
- City of London Adult Social Care located at Guildhall (provides advice, information, and care services to City residents over the age of 18 with community care needs, including those related to end-of-life care).

## **Mental Health Services**

8.78 A variety of mental health services are available in the City of London to support individuals across needing support with their mental health. These services include



community-based teams, specialised programs, and support organisations, all working collaboratively to provide comprehensive care:

- City and Hackney Child and Adolescent Mental Health Service (CAMHS) located at Homerton Row.
- City and Hackney Centre for Mental Health located at Homerton Row.
- City and Hackney Wellbeing Network (various locations)
- City and Hackney Specialist Psychotherapy Service located at Donald Winnicott Centre.
- Mind in City, Hackney and Waltham Forest with its main office at Tudor Road.

# Chapter 9 - Conclusions and Statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across the City of London HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.
- 9.2 This chapter will summarise the conclusion of the provision of these services in the City of London with consideration of surrounding HWB areas.

## Current Provision

- 9.3 The PNA steering group has identified the following services as necessary to meet the need for pharmaceutical services:
- Essential services provided at all premises, including those though outside the City of London HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The PNA steering group has identified the following as Other Relevant Services:
- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the City of London HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 9.5 Preceding chapters of this document have set out the provisions of these services, as well as identifying services by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in the City of London.

## Current provision of necessary services

- 9.6 In assessing the provision of necessary services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the

needs of the population. To determine the level of access to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

- 9.7 There are 8.5 community pharmacies per 10,000 residents in the City of London. This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents.
- 9.8 All of City's population is within a 15-minute walk to a pharmacy. Additionally, all residents can reach a pharmacy in 10 minutes by car or 15 minutes by public transport. All GP practices in City of London are also within 0.8 mile of a pharmacy.
- 9.9 Factoring in all of this, the residents of the City of London are well served in terms of the number and location of pharmacies.

### ***Current provision necessary services during normal working hours***

- 9.10 All pharmacies are open for at least 40 hours each week, with one of the pharmacies opening for 100 hours a week. There are 9 community pharmacies in the City of London, and a further 73 within 0.8 mile of its boundaries, providing good access as determined in Chapter 7.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in the City of London.

### ***Current provision of necessary services outside normal working hours***

- 9.11 On weekdays, eight of the nine pharmacies are open past 5:30pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.



- 9.12 Five of the district's 9 community pharmacies are open on Saturday while three are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in the City of London.

## **Current provision of other relevant services**

### **Current provision of advanced pharmacy services**

- 9.13 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu vaccination service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.
- 9.14 The Pharmacy First Service is provided by all 9 pharmacies in the district.
- 9.15 NMS is widely available with all 9 pharmacies in the district providing it.
- 9.16 Flu vaccinations are also widely provided, with all 9 pharmacies in the district offering them.
- 9.17 All 9 pharmacies in the City of London offer the Pharmacy Contraception Service.
- 9.18 All 9 pharmacies in the City of London provide the Hypertension Case-finding Service.
- 9.19 According to the NHSBA data, no pharmacies were indicated as providing the nation Smoking Cessation Service in the previous fiscal year. However, through the LPC the PNA has ascertained that local pharmacies are indeed already providing the service and have capacity to continue doing so.
- 9.20 Though no pharmacies in the City of London indicated providing the Appliance Use Review Service or Stoma Appliance Customisation Service, these services are widely available from other health providers such as district nurses and dispensing

appliance contractors. Pharmacies have also indicated that they are willing to provide these services if called upon to do so.

9.21 The Lateral Flow Device test supply service is provided by all 9 pharmacies in the City of London

9.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of the City of London.

### **Current provision of enhanced pharmacy services**

9.23 There are currently three enhanced services commissioned by the London region of NHSE in conjunction with London ICBs. These are the London Flu and COVID-19 vaccination service, the Bank Holiday Rota Service and the MMR Vaccination Service.

9.24 At the time of drafting, no data was available about pharmacies offering the London Flu and COVID-19 vaccination service.

9.25 No City pharmacies were on the most recent Bank Holiday Rota, though two from Hackney were.

9.26 Although no pharmacies in City or Hackney currently deliver the MMR vaccination service, MMR vaccination can be accessed through alternative avenues such as GP surgeries, community clinics and school-based programs.

### **Current provision of locally commissioned services**

9.27 These services are commissioned by the City of London district and North East London ICB. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the City of London population. These services are the needle exchange service, supervised consumption Service, take home naloxone programme, sexual health services, City & Hackney Stop Smoking service, Healthy Start City & Hackney, the Palliative End of Life Care Service, Community Pharmacy Selfcare Advice Service and the Community Pharmacy Independent Prescribing Pathfinder Programme. Most of these services are jointly commissioned with Hackney as explored in Chapter 8.

9.28 Though no City of London pharmacies currently offer the needle exchange service, supervised consumption, take home naloxone or sexual health services, these services are readily available from nearby Hackney pharmacies.

- 9.29 One pharmacy in City of London offers the City of London and Hackney Stop Smoking Service.
- 9.30 One City pharmacy offers the Healthy Start City & Hackney service.
- 9.31 Across City and Hackney 10 pharmacies provide the Palliative End of Life Care Service.
- 9.32 Community Pharmacy Selfcare Advice Service is available from all 9 CoL pharmacies.
- 9.33 No City pharmacies are enrolled in the Community Pharmacy Independent Prescribing Pathfinder Programme.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in the City of London.

## Future Provision

- 9.34 The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth.
  - Housing Development information.
  - Regeneration projects.
  - Changes in the provision of health and social care services.
  - Other changes to the demand for services.

### Future provision of necessary services

#### *Future provision of necessary services during normal working hours*

- 9.35 The HWB is aware of new regulatory changes by the Department of Health and Social Care affecting DSPs. This includes that from 23<sup>rd</sup> June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services regulations. It is also expected that from 1<sup>st</sup> October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services)

in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31<sup>st</sup> March 2026.

- 9.36 The PNA is aware of and has considered proposed changes in the City of London including commitment to building more housing which will result in a population increase (2.5% population increase is expected during the 2025-2028 PNA period). The largest of these developments will see an increase of 782 new student housing units, while the total number of new units across the entire district is forecast to be 1,636 in that period.
- 9.37 These changes do not represent large shifts in the population size. Furthermore, City pharmacies have comparatively low dispensing numbers compared to the rest of the nation (1,512 items per month compared to 8,689 for the national average). This suggests that the pharmacies have ample capacity to cater for any additional pharmaceutical provision demands created by the anticipated small changes population size.
- 9.38 It is therefore concluded that pharmacy provision within the City of London is well placed to support these during the lifetime of the PNA.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in the City of London.

### ***Future provision of necessary services outside normal working hours***

- 9.39 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in the City of London.

### **Future provision of other relevant services**

- 9.40 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.

9.41 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access.

# Appendix A - City and Hackney Pharmaceutical Needs Assessment Steering Group Terms of Reference

## Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The City of London and Hackney published their last PNAs under the Regulations in October 2022. The Health and Wellbeing Board has now initiated the process to refresh the PNAs; this is in accordance with the Regulations which require a new document to be published every 3 years. The PNAs will be published by the Health and Wellbeing Boards by the 1<sup>st</sup> October 2025.

## Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and

robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing Boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNAs, following publication, in accordance with the Regulations.

## Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned by the London Borough of Hackney and City of London; and services commissioned by the ICB and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of the London Borough of Hackney and the City of London.
- Ensure that the PNA links with both national and local priorities and other local key strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the City of Hackney population.
- Approve the framework for the PNA document, including determining the maps which will be included.

- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the ICB.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Hackney and City of London HWBs, on formal PNA consultations undertaken by neighbouring HWBs.
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

## **Accountability and reporting**

The City and Hackney Health and Wellbeing Boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group

The PNA steering group will be accountable to the London Borough of Hackney and City of London Health and Wellbeing Boards and will report on progress as required by the Health and Wellbeing Boards.

The final draft PNAs will be presented to the Health and Wellbeing Board for approval.

## **Membership**

Membership of the group shall be:

- City of London and the London Borough of Hackney Public Health Team.
- Community Pharmacy NEL.
- NHS North East London.
- Healthwatch City of London.



- Healthwatch Hackney.
- Healthy Dialogues.

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

### **Quorum**

Meetings will be considered quorate regardless of the number of members present.

### **Declaration of Interests**

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

### **Frequency of meetings**

The group will meet as required for the lifetime of this project. Meetings may be held, or decisions taken, virtually, where appropriate.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA.
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications.

## Appendix B – Pharmacy provision within The City of London and 0.8 miles of its boundary (equivalent of 15-minute walk)

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	W	A	O	O
City Of London	Community Pharmacy	FXY14	Barbican Pharmacy & Clinic	36 Goswell Road, London	EC1M 7AA	No	No	No	No
City Of London	Community Pharmacy	FDC23	Boots	80 Cannon Street, London	EC4N 6AE	Yes	Yes	No	No
City Of London	Community Pharmacy	FGC54	Boots	200 Bishopsgate, London	EC2M 4NR	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FGG53	Boots	11 Octagon Arcade, Liverpool Street Station, London	EC2M 2AB	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FGQ44	Boots	60 Gracechurch Street, London	EC3V 0HR	Yes	Yes	Yes	No
City Of London	Community Pharmacy	FHN79	Boots	21 New Change Passage, London	EC4M 9AG	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FTH22	Boots	88 Aldgate High Street, London	EC3N 1LH	Yes	Yes	No	No
City Of London	Community Pharmacy	FTP53	Boots	107 Cheapside, London	EC2V 6DN	Yes	Yes	Yes	No
City Of London	Community Pharmacy	FVC98	Boots	171 Moorgate, London	EC2M 6XQ	Yes	Yes	No	No
Camden	Community Pharmacy	FDY54	Boots	16-17 Tottenham Court Rd, London	W1T 1BE	No	Yes	Yes	Yes
Camden	Community Pharmacy	FH432	Boots	122 Holborn, London	EC1N 2TD	Yes	Yes	No	No
Camden	Community Pharmacy	FHK32	John Walker Chemists	2-3 Medway Court, Leigh Street, London	WC1H 9QX	No	Yes	Yes	No
Camden	Community Pharmacy	FKD52	Superdrug Pharmacy	232 High Holborn, London	WC1V 7DA	Yes	Yes	No	No
Camden	Community Pharmacy	FMK19	Zen Pharmacy	150 Southampton Row, London	WC1B 5AN	No	Yes	Yes	Yes
Camden	Community Pharmacy	FN299	Boots	129-133 Aviation House, Kingsway, Holburn, London	WC2B 6NH	Yes	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Ear	Late	Open	Open
Camden	Community Pharmacy	FN642	Gray's Inn Pharmacy	81 Gray's Inn Road, London	WC1X 8TP	No	No	No	No
Camden	Community Pharmacy	FNK76	Holborn Pharmacy	88 Southampton Row, London	WC1B 4BB	Yes	Yes	Yes	No
Camden	Community Pharmacy	FPF52	Boutalls Pharmacy	60 Lambs Conduit Street, London	WC1N 3LW	No	Yes	No	No
Camden	Community Pharmacy	FQ977	Boots	40-42 Brunswick Shopp Ctr, Marchmont Street, London	WC1N 1AE	Yes	Yes	Yes	Yes
Camden	Community Pharmacy	FV174	Essentials Pharmacy	169 Drury Lane, Covent Garden, London	WC2B 5QA	No	No	Yes	No
Camden	Community Pharmacy	FWL66	Boots	25-27 Farringdon Road, Smithfield, London	EC1M 3HA	Yes	Yes	No	No
Camden	Community Pharmacy	FX460	Kerrs Chemist	41 Bloomsbury Way, London	WC1A 2SA	No	Yes	Yes	No
Camden	DSP	FMC51	Hasscon Pharmacy	76 Cromer Street, Camden	WC1H 8DR	No	Yes	No	No
Hackney	Community Pharmacy	FFE07	Judds Chemist	73 Pitfield Street, City And Hackney, London	N1 6BT	No	Yes	No	No
Hackney	Community Pharmacy	FNH97	Finstead (Hoxton) Ltd	193 Hoxton Street, London	N1 6RA	No	Yes	Yes	No
Hackney	Community Pharmacy	FW125	Murray's Chemist	96-98 Murray Grove, Islington, London	N1 7QP	No	Yes	Yes	No
Islington	Community Pharmacy	FDN39	St Peter's Pharmacy	51 St Peters St, London	N1 8JR	No	Yes	Yes	No
Islington	Community Pharmacy	FHD65	Apex Pharmacy	199 Old Street, London	EC1V 9NP	No	Yes	Yes	No
Islington	Community Pharmacy	FJJ16	Portmans Pharmacy	Unit 5, Cherry Tree Walk, Whitecross Street, London	EC1Y 8NX	No	Yes	Yes	No
Islington	Community Pharmacy	FM604	Wc & K King Chemist	35 Amwell Street, London	EC1R 1UR	No	Yes	No	No
Islington	Community Pharmacy	FRM14	Clerkenwell Pharmacy	44 Exmouth Market, London	EC1R 4QE	Yes	Yes	Yes	No
Islington	DAC	FC850	Apex Appliances	199 Old Street, London	EC1V 9NP	No	Yes	Yes	No
Islington	DSP	FEW08	Pharmica	1-5 Clerkenwell Road, London	EC1M 5PA	No	Yes	No	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	U ar	La te	O pe	O pe
Lambeth	Community Pharmacy	FLA76	Boots	Waterloo Station, London	SE1 7LY	Yes	Yes	Yes	Yes
Lambeth	Community Pharmacy	FLG18	Boots	98/99 Lower Marsh, London	SE1 7AB	Yes	Yes	Yes	No
Southwark	Community Pharmacy	FCR97	Qrystal Pharmacy	301-303 Borough High St, London	SE1 1JH	No	Yes	Yes	No
Southwark	Community Pharmacy	FDA71	Boots	Units 8-11 Hays Galleria, Counter Street, North Southwark, London	SE1 2HD	Yes	Yes	Yes	Yes
Southwark	Community Pharmacy	FJH24	City Pharmacy	39/41 Borough High Street, London	SE1 1LZ	Yes	Yes	Yes	No
Southwark	Community Pharmacy	FKC34	Amadi's Chemist	107 Abbey Street, North Southwark, London	SE1 3NP	No	Yes	Yes	No
Southwark	Community Pharmacy	FXY86	Kalmak (Chemists) Ltd	Unit 11, South Bank Tower, Upper Ground, London	SE1 9LP	Yes	Yes	No	No
Southwark	DSP	FHK99	Pharmaceutra	64 Borough High Street, London	SE1 1XF	No	No	No	No
Tower Hamlets	Community Pharmacy	FA089	Sai Pharmacy	19 Stable Walk, Goodman Fields, London	E1 8ZF	No	Yes	No	No
Tower Hamlets	Community Pharmacy	FDN37	Florida Pharmacy	307 Bethnal Green Road, London	E2 6AH	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FG327	The Old Maids Pharmacy	321 Bethnal Green Road, London	E2 6AH	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FHF74	Day Lewis Pharmacy	12-14 Old Montague Street, London	E1 5NG	Yes	Yes	No	No
Tower Hamlets	Community Pharmacy	FKA84	Columbia Pharmacy	104 Columbia Road, London	E2 7QB	No	Yes	No	Yes
Tower Hamlets	Community Pharmacy	FQJ20	Chapel Pharmacy	139 Cannon Street Road, London	E1 2LX	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FRD61	Dmb Chemist	4 Watney Market, Shopping Centre, Stepney, London	E1 2PR	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FTM20	City Dock Pharmacy	Unit 2a, Building A, Lndn Dock, 142 Vaughan Way, London	E1W 2AF	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FVE07	Tower Pharmacy	50 Wapping Lane, Wapping, London	E1W 2RL	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FWP36	Ali's Pharmacy	93 Watney Street, Stepney, London	E1 2QE	No	Yes	Yes	No



HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	U ar	La te	O pe	O pe
Tower Hamlets	Community Pharmacy	FXR56	Day Lewis Pharmacy	253 Whitechapel Road, Stepney, London	E1 1DB	No	Yes	Yes	No
Tower Hamlets	DSP	FDW47	Pharmacyforce	Lower Ground Floor, 101 Whitechapel Road, London	E1 1DT	No	Yes	No	No
Tower Hamlets	DSP	FLF08	Letterboxpharmacy.Com	Ground & Lower Ground Fl, 20 Spelman Street, London	E1 5LQ	No	Yes	No	No
Westminster	Community Pharmacy	FA906	Boots	107-115 Long Acre, London	WC2E 9NT	No	Yes	Yes	Yes
Westminster	Community Pharmacy	FJJ43	Boots	105-109 The Strand, London	WC2R 0AA	Yes	Yes	Yes	Yes
Westminster	Community Pharmacy	FL592	Superdrug Pharmacy	49-50 The Strand, London	WC2N 5LH	Yes	Yes	Yes	No
Westminster	Community Pharmacy	FTA34	Boots	426-427 Strand, London	WC2R 0QE	Yes	Yes	Yes	Yes

# Appendix C - Consultation report

This report presents the findings of the consultation for the City of London PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 5 people responded to the consultation via email or via our consultation survey, they represented:

- NHS England
- Boots UK Limited
- Healthwatch City of London
- Homerton Hospital NHS Foundation Trust
- North East London ICB

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for the 60-day consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure/not entirely
Has the purpose of the pharmaceutical needs assessment been explained?	4		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3		1
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	1	2	1
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	4		
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	4		
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	3	1	
Do you agree with the conclusions of the pharmaceutical needs assessment?	4		
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	3		1

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Comment received during consultation	PNA Steering Group response
<p><b>NHS England:</b> One of the pharmacies in the City HWBB area has and a change of ownership as of 1 August 2025. Chauhan Pharmacy FD099 is now Barbican Pharmacy &amp; Clinic FCY14. All other details remain the same.</p>	<p>This has been updated</p>
<p><b>NHS England:</b> National changes to the pharmacy regulations need to be added to the PNA, especially the information regarding DSPs and the changes to services for these.</p>	<p>This has now been updated to include the new regulatory changes regarding DSPs</p>
<p><b>NHS England:</b> Page 85 Bank Holiday Rota – A new service will be commissioned starting from Christmas 2025 by the ICB.</p>	<p>The section has been updated</p>
<p><b>NHS England:</b> All the pharmacies with the exception of one are owned by Boots, it might be prudent for the PNA to make a statement about choice and how this is made in this area where most of the pharmacies are owned by one contractor.</p>	<p>The steering group acknowledges this comment. The PNA is required to assess the adequacy of pharmaceutical services in terms of access, availability, and range of services provided, rather than regulate ownership structures or market competition. The ownership profile of pharmacies in the City of London has been noted, and the PNA will include a contextual statement reflecting this position. However, current assessment indicates that the pharmaceutical needs of the population are being met and there is no identified gap in service provision related to ownership.</p>

<p><b>NHS England:</b></p> <p>Page 89 Locally commissioned services There is a typo, these should be North East London ICB services.</p>	<p>This has been corrected</p>
<p><b>NHS England:</b></p> <p>Since the publication of the last PNA pharmaceutical services have been delegated to ICBs and therefore they can and should now commission services as locally enhanced services where they fall within this category. There will be some services that were commissioned previously as ICB locally commissioned services that will now need to transition to Locally enhanced services. We have noted that some of the services commissioned by the ICB are therefore quoted in the PNA within the wrong heading and these need to be amended and if appropriate the context of the PNA amended.</p>	<p>The latest PNA guidance states the following: “Where an ICB commissions a service from one or more pharmacies using the NHS standard contract, this is a locally commissioned service and not an enhanced service. The HWB will therefore need to seek clarification from the ICB or ICBs for its areas on the contracting route used to commission services from pharmacies in order to establish whether they are enhanced services or locally commissioned services. HWBs should reference locally commissioned services in their PNA as other NHS services (see Other NHS services)”.</p>
<p><b>Healthwatch City of London:</b></p> <p>I feel this is too Hackney centric and does not support a detailed enough assessment of the needs of the people in the east of the City, Tower hamlets is barely mentioned and there needs to be a greater focus on access at that end of the City where there are greater areas of deprivation. Very few people use Homerton for secondary care and many will use UCLH/ RLH or Barts and there is limited description of how they work with City and Hackney. Sexual health testing has not been recognised as an artifact of city workers accessing services using work addresses.</p>	<p>As stated in Chapter 5 of the document, some data sources are not available in a disaggregated form to show City of London specific data. Additionally, some services are jointly commissioned as both City and Hackney.</p> <p>The methodology of the PNA, as set out in Chapter 3 of this report. It highlights that HWB considered provision and choice of pharmacies is determined by accessible distance as defined as one or more of the following:</p> <ul style="list-style-type: none"> <li>15-minute walking distance.</li> <li>10-minute driving distance.</li> <li>15-minute journey by public transport.</li> </ul> <p>In addition, Chapter 7 and Appendix B present the pharmacy provision</p>



	within 0.8 miles of CoL borders, showing strong provision from Tower Hamlets (among others). The section on sexual health testing was reviewed and worded by a City of Hackney Public Health Consultant and found to be accurate.
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<b>Committee(s):</b> City of London Health & Wellbeing Board	<b>Dated:</b> 19 Sep 2025
<b>Subject:</b> Update on City and Hackney Healthy Weight Action Plan	<b>Public report:</b> For Decision
<b>This proposal:</b> <ul style="list-style-type: none"> <li>• <b>delivers Corporate Plan 2024-29 outcomes</b></li> </ul>	Providing excellent services Diverse, engaged communities
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>Report of:</b>	Dr Sandra Husbands, Director of Public Health
<b>Report author:</b>	Donna Doherty-Kelly, Principal Public Health Specialist

## Summary

This report provides an update on progress with refreshing City and Hackney's 'whole system' approach to promoting healthy weight, along with specific proposals for the City of London in support of these plans. It also provides a brief overview of the current state of play with access to weight loss medication, commissioned through the NHS.

## Recommendations

The Board is requested to:

- note the progress on the City and Hackney healthy weight 'whole system' plan to date
- comment on the proposed opportunities to progress healthy weight work in the City of London
- advise how the Board, and its constituent Member organisations, can support the implementation of these opportunities.

## Main Report

### 1. Background and progress to date

- 1.1. Being above a healthy weight is one of the major individual risk factors for poor health and a significant driver of health inequalities. The underlying causes are complex, requiring action at multiple levels of intervention (individual, social and environmental; local, national, international), through a coordinated 'whole system' response. Appendix 1 defines what we mean by a 'whole system' approach.
- 1.2. Recognising this complexity, Public Health have been working collaboratively with system partners since 2017 to take collective action to prevent and reduce obesity-related harms across the City and Hackney. This action is organised around five co-developed strategic priorities, as described in Appendix 2.
- 1.1. At the end of 2024, City and Hackney Public Health team published a healthy weight needs assessment.<sup>1</sup> This needs assessment was undertaken alongside, and was used to inform, a stakeholder review of our local 'whole system' approach to promoting healthy weight. The City Health and Wellbeing Board endorsed the recommendations from this review on 15 November 2024. These recommendations have now been translated into a new delivery plan.
- 1.2. As part of these plans, Public Health is reviewing its approach to investment in healthy weight interventions. Two key workstreams are being progressed in support of this, as described below.  
Workstream 1: Co-designing a new approach to healthy weight support
- 1.3. This workstream aims to inform future investment and commissioning decisions for Public Health and wider partners as relevant.
- 1.4. Through a comprehensive process of creative co-design, the output of this work will help to ensure that the support available for local people to achieve and maintain a healthy weight responds to the specific City and Hackney context, and makes best use of limited public sector resources. It will also inform the capacity-building work described under workstream 2 below.
- 1.5. The work will involve a series of co-design engagement events and workshops with residents (including parents and children), professionals and community partners, scheduled to take place over the next few months before the end of the calendar year.
- 1.6. The output from the co-design activity will include proposals for one or more viable interventions to be funded by Public Health and piloted for up to two years, through a 'test and learn' process. The outcome of this activity will then inform longer-term Public Health investment plans.

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<sup>1</sup> [City and Hackney Public Health Team \(December 2024\). Healthy Weight Needs Assessment for City and Hackney.](#)

## Workstream 2: Healthy weight capacity building

- 1.7. This workstream aims to strengthen professional and community capabilities to promote healthy weight; tackle weight stigma; and improve access to healthy food, physical activity opportunities and supportive information/resources.
- 1.8. City and Hackney's Public Health team, in partnership with wider system partners, will develop and pilot an approach to professional and community capacity building around healthy weight, which will include:
  - strengthening healthy weight confidence and competence among staff and volunteers supporting high-risk groups/in relevant settings
  - improving community awareness and facilitating access to information regarding actions individuals can take to achieve or maintain a healthy weight, including locally available support and resources
  - co-developing and implementing a programme of work to address weight stigma across City and Hackney.
- 1.9. The work will build on existing promising practice, focused initially with a small number of targeted settings or services, attended by groups/communities known to be at increased risk of obesity-related harm (for example, general practice, maternity services, community food shops/hubs, cultural or faith centres).
- 1.10. This will be a two year pilot (starting in early 2026), designed to develop and test an effective approach to capacity building, the output of which will be used to develop a business case for ongoing investment. The work will be led by a new, dedicated fixed term post hosted within the Public Health team.

## **2. Healthy weight delivery plan - opportunities for the City of London**

- 2.1. The two workstreams described in section 1 are part of a broader programme of work in support of the refreshed City and Hackney 'whole system' healthy weight delivery plan. The governance arrangements for this work are currently being finalised and the Board will be updated on this in due course.
- 2.2. The table in Appendix 3 sets out a wide range of potential opportunities for action that could be progressed in the City, in support of the six high level themes within the healthy weight delivery plan. These six themes are as follows.
  - Drive systemic change through collaboration and partnership.
  - Use evidence and data to drive action and continuous improvement.
  - Design and cultivate environments to support physical activity and healthy diets.
  - Build workforce skills and capacity to promote healthy weight, fostering cross-sector collaboration.
  - Prioritise equitable and inclusive approaches to promoting healthy weight.

- Address weight stigma.
- 2.3. The table in Appendix 3 also suggests relevant stakeholders who may be best placed to lead and/or contribute to delivery of these plans.
  - 2.4. The Board is asked to consider these initial proposals and advise on further opportunities for action in the City to support local people to achieve and maintain a healthy weight.

### **3. Obesity medication and treatment pathways - a brief update**

- 3.1. Optimising treatment pathways for people with complex obesity-related needs is a priority as part of any 'whole system' response, and is reflected in the refreshed delivery plan.
- 3.2. Alongside Public Health-funded provision, specialist treatment services are available locally via the NHS for people with more complex needs (including bariatric surgery for those who are eligible). Recently, the landscape of obesity treatments has changed dramatically, with new NICE recommended drugs coming on to the market. However, access to these drugs via the NHS is limited, and there are some safety concerns around their longer-term use.
- 3.3. More information on the current situation regarding availability of these new medications can be found in Appendix 4.

### **4. Key data<sup>2,3,4</sup>**

- 4.1. One in four children in Reception (aged 4-5) and two in five in Year 6 (aged 10-11) were above a healthy weight in 2023/24 in City and Hackney.<sup>5</sup> Locally, obesity prevalence in both Reception and Year 6 is above both the London and England averages.
- 4.2. Boys, those living in areas of higher deprivation and children from certain global majority communities have higher recorded obesity prevalence, mainly in Year 6.
- 4.3. In 2023, an estimated 45% of adult City residents (18+) were overweight or obese. For City and Hackney combined, obesity prevalence was higher among women, adults living in more deprived areas and from certain global majority communities.
- 4.4. Obesity prevalence is also higher than average among City and Hackney adults with a recorded learning disability and/or severe mental illness diagnosis.
- 4.5. Almost half of pregnant women were above a healthy weight at their first antenatal appointment (2023/24) and inequalities exist. For example, those from certain global majority communities, women with

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<sup>2</sup> Obesity is defined here based on the commonly used 'body mass index' metric.

<sup>3</sup> City and Hackney Public Health Team (December 2024). Healthy Weight Needs Assessment for City and Hackney.

<sup>4</sup> [Fingertips, Public Health Profiles - Obesity, Physical activity and Nutrition \(child BMI categories\)](#)

<sup>5</sup> Separate data not available for the City.

recorded physical and/or learning disabilities, as well as current smokers, had higher recorded levels of obesity.

- 4.6. Community insights suggest that local barriers to eating a healthy diet include food affordability and availability, time constraints, emotional drivers, lack of interest in cooking and poor access to information (especially in relation to healthy diets for children). And, while feedback on local services to support people to achieve a healthy weight is generally positive, many find it difficult to maintain changes - highlighting the importance of wider social and environmental influences, plus the need for ongoing peer support.

## **5. Corporate & Strategic Implications**

### **Corporate Implications**

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

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

### **Financial implications**

- 5.2. None.

### **Resource implications**

- 5.3. City of London Corporation stakeholders working in relevant departments will be asked to consider opportunities to progress the proposed partnership actions in support of the healthy weight delivery plan.

### **Legal implications**

- 5.4. None.

### **Risk implications**

- 5.5. Failure to take effective action to support residents to eat a healthy, affordable diet and be active will have significant physical, mental and social implications for residents.

#### **Equalities implications**

- 5.6. Equality and equity considerations are central to the healthy weight delivery plan. Obesity is much more common among socially deprived groups, some black and global majority communities and among people with severe mental illness and learning disabilities. Prioritising equitable and inclusive approaches to promoting healthy weight is one of the central workstreams in the new healthy weight delivery plan.

#### **Climate implications**

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

#### **Security implications**

- 5.8. None.

## **6. Conclusion**

- 6.1. This report has outlined key developments in co-designing obesity prevention interventions and plans to build professional and community capacity, to better align with the refreshed City and Hackney 'whole system' healthy weight delivery plan.
- 6.2. There are many opportunities to embed healthy diet and physical activity objectives across the work of the City of London Corporation and wider system partners, including the NHS, VCS and community groups, and City of London businesses.
- 6.3. By embedding healthy weight considerations across all relevant policies and practices we can foster environments that better support residents to achieve and maintain a healthy weight, improve overall health and wellbeing and reduce associated societal costs.
- 6.4. The Board's continued guidance and support will be instrumental in realising these shared objectives and ensuring a healthier future for all City of London residents.

#### **Appendices (added to this document, below)**

- Appendix 1: Whole system approach definition
- Appendix 2: Healthier City & Hackney Framework
- Appendix 3: Healthy weight delivery plan - opportunities for the City of London
- Appendix 4 - Update on obesity medication and treatment pathways

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## Appendix 1: Whole system approach definition

### Whole system approaches

A whole system approach is about 'responding to complexity' through a 'dynamic way of working', bringing stakeholders, including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change.<sup>6</sup>

## Appendix 2: Healthier City & Hackney Framework

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

**Our priorities:**

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

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<sup>6</sup> [Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight](#). Public Health England, 2019.

### Appendix 3: Healthy weight delivery plan - opportunities for the City of London

Theme	Recommended areas for action	Relevant stakeholders
<i>1. Drive systemic change through collaboration and partnership</i>	<p>Identify key leaders in the City to advocate for healthy diet and physical activity.</p> <p>Nominate senior officers to join the new governance arrangements that will oversee delivery of the 'whole system' plan.</p>	City of London Corporation (CoLC) Senior leadership team, City Health & Wellbeing Board
<i>2. Use evidence and data to drive change and continuous improvement</i>	Identify and incorporate relevant City of London datasets into the new healthy weight monitoring framework.	CoLC Transport, Leisure, Planning, and Environmental Health Services, CCS Strategy and Performance team
<i>2. Design and cultivate environments to support physical activity and healthy diets</i>	Integrate physical activity (and related inequalities) into relevant City of London policies and plans, adopting a 'health in all policies' approach.	Potentially all CoLC departments/ service areas - TBC
	Ensure that physical activity inequalities are considered and addressed during the development of the new leisure contract.	CoLC commissioners leading the re-tendering of the City Leisure contract
	Commit to the ongoing delivery of the Healthier Catering Commitment in the City of London (a scheme which supports food businesses to offer healthier alternatives) and evaluate the impact from an inequalities perspective.	CoLC Environmental Health, food businesses (FBOs)
	Develop and implement healthy food procurement policies for all relevant City of London Corporation contracts - including staff canteens, food sourced for events, school food, Holiday Activity Fund provision, and early years food provision.	CoLC procurement and events teams, CCS Strategy and Performance team
	Utilise Health Impact Assessments	CoLC Planning,

	(HIAs) as a tool to enhance health and well-being through new development opportunities.  Consider physical activity inequalities when planning new urban or green spaces in the City of London.	Private developers
	Improve healthy eating and physical activity opportunities in early years settings, primary and secondary schools - through the Public Health-funded Healthy School Coordinator and Healthy Early Years Coordinator initiatives.	CoLC Early Years, Education
	Involvement of City of London residents and stakeholders in the co-design process described in section 2 of this report, to ensure the solutions developed are relevant for both City and Hackney.	Residents, VCS organisations, CoLC Early Years, Education, Environmental Health, Adult and Children's Social Care
	Explore opportunities to utilise the Community Infrastructure Levy <sup>7</sup> fund to expand the food hub offer in the City of London.	TBC
	Develop a City of London Healthy Advertising Policy.	TBC
<b>4. Build workforce skills and capacity to promote healthy weight, fostering cross-sector collaboration</b>	Include and involve relevant City of London Corporation services and local VCS organisations in the healthy weight capacity building workstream.	Relevant CoLC service related to areas of focus for capacity building for years 1 and 2 (TBC)
	Identify City of London settings that could benefit from enhancing their food offering, and develop a support programme to enable them to encourage healthier dietary habits	VCSquared, CoLC CCS Strategy and Performance, Food pantry, food

<sup>7</sup> The Community Infrastructure Levy (CIL) is a charge that local authorities can set on new development in order to raise funds to help fund the infrastructure, facilities and services - such as schools or transport improvements - needed to support new homes and businesses.

	among residents.	banks, lunch clubs, HAF providers, surplus food providers
	Co-produce and support delivery of a coordinated healthy weight communications plan and information resources.	VCSquared, CoLC communications and other relevant departments, health partners, residents
<i>5. Prioritise equitable and inclusive approaches to promoting healthy weight</i>	Ensure healthy weight considerations are embedded in the planning and delivery of wider relevant services/programmes. All relevant services/programmes (across the statutory and community sectors) should explicitly consider how they will contribute to tackling obesity-related health inequalities.	CoLC Early Years, Education, Children's and Adult Social Care, Planning, Leisure, Transport, Housing, health partners
	Collaborate with local commissioners to enhance obesity care pathways and develop integrated approaches that address specific needs and prioritise the reduction of inequalities.	NEL ICB
	Coordinate healthy weight action across the life course – ensuring services relevant to key life stages and settings (maternity, early years, school-age children, adulthood, and older people) are all engaged.	Early Years, Education, Adult Social Care, Children's Social Care
<i>6. Address weight stigma (cross-cutting theme)</i>	Contribute to the development and implementation of a comprehensive, system-wide plan to tackle weight stigma and weight-related discrimination, embedding an anti-stigma approach in relevant services and communications.	All relevant CoLC departments  VCS organisations Residents

## Appendix 4: Update on obesity medication and treatment pathways

The landscape of obesity treatment has started to change rapidly with the introduction of new NICE recommended weight loss medication (so-called GLP-1, and more recently GIP, receptor agonists)<sup>8</sup> to the market, including semaglutide (Wegovy) and tirzepatide (Mounjaro).<sup>9</sup> These are prescription-only medications, available both privately and, more recently, through the NHS. Responsibility for commissioning these treatments via the NHS lies with ICBs.

Availability of these drugs via the NHS will be significantly more restricted compared to private prescribing eligibility, and remains limited and patchy as care pathways are still being developed and introduced in different ways across the country. This is causing concern about inequalities in access and inadequate 'wraparound' care for those undergoing treatment. Moreover, there are significant side effects associated with the drugs and recent research has identified the need for longer-term trials to establish efficacy and safety beyond 72 weeks.<sup>10</sup>

Locally, medication is not currently available via primary or specialist services. However, there are plans to start prescribing in line with both NICE and NHS England eligibility guidance from October 2025. This will be implemented via a NEL ICB commissioned specialist weight management service, which will provide access to weight loss medication on behalf of primary care for patients meeting strict eligibility criteria.

While offering hope to people with obesity-related medical conditions, these drugs are unlikely to be widely available (other than via private prescribing) for some time and, most importantly, on their own will go no way to 'solve' the obesity crisis. Alongside these technical innovations, it is absolutely crucial that we continue with our collaborative efforts to make inroads into tackling the complex interplay of underlying causal factors driving obesity trends across society.

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<sup>8</sup> GIP (glucose-dependent insulinotropic polypeptide) and GLP-1 (glucagon-like peptide-1) receptor agonists are a class of medications that mimic the actions of these naturally occurring gut hormones, primarily used to treat type 2 diabetes and obesity. These agonists can improve blood sugar control, promote weight loss, and potentially reduce cardiovascular risks.

<sup>9</sup> <https://www.nice.org.uk/guidance/ng246/chapter/Medicines-and-surgery>

<sup>10</sup> <https://www.journalslibrary.nihr.ac.uk/hta/published-articles/SKHT8119>

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## City of London Corporation Committee Report

<b>Committee(s):</b> Health and Wellbeing Board – For information	<b>Dated:</b> 19/09/2025
<b>Subject:</b> Healthwatch City of London Progress Report	<b>Public report:</b> For Information
<b>This proposal:</b> Provides progress information.	
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>If so, how much?</b>	N/A
<b>What is the source of Funding?</b>	N/A
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	N/A
<b>Report of:</b>	Healthwatch City of London
<b>Report author:</b>	Gail Beer, Chair, Healthwatch City of London

### Summary

This report details the work of Healthwatch City of London for Q2 2025/26

### Recommendation(s)

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 people who live, work and study in the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

### **Current Position**

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 Volunteer and Projects officer has left the organisation. Recruitment is now taking place for a new role which will incorporate communications, engagement, volunteer management and project management.

### **Public Board Meetings**

No Public Board meetings were at the time of writing this report. The public Board meeting for Q2 will be held on Friday 5<sup>th</sup> September, when Mary Elford, Chair, Homerton Healthcare NHS Foundation Trust will join us to present on the possibility of the Trust becoming the Integrator following the changes announced in the NHS 10-year plan. Mary Elford will hopefully discuss how it will engage and listen to patient feedback.

### **Projects**

#### **1) Minor Injuries Unit at St Bartholomew's Hospital**

The team visited the Minor Injuries Unit at St Bartholomew's Hospital to speak to the staff to find out more about the services that are offered, opening hours, usage and to explore when residents should seek out this service and how uptake might be increased.

The team meet with David Curran, Director of Nursing, and Sam Atkinson, Associate General Manager, Emergency Department and pre-hospital care, at the Royal London.

The report will be written and published in Q3.



The team will be commencing a major project on access to urgent care across the City in early Autumn and this work with Barts supports the first part of the programme.

## **Support to the City of London Corporation**

### **1. Adult Social Care Advisory Group**

HWCoL have now held two of the series of three, Adult Social Care Information events. At the events the Head Occupational Therapist who presented on the Adult Social Care services offered in the City including occupational therapy, the sensory service and the housing assistance policy.

Healthwatch presented on the service we provide for residents and promoted the Adult Social Care Advisory Group.

The event at the Guildhall was attended by three residents all of whom agreed to join the Adult Social Care Advisory Group. The second event was held at Portsoken, unfortunately no residents attended, despite signing up for the event. Our thanks to Sheema from Imago who joined us as a translator.

The final session will be held at the Golden Lane Community Centre on 11<sup>th</sup> September. Following this session a review of the events will take place and next steps decided.

## **Enter and View Programme**

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

### **1. Neaman Practice Enter and View**

HWCoL undertook an Enter and View visit to the Neaman Practice on 13<sup>th</sup> February 2025. The visit was carried out by the HWCoL staff team and a Board member. The report has been written and the response received from the Neaman Practice was received on Friday 20<sup>th</sup> June. The full report will be published late Q2 early Q3 launched at a Public Board meeting with the Practice Partners.

### **2. St Leonard's Physiotherapy Department**

HWCoL are carrying out research to enable a team to undertake an Enter and View at the Physiotherapy Department at St Leonard's. A survey will be produced for residents to give us feedback of their experiences of the department. A visit will then take place in Q3/4.

## **Communications and Engagement**

### **1. Annual Report**

Healthwatch City of London Annual Report 2024/25 'Making it Matter' was published in July. This year we have built on our work in previous years listening to what residents care about.

The launch of our three main reports, 'Digital Apps: A help or a hindrance? Understanding and accessing digital healthcare apps', 'Barts Health NHS Trust Cardiology Department Enter and View report' and 'Patient Advice and Liaison Service (PALS): A review of PALS services available to City of London residents', the continuation of our ever popular Patient Panel series, the Health in the City Day and our AGM have enabled us to engage with more residents than ever. This has consolidated our position as the people's champion and ensured that residents are listened to.

The report is attached.

## **HWCoL Events**

### **1. Patient Panels**

Patient panels are designed as information sessions for residents to attend on topics of concern or interest to them. They also are for residents to give feedback on those services and share ideas for improvements. HWCoL's patient panel series attract new residents at every event. Reports from all Patients Panels are published on the HWCoL website. These are now a recognised and useful way of drawing providers and receivers of care together.

#### **1.1 Patient Panel July Cardiopulmonary resuscitation (CPR) Training**

The London Ambulance Service led a CPR training session for residents at the Artizan Library. The event was attended by 5 residents.

### **Upcoming panels**

#### **1.1 North East London Cancer Alliance – Ovarian and Womb Cancer**

For residents to find out more about the symptoms, prevention and treatment of ovarian and womb cancer.

North East London Cancer Alliance and leading gynaecological cancer charity The Eve Appeal have launched a second phase of their 'You Need to Know' campaign, to raise awareness of ovarian cancer symptoms and improve early diagnosis, as with all cancers the early diagnosis and treatment supports better outcomes.

The campaign encourages women in north east London to speak to their GPs if they experience persistent bloating or other unexplained changes in bowel movement or eating habits.

The session will be held on Wednesday 3<sup>rd</sup> September 12 – 1.30 at the Golden Lane Community Centre, EC1Y 0SA.

#### **1.2 Diet and Nutrition with Joe Alvarez – First Contact**

In October Joe Alvarez, First Contact Dietician at the Neaman Practice, will discuss the importance of diet and nutrition in keeping us healthy and managing the impact of diet on conditions as well as the service offered at the Neaman Practice.

The session will be held at the Golden Lane Community Centre from 10:30am to 12pm, on Friday, 3<sup>rd</sup> October

## Upcoming events

### **Annual General Meeting with Dame Marie Gabriel**

As we enter a period of change and reorganisation within the NHS following the DASH report and the NHS 10-year plan (*Fit for the Future, the 10 Year health plan for England*), we have invited Dame Marie Gabriel, Chair of the North East London Integrated Care Board to speak at our Annual General Meeting.

HWCoL will present on what our plans are for the next year and highlights from the previous year.

The event will take place on Friday, 17<sup>th</sup> October, 10am to 12pm at St Giles' Cripplegate Church.

### **St Bartholomew's Hospital response to our Cardiology Department Enter and View**

In October, Professor Charles Knight, Chief Executive at St Bartholomew's Hospital, and David Curran, Director of Nursing, will host HWCoL and residents at St Bartholomew's Hospital to update on their response to the Cardiology Department Enter and View report of 2024 and the changes they have made in response to the report as well as an overview of developments within the hospital.

It will take place on Thursday, 9<sup>th</sup> October, from 11:30am to 1:30pm at St Bartholomew's Hospital.

## **Neighbourhoods Engagement Involvement**

### 1 City Neighbourhood Forum

HWCoL attended the City Neighbourhood Forum meeting on 8<sup>th</sup> July. The City Forum is a separate group formed from the Shoreditch Park and City Neighbourhood forums which specifically focus on residents in the City.

At the meeting Ellie Ward presented on the three priorities decided on at the City Action Group.

The Forum, was designed for residents to discuss the local priorities for the City, these will be decided from the three key priorities in the Health and Wellbeing Strategy:

- Financial Resilience
- Mental Health

- Making Social Connections.

The event was attended by both City residents and service providers.

Following the presentation there were break out groups to discuss each priority, the discussions were then presented back to the group, and voting took place to decide the priority. It was decided that Mental Health and Social Connections would be the priorities taken forward by the group. At the next City Action Group discussions will be held to organise forums that showcase organisations and services designed to address the needs of residents in the priority areas.

### **Portsocken Community Engagement**

Unfortunately, the meeting arranged with Portsocken Councillors in Q1 was postponed. HWCOL have now contacted the councillors to agree separate meetings to progress this work. This has already started with some helpful initial engagement.

A volunteer from the community has also agreed to work with HWCOL to promote engagement across the estate and community. The volunteer will help to produce leaflets in the correct languages; help encourage attendance at events and help interpret messages.

HWCOL has also had discussions with the Population Health Hub and NHS NEL as both organisations are keen to improve engagement and promote health messages to the area. The Population Health Hub are exploring running some resident led information sessions, where they will engage with the community to hear what areas they would like to have more information on. NHS NEL are looking at health literacy in the area.

### **Planned activities for Q2/3**

- Publish report of Neaman Practice Enter and View
- Report on Healthwatch City of London Annual survey
- Barts Enter and view event
- Annual General Meeting Continued work with CoL to set up the Adult Social Care Advisory Group
- Increased engagement with the Portsocken Community through Court of Common Councillors
- Develop draft plan for delivery of major projects
- Men's health event

### **Conclusion**

The team at Healthwatch City of London have had a busy Q2 delivering events, communications and continued engagement with residents of the City of London.

### **Appendix**

- Making it matter – Healthwatch City of London Annual report 2024/25

### **Gail Beer**

Chair, Healthwatch City of London

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# Making it matter

Annual report  
2024/25



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# A message from our Chair

It is my privilege to share with you Healthwatch City of London's 2024/25 Annual Report. This report sets out what we do and how we do it and hopefully gives you an insight into the reach of our work and the benefits we endeavour to bring to our local community.

Ensuring that we make the voice of users of services heard is the primary focus of our work. It's important that providers of health and social care services hear what users of those services have to say about those services. Making this happen is fundamental to our mission.

Our work is driven by those who live, work and study here. What they tell us makes a difference because, as result of what we hear, we can test out if others have the same experiences, and work with providers to better understand the impacts of the services they deliver, how they are delivered and how responsive they are.

As you will see this work embraces a wide range of activities, from carrying out Enter and View visits to preparing research reports and holding our ever popular Patient Panels. You will see in this report the impact we have been able to make in these and other ways.

None of this is possible without building strong networks with those who plan and provide care. We work in partnership with many different NHS and Local Authority groups as well the voluntary sector to ensure that we keep the patient or client at the heart of what we do. That partnership also extends to those who use services because it is vital to bring providers and residents together to create a mutual understanding of what's important, hopefully building a better service. We are an advisor, the eyes and ears of service users and providers. Sometimes, too, we act as a critical friend of providers, taking up issues that really matter to patients.

As ever it's hard to make sure we reach every area of health and social care, and we focus on areas where we receive feedback or hear about issues. Over the next year we will be working harder in the Portsoken area to make sure we are able to scrutinise the impact of services on parts of the population where we know there is a need to create greater access to care and advice. We will be making sure that decision makers appreciate that the Government's 10 year NHS plan, with its focus on prevention, creating greater capacity for care at home and moving from analogue to digital, must be delivered safely and that the interests of patients must be kept at the heart of its implementation.

Finally, I would like to thank the Staff at HWCOL for all their hard work this year, my fellow Trustees for their support, our partners for their commitment to our work and most of all those who live, work and study here for working with us.

**Gail Beer**

**Chair, Healthwatch City of London**



# A message from our General Manager

**6 The impact that Healthwatch City of London has had this year is vitally important. We at HWCoL have been privileged to empower our communities by sharing their experiences of health and social care, enabling greater collaboration between volunteers, providers of care and most importantly those using them. We are proud that we have made people's views central to making care better for the City of London.**

The past year has been busy with Healthwatch City of London working as the independent champion to improve Health and Social Care Services in the City.

It is becoming a challenging landscape for local health and care services, limited by budget constraints and NHS North East London savings targets. However, by listening to our community and collecting their views, we monitor how they experience these services, and feed this back to providers. This helps them understand where they need to focus their attention in order to improve care in the face of continuing budget cuts.

This year, we have been able to extend our popular Patient Panel series, covering varied topics from cardiopulmonary resuscitation (CPR) training to mental health and wellbeing awareness, diabetes management and sexual and reproductive health. HWCoL has undertaken two Enter and View visits, held our very successful AGM and our Board meetings in Public, and of course our Health in the City Day which saw over 100 people join us to meet Health and Social Care providers, including the Neaman Practice. Via these events and our newsletters, this year HWCoL has engaged with more residents than ever before.

The impact that Healthwatch City of London has had this year is vitally important. HWCoL has empowered our communities to share their experiences across the health and care landscape and made sure that people's views are heard. All our achievements are possible because of the hardworking staff team, Liesa and Caitlan, our ever-supportive Board (who are all volunteers) and our wonderful volunteer team. Thanks are due to all for their hard work.

**Rachel Cleave**

**General Manager, Healthwatch City of London**



# About us

Healthwatch City of London is the local health and social care champion for the City of London.

We ensure that NHS leaders and decision-makers hear the voice of the people of the City of London. We are based in the Portsoken area in the Square Mile.



## Our vision

For Health and Social Care services to be truly responsive to the needs and requirements of the residents, students, and workers of the City of London.



## Our mission

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 of London.



## Our values

- Respecting and encouraging diversity
- Valuing everyone's contributions
- Maintaining Integrity
- Creating inclusiveness



# A year of making a difference

Over the year, Healthwatch City of London has been out and about in the community listening to residents' experiences, engaging with partners, and working to improve care in the City of London. Here are a few highlights.

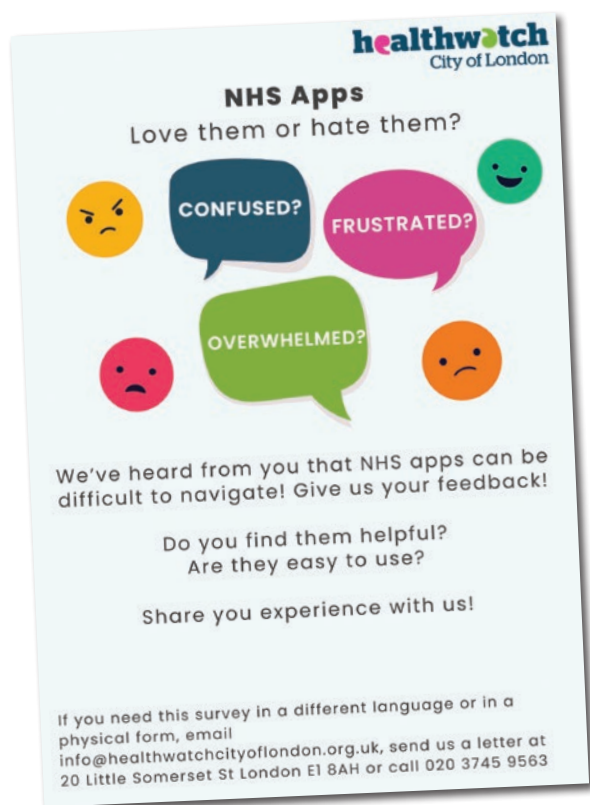
## Spring

- Partnered with the City of London Corporation to discover how many City workers access the sexual health services in the City using non-residential postcodes. Through targeted telephone surveys, delivered essential insights for the City of London Corporation to be able to develop better public health policies, budget allocation and provision.
- Launched a focused investigation into the rising use of digital health technologies. The digital tools used across North East London hospitals and GPs, were mapped and assessed for their accessibility. The findings revealed key gaps in usability and equity, with clear recommendations for improvement.



## Summer

- Carried out an Enter and View visit at St Bartholomew's Hospital, in the Cardiology Department, to explore the communication issues that patients in the City raised with HWCOL. Interviewed managers, staff and patients and distributed a questionnaire for patients. With feedback from 11 staff and 26 patients, the subsequent report was published with specific recommendations for the team at St Bartholomew's Hospital to implement to improve the patient experience of the department.
- Held the first annual Health in the City Day, in partnership with the Neaman Practice. The day was designed for all residents to understand what health and social care services they are able to access and learn about extra provision and support from local and national charities for specific members of the community, including unpaid carers, older people and children. Over 100 residents attended, all having the opportunity to obtain information about support and services available to them in the City.





## Autumn

- Held our Annual General Meeting with guest speakers, Mary Durcan, Chair of the City of London Health and Wellbeing Board and Dr Sue Mann, National Clinical Director for Women's Health and consultant and lead for women's health in City and Hackney. Topics covered during the meeting included access to footcare, the NHS Big Conversation Initiative, digital apps and digital exclusion, as well as accessibility of services in the City.
- Conducted focused research into how the Patient Advice and Liaison Service is provided in NHS Trusts used by City residents. The project explored a number of factors, including accessibility, online and in person.

## Winter

- Hosted a Patient Panel on mental health and social isolation, joined by City and Hackney Talking Therapies, Tower Hamlets Talking Therapies and the Together Better Programme. The session offered advice on how to stay mentally well during winter and shared information on services available to City residents. All information including practical tips and resources were published on our website.

- Celebrated Christmas with a lunch event to highlight the rise of heightened feelings of social isolation during this period. We were joined by over 40 people. The event gave residents a space to connect with others in the community. This event was supported by a Patient Panel on mental health and social isolation with Talking Therapies and the Together Better Programme.
- Partnered with Healthwatch Hackney and NHS North East London to hold a Health Mela in the Portsoken area, to promote staying well and warm during winter, which was targeted towards the Bangladeshi community. Over 40 attendees accessed essential health information.





# Working together for change

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We have worked with neighbouring Healthwatch to ensure people's experiences of care in the City of London are heard at the Integrated Care System (ICS) level, and that they influence decisions made about services across North East London. This year, we worked with Healthwatch across North East London to achieve the following:

## A collaborative network of local Healthwatch

### Turning community insight into system change

The eight Healthwatch continue to develop the Community Insights Programme with North East London Integrated Care Board (NEL ICB). We've processed the experiences of 162,365 people, identifying 536,048 issues. On GP and hospital services alone, we've produced 623 reports and 305 dashboards. The system tracks care trends, highlights what works, and pinpoints areas for improvement – creating a shared evidence base to make services more responsive.

### What good care looks like to local people

We heard from over 2,000 residents about what good care means to them. They told us it should be accessible, competent, person-centred, and trustworthy. These principles are now embedded in the Integrated Care Board's strategy through our partnership work. Together with the ICB, we will measure partners' success and track progress against these standards through our Community Insights system.

### Maternity Equality

Our maternity report helped shape the NEL Maternity Equity and Equality Strategy, leading to commitments on trauma-informed care, cultural competency, multilingual advocacy, and

improved communication. Its impact continues through work on interpreting services and a proposed 24/7 helpline. All three hospital Trusts are improving access for non-English speakers – introducing new clinical processes and bilingual advocates to deliver more inclusive, responsive maternity care.

## Working with the City of London Corporation

We work closely with the City of London Corporation to help them engage with residents and to obtain residents' feedback on service delivery and provision.

This year we have supported the Department of Community and Children Services to promote multiple strategies by holding information events via our Patient Panels series, carrying out surveys and promoting their consultations in our communications.

Importantly, we have supported the City of London Corporation this year to consult on the Health and Wellbeing Strategy, the Special Education Needs and Disabilities (SEND) strategy, Adult Social Care Strategy and the project into the use of sexual health services by City workers.

This allowed the Department of Community and Children Services to hear from over 30 residents who will be directly impacted by these strategies. Their feedback has helped to shape strategy.



## Representing residents at a wider level

We attend many meetings on behalf of residents, students and workers in the City of London, which gives us the opportunity to represent the community and share their thoughts at a wider level. We have included these in our report to give a flavour of the work behind the scenes, and how this translates into action and demonstrable outcomes for those we serve.

### Neaman Practice Patient Participation Group (PPG) and quarterly meeting

Members of our Board attend the Neaman Practice PPG, where users of the service are able to discuss the service provided by the Practice and to give feedback. We also hold quarterly meetings with the Practice partners and the Primary Care Network of City and Hackney. In these meetings, we raise any concerns patients may have. We have also worked with the Neaman Practice in signing up patients to the PPG meetings, through promoting them and ensuring there is information readily available on how to attend.

### North East London Integrated Care Board

NHS North East London is responsible for planning and commissioning health services across North East London to meet the population's needs, making sure all providers of care in the region work effectively together. Healthwatch Hackney attends these meeting on behalf of all North East London Healthwatch. We ensure that the needs of City residents are fed back to the Board via the Healthwatch Hackney representative.

### North East London Integrated Care Board Healthwatch Meeting

A meeting with the Chair of the Integrated Care Board and all NEL Healthwatch to share resident involvement and insight gathered by NEL Healthwatch. This gives us direct access to the Board of the Integrated Care system, which allows us to raise any issues directly. It also gives us the opportunity to have open discussions on areas that need improvement, project work, and on any HWCOL concerns.

## **Integrated Care Communications and Engagement Enabler Group**

This group supports and facilitates effective engagement with key stakeholders in the Integrated Care System (ICS) and voluntary sector in the City of London and Hackney. It works on co-produced projects and increased engagement with residents across the City and Hackney. We attend this system-wide meeting to make sure the City's population has a voice and influence on the projects and engagement in the issues that affect their Health and Social Care.

## **City of London Health and Wellbeing Board**

This board aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework through improving the integration of services. The goal is to positively influence the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health where possible, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses. We raise the issues that are of concern to residents, such as access to equitable healthcare, where and when patients are cared for, and other such matters that community members have told us about. This year, we have raised the need for improved and accessible premises for the Neaman Practice, and for an additional GP Practice in the City. Our reports have encouraged more support from the City of London Corporation at Health, Social Care and wellbeing meetings. The Corporation is now a very active participant in important meetings at the local and North East London level.

## **Health and Social Care Scrutiny Committee**

This committee fulfils the City's Health and Social Care scrutiny role in proactively seeking information about the performance of local health and care services and institutions, challenging the information provided to it by commissioners and providers of services for the health service, and testing this information by drawing on different sources of intelligence. Healthwatch City of London has a seat on this committee.

This year, this committee along with the City of London Health and Wellbeing Board have been working collaboratively to increase the amount of change that can be made in Health and Social Care. Recent topics have included immunisations and the special educational needs and disabilities strategy from the City of London Corporation. We presented our 2023/24 Annual Report to the committee.

## **City and Hackney Safeguarding Adults Board**

This committee oversees the discharge of the City of London's and Hackney's responsibilities for safeguarding those adults who have been identified as requiring support and protection. We raise any safeguarding issues that we have been alerted to and monitor historical concerns to ensure they are properly addressed, and statutory requirements are met.

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

This committee is an important sub-group of the City and Hackney Safeguarding Adults Board. It specifically oversees the discharge of the City of London's responsibilities for safeguarding those adults who have been identified as requiring support and protection. We scrutinise the work of the Adult Social Care team and its interaction with other City services such as the City of London Police and Fire Departments.

## **North East London Population Health and Integration Committee**

The purpose of the Committee is to contribute to the overall delivery of the ICB's objectives by providing oversight and assurance to the Board on how improved population health and integrated health and care, resulting better access, experience and outcomes for local people, are being delivered. This includes the seven place-based partnerships and provider collaboratives and their ICB sub-committees. The committee meets on a bi-monthly basis.



## People and Place meeting

The City and Hackney People and Place group meets every two months to discuss how transformation programmes involve residents in their work, providing assurance to the City and Hackney Health and Care Board. Through this meeting we get to gain a further understanding of all the work that is being undertaken across City and Hackney, and ensuring the City has a focus in joint and specific projects.

## City and Hackney Health and Care Board

The purpose of the Health and Care Board is to consider the best interests of service users and residents in City and Hackney, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Health and Care Board members participate in the Health and Care Board to – as far as possible – promote the greater collective endeavour. The Board meets every two months.

## City and Hackney Subcommittee for the Sexual Reproductive Health Strategy and Action Plan

This group ensures that both boroughs, by working together with shared service providers, deliver accessible services that are fit for purpose. The meeting monitors activity and ensures that funding is spent appropriately according to the needs of local people. HWCOL along with the City of London Corporation team scrutinise this work and ensure the needs of the City are kept at the forefront of the strategy.

## Working with the Neighbourhoods Programme

The future of local healthcare provision will be through the Neighbourhoods model of delivery. This means that providers from the local area will work together and will be responsible for residents' healthcare provision, funded by NHS North East London.

Neighbourhoods bring residents, the voluntary sector, health, education and care services together in City and Hackney's eight Neighbourhoods, to jointly work on what matters to local people and address health inequalities.

To engage with patients, each Neighbourhood runs a Neighbourhood Forum and Action Group. The Forums give residents and professionals the opportunity to find out what is happening locally and to share ideas on improving health and wellbeing. The Action Groups support the work of the Forums to make sure that action is being taken on the ideas shared within the Forums.

The City is part of the Shoreditch Park and City Neighbourhood which has around 56,000 residents. Due to the differences in the community's health and social care needs in the City, Healthwatch City of London campaigned to have a separate Forum and Action Group specifically to address the Healthcare needs of City residents. This has now been set up with Healthwatch City of London attending the Action Group and the initial Forum due early next year. The main priorities were decided to reflect those of the Joint City and Hackney Health and Wellbeing Strategy, namely Mental Health, Social Connections and Financial Resilience.

# Listening to patient experiences

## Enter and View at St Bartholomew's Hospital

In response to patient feedback on the poor levels of communication from the St Bartholomew's cardiology department, we undertook an Enter and View in the department, where we were able to directly understand the experiences of patients.

In June, our team, with a group of volunteers, went to St Bartholomew's Hospital and conducted a survey with the managers and staff responsible for the communications and administration of cardiology appointments. At the first visit, we interviewed four managers, six team members, one receptionist and 11 patients. HWCOL followed up the Enter and View by interviewing 15 people attending the outpatients' clinic. This provided us with more insight and depth into the patient experience. Our survey for patients was also available on our website and in physical copy for those who had recent experiences in the Cardiology Department at St Bartholomew's Hospital.



Our findings and recommendations were sent to the team at St Bartholomew's Hospital for comment, and they responded to all our recommendations. Their responses can be found in our report.

### Our three key recommendations

- **Consistency of systems used across the department.**

As there are a number of systems used to record duplicate information, the reduction of these could be beneficial, alongside clear training schedules for staff members using these systems.

- **Consistency of letter templates and patient information.**

Currently each team within the department has a different letter template. This creates inconsistencies, with patients receiving different amounts of information. Some patients receive telephone numbers and email addresses, while others have little contact information. A procedure for checking that information is correct before letters are sent should also be implemented in order to reduce the number of errors.

- **Waiting times for appointments available.**

From our staff interviews, there was an inconsistent response from staff members and managers to the wait times for appointments. There should be more information available to patients on expected wait times.

Our recommendations have been followed up with St Bartholomew's Hospital, and their responses can be found in our report. Our report has had a positive impact and was received well by the Trust. David Curran, Director of Nursing at St Bartholomew's Hospital will be joining a Board meeting in Public to comment on the report.

You can find our report on our website, or you can contact us for a copy.



## Digital Apps: A help or hindrance? Understanding and accessing digital healthcare apps

HWCoL undertook a focused research project in response to concerns from residents regarding their experiences when accessing NHS services.

As health providers increase their use of digital technologies to deliver and support their services, the number of apps and platforms patients and carers have to use has rapidly increased, without the support needed for them to navigate these technologies.

Our report found that many residents felt confused and frustrated when attempting to use these digital apps. During our investigation HWCoL mapped the digital technologies that were currently being used across North East London hospitals and GPs, assessed what was on offer to patients in the local area, how they worked, and whether they were easy to use. Our findings and recommendations highlight where these technologies are falling short in aiding patients care, and what improvements need to be made to ensure equitable access.

HWCoL presented the report to 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.

The apps do not communicate or connect with each other; therefore, patients and carers are required to use multiple platforms to access the information they need.

In our report, HWCoL includes our full list of recommendations, our most essential include factors surrounding increasing the accessibility and communication. 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.

### Our three key findings

- 1. The lack of accessibility for patients and carers**
- 2. The number of different apps and digital platforms which service-users need to have to access their healthcare remains unclear**
- 3. There is a lack of language and disability access options.**

HWCoL launched the report in February 2025 at an event for service providers where they were joined by Chief Information Officers and Digital leads from the NHS including from the Integrated Care Board (the commissioners of services), Homerton University Hospital and the Primary Care Network to discuss the findings in the report, and to explore what can be done locally to make access easier for all.

The report was then widely shared with Chief Information Officers from North East London ICB, NHS Trusts and stakeholders to drive collaborative action and system wide change. HWCoL will continue to work with local leaders to ensure that, as they develop their digital strategy, there is greater public involvement in those plans.

# Patient Advice and Liaison Service (PALS): A review of PALS services available to City of London residents

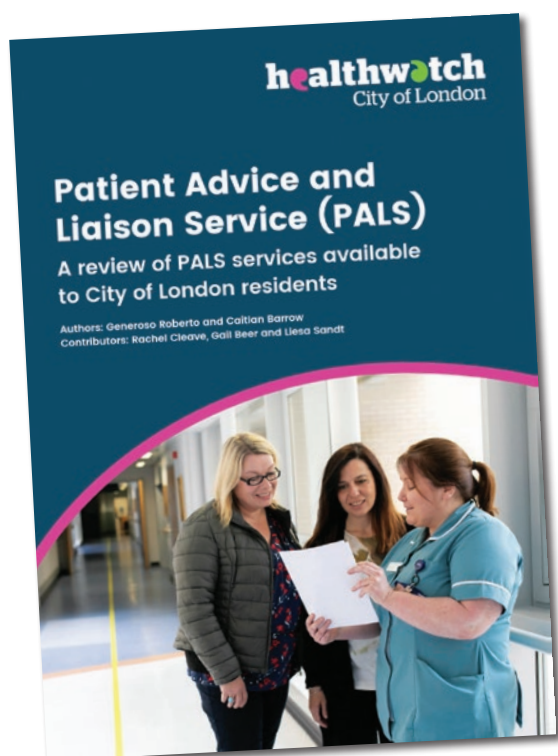
Following some feedback with concerns about access to Patient Advice and Liaison Services (PALS) we undertook a project to look at provision across health services City resident's access.

PALS offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. In response to ongoing concerns about its accessibility, we undertook this piece of research and set out to better understand how PALS can be located, contacted, and accessed, give residents more confidence in the service and give providers some insight into the user's experience. Our team went to local hospitals, including University College London Hospital, Royal London Hospital, St Bartholomew's Hospital and Mile End Hospital to see directly how accessible the service is for patients and families.

## Our three recommendations

1. **Standardising the navigation process to get to the PALS webpage, e.g. having all PALS pages in the same place or having a link on the home page.**
2. **Language should be user-friendly and consistent across the websites to ensure PALS advice is as accessible as possible.**
3. **Developing downloadable leaflets that provide detailed information about PALS services, including translations and easy to read versions.**

Our report contains a full list of recommendations, which include improving the current accessibility and communication that PALS provides, such as simplifying the PALS web page to make it more user-friendly and improving ways patients are able to get in touch with PALS.





# Championing the community's views

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**Healthwatch City of London works to make sure the views of residents, students and workers are heard by their local health and social care services.**

## Our work with the Neaman Practice

The Neaman Practice is the only GP Practice situated in the City, providing care for 80 percent of City residents.

We work very closely with the Neaman Practice, to ensure that patients' voices are heard and that they are able to access the best care available. We have continued to hold our quarterly meetings with the Practice, involving their Partners and Operations Manager, which creates an opportunity to talk about any concerns patients may be facing, as well as any issues the Practice may be experiencing.

In spring 2025, we became aware that a limit had been applied to the Practice for text messaging. Patients very quickly noticed this, as they had not been receiving adequate messages. We raised this on behalf of the Practice at the Health and Wellbeing Board and the Primary Care Network (PCN) and will continue to highlight the issue of adequate messaging to enable a change in the text message contract.

### The new booking system

In early 2025, the Neaman Practice changed the way patients could book appointments. This was an attempt by the Neaman Practice to increase access to doctors and reduce waiting times through an online triaging system.

This created issues for many patients who were unaware of the changes taking place and created concern for those who are not able to use the internet. We raised this directly with the Practice and stressed the importance of communicating the change effectively and reassuring patients.

We set up a Patient Panel for a Neaman Partner and GP, Dr Hillier, to go through the new booking system with patients. Over 40 patients joined the session. This resulted in the development of a 'how to' guide that we were able to share on various sites and publications in the City. We were also able to reassure those who don't access the GP Practice via the internet, smartphones or the NHS app, that they would have equality of access through analogue systems.

We subsequently held two focus groups, with a total of 17 people, one for patients and one specifically for carers, to explore how improvements to the new system could be made. This work is ongoing and we will continue to liaise with the Practice and patients to refine and improve the system, as well as monitor its effectiveness.

### Future work

We conducted an Enter and View at the Neaman Practice in February 2025. Initial findings found areas of concerns surrounding the privacy and confidentiality patients received in the waiting room. A full report will be published in Q1 of 2025/26.



## Our work on the Falls Prevention Service

City and Hackney public health have commissioned the Staying Steady falls prevention service since 2005. This includes strength and balance classes for people aged 55 and over who are at risk of falling (due to problems with strength and balance), have had a fall, or who are worried about having a fall.

In October 2024, Healthwatch City of London was informed by M.R.S Independent Living that the funding for the Staying Steady classes in the City would stop in early 2025. This change was brought about by the City and Hackney Public Health team, to prioritise Public Health investment in primary prevention activity with a broader reach.

As a result of our intervention, we were successful in securing funding for the continuation of the classes, whilst a review of the service was carried out. Since then, we 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 reviewing the current falls prevention pathways offered by the City and Hackney Public Health Team.

We have carried out resident engagement on behalf of the City and Hackney Public Health team to ascertain the services residents would like to see, what level of understanding they have of the services already provided, their experience of falls and the services in place to prevent falls, and the pathway experience after a fall. This work has been carried out in close collaboration with Healthwatch Hackney.

We were invited to attend meetings held by Age UK City of London, and the Older People's Reference Group, where we spoke to residents and obtained their feedback. A survey was also undertaken and distributed across City and Hackney with 90 responses. A full report from this and further engagement work will be written and submitted to the City and Hackney Falls Prevention group for inclusion in the pathway review.

# Informing and reaching you

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**We make sure those in the City have access to clear, timely and accurate information so they can make the best decisions for themselves and their family.**

## **This year, HWCofL helped people by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health

## **We do this through:**

- Holding Patient Panel sessions, which include information on topical health and social care issues with key guest speakers. Over 100 people have attended the sessions, receiving expert advice on a number of areas.
- Producing monthly newsletters, which promote local health and wellbeing services that are available to local residents. We also provide editorial content for relevant communications and media outlets, including the City of London Corporation's information services, and Barbican Life magazine. We also use Facebook to reach residents' groups in the various City Estates.
- Sharing important updates from local health and social care services on their social media platforms, which reach over 950 users.
- Using our website to share the published reports and news, promote events and any information regarding health and social care, to which, over the year, there have been 13,728 visits.
- We also held many events throughout the year, which bring together hundreds of people. These include the Annual Health in the City Day, our annual Christmas event, our AGM as well as other community-based activities.

## **Annual Survey**

Every year we ask for feedback on the work we carry out, and we also ask our commissioners and Health Providers for their views.

This year, 75 percent of respondents found us very effective, 25 percent of respondents finding us effective. Notably, we have been effective in holding providers to account and in being a collaborative partner.

**I believe in the last year Healthwatch have made great contributions to the needs of the patients. They have always advocated for the needs of the patients. They push and work hard to create an inclusive approach to healthcare in the city.**

## **Our work in the Portsoken Community**

One of Healthwatch City of London's key priority is to engage with residents in the Portsoken Community.

We do this through a number of different ways, including holding targeted events and working with local Healthwatch, such as Healthwatch Tower Hamlets to ensure the local GP Practice in the Portsoken area, Goodman's Field Medical Practice, is listening and adhering to patient's feedback.





## Health Mela

In February, NHS North East London in partnership with Healthwatch City of London and Healthwatch Hackney held a Health Mela event at the Portsoken Community Centre to promote staying well and warm in winter, primarily in our Bangladeshi community.

We were proud to attend and help host the event, along with other health service providers and organisations working to help residents of the City. It was a great event that saw over 50 residents access health advice, the food pantry, vaccine information and blood pressure checks. The event is also a great example of co-production, with volunteers working with North East London and Healthwatch to design and deliver this event. Volunteers were also essential in the promotion of this event, with the leafletting of local estates.

As a result of this event, we were able to meet lots of local residents and volunteer groups as well as Court of Common Councillors. We are following up on the event with some more activities specifically for the residents in this part of the City.





# Health in the City Day

At the end of June, we held our first Health in the City Day in collaboration with the Neaman Practice.

This was a hugely successful event which saw nearly **100 local residents** come along to meet us. We were joined by both Dr Chor and Dr Hillier from the Neaman Practice, and representatives from health services and community services, including:

North East London Cancer Alliance, Diabetes UK, City Advice, Representatives from the City of London Adult Services and the Children's team, Mental Health Voice, City Carers Community, Older People's Reference Group and the Forget Me Not Café, the Together Better Programme and Social Prescribing team from the Shoreditch Park and City PCN.

As the first health in the City event it was very well attended compared to other events. Well done for your hard work.

The Health in the City Day was able to bring together services and residents, creating the space for local services in Health and Social Care to share what they are offering and what residents can access in the City.



I thought it was excellent. Well attended and enabled us to engage with clients and partners, in particular the Neaman practice.

Residents were also able to receive helpful health and wellbeing advice directly from organisations as well as from useful leaflets available. Residents were also able to ask questions and seek information from services, such as how they are directly engaging with City residents and how City residents are able to access their services.

What a great event it was last Saturday! Not only was there a rich supply of information and provider contact, but the atmosphere was so pleasant and welcoming.

Cynthia White, Chair, Older People's Reference Group.

It was also great to see organisations making connections with each other to work together in the future.



# Our public meetings

Public meetings are an important part of what we do and give residents and local health and social care services the opportunity to hold us to account, as well as hear about our work. At each meeting, we are also joined by a speaker on a subject of interest in Health and Social Care. This year we held three Public Meetings, our AGM and two Board meetings in Public.

## AGM with Mary Durcan and Dr Sue Mann

Each year, we hold our Annual General Meeting (AGM) to update the community and our stakeholders on what we have achieved, and to hear directly from those in our community.

In October we were joined by guest speakers, Mary Durcan, Chair of the Health and Wellbeing Board and Dr Sue Mann, National Clinical Director for Women's Health, along with organisations from the Health and Social Care sector. These included City Advice, IMAGO and the Family Information Service from the City of London Corporation and this enabled these organisations to provide information to our attendees on their services and how they can help support local residents.

### Good to connect with other City of London Groups

We updated attendees on what we achieved in the previous year, which can be seen in our previous Annual Report.

Mary Durcan outlined her role as the Chair of the Health and Wellbeing Board, the role of the Board and how it shapes and advises on service provision in the City. Dr Sue Mann gave an overview of both her roles, National Clinical Director for Women's Health and Lead for Women's Health in City and Hackney. She shared the importance of raising awareness for women's health. In City and Hackney, she has overseen the roll-out of the menopause café and brings women together, both in small groups and on larger scales to create open discussions to educate and reduce the stigma that surrounds women's health.

### The information provided by Dr Mann and her enthusiasm is very good to hear

Members of the public were then able to ask questions. Concerns included:

- Accessing community services through Homerton Hospital
- Access to St Leonard's including physiotherapy
- Secondary care provision and referral pathways
- Current local healthcare structures

Addressing these issues remains a priority for us, as we want to ensure that City residents are able to access the health and social care services they require within their local area.

We aim to hold three additional board meetings in public where guest speakers talk about services that are important to those using services and are able to ask questions.





# Our Patient Panels

Our Patient Panels have gone from strength to strength this year. They have become an important part of the local landscape. We have been able to connect with more people through this popular vehicle and enabled attendees to suggest future topics. This year we held eight Patient Panels reaching over 100 people, with each session attracting new members of the community.

Patient Panels bring together members of the community with an expert in the field to explore and create greater understanding of the subject, enabling feedback to service providers that they can take away.

At the end of the sessions, we produce a report with the information on our website and in our newsletters ensuring that we spread the knowledge.

## City of London health and wellbeing strategy

We were joined by Head of Strategy and Performance at the Department of Community and Children's Services from the City of London Corporation, who provided an overview of the strategy's aims, structure, and priority areas. City residents participated in the session, contributing to a meaningful discussion on the key themes of the strategy and broader health and wellbeing challenges within the Square Mile.

Participants raised several key issues, including the financial insecurity faced by unpaid carers, the need to address social isolation, the visible rise in homelessness across the City and concerns over limited access to affordable food.

## Medicines management

We were joined by the Lead Pharmacist at the Neaman Practice. The session provided a comprehensive overview of medicines management services available at the practice, alongside an introduction to the newly launched national Pharmacy First scheme. The critical importance of annual medication reviews was highlighted, along with an explanation of how patients can now access treatment for seven common conditions directly through community pharmacies.

## Sexual and reproductive health strategy

The session was led by Public Health Specialist from the City and Hackney Public Health team, who presented the strategy's key priorities, living well with HIV, achieving zero new HIV transmissions, reducing the spread of sexually transmitted infections (STIs), and addressing the needs of vulnerable populations and individuals with complex needs.

The panel also explored local and digital sexual health services available to City residents, including STI testing kits, routine contraception, and access to emergency hormonal contraception.





## Cardiopulmonary resuscitation training

We held two interactive sessions in partnership with the London Ambulance Service aimed at increasing community awareness and confidence in responding to cardiac emergencies. Attendees received hands-on instruction in recognising the signs of cardiac arrest, placing an unconscious person in the recovery position, performing Basic Life Support and using a defibrillator. The sessions also sparked important discussions around the availability and visibility of defibrillators within the City, reinforcing the critical role of CPR in saving lives. As a result of these sessions, 20 people are now trained to use defibrillators, and in basic life support.

## City of London Special Educational Needs and Disabilities (SEND) strategy and consultation

The session was led by the Projects and Strategy Officer at the City of London Corporation and attended by City residents. The Officer outlined the co-production of the strategy in collaboration with local stakeholders and residents. The strategy envisions a City where all children and young people feel safe, enjoy good mental health and wellbeing, and are supported to thrive and transition successfully into adulthood. Attendees highlighted the critical need for personalised, one-to-one support in schools and stressed the importance of ensuring that all schools attended by City children are properly resourced to meet diverse needs.



**LET THE CITY OF LONDON CORPORATION KNOW WHAT YOU THINK OF THE SEND 2024-2028 STRATEGY.**


The City of London is currently consulting on its Special Educational Needs and Disabilities (SEND) strategy.

Come along to the Golden Lane Community Centre on Thursday 15 August from 11am to 1pm with Hannah Dobbin, Strategy and Projects Officer and Ellie Ward, Head of Strategy and Performance to have your say.

You can read the strategy here:  
<https://forms.office.com/e/dzJaFDS4A9>

Refreshments will be provided.

To register, please visit [healthwatchcityoflondon.org.uk/events](https://healthwatchcityoflondon.org.uk/events) or scan our QR code



## Diabetes with Diabetes UK

Aimed at improving awareness and understanding of diabetes among City residents, a representative from Diabetes UK led the session, providing clear guidance on the health impacts of diabetes and how to effectively navigate NHS services when living with, or caring for, someone with the condition.

The session also outlined local support available to residents, including Diabetes UK's educational resources, GP-led care, and peer support groups.

## City of London adult social care strategy and consultation

The session was attended by residents and staff from the City of London Corporation, including Strategy Officer and Head of Strategy and Performance at the City of London Corporation. The discussion focused on key issues including accessibility of services, digital exclusion, the role of technology in promoting independence, and the need for improved coordination across care pathways.

As a result of resident feedback, the consultation period was extended to ensure broader participation across the community. Healthwatch City of London produced a report summarising the session and promoted the accompanying survey to encourage further input. In response to the discussions, a new Adult Social Care Group is being established in partnership with the City of London Corporation, enabling residents who access care services to directly shape future provision.

## Mental health and social isolation

Held in partnership with City and Hackney Talking Therapies, Tower Hamlets Talking Therapies, and the Together Better programme. The session was attended by residents and staff from Talking Therapies who provided an overview of local talking therapy services and how individuals and families can access mental health support to improve overall wellbeing.

A project officer from the Together Better programme also gave a presentation on how the initiative empowers residents and volunteers to engage in activities designed to support both physical and mental health, combat loneliness, and strengthen community connections.

# Showcasing volunteer impact

Our fantastic volunteers have given 200 hours in support of our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

## This year, our volunteers:

- Worked on desktop research for our projects
- Were essential in helping write our reports
- Carried out enter and view visits to local services to help them improve

## At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

**6** I'm Steve Stevenson and I've been a Trustee of Healthwatch City of London since 2019, when HWCOL first won the contract. Over the years we've helped residents of the City of London give feedback on their Health and Social Care services. I also sit on the Health Scrutiny Committee at the City of London Corporation. HWCOL is there to make sure that the services provided for you are done so correctly. The best thing about this role though is, being out and about and talking to everyone across the City.

**Steve Stevenson, Trustee and Treasurer, Healthwatch City of London**



**6** Hi, I'm Generoso and I've been a volunteer with Healthwatch City of London for two years now. I've helped with research and writing the recent reports on their Enter and View visits and PALS, all of which has given me great insight into different aspects of healthcare and the patient experience. I've also attended a few events where I met a whole range of people from across the City. It's great being part of the Healthwatch Team, I feel that we achieve a lot of good work that is making a difference for City residents.

**Generoso Roberto, Volunteer, Healthwatch City of London**



**Be part of  
the change**

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

[info@healthwatchcityoflondon.org.uk](mailto:info@healthwatchcityoflondon.org.uk)

[www.healthwatchcityoflondon.org.uk](http://www.healthwatchcityoflondon.org.uk)

# Finance and future priorities

We receive funding from the City of London Corporation under the Health and Social Care Act 2012 to help us do our work.

## Our income and expenditure

INCOME	2024-25 £	EXPENDITURE	2024-25 £
Annual grant from the City of London Corporation	93,200	Pay costs	66,263
Additional income (NHS NEL for public engagement)	5,000	IT and telephone costs	5,571
Total income	98,200	Audit and accountancy	1,320
		Insurance	1,136
		Operating costs (Events, printing, postage)	6,671
		Total expenditure	80,962

Rent payments are not included due to late invoicing and will be in next year's accounts.





## Next steps

Over the next year, we will keep reaching out to every part of the community, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

### Our priorities for the next year are:

1. **Deliver** 10 patient panels to inform you about Health and Social care topics that are important to you.
2. **Hold** a summer information event in June and our AGM in October. Both events will give residents important information on local Health and Social Care services and on the work of Healthwatch City of London.
3. **Undertake** two research projects – Emergency pathways in Barts and UCLH and access to dentistry in the City.
4. **Carry out** an Enter and View at the Physiotherapy department at St Leonard's Hospital in order to report on the provision of services and make recommendations for improvement.
5. **Increase** engagement with the Portsoken community – hold two engagement events and increase representation from residents.
6. **Maintain**, train and utilise a dedicated team of volunteers. To attend focus groups to give the City's perspective, research and write reports for projects, help with HWCOL events and carry out Enter and View visits.
7. **Scrutinise** how the City of London Corporation awards and monitors its contracts for Social Care provision. Focus on the patient/resident feedback elements of the contracts. Review feedback from patients via the annual social care survey and analyse safeguarding statistics.

# Statutory Statements

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Healthwatch City of London, Portsoken Community Centre, 20 Little Somerset Street, London E1 8AH

Healthwatch City of London uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

The Healthwatch Board consists of eight members, five Trustees and three Board Associates who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met ten times and made decisions on matters such as the objectives and priorities, both for our business plan and our local priorities as well as budget setting and organisational design.

### Methods and systems used across the year to obtain people's experiences

HWCoL uses a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, HWCoL has been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

HWCoL ensures that this annual report is made available to as many members of the public and partner organisations as possible. HWCoL will publish it on our website as well as making it available in print.

### Responses to recommendations

All providers from whom HWCoL requested information for recommendations responded. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

### Taking people's experiences to decision makers

HWCoL ensures that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, HWCoL takes information to the City of London Health and Wellbeing Board and the Health and Social Care Scrutiny Board. HWCoL also takes insight and experiences to decision-makers in NHS North East London. For example, HWCoL sits on the Integrated Care Partnership Board and the Population Health and Integration Committee. HWCoL also shares our data with Healthwatch England to help address health and care issues at a national level.

### Healthwatch representatives

Healthwatch City of London is represented on the City of London Health and Wellbeing Board by Gail Beer, Chair. During 2024/25, our representative has effectively carried out this role by providing information and performance reports at each committee.

Healthwatch City of London is represented on North East London Integrated Care Partnership Board by Rachel Cleave, General and Manager, and North East London Integrated Care Board by Healthwatch Hackney.





# healthwatch

City of London

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	19/09/2025
<b>Subject:</b> Suicide prevention in the City of London Annual Update	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1,2,12
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Dr Sandra Husbands, Director of Public Health	<b>For Information</b>
<b>Report author:</b> Claire Giraud, Senior Public Health Practitioner	

## Summary

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

## Recommendations

Members of the Committee are asked to:

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

## **Main report**

### **Background**

1. Suicide is the act of intentionally ending one's own life. It is often the end result following a complex range of risk factors, mental illness and significant negative life events; however suicide is preventable, rather than an inevitable event. Suicide is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. It is the leading cause of death in the UK for 10-19 year olds, with 6,069 reported people dying in this way in 2023. It is estimated that each suicide further impacts between 6 and 60 people. Within the UK, suicide shows significant gender and social inequalities, and is associated with stigma for families affected by it.
2. Over the last 9 years, a number of key policies and reports have been published to improve suicide prevention nationally and locally. In the City, a local audit, suicide prevention action plan and multi-agency suicide prevention group was established in accordance with best practice recommendations.
3. The Office for Health Improvement and Disparities (OHID - previously Public Health England) recommended several priority action areas to include in local suicide prevention plans:
  - Reducing risk of suicide in men
  - Preventing and responding to self-harm
  - Mental health of children and young people
  - Treatment of depression in primary care
  - Acute mental health care
  - Reduce suicides at known 'high risk' locations
  - Reducing isolation
  - Bereavement support for those affected by suicide

### **Overview for the City of London**

4. Between 1st of January 2024 and 31st of March 2025, there have been 11 suicides, with a total of 140 attempted suicides.
5. Between 1st of January 2024 and 31st of March 2025, there had been a total of 116 incidents whereby a person had contemplated suicide or had suicidal thoughts.

### **Emerging Trends throughout 2024**

#### **Timing and Location**

6. Data from the City of London refers to events occurring within its geographic area. The majority of incidents will, therefore, involve individuals resident elsewhere in London and the country.
7. Over 59% of the attempted suicides occurred during the night and the peak days were Wednesday and Thursday.

8. Bridges remain the most common location type for suicide attempts within the City, with 84% attempted suicides occurring on bridges. The second most common location was on the street with 8%.
9. The City of London Police qualitative analysis shows that 46% of individuals had a direct journey from their home address to the incident location, meaning it only required one mode of transport and one direct route.

### Demographics at the end of 2024

10. Data from the City of London Police is provided in the table below, and covers the period subsequent to the previous City Suicide Prevention Annual Report in 2023. The data covers both completed and attempted suicides. Please note that the most recent data from the coroner was not available for this report.
11. **Age range:** Most individuals for attempts were aged between 18 to 29 years of age: 12 individuals were aged under 18 (12%), 54 were aged 18 to 29 years of age (52%), 19 in their 30s (18%), 16 in their 40s (15%), and fewer than 5 in their 50s (2%). There were also fewer than 5 individuals aged 60 or over.
12. People completing suicide in 2024 were aged between 17 and 57, although most were aged in their 20s (40%).
13. **Gender:** Females represented 53% of attempted suicides, and males represented 47%. This proportion has typically been higher for males in previous years.
14. **Home Address:** The majority of individuals travelled into the City from their home address where suicide was completed or attempted.

### Summary for Period 1 January 2022 - 14 July 2025

Year	Attempts	Contemplations	Completions
2022	129	132	< 5
2023	149	146	< 10
2024	104	97	10
2025 to date (14/7/25)	65	41	< 10

\*data up to 14 July 2025

### Bridge Watch

15. The Bridge Watch volunteer patrol programme was stood up in July 2023. It is operating as part of the Ascension Trust, a charitable project funded by grants.
16. Patrols started in December 2023 on Tower and London Bridge and then expanded to all five bridges by March 2024.
17. Partners include members of the Tidal Thames Water Safety forum (Royal National

Lifeboat Institute, London Ambulance Service, London Fire Brigade, HRM Coast Guards, City of London Police, City and Hackney Public Health), City Bridge Foundation (CBF Beachy Heads Chaplaincy, park guards, Thrive LDN.

18. Thrive LDN has generously filmed a promotional video for Bridge watch:

<https://www.youtube.com/watch?v=rnN5lVE8AGw&t=2s>

19. The bridge watch website is: <https://bridgewatch.uk/>

20. Some key data:

- 1005 hours of patrol from December 4th 2023 to 31st May 2025.
- 85 interventions
- 7 clearly expressed threats of jumping and 1 jumper
- 25 self declared suicidal people
- 35 potential s136, over 17 MHST intervention, over 13 section 136
- The volunteers have helped find a missing vulnerable person and a missing child
- 56 volunteers trained and patrolling as of July 2025, 4 to be trained over the summer of 2025
- Volunteers have been trained in Making Every Contact Count and self defence in June 2025.

21. The development group (composed of most of the above partners) is exploring alternative funding sources for additional funding to provide administrative support for the programme lead and to offer volunteers incentives (daily rate/travel costs to increase coverage at night).

22. Bridge Watch has successfully bid for a Public Health Intervention Responsive Studies Teams (PHIRST) evaluation, provided by the National Institute for Health and Care Research (NIHR). This will provide an academically rigorous piece of research to better understand Bridge Watch as a public health intervention. These evaluations are only offered to a small number of programs, and it is a significant achievement to secure this opportunity. The outputs will help develop the service and allow better informed decisions for the future of the program. Work on the evaluation started in February 2024 and will conclude at the end of August 2025. A plan to disseminate findings and engage professionals and the public is currently being finalised in partnership with NIHR colleagues.

### **Action Plan Progress Summary**

23. Overall, 69 actions have commenced since the launch of the action plan (appendix 1), of which 12 are completed, 57 are in progress.

24. Five new actions have commenced since the last annual report to the Health and Wellbeing Board in September 2024:

- 1.8 about CBF's £10 million grant funding for Suicide Prevention charitable projects.
- 3.13 on maintaining water safety equipment and infrastructure.

- 3.14 about Tower Bridge's Security Teams' patrols.
- 3.15 about CBF's review of security and surveillance equipment and procedures.
- 6.12 concerning the creation of a river incident database with riparian partners) and the enhanced actions have commenced (please see paragraph 34).

25. Significant milestones include:

- Training in Suicide Awareness and Prevention of City workers through the Business Healthy network still sees high uptake. Since 2016, 35 sessions have been delivered (up until May 1st 2025 included) and 527 people have been trained, representing over 138 organisations. In addition to the quarterly sessions, 3 more sessions were delivered in 2024-25 to empower even more City workers to be the eye and ears of the emergency services. Ad hoc training is also delivered to businesses who have had incidents.
- The Bridge Watch programme (volunteer patrols on the bridges) is now operating and the interim qualitative report by the National Institute for Health and Care Research states that Bridge Watch is having a positive impact in terms of saving emergency services' resources, fighting the stigma around suicide and preventing people entering the water.
- The CoL suicide's prevention lead has supported the development of a cluster response protocol for the North East London Integrated Care Board Suicide Prevention Group. This will be the basis of a CoL specific protocol, to be developed in 2025 with the support of the suicide prevention steering group.

#### RAG Status Key and Summary

Status of Actions	
Major Problems	0
Minor Problems	5
In Progress/ongoing	52
Completed	12

26. The majority of actions are green, either underway or on track to deliver. One action that has progressed but with delay (thus is amber) is the Secure City Programme.

27. No actions have failed to progress as originally envisaged (aka Red rating)

## Enhanced Suicide Prevention Action Plan

28. At the request of Members, a one-day conference on suicide prevention was also organised, the *City Hope Conference* and held on 26 October 2023. Out of this conference came four widely agreed suggestions which were approved by the Policy and Resources committee in July 2024. They are:

- The appointment of a suicide prevention planning officer in the City Corporation to work alongside public health, police and CBF colleagues. This has now taken place, the new officer started in late April 2025.
- The development of a Suicide Prevention Charter setting out the duties and responsibilities of all departments and institutions in the City Corporation to prevent suicide. Work on this has commenced, the draft is with the design team before it gets socialized to the different teams in the corporation.
- More focused engagement with Financial and Professional Services in the Square Mile, targeting males as they represent 85.4% of suicide completions in the Square Mile<sup>1</sup>, through the formation **of a City-led private sector suicide prevention network**. Work has started in collaboration with the City Belonging new Mental Health Network launched mid May 2025 and the Business Healthy network.
- **Continue to work with CBFn to assess and review suicide-prevention measures on CBF bridges**. Regular meetings between the Managing Director (Acting) CBF and the Director of Port Health and Public Protection (as the Senior Responsible Officer) are in place to consider this action.

## Conclusion and Recommendations

29. The past year has seen significant progress in the area of suicide prevention across the Corporation and its partners. Bridge Watch has been operating for over a year and the enhanced initiatives that have come out of the *Suicide Prevention Measures in the City of London* report and the October 2023 conference are being actioned.

30. The action plan has moved forward since its review, new actions have been added and many of the older actions are either complete or in progress.

## Appendices

Appendix 1 – Suicide Prevention Action Plan for 2022–25

## Report Authors

### Claire Giraud

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

### Dr Sandra Husbands

Director of Public Health, City of London and Hackney Public Health Team

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<sup>1</sup> City of London Suicide Audit 2023 (2017 – 2022)



## 2022-25 Suicide Prevention ACTION PLAN: DASHBOARD AND TABLE

Priority 1: Reduce the risk of suicide in key high risk groups		Priority 2: Tailor approaches to improve mental health in specific groups		Priority 3: Reduce access to the means of suicide		Priority 4: Those who are bereaved or affected by suicide to feel informed and supported throughout their experience		Priority 5 : Support the media in delivering sensitive approaches to suicide and suicidal behavior		Priority 6: Support research, data collection and monitoring	
13 Actions completed or ongoing	1 Amber	8 Actions completed or ongoing	0 Amber	13 Actions completed or ongoing	4 Amber	11 Actions completed or ongoing	0 Amber	7 Actions completed or ongoing	0 Amber	12 Actions completed or ongoing	0 Amber
<b>AMBER:</b> Approach TFL to make training in spotting the signs of suicidal behaviour in passengers compulsory for taxi drivers and private hires				<b>AMBER:</b> install and maintain cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.							

		<p>Implement the vulnerable People And Bridges Security Project within the Secure City Programme.</p> <p>commission a feasibility study of physical measures on the bridges and make a decision based on findings</p> <p>Adapting the upcoming national highways software on location risk assessment for tall buildings and urban structures.</p>			
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## PRIORITY 1 Reduce the risk of suicide in key high groups

**Objective:** To reduce the risk of suicide for young and middle aged men and women

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
1.1.1 Promote the training of frontline staff in organisations including the City of London Police, the Metropolitan Police and staff who work near at risk locations in mental health first aid, suicide awareness, suicide intervention to help them engage men and women in conversations about - Wellbeing and mental health - Accessing appropriate information/self-help support - suicide	<ul style="list-style-type: none"> <li>· Number of frontline staff trained</li> <li>· Training material</li> <li>· Promotion of training</li> <li>· Examples where training has been used to good effect</li> </ul>	Public Health	<p>training is promoted as soon as it is available to CoLp, Frontline staff (education, social care, etc), park guards etc</p> <p>All Tower Bridge security staff are undertaking the ASIST (Applied Suicide Intervention Skills Training) programme, and in-house training is being developed for other staff. In addition, a specialist has been commissioned to tailor the training and to create an enhanced aftercare offer for staff involved in serious incidents.</p>	Ongoing
1.1.2 Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	<ul style="list-style-type: none"> <li>· Information relevant to suicide on the Business Healthy resource pages</li> <li>· Number of Business Healthy members</li> </ul>	Public Health Business Healthy	Business healthy runs quarterly training sessions that are always well attended and well received as well as ad hoc sessions for businesses who have had completions or for professions who have high exposure to suicide incidents (eg: security professionals)	Ongoing
1.1.3 Train barbers in the City of	<ul style="list-style-type: none"> <li>· Number of barbers who</li> </ul>	Public Health	Half of the city barbers were	Green

London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	undertake training · Feedback from barbers on how this is perceived and used · Exposure of campaign		trained in May 2019 and PH recommissioned some training via the lion barbers collective to train more barbers in march 2023. Next round of training will be in 2026 if budgets allow.	
1.1.4 Provide suicide prevention training to primary care professionals	· Number of practice nurses who have had mental health training	North East London Clinical Commissioning Group	Tower Hamlet CEPN regularly offers training to primary care professionals and the NEL ICB provides an SP webinar to GPs, practice staff, healthcare assistants etc.	Ongoing
1.1.5 Approach security firms to train security guards in spotting suicidal behavior and having the confidence to intervene	number of security guards trained in suicide awareness	Public Health and Business healthy	Security professionals have been trained through the BH sessions + since February 2022 the worshipful company of security professionals has approached the SPSG members to see where joint working could be done - three sessions specifically for security professionals were organised in late feb and late march 2024 as well as May 2025.	
1.1.6 Approach taxi companies to train the drivers in spotting the signs of suicidal behaviour in their passengers and notifying the police	number of drivers trained in suicide awareness	Public Health and TFL	working towards: - promoting the Zero Suicide Alliance 25 min free online training on the taxi drivers newsletter which goes out to 125,000 license holders - incorporating suicide prevention training into the compulsory training for applicants to get a taxi license - TFL is saying this sits with DfT so we have started talks with DfT	Amber

			- texts on suicide prevention and spotting the signs is being added to the TFL taxi drivers handbook aka the black book	
1.2 City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	· Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses and refer TP service users to MH services as appropriate	Turning Point, prospects, young hackney	Partner organization staff have been trained in suicide awareness and are promoting suicide awareness campaigns	Ongoing
1.2.1 Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent's Release the Pressure campaign).	· Number of businesses which have achieved the London Healthy Workplace Charter	Public Health Business Healthy	Public Health and business healthy regularly promote hotlines and campaigns via various mediums  Samaritans contact information displayed on CBF bridges	Ongoing
1.3 Support City of London businesses to achieve the London Healthy Workplace Charter award and also to comply with HSE Stress Management Standards and NICE Guidance		CoL Port health and public protection Business Healthy	We continue to promote the GLA's Good Work Standard, which is the main accreditation now. While it incorporates element of the Healthy Workplace Award and has a good focus on mental health but no specific reference to suicide prevention: <a href="https://www.london.gov.uk/sites/default/files/mayors_good_work_standard_employer_guidance_00.pdf">https://www.london.gov.uk/sites/default/files/mayors_good_work_standard_employer_guidance_00.pdf</a> A suicide prevention project	Ongoing

			officer has been hired in late April 2025 and will promote good practice to the City businesses via a suicide prevention business network + the public health suicide prevention lead is working with the British Standards institute to write the first standards on suicide prevention for all employers and organizations in the UK.	
1.4 continue implementing the Mental Health Street Triage service: Mental Health clinicians to accompany the City of London Police on callouts	· reduced incarceration rates under s136, reduced suicide incidents, systemic savings as per 2022 evaluation	East London Foundation Trust/North East London Clinical Commissioning Group City of London Police	After trialling an 18 hour a day model, the service now has new operating hours of 3pm to 3am, this facilitates recruitment of mental health clinicians and ensures that the period of high activities are covered. We constantly review the service to ensure it has the best operating model possible, this is done in conjunction of the impact of the Bridge watch patrols	Ongoing
1.5 CoL, LBH and ELFT joint suicide audit	audit completed and shared with members of the steering group and stakeholders	East London Foundation Trust/ Public Health	The City and Hackney suicide audit was finalised and presented to the City Health and Wellbeing board in the autumn of 2023. The next one will not be until autumn of 2026 or after.	Ongoing

1.6 Explore the possibility of a network of safe places in the City to take people in MH crisis	network with security staff present in 5+ locations nearby frequently used location	Public Health and City of London Police	The safe havens network has been created by safe business organisation, they have 60 locations and are always finding new ones, the list of locations has been shared with relevant partners such as Bridge Watch and the CoLP. We have offered the business suicide prevention awareness training.	Ongoing
1.7 Street Pastors to be positioned at high risk locations in the City at high risk times.	· Street Pastors regularly patrolling the City.	City of London Police	The street pastors patrol the City when they have capacity, this compliments Parkguard, tower bridge security and bridgewatch patrols	Ongoing
1.8 Collaborate with City Bridge Foundation on their 10 million suicide Prevention funding programme	10 millions have been allocated and evaluations are showing a positive impact	City Bridge Foundation	CBF created a £10 million Suicide Prevention Funding Programme in 2023, aimed at supporting both grassroots and strategic suicide prevention initiatives, with funding awarded to funded organisations in December 2024. The funding aims to enable community connection, systems change, and lived experience integration in service design.	

## PRIORITY 2 Tailor approaches to improve mental health in specific groups

**Objective:** Tailor approaches to improve the mental health of Children and young people and men in the City of London

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
2.1 Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular <ul style="list-style-type: none"> <li>· school nurses</li> <li>· teachers</li> <li>· clinicians</li> <li>· Social Workers</li> <li>· police</li> <li>· probation staff</li> <li>· school staff</li> <li>· community workers.</li> </ul>	Number of practitioners to have been offered mental health first aid training · Number of practitioner to have taken up mental health first aid training	Public Health	Free training is regularly offered to education professionals and frontline staff through the North East London Sustainability and transformation partnership	Ongoing
2.2 Improve mental health among specific groups through the implementation of the Mental Health Strategy	· Annual progress of the mental health action plan.	Public Health, North East London Clinical Commissioning Group	BAME, LGBTQIA+, SEND, single men in their 40s, people with PD have been some of the cohorts we have focused on - since the new national strategy noted problem gamblers as an at risk cohort, work is being done on gambling harm (training frontline staff, needs assessment, etc) We are starting to look at the	ongoing



			links between victims and perpetrators of Domestic violence and suicide.	
2.3 Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	· Every Looked After Child who needs it has a suicide prevention plan.	City of London Children's Social Care	the City Mental Health alliance has produced this guidance which we are promoting <a href="https://citymha.org.uk/Resources/Parents-Toolkit">https://citymha.org.uk/Resources/Parents-Toolkit</a>	Ongoing
2.4 Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	· E-training module for parents to be disseminated to schools.	City and Hackney Safeguarding Children Partnership	City MH alliance has created this guidance <a href="https://citymha.org.uk/Resources/Parents-Toolkit">https://citymha.org.uk/Resources/Parents-Toolkit</a> which is being promoted the release of the City Safer Schools App is available for parents and continues to be promoted.	Ongoing
2.5 Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	· Enhanced mental health service commissioned for Looked After Children and Care Leavers	City of London Children's Social Care	City social care have a Trainee Family Therapy Clinic with Kings College London which is open to any child or family known to early help or children's social care, for early intervention. This is well used. City social care also run an Early Intervention Mental Health for UASCs jointly with Coram. This is working to improve gut health and sleep. CHSCP published key messages for practices	Ongoing

			Work is also being done with afghan and ukrainian refugees	
2.6 Student mental health - ensure HEIs staff are trained and can signpost students	· at least one staff in City HEI campus trained in suicide awareness	Public Health	The city's suicide prevention lead promotes resources, free trainings to HEIs and education settings. The samaritans attend fresher weeks; the City Suicide prevention lead was part of a national advisory group which wrote a guidance for HEIs on suicide prevention and restricting access to means.	Ongoing
2.7 Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	· Promotion of CCG lead five to thrive campaign - dissemination of video	North East London Clinical Commissioning Group	FTT website is now redesigned to reach even more people. FTT team promotes Suicide awareness and Mental health literacy trainings regularly as well other wider MH campaigns	Ongoing
2.8 Adapt the Public Health England document ' Identifying and responding to Suicide Clusters and Contagion' so shapes a local response.	Document produced	CHSBC Public health COL suicide prevention lead	the first document was completed and circulated to the members of the group but there is now a new one Revised guidance if not already circulated - here: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf</a> Operationally,	Completed

			<p>there is confidence that contagion / cluster is being considered as part of Joint Agency response meetings under new child death review arrangements - guidance is being used in this context</p> <p>The COL suicide's prevention lead has written the cluster response protocol for the North East london integrated care board suicide prevention group and will adapt this document to the city soon.</p>	
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## PRIORITY 3 Reduce access to the means of suicide

**Objective:** Reduce the opportunities people have to complete suicide in the City of London

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
3.1 Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	<ul style="list-style-type: none"> <li>· Suicide considerations in standard risk assessment/health and safety tick box template.</li> <li>· Suicide considered in Health Impact Assessments</li> </ul>	CoL Planning and Port Health and public protection	<p>Suicide prevention and application of the Planning Advice Note is a standing item for pre-application discussions on development schemes and is also included in all committee and delegated reports as necessary.</p> <p>The planning guidance on how to mitigate suicide risk in high places has been approved and published, PH and EHOs have delivered 3 trainings to planning officers, PH offers advice on a regular basis to developers and architects, PH is sharing learnings at various national and pan london suicide prevention groups/webinars/conference because other areas are seeking to implement something similar.</p> <p>The new SP project officer will help do the above lobbying, The SP lead and planners will review the PAN by end of 2025, beginning of 2026. Training for the planners has been organized for June and August</p>	Ongoing

			2025.	
3.2 Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	<ul style="list-style-type: none"> <li>Relationship to be built between City of London public health and TFL/BTP/network rail</li> </ul>	Public Health, North East London Clinical Commissioning Group	<p>BME, LGBTQIA+, single men in their 40s, people with PD have been some of the cohorts we have focused on ; BTP and TFL are both on our steering group and we do joint work with them (Eg: training taxi drivers in suicide prevention)</p> <p>TFL is also now leading a working group on incidents on the river which has 4 workstream one of which is to create a river incidents database hosted by the GLA.</p>	ongoing
3.2.1 Evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	Evaluation produced	Public health	Evaluation finalised in 2019	Completed
3.3 Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	<ul style="list-style-type: none"> <li>Number of people trained</li> <li>Examples where training has been used to good effect.</li> </ul>	CoL P Public Health	The mental health street triage service, operated by ELFT MH clinicians, is still operating in the square mile (its hours of operations were expanded in july 2021 for 12 months and an evaluation of the service has found that it saves a lot of money at the system level by reducing s136), the bridge	Ongoing

			<p>watch program mobilised in december 2023 and CoL has commissioned a feasibility study of the bridges that is still going through governance. Samaritans are still delivering Business Health suicide awareness training to workers near the river + there is new training being developed by thames reach academy supported by the tidal thames water safety forum.</p> <p>The SP lead is also working with thames skills academy to train thames operators and raise awareness of the issue of suicide to riparian businesses and workers.</p>	
3.4 install and maintain cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	<ul style="list-style-type: none"> <li>Cameras on bridges which are streamed to the CoLP control room, Coast Guards has access to support search and rescue</li> </ul>	One Safe City/ Secure City CoLP	<p>May25 – The project to implement new high definition cameras on the City of London Bridges is nearing completion. London Bridge, Millennium and Tower Bridge cameras are live. Blackfriars Bridge cameras are implemented on the test system pending troubleshooting. Southwark civil works are well advanced and will initially be commissioned on the test system.</p>	ongoing
3.5 mobilise bridge watch programme patrols	volunteers patrolling the 5 BHE owned bridges 24/7	Ascension Trust, CoL Police, RNLI, PLA, PH	- 847 hours of patrol from December 4th	Ongoing

			<p>2023 to 31st March 2025.</p> <ul style="list-style-type: none"> <li>- 75 interventions</li> <li>- 6 clearly expressed threats of jumping</li> <li>- 14 self declared suicidal people</li> <li>- 17 MHST intervention, 13 section 136</li> <li>- The volunteers have helped find a missing vulnerable person and a missing child</li> <li>- 44 volunteers trained and patrolling in May 2025, 5 to be trained over the summer of 2025</li> <li>- Volunteers were trained in naloxone in July 2024</li> <li>- Volunteers will be trained in Making Every Contact Count and self defence in June 2025.</li> <li>- Exploring alternative funding sources for additional funding: administrative support for the programme lead + to offer volunteers incentives (per diem/travel costs coverage to help at night</li> <li>- National institute for health research will evaluate Bridge watch</li> </ul>	
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			for impact	
3.6 Put RNLI signs on embankments to contain the message 'dial 999 and ask for the Coastguard'.	Signs on embankment	RNLI and PH	Signs are up	Complete
3.6.1 maintain the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'	Signs are maintained	RNLI , PLA City of London Built environment	Signs are up and maintained	Ongoing
3.7 Work with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges	Signs on Tower and Southwark bridges.	Public health	Signs are up	Complete

3.8 Implement the Vulnerable People And Bridges Security Project within the Secure City Programme.	The CCTV system is further supported by specialist camera, sensor and analytic algorithms on Bridges and riverside to improve situational awareness 24/7 and intervention is faster and easier	CoL Police and CoL	Solutions with high expected usefulness are being trialled, however the project has experienced delays behind IT issues impacting the core components of the programme. A specialist consulting firm has been engaged to do an up to date 'horizon scan' to inform the Vulnerable People Project plans.	Ongoing



3.9 Share suicide awareness and prevention guidance with the relevant stakeholders	· guidance is shared as widely as possible and general confidence in engaging someone in crisis grows	All	Public health is sharing guidance with developers, construction companies, licensed premises, city licensing annually visits the ten premises along the waterfront and shares PLA's updated guidance on safety equipment, suicide prevention leaflets; CoLp is engaging with the business crime prevention partnership (50 premises)	Ongoing
3.10 Continue to engage with the Tidal Thames water safety forum and input into the action plan of the Tidal Thames: drowning prevention strategy	Partners share knowledge and learning about safety on the Thames as well as data of incidents along the river	RNLI , PLA, community safety, port health, public health City of London Built environment	PH attends all meetings of the TTWSF, Thames reach academy is delivering a training for people working along and on the river with the listening place, PH has given feedback as well as CoLp. The new drowning strategy is being written by the group with CoL SP lead leading on the priority around suicide. PH also attends the thames water partnership group which is more operations and has thames operators on it.	Ongoing
3.11 commission a feasibility study of physical measures on the bridges	final answer on what physical measures can be implemented on the 5 city bridges	PH, BHE, Town clerk, Paul Monaghan (chief engineer), Ian Hughes (SCP), Peter Shadbolt (planning)	The public protection study was finished in December 2022. It went through governance early 2023 then The committee chairs decided on may 10th 2023 to pause the governance on the public protection study	Amber

			and it has been restarted informally in September 2024 through discussions between the acting managing director and the SRO for SP at the CoL	
3.12 Adapting the upcoming national highways software on location risk assessment for tall buildings and urban structures.	software or risk assessment framework for urban structure	PH, planning, national highway	the PH suicide prevention officer has met with national highways about their upcoming software, it is not completed yet thus cannot yet be adapted to urban structure just yet. Chased the team in april 2025.	Amber
3.13 Maintaining safety and search and rescue equipment and infrastructure on the river	Life buoys, life rings, life belts are regularly inventorised and replaced as needed	Port of London Authority Port health City Bridge Foundation	<p>In 2023 the Tidal Thames water safety forum issued a letter to all riparian local authorities asking their help in preventing drowning in the Thames and checking their search and rescue equipment, this is regularly done by the COL thankfully.</p> <p>Work is progressing to increase the number of lifebelts on Tower Bridge in coordination with City of London Highways and local planning authorities</p>	Green
3.14 Collaborate with City Bridge Foundation and its tower Bridge security team to ensure	Patrols are covering as much time as possible with the resources available		June 2025 - A review of security patrols is underway to ensure the right balance of presence,	Green

the best use of their resources in terms of patrols of the bridge, in parallel with Bridge Watch patrol coverage			frequency, and coverage.	
3.15 Collaborate with and assist City Bridge Foundation to review security, surveillance and emergency procedures to ensure the best use of resources and maximum impact	Regular review of security provisions in line with the latest best practice and technological advancement	City Bridge Foundation City of London Corporation	A new annual security review, led by a third-party consultant, will build on the 2024 internal CBF review. This external assessment will examine camera systems, emergency procedures, training, and protocols across all five CBF bridges, with the aim to complete this review by the end of Q2 2025/26.	Green

## PRIORITY 4 Those who are bereaved or affected by suicide to feel informed and supported throughout their experience

**Objective:** Those who are bereaved or affected by suicide to feel informed and supported throughout their experience

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
4.1.1 Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life	<ul style="list-style-type: none"> <li>Number of primary care staff who have received training</li> </ul>	CCG City of London Coroner	Primary care staff is regularly trained (training with MIND on 21/11/23) + Thrive LDN is commissioning some training for GPs	Ongoing
4.1.2 Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce.	<ul style="list-style-type: none"> <li>Follow up with businesses who have undergone training</li> <li>Promote the suicide prevention agenda within City business groupings such as the City Mental Health Alliance and "This Is Me – In the City" (Lord Mayor's Appeal)</li> </ul>	CoL Health and Safety Business Healthy	May 2025 : Over 450 people attended This is me events in 2024 with a further 91 having attended the first two events of 2025 which were focussed on the mental health awareness week theme of community. We continue to partner with organisations across the City in delivery of events with UBS having hosted the most recent in person event featuring representatives from BlackRock, BNY and MQ Mental Health Research with whom we continue to collaborate closely as a	ongoing

			<p>partner charity.</p> <p>This years support of mental health awareness week includes the delivery of a webinar, a guided mental health walk and talk (in collaboration with MQ) around the city as well as the support of numerous events via attendance, speaking roles and the distribution of Green Ribbons.</p> <p>39 organisations purchased Green Ribbons in 2024 bringing the total distributed world wide to 286,000. The start of 2025 has seen ribbons sent to Poland, USA, India, Brazil, Singapore and Hong Kong.</p> <p>Wellbeing in the Workplace training was brought to a close in October 2024 reaching 52,000 people during its lifetime.</p> <p>They have six webinars planned for the remainder of 2025, covering a variety of topics within the wider mental health agenda and an in person event on October 9th in advance of World</p>	
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			<p>Mental Health day.</p> <p>As always, the latest news and activities can be found on our <a href="#">website</a> whilst the <a href="#">This is Me resource hub</a>, which was used by 141 organisations in 2024, remains free to access and contains a range of materials designed to support workplaces on the wellbeing journey.</p>	
<p>4.1.3 Risks to be assessed by the City Corporations Environment health officers following on from any suicides in public/the workplace and any preventative /remedial measures are identified for action</p>	<p>Number of risk assessments being undertaken by the CoL Health and Safety team following suicides in City of London businesses (should be systematic/coincide with completion data)</p>	<p>CoL planning, PH, CoLp</p>	<p>PH and Planning have developed a planning guidance that can be used before or after the design stage, this guidance can be helpful to rooftop bars/terraces which have had incidents before. CoL p also has a designing out crime officers who can give advice on suicide risk mitigation in businesses. The suicide completion roles and responsibilities document (CoLp notices EHOs of any completion in a business and EHOs (supported by PH) offer advice on risk mitigation and training in suicide awareness) has been updated to be more detailed</p>	<p>Ongoing</p>

			after an incident in March 2025, it is expected to be approved by the multi agency steering group in the summer of 2025.	
4.2 Provide accessible, concise information on the processes and standards in a Coroner's inquiry to family members	Number of bereaved families given information (should be systematic/coincide with completion data)	The Coroner	This is standard procedure by coroner's office. This is ongoing on a separate action log. the "new" standard of proof for suicide, has led to less open verdicts because it is more clear cut, it gives families more clarity and make dealing with families more straightforward and it will be good for the next suicide audit.	Ongoing
4.3 Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages	· Proportion of families who are referred to bereavement services (should be systematic/coincide with completion data)	CoLp	CoLp Family Liaison Officer should advise them to what is available to them, the FLO's would do their own research and find specific contacts for them to use.	Ongoing
4.4 Offer those bereaved as a result of suicide signposting to	· Number of people offered bereavement support	CoLP and coroner	Information on bereavement services is offered by CoLp	Ongoing

bereavement services	(should be systematic/coincide with completion data)		systematically, it is also available on various websites (CoL, North East London Integrated Care Board)	
4.5 contact funeral parlours in the city/used by city residents to ensure they are aware of bereavement services for those affected by suicide	number of funeral parlours aware of the bereavement services .	Public health	The suicide prevention lead has compiled a list of the funeral parlours (fenix funeral) but still needs get in touch with them, delayed by covid and the work on the bridges and tall buildings. June 2025 : The new suicide prevention and project officer has contacted funeral parlors national guilds and syndicate to work with them on promoting suicide specific bereavement services	Green
4.6 promote training around bereavement	number of people the training is being promoted to	PH	promotion of NEL training as well as cruse offer takes place regularly	ongoing
4.7 Bereavement support for children who have lost a parent or carer	Number of people utilising CYP bereavement services	NEL ICB	The children and young people's bereavement service at St Joseph's hospice is now accepting referrals for young people who have lost a parent, carer or significant person in their life due to a bereavement of any kind (this was previously covid-related bereavements	ongoing



			only).	
4.8 Create and send the bereavement support pack to stakeholders, residents and partners	bereavement pack sent to city VCS and partners	PH	The pack is finalised, it contains a bereavement video from LBH, bereavement leaflets (60 copies have already been sent to LBH VCS)	complete
4.9 Promote Public Health England 'Help Is At Hand' document to key partners and make available in City libraries	Help is at hand document readily available in libraries.	PH and libraries	Help is at hand has been distributed to libraries	complete

## PRIORITY 5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour

**Objective:** The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
5.1 Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> <li>· provide information about sources of support and helplines when reporting suicide</li> <li>· avoid insensitive and inappropriate graphic illustrations with media reports of suicide</li> <li>· avoid use of photographs taken from social networking sites without relative consent</li> <li>· avoid the re-publication of photographs of people who have died by suicide</li> <li>· report appropriately where there is evidence of a cluster</li> </ul>	<ul style="list-style-type: none"> <li>· All suicides reported on in a sensitive and appropriate way</li> </ul>	City of London Corporation and CoLP media Teams Samaritans media team	The media guidelines have been shared. Media outlets don't always follow them but the CoLP and COLC media teams follow up with them when they don't. In feb 2022 we developed a briefing for media enquiry around the feasibility study of physical measures on the bridges in case any media outlet notices the tender and asks questions + are preparing proactive comms ahead of the usual spring increase in incidents	Ongoing

5.2 Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	· Evidence of challenge of harmful or inappropriate material	CoL	We have offered our support to the samaritans and NSPA in their campaign to have some sections of the online harm bill to be modified. CoL Suicide prevention lead officer has met with Hull university to help in their research project of unhelpful online content when it comes to suicide prevention PH SP officers keeps engaging with organizations who challenge harmful content	ongoing
5.3 Promote the samaritans communication toolkit to encourage the use of positive appropriate language in all communications and during purdah	change in language, successfully, commit, are no longer widely used	All	use of appropriate language and terminology is important when discussing suicide. All partners should avoid using outdated terms, but are also asked to demonstrate kindness if colleagues misspeak - we are all working to become better people and professionals.	Ongoing
5.4 notify the samaritans and NSPA about harmful media content for them to follow up on	number of reports to NSPA and samaritans	PH and All	this is ongoing, every time there is inappropriate comms, the suicide prevention lead officer notifies the samaritans media team and the NSPA	Ongoing

5.5 Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the sensitive nature of suicides	<ul style="list-style-type: none"> <li>Number of organisations aware of the Samaritans media guidelines</li> </ul>	The samaritans	The guidelines have been shared and continue to be shared regularly	Complete
5.6 Promote Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network	<ul style="list-style-type: none"> <li>Posts on the Business Healthy website/ newsletter/ social media (World Suicide Prevention day - 10 September)</li> <li>Include as a resource in training packs</li> </ul>	CoLP and coroner	shared and continue to be shared regularly	complete
5.7 develop a guidance for the events team to consider the risks of putting on events on the subject of suicides	guidance produced and adopted by the relevant committee	PH, CoL events teams	the PH suicide prevention officer has gone to an events team quarterly meeting to propose the idea of a suicide guidance on events and this was received enthusiastically. She has also consulted several galleries and museums to find out the best format for the upcoming events guidance.	Green

## PRIORITY 6 Support Research, data collection and monitoring

**Objective:** TA comprehensive database of suicide in the city of london and the whole of london to be built

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
6.1 Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	· Shared with relevant partners	All	The suicide prevention lead officer regularly shares data with partners; regularly presents at conferences, webinars, forum to share learnings. We are also always thriving to improve our data collection and that of partners.	ongoing
6.2 Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	· Joined up working and information sharing between the coroner and public health	Coroner, port health, public protection	the coroner has shared data with PH to be included in the suicide audit of 2017-2022, the coroner and PH SP lead met in June 2023 and are sharing information	ongoing
6.3 work with NHS England on the Child Protection Information System CP-IS	health alert system includes details of children in care or subject to cp plans.	CHSCP	Awaiting update on timeline from NHSE	Ongoing

6.4 Join and contribute to the Thrive London Real Time Surveillance System (pan london suicide data base)	input into the database and use it to inform intervention	Thrive LDN, CoLp and PH	<p>The City of London has joined the Thrive LDN real time surveillance database, this innovative suicide surveillance system is designed for use by multi-agency group, allowing councils, police, mental health services, suicide prevention groups to share real time surveillance data and coordinate responses. The system is innovative as it uses a report from the police force of a potential suicide as the basis for reporting, as opposed to coroner decision of confirmed suicide. This allows a timeframe of days following the incident for information to be added and action to be taken as opposed to months after. access is tailored by both residence of deceased and location of death.</p> <p>Thrive is now working on a self harm database as well as recording suicide attempts and contemplation, this involves a lot of work in terms of agreeing on definitions across all organizations involved</p>	Ongoing
6.5 CoLp to share real time surveillance data with UCL in order for them to analyze the patterns of movement and why people come to the square mile to attempt suicide	study with recommendation produced	CoLp	We have received a draft of the report from UCL end of july 2023	Ongoing

6.6 Resolve issues with receiving feedback from hospitals regarding the outcome of the mental health assessments after S136. The City Police Suicide Profile of 2020 recommends that "an Information Sharing Agreement with the NHS should be established so that requests can be submitted to hospitals which request the outcome of assessment for any individual taken to hospital. This should be completed for every individual that attempts suicide; to ensure that all risk information is shared and appropriate safeguarding measures completed."	information sharing agreement with NHS in place	CoLP and NHS	The information management team in Force is checking if CoLP can have that information under the DPA - July 2024 no data sharing agreements in place apart from between COLP and Homerton, royal London and Newham hospitals. May 2025 the police dont usually contact any hospital following a s136 detention to get the outcome for information sharing and risk purposes, the police will only ask MHST if they are personally concerned about what may have happened to a patient as there is no DSA with st thomas and other hospitals	Green
6.7 Routinely collect data on attempted suicide in the City from Section 136 booklets	· S136 data to be collected by the City of London Police and shared with public health		colp has given access to NICHE to the MHST clinicians and are working on improving data discrepancy between the CoLP data and the MHST data	green
6.8 Develop an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of	· Data sharing agreement in place and signed by all partners	CoL	After consulting legal, it has been established that the safer city data sharing agreement is applicable to suicide prevention because it mentions the care act. there is thus no need to	complete

London Police and the City Corporation.			create a new data sharing agreement.	
6.9 Develop the mechanisms for evaluating local suicide prevention work	· Evaluation of 'the Bridge Pilot'	PH	See action 3.3 the Mental health street triage was evaluated in early 2022 and was found to avert costs at the system level by reducing incarceration under s136 of the MH act, the service has paid for itself and potentially prevented 21 suicides	complete
6.10 Produce an enhance suicide prevention report	enhanced suicide report produced and shared	senior corporate affairs officer and all	A report <i>Suicide Prevention Measures in the City of London</i> was published on 26 October 2023. The report summarised suicide prevention measures in the Square Mile, with a view of celebrating good practice, improving partnership working and identifying gaps and opportunities across local suicide prevention networks.	complete
6.11 Organize a city suicide prevention conference to showcase our work and share good practice and learnings with partners and stakeholders	conference organised and learning shared	senior corporate affairs officer, town clerk and PH	At the request of Members, a one-day conference on suicide prevention was also organised, the <i>City Hope Conference</i> and held on 26 October 2023. This event gathered 156 senior professionals from more than	Complete



			100 organisations in suicide prevention and mental health to review progress, learn from past actions, and discuss future initiatives.	
6.12 Contribute to the Riverside incidents database which TFL leads on	DSA signed Database created and hosted by the GLA CoLp, MHST and BW data imputed into the database	TTWSF members : CoLp, BW MHST City Bridge Foundation	The group is meeting in late June 2025 to have a look at which Data sharing agreements still need to be signed. GLA has agreed to host the data dashboard since it hosts the Thrive LDN real time surveillance database already. The CoL SP lead and CBF are going to work on CBF contributing given that Routine data on distressed individuals and retrievals from water is gathered by the Tower Bridge Security team and reviewed at Tower Bridge Management Group meetings. Plans are underway to formalise this reporting to ensure it is shared with the CBF Board at least annually and with the Executive Leadership Team on a quarterly basis. There is potential to expand this approach to include all bridges within the CBF portfolio.	Ongoing

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