



Shadow Health and Wellbeing Board

Date: WEDNESDAY, 7 NOVEMBER 2012
Time: 2.00pm
Venue: COMMITTEE ROOM, WEST WING, GUILDHALL

Members: Vicky Hobart (Chairman)
Joy Hollister (Chairman)
Revd Dr Martin Dudley
Jon Averbs
Superintendent Norma Collicott
Dr Gary Marlowe
Jakki Mellor-Ellis
Simon Murrells

Enquiries: Caroline Webb
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John Barradell
Town Clerk and Chief Executive

AGENDA

1. **WELCOME AND INTRODUCTIONS**
2. **MINUTES AND ACTIONS FROM LAST MEETING**
To agree the minutes of the previous meeting held on 5 September 2012.
For Decision
(Pages 1 - 6)
3. **HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS**
Report of the Town Clerk.
For Decision
(Pages 7 - 16)
4. **HEALTH AND WELLBEING BOARD DEVELOPMENT HALF DAY - TIMELINE AND KEY DATES FOR GOING LIVE**
Notes of the Health and Wellbeing Board Development Day held on 8 October 2012.
For Information
(Pages 17 - 22)
5. **MAPPING OF HEALTH SERVICES IN THE CITY OF LONDON**
Report of the City and Hackney Pathfinder Clinical Commissioning Group (CCG) in partnership with City of London Corporation.
For Decision
(Pages 23 - 46)
6. **ABDOMINAL AORTIC ANEURISM SCREENING PROGRAMME**
Briefing note of NHS North East London and the City.
For Information
(Pages 47 - 50)
7. **HEALTH INTELLIGENCE**
Report of the Director of Community and Children's Services.
For Information
(Pages 51 - 56)
8. **FUSION LIFESTYLE EXERCISE ON REFERRAL SCHEME**
Report of the Director of Community and Children's Services.
For Information
(Pages 57 - 66)
9. **PUBLIC HEALTH CONTRACTS TRANSITION UPDATE**
Report of the Director of Community and Children's Services.
For Information
(Pages 67 - 72)

10. **LICENSING MATTERS**
Reports of the Director of Markets and Consumer Protection.
- a) **Code of Good Practice for Licensing Premises**
For Information
(Pages 73 - 100)
 - b) **Code of Good Practice for Licensed Premises Traffic Light Scheme**
For Information
(Pages 101 - 106)
 - c) **Licensing Policy 2012**
For Information
(Pages 107 - 138)
11. **CLEAN AIR IN LONDON**
Letter from Simon Birkett, Founder and Director of Clean Air in London.
For Information
(Pages 139 - 140)
12. **ANY OTHER BUSINESS**
13. **EXCLUSION OF THE 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.
- Non-Public Agenda**
14. **SUICIDES IN THE CITY**
Report of the Director of Community and Children's Services (to follow).
For Information
15. **ANY OTHER NON-PUBLIC BUSINESS**

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SHADOW HEALTH AND WELLBEING BOARD

Wednesday, 5 September 2012

**Minutes of the meeting of the SHADOW HEALTH AND WELLBEING BOARD
held at Guildhall, EC2 on WEDNESDAY, 5 SEPTEMBER 2012 at 2.00pm**

Present

Members:

Vicky Hobart (Chairman)
Joy Hollister (Chairman)
Jon Averbs
Dr Gary Marlowe
Simon Murrells

Officers:

Caroline Webb	- Town Clerk's Department
Paul Haigh	- City & Hackney Pathfinder CCG
Chris Pelham	- Community and Children's Services Department
Keith Manaton	- Community and Children's Services Department

1. WELCOME AND INTRODUCTIONS

All Members of the shadow Health and Wellbeing Board introduced themselves.

Jill Mulelly informed the Board that she was attending on behalf of Nick Kennedy and would be representing the LINK. Nick Kennedy would be stepping down as LINK Chair at the 10th September LINK meeting with his replacement to be elected at the same meeting.

2. MINUTES AND ACTIONS FROM LAST MEETING

The minutes of the meeting held on 27 June 2012 were agreed.

Matters Arising

Preparing for 2013 – Public Health Transition Group

The meetings of the Public Health Transition Group were on-going in order for them to agree their Terms of Reference.

Changes to the Licensing Act

The Board was informed that a GLA document had been released on night time economy and that it would be looked at in concurrence with licensing issues. Jon Averbs would circulate the GLA document to Vicky Hobart and Joy Hollister.

Next Steps in Board Development

The Board confirmed that the upcoming development days had been circulated.

City of London – Service Mapping Project Outline

Rocket Science had been appointed to manage the Portsoken Early Intervention Review.

3. CHAIRS' UPDATE

The shadow Board was informed that the Olympic Games had been a success and smoothly dealt with from an NHS and Port Health point of view. The number of rough sleepers fell throughout the games, with one night where zero rough sleepers had been recorded.

4. THE NEW HEALTH AND WELLBEING BOARD - GOVERNANCE PROPOSALS

The shadow Board considered a report of the Town Clerk outlining proposed Health and Wellbeing Board Governance Arrangements.

The Board thanked Simon Murrells, Ignacio Falcon and the Community and Children's Services Commissioning Team for their work on the development of the paper.

To clarify, Joy Hollister informed the Board that resources would be aligned to address priorities once they had been set.

Discussion of the proposed membership of the Health and Wellbeing Board at April 2013 took place and the following points were made:

- A broader membership to include six elected Members, three of which will be the Chairman (or their representative) of specified Committees or Sub Committees and the remaining three to be appointed by Common Council.
- A Tower Hamlets Clinical Commissioning Group representative may be invited to future meetings of the Board but only as an observer.
- The membership of the Board could be reviewed after one year.
- The report would be brought to the attention of the Licensing Committee Chairman but would not be submitted to the Licensing Committee.
- As the Court of Common Council would be accountable for any decisions taken by the Health and Wellbeing Board, it was proposed for the Chairman of the Board to be an elected Member of the Court.
- The Health and Wellbeing Board would report directly to the Court of Common Council. The Health and Social Care Scrutiny Sub Committee would remain a Sub of Community and Children's Services for the time being but would be reviewed in a years' time.
- The Board may seek representation from the NHS Commissioning Board once established.
- Simon Murrells undertook to check the mandatory (statutory duties) at Appendix One against the legislation to ensure all points were covered.

RESOLVED: That:-

1. the steps to be taken to set up a Health and Wellbeing Board in the form of a standalone Committee of the Court of Common Council, including the timetable for consultation outlined in paragraph 20, be noted; and
2. the Terms of Reference and the Membership and Chairman proposals be agreed, in principle, by the shadow Health and Wellbeing Board.

5. **HEALTH AND WELLBEING STRATEGY**

The shadow Board received the draft Health and Wellbeing Strategy document which set out the proposed priorities for the City of London and the key health and wellbeing challenges faced by the City.

The Chairman of the Community and Children's Services Committee had suggested that a Health and Wellbeing Board day or half day be organised to launch the strategy and showcase health services within the City, such as Fusion Sports Centre, and for routine health checks i.e. blood pressure and BMI, to take place. The launch would take place in November and involve full Member engagement.

The shadow Board discussed the criteria set to order priorities within the health and wellbeing strategy. It was currently unclear as to whether funding would be awarded for target progress or if they'll be attached to specific priorities, which we may or may not be able to decide upon. The criteria were considered broad enough to cover all eventualities.

The shadow Board was assured that all of the City's statutory duties and corporate priorities were covered within the health and wellbeing strategy in terms of the proposed priorities. The Health and Wellbeing Board would be responsible for ensuring the priorities were met within its work programme and integrated within the services offered to residents and City workers.

Dr Gary Marlowe highlighted the need to engage with employers within the City as they also had a responsibility for their workers' health and wellbeing needs, which the shadow Board agreed should be included in the health and wellbeing strategy.

RECEIVED

6. **JOINT STRATEGIC NEEDS ASSESSMENT**

The shadow Board considered a briefing note outlining the options available for developing an up-to-date version of the Joint Strategic Needs Assessment to be submitted to the Clinical Commissioning Group.

RESOLVED: That the four options be considered by the shadow Health and Wellbeing Board with option three identified as the preferred option, with an aspiration of achieving option four once the required data was realistic and obtainable.

7. **CHILDREN'S EXECUTIVE BOARD - TRANSITIONAL TERMS OF REFERENCE**

The shadow Board considered a report of the Assistant Director People Services outlining the draft Terms of Reference for the Children's Executive Board.

Discussion took place regarding the relationship of the Children's Executive Board (CEB) and the Health and Wellbeing Board and how the Board would oversee the function of the CEB. Clear accountability and reporting lines would need to be in place and the possibility of a Health and Wellbeing Board Member chairing the CEB was debated, with formal reporting back to the Board once a year.

RESOLVED: That the shadow Board agreed for further work to be carried out in this area, including more detail on how the decisions of the Board would be executed by the CEB, and for the practices of Local Authorities nationally to be examined.

8. **LATEST FUNDING PROPOSALS: PUBLIC HEALTH RESOURCE ALLOCATION AND HWB RESPONSE**

The shadow Board received a verbal update from Vicky Hobart regarding the latest funding proposals.

Assurances had been received from the Department of Health that funding for 2013/14 would remain similar the current 2012/13 level. Public health funding for City workers was highlighted as a concern but consultations on the funding formula, taking in to account commuters and the health services they require, were still taking place. A projected figure was expected to be released in January 2013.

RECEIVED

9. **DEVELOPING COMMISSIONING SUPPORT SERVICES - UPDATE FROM CCG**

The shadow Board received a presentation from Paul Haigh, CCG representative, on the development of commissioning support services.

The following points were noted:

- The interviews for the four vacant positions would be taking place within the next six weeks.
- The adverts had been circulated for the management posts and Chief Executive Officer position and they were expected to be recruited in September/October 2012.
- The 360 feedback was to close at the end of the week.
- Approximately 35 policy reports were due to be submitted in draft form to the National Commissioning Board (NCB) by the end of September 2012, with final policies due to be in place by April 2013. Work on the policies would be on-going over autumn and winter.
- A NCB site visit was to take place in November.

- There was uncertainty surrounding where some responsibilities would rest from April 2013 and the role of the CCG.
- The role of the Health and Wellbeing Board would be to ensure that any contractual arrangements were legally sound but it was unclear as to how much accountability the Board would have and how it would be scrutinised effectively.

RECEIVED

10. ESTABLISHING HEALTHWATCH CITY OF LONDON

The shadow Board considered a report that provided the background and development of Local Healthwatch nationally and the key characteristics of the proposed Healthwatch City of London specification and its priorities for when it becomes operational on the 1st April 2013.

The full report would be submitted to the Community and Children's Services Committee for decision and the Comptroller and City Solicitor had been consulted. The shadow Board were informed that Hackey had decided to progress under Option Two and 'create' their own Healthwatch but many Local Authorities would progress under Option One, to openly tender to their Healthwatch specification. The Comptroller had advised the City of London to progress as per Option One in order to reduce the potential risks, invite creativity and ensure value for money whilst at the same time tailoring to the City's needs.

Jill Mulelly highlighted that City LINK felt confident that they could successfully undergo transition to Healthwatch City of London and drew the Board's attention to appendix B of the report. It was noted that if the Committee decided to go ahead with Option One, City LINK would be able to have a representative on the panel for the tender process.

The Healthwatch City of London specification would be developed specifically for the City, ensuring that residents were represented where there was service provision.

Discussion took place regarding signposting and how Healthwatch City of London would be scrutinised. If Option One was progressed, then it was thought that the organisation selected through the tendering process would be in place by January or February 2013.

RESOLVED: That the shadow Board agree that:

1. the progress to establish Local Healthwatch and the current proposals for Healthwatch England be noted;
2. the recommendations that Healthwatch City of London should be established by tender process be noted; and
3. comments be taken forward to the Community and Children's Services Committee on 14th September 2012.

11. **PUBLIC HEALTH TRANSITION GROUP RISK REGISTER**

The shadow Board considered the Public Health Transition Risk Register.

It was agreed that a risk regarding Healthwatch should be added to the register and that a separate Health and Wellbeing Board risk register should be developed and brought to the next shadow Board meeting.

12. **ANY OTHER BUSINESS**

There were no items of urgent business.

The meeting ended at 3.50pm

Chairman

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Agenda Item 3

Committee(s):	Date(s):
Shadow Health & Wellbeing Board Policy & Resources Committee Port Health & Environmental Health Court of Common Council	7 November 2012 8 November 2012 13 November 2012 6 December 2012
Subject: Health & Wellbeing Board - Governance Arrangements	Public
Report of: Town Clerk	For Decision

Summary

The Health and Social Care Act 2012 ("The HSCA 2012") will introduce significant changes to the delivery of health services in England, in a move which the Government hopes will improve the 'democratic accountability' of the NHS.

With the abolition of Primary Care Trusts (PCTs), local authorities are taking on new responsibilities in respect of public health. One of the key aspects of the reforms is the establishment of 'Health & Wellbeing Boards' (H&WB), to provide collective leadership to improve health and wellbeing for each local authority area. The City will need to have its own H&WB set up by April 2013.

This report informs Members of the proposed steps to meet that requirement and seeks endorsement of key considerations around that process.

Recommendations

That:-

- a) the steps to be taken to set up a Health & Wellbeing Board in the form of a standalone Committee of the Common Council, including the timetable for consultation outlined in paragraph 23, be noted;
- b) the following be considered and endorsed:-
 - i. Terms of Reference of the H&WB (paragraph 11)
 - ii. the Membership of the H&WB as at April 2013 (Appendix 2)
 - iii. the convention that the Chairman of the H&WB should be a Member of the CoCo, to ensure a suitable representation at the Court of Common Council.

Main Report

Background

1. The Health and Social Care Act 2012 ("The HSCA 2012") received Royal Assent on 27 March 2012. The Act sets out the ambition for the NHS to become 'democratically accountable' through changes in the way health services are commissioned and delivered.

2. One of the key aspects of the reform is that local authorities in England will take over the responsibility for health improvement of local populations. Primary care - that is, the responsibility for treating illness – will remain with the NHS. The new duties which local authorities are taking on include the appointment of a Director of Public Health, the commissioning of a Local Healthwatch group (currently known as LINK) and the set up of a Health & Wellbeing Board (H&WB) to provide collective leadership to improve health and wellbeing for the local area.
3. With the abolition of Primary Care Trusts (PCTs), it will fall on H&WBs to provide a means of integrating all aspects of public health.

Current Position

4. A Shadow Health & Wellbeing Board for the City of London started work in earnest in April 2012 in response to the Government's expectation that local authorities should be prepared ahead of the implementation of the reforms. At the last meeting on 5 September 2012, the Board considered a report on the next steps to set up a H&WB and gave endorsement to the proposals contained in this report and which are now before Members for consideration. This report was also considered by the Community & Children Services Committee on 12 October 2012 and its comments have been incorporated in the report.

Meeting the legal requirement

5. In accordance with s.194 of the HSCA 2012, every local authority has a duty to establish a H&WB. This requirement applies to the City of London, in its local authority capacity. .
6. The overarching aims of H&WBs are (s.195):-
 - a. to provide collective leadership to encourage integrated working between NHS commissioners, public health and social care services for the advancement of local health and wellbeing.
 - b. to provide advice assistance and support to encourage partnership arrangements. eg budget pooling arrangements
 - c. to encourage providers of "health related services" eg. Housing to work closely with the Board, Social Care Services and Health Service Commissioners

In particular, Health and Wellbeing Boards will have two key responsibilities (s.192-193):-

- a. To undertake the Joint Strategic Needs Assessment (JSNA)
- b. To develop a joint Health and Wellbeing Strategy

Positioning within the City Corporation – A 'standalone Committee'.

7. The requirement of s.194(11) of the Health and Social Care Act 2012 is that the Health and Wellbeing Board must be "*a committee of the local authority*

which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972". The Comptroller & City Solicitor has advised that to comply with the statutory provision the Health and Wellbeing Board must become a committee in its own right rather than a sub-committee, or its work being absorbed by another existing committee.

8. As with other Committees, the H&WB would need to be formally appointed by the Court of Common Council. For the H&WB to be represented at CoCo, either the Chairman or the Deputy Chairman would need to be a CoCo Member. Most local authorities so far have established that the H&WB Chair should be the Leader (e.g. Hounslow) or a Cabinet Member (e.g. Leicestershire). Voting would also need to be extended to other non-CoCo, external members.
9. Careful consideration will need to be given to how the developing role of the H&WB might impinge on the work of other City Corporation committees, particularly the Community & Children's Services and Port Health & Environment Services committees. H&WBs will share many operational similarities with partnership bodies (like Local Strategic Partnerships – LSP – or Community Safety Partnerships - CSP) in that its decisions affect not just the local authority but a variety of agencies and partners.
10. The Local Government Association (LGA) has published guidance in respect of setting up H&WBs (document entitled "New Partnerships, New Opportunities"). In this document, the LGA acknowledges that "H&WBs are throwing up a number of constitutional issues" and that, once in operation, difficulties may arise in relation to voting and more generally the application of local authority standing orders. Should issues arise, s.194(2) of the HSCA 2012 allows the Secretary of State to create regulations enabling the H&WB to have different governance processes. The regulations have yet to be produced. The LGA advises that, at present, "these [constitutional] issues are far from centre-stage for local areas [... which are instead] focusing on establishing relationships, developing shared priorities and getting down to business with an emphasis on short-term wins". It recommends H&WBs to consider legal and constitutional issues which arise as a group, once established.

Terms of Reference

11. There is currently no national guidance or 'template' for H&WBs Terms of Reference. There is little consistency in the scope and extent of the terms of reference which currently govern H&WBs/ Shadow H&WB elsewhere. A draft ToR giving specific reference to the H&WBs statutory functions is proposed below. The City's H&WB may later choose to spell out in greater detail what its roles and responsibilities will be.

"To be responsible for:-

1. **carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-**
 - i. **to provide collective leadership for the general advancement of the health and wellbeing of the people**

within the City of London by promoting the integration of health and social care services;

- ii. to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.**

All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;

- 2. mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and**
 - 3. appointing such sub-committee as are considered necessary for the better performance of its duties.”**
12. The above terms of reference have been designed to ensure that the new H&WB is able to discharge all of the statutory duties which the Act has conferred upon it. Other ‘statutory’ committees of the City Corporation, (for example, the Licensing Committee) have similar terms of references that rely largely on references to legislation, rather than spell out each of the Committee duties.
13. Your Committee is asked to consider and endorse the above Terms of Reference.

Membership and Chairmanship

14. The HSCA 2012 is prescriptive of the minimum membership of H&WBs. The local authority has power to add members to the H&WB as it sees fit.

The Act sets out the core membership as follows:-

- a. at least one councillor of the local authority, nominated by the Leader (or in non-executive authorities (e.g. the City), by the Local Authority).
 - b. the director of adult social services for the local authority,
 - c. the director of children’s services for the local authority,
 - d. the director of public health for the local authority,
 - e. a representative of the Local ‘Healthwatch’ organisation for the area of the local authority,
 - f. a representative of each relevant clinical commissioning group (CCG), and
 - g. such other persons, or representatives of such other persons, as the local authority thinks appropriate.
15. In general, local authorities have chosen to have Cabinet or Lead Members responsible for Health, Leisure, Adult and Children’s Services, etc. represented on their respective H&WBs. Consequently, some have up to 4 elected councillors on the Board (e.g. Hounslow).
16. It would seem appropriate to give consideration to including:-

- a. The Chairman of the Community & Children's Services or his/her nominee.
 - b. the Chairman of the Port Health & Environmental Services Committee, or his/her nominee, given the link to Environmental Health (i.e. Air Pollution, etc.)
 - c. the Chairman of the Energy and Sustainability Sub-Committee or his/her nominee; and
 - d. Up to 3 Members of the CoCo appointed by the Common Council (who are not members of the Health and Care Scrutiny Committee – see *paragraph 20 below*). These Members could be elected before April 2013 to enable them to sit on the Shadow H&WB for the remaining of the interim period.
17. Although its membership should represent a wide field of stakeholders, the H&WB should also consider alternative ways to maximise engagement with the City communities, and opt for a smaller core membership but a wider network for engagement through the establishment of thematic groups with co-opted members, etc.
18. In its published guidance, LGA indicates that the H&WB Chair “is usually a councillor, although exceptionally it could be a CCG member or someone independent. In a number of areas, CCGs hold the vice chair. When a board becomes a council committee the council’s standing orders would need to be amended to allow a chair who is not a councillor.”
19. Your Committee is asked to consider and endorse the Membership set out in Appendix 2. Members are also asked to endorse the convention that the Chairman of the H&WB should be a Member of the CoCo, to ensure a suitable representation at the Court of Common Council, noting that a suspension of standing orders might be needed to allow Chairmen of other Committees to also chair the H&WB, if elected to do so.

The City's Health Scrutiny Function

20. Since 2001, local authorities have had a duty to provide scrutiny of health matters relating to the health service in the authority's area. The City of London has discharged this function through the Health & Social Care Scrutiny Sub-Committee of the Community & Children's Services Committee.
21. The Department of Health has recently announced its intention to 'strengthen and streamline' how local authority health scrutiny to coincide with the introduction of H&WB and the general reforms of the NHS. In a consultation document dated 12 July 2012, the Government outlined proposals to change the way local authorities discharge these specific changes. The proposals, in brief, aim to give greater flexibility to local authorities by removing the need for health scrutiny to be delivered necessarily by 'scrutiny committees' and allowing them to fulfil these duties through 'suitable alternative arrangements'. The proposals also seek to adjust the power of traditional health overview and scrutiny committees over decisions about the re-configuration of local NHS services (in particular, concerning referrals to the Secretary of State in case of disputes).

22. The way in which the City discharges its health scrutiny function may need to be reviewed once the outcome of the government's consultation is known.

The Way Forward

23. The Policy & Resources Committee has the responsibility for all matters relating to the review of governance arrangement in the City of London. The final proposals will need to be put forward by that Committee to the Common Council. This would follow a timetable for consultation as follows:-

7 November 2012	Shadow Health & Wellbeing Board
8 November 2012	Policy & Resources Committee
13 November 2012	Port Health & Environmental Services Committee
6 December 2012	Court of Common Council – Appointment of three Court of Common Council members to the Shadow H&WB
25 April 2013	First meeting of the Court – Appointment of Committees

24. The Shadow H&WB suggested that the Membership of the Board should be reviewed at the end of its first year of operation (April 2014) to ensure that it is fit for purpose.

Corporate & Strategic Implications

25. As set out above, there will be a need to consider how the developing work of the H&WB is likely to impact on the work of other committees. A need for minor changes to the Standing Orders is likely to be required to allow chairmen of other Committees to also chair the H&WB.

Conclusion

26. The City Corporation needs to ensure that it responds effectively to the changes relating to the way health services are commissioned and delivered in the Square Mile. This report deals with the need to formally set up a H&WB in April 2013 and outlines the steps to be taken to achieve that goal.

Appendices:

Appendix 1: Current Members of the Shadow Board

Appendix 2: Proposed Membership of the H&WB in April 2013

Contact:

Ignacio Falcon | Ignacio.Falcon@cityoflondon.gov.uk | 020 7332 1405

APPENDIX 1
SHADOW HEALTH & WELLBEING BOARD
CURRENT MEMBERSHIP

EXISTING MEMBERS

Vicky Hobart

Public Health Consultant, NHS East London and the City

The Rev Dr Martin Dudley

Chairman of Community and Children's Services Committee

Joy Hollister

Director of Department of Community and Children's Services

Jakki Mellor-Ellis

LINK Chairman

Dr Gary Marlowe

Clinical Commissioning Group (CCG) representative

Simon Murrells

Assistant Town Clerk / Deputy Chairman of the Safer City Partnership Steering Group

Jon Aaverns

Environmental Health and Public Protection Director

Norma Collicot

City of London Police

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APPENDIX 2
HEALTH & WELLBEING BOARD
PROPOSED MEMBERSHIP AT APRIL 2013

MEMBERS

Chairman of Community and Children's Services Committee (or representative)
Chairman of the Port Health & Environmental Services Committee, (or representative)
Chairman of the Energy and Sustainability Sub-Committee (or representative)

Three Members of the CoCo appointed by the Common Council (who are not members of the Health and Care Scrutiny Committee)

The Director of Public Health or his/her representative (to be appointed)

Director of Department of Community and Children's Services
(aligned to the statutory membership of Director of Children's Services and Director of Adult Social Services)

Healthwatch representative
(aligned to the statutory membership of Healthwatch)

Clinical Commissioning Group (CCG) representative
(aligned to the statutory membership of Clinical Commissioning Group representative)

Chairman or Deputy Chairman of the Safer City Partnership Steering Group

Environmental Health and Public Protection Director

City of London Police

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Agreements: Timeline and key dates for going live Organising the Fair

City of London
Health and Wellbeing Board
Development half day October 8th



Fiona Reed Associates - coaching – training - facilitation
team support and training

TIMELINE

OCTOBER

Set Board meeting dates from January 2013- Talk to Caroline

NOVEMBER

Engage Public Relations (Nov Development day?)

- Web
- Twitter
- HR
- Brand

Look at PH contracts

Communication Plan (Nov Development day?)

Board Meeting. Nov 7th

Development day. Nov 29th

Transition Team in Place (Nov)

DECEMBER

Identify what we are already doing/Align objectives. – Easy wins

Governance Decision (6th Dec)

Produce “” Handy Guide to Health and Wellbeing in the City” (audience?)

CH&WBB Handbook

Induction Plan – (for elected members and any new members)

JANUARY

Consultation: CCG and finalise H&WB Strategies

Board Meeting January 23rd 1.30pm

Decide how often the Board will meet/Decision on meeting structures (ie open/closed etc)

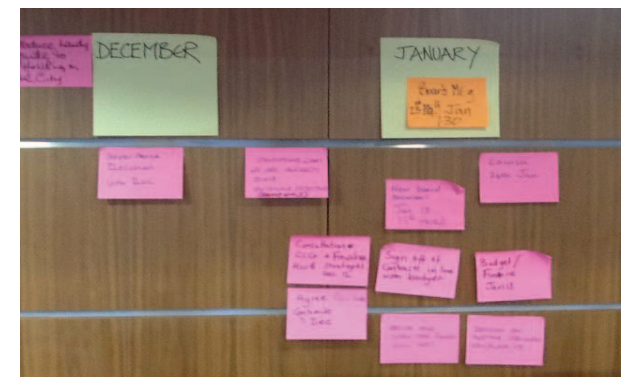
Agree Public Health Contracts (December?)

Budget/Finance . January 13th

Sign off of contracts in line with budget

New Board members January 13th (17th elected)

Launch event 24th January??)



FEBRUARY

Development Day. February 6th

- Set up "Air Quality" Scenario
- Sign off SLA's with Hackney (Feb 2013 – preferably before)
- Membership of sub groups (Feb Development Day)
- Commissioning Team in Place
- Support team in Place



MARCH

- Develop a plan to engage employers
- Understand what a meeting will look like
- Run "Air Quality" scenario

Development Day. March 4th

- Formal Decision meeting slot (March 4th)
- Risk Register completed



APRIL

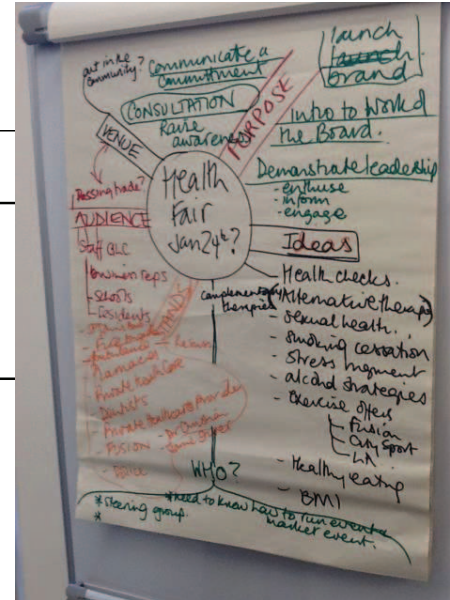
- Election of Board Chairman (April 2013)

Board Meeting. May 7th

Development Day. 17th May

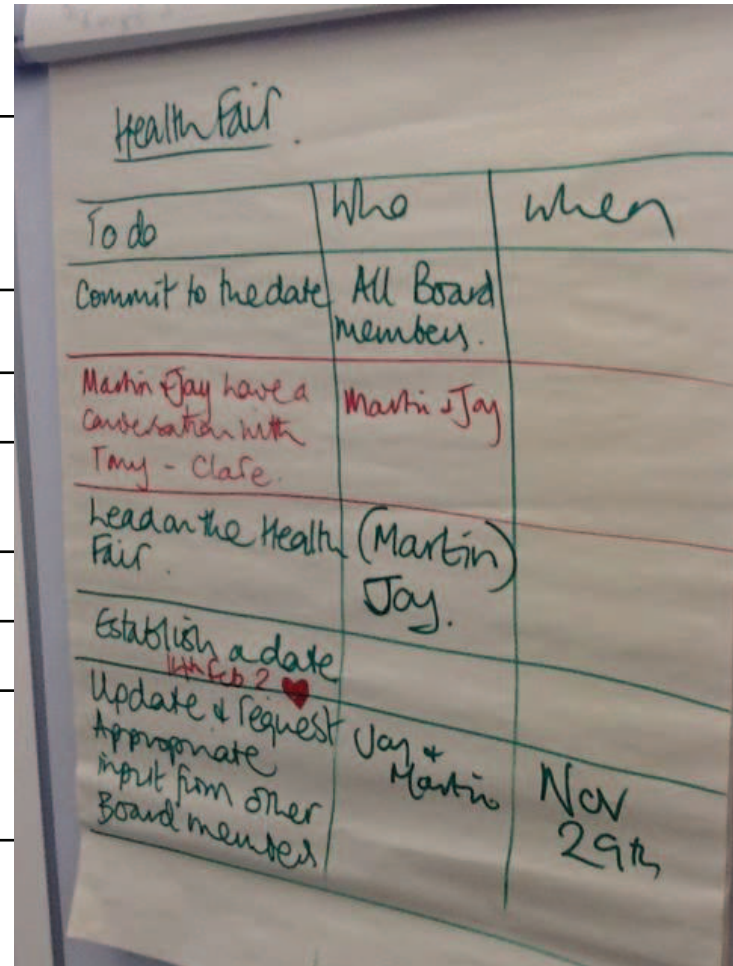


HEALTH FAIR MIND MAP



VENUE	<ul style="list-style-type: none"> • Out in the Community? • 			
AUDIENCE	<ul style="list-style-type: none"> • Passing Trade • Staff GLC • Business reps • Schools • Residents 			
PURPOSE	<ul style="list-style-type: none"> • Communicate a commitment • CONSULTATION • Raise awareness • Introduce the work of the Board • Demonstrate Leadership • (enthusiasm; inform; engage) • Launch the Brand 			
IDEAS	<ul style="list-style-type: none"> • Health Checks • Complementary therapies • Sexual Health • Smoking cessation • Stress management • Alcohol strategies <ul style="list-style-type: none"> ◦ Exercise offers - Fusion/City Sport/LA Fitness • Healthy Eating • BMI 	STANDS	<ul style="list-style-type: none"> • Fire Brigade • Ambulance • Resuscitation • Pharmacies • Private Healthcare • Dentists • Police • Jamie Oliver • Dr Christian • St John's Ambulance 	
WHO INVOLVED	<ul style="list-style-type: none"> • Steering Group • Need to know how to Market and Run an event. 			
TO DO	Commit to the date			

Health Fair		
To do	Who	By When
Commit to the date	All	
Have a conversation with Tony and Clare	Martin and Joy	
Lead on the Health Fair	Martin and Joy	
Establish a date (14t Feb?)		
Update and Request appropriate input from other Board members	Martin and Joy	Nov 29th



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Agenda Item 5

Committee(s): Health and Wellbeing Board	Date(s): Wednesday 7 November 2012
Subject: Mapping of Health Services in the City of London	Public
Report of: City and Hackney Pathfinder Clinical Commissioning Group (CCG), in partnership with City of London Corporation, have agreed to jointly undertake a project to determine access to healthcare services for City of London Residents. This will provide the foundation to develop a City of London commissioning Strategy Plan for 2013-14. The report outlines the findings of the project and sets out recommendations for 2013-14.	For Decision
<u>Summary</u> The attached report was commissioned by the CCG in conjunction with the Corporation, following concerns raised by both the GP practice in the City and LINKs. The report was put together by the NCEL Commissioning Support Service, under the direction of the CCG and pulls together soft information from the 2 practices serving the City (Neaman and Spitalfields) alongside hard contractual information, and confirms the muddle of services and equitable access issues. The CCG discussed the report at its Clinical Executive meeting on Wednesday 10 October along with a representative of the Neaman Practice. The actions agreed at that meeting are shown at the start of the attached. The CCG will pursue these actions via the CSS through the negotiation of 2013/14 contracts. The Shadow Health and Wellbeing Board is asked to note this report and provide any additional steer on the CCGs recommendations.	

Contact:

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IMPROVING SERVICES IN THE CITY

Report to Clinical Executive
October 2012



City and Hackney
Clinical Commissioning Group

RECOMMENDATIONS

Recommendation 1

Commission CSU to:

- Contract for choice in CHS for people who are resident in the City irrespective of which practice they are registered with:
 - This is clearly a Homerton, Barts health issue and the report flags that are still some services which are restricted;
 - Our aim would be if you live in the City you can access either Trust - this would give GPs more control and reduce clinical risk and improve access for patients.
- Contract for maternity:
 - Confirm arrangements for post natal management for the City residents of each practice and ensure this achieves Choice;
 - Ensure Homerton and BLT articulate their maternity offer for City women and assure ourselves this is robust and in line with the contract;
 - Ask our MSLC (Maternity Services Liaison Committee) to consider whether they would like community based antenatal services when choosing to deliver at UCLH.
- Contract for choice in all direct access and diagnostic services commissioned by the 2 CCGs - so City residents can access either provider

Recommendation 2

- Ask the CCG MH Programme Board to develop a plan to improve ELFT services and liaison with COL/Neaman practice

Recommendation 3

- Ask London Borough of Tower Hamlets to consider opening up the Public Health services they commission to all City residents



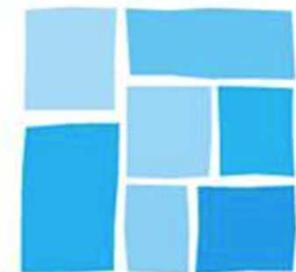


North East London and the City

Mapping of Health Services in the City of London

Final Report to City and Hackney CCG

September 2012



Background

City and Hackney Pathfinder Clinical Commissioning Group (CCG), in partnership with City of London Corporation, have agreed to jointly undertake a project to determine access to healthcare services for City of London Residents. This will provide the foundation to develop a City of London commissioning Strategy Plan for 2013-14.

The report outlines the findings of the project and sets out recommendations for 2013-14.

Objectives of Project and Progress to Date

<u>Objective</u>	<u>Tasks</u>	<u>Progress Made to date</u>
1. To identify the GP Registration of City Residents	1.1 Request and obtain HII Report	Complete
2. Work with the 2 Practices where the bulk of City residents are registered (i.e. The Neaman Practice, City of London and The Spitafields Practice, Tower hamlets) to map where their patients (adults and children) currently receive: Community Health Services, Mental health Services, Public Health Services, Diagnostics and Direct Access Services	2.1 introduce project to the practices	Complete
	2.2 Complete Qualitative Mapping with practices	Complete
	2.3 Complete Quantitative Mapping	Complete
3. To understand from the 2 practices any concerns they may have about these services. This may include for instance, issues around access, location, discharge processes, referral pathways, coordination between services etc.	3.1 Meet with practices and identify main issues	Complete
	3.2 Through mapping exercise under objective 2 identify any other areas of concern	Complete
4. To work with NHS East London and the City Commissioning Support Services (CSS) to understand the commissioning arrangements in place for these services; this will identify: The provider, Length and Type of Contractual agreement in place, whether the service is commissioned based on GP registration or place of residence and if correlates with the experience of the 2 practices on the ground, Where possible, a breakdown of the number of City residents using the service, or at least an indication of the extent to which they are being used by this client group	4.1 Identify contracts to be included for purpose of this exercise	Complete
	4.2 CHS Contract Review	Complete
	4.3 Mental Health Contract Review	Complete
	4.4 Public Health Contract Review	Complete
	4.5 Direct Access Contract Review	Complete
5. To gather intelligence from the 2 practices about how to improve access to healthcare services and integrated care provision for City Residents.	5.1 Establish clear set of issues through objective 3 and 4.	
	5.2 Seek intelligence from practices on how to improve issues	Complete

Initial Project Scoping

In order to better understand the context of the issues being addressed by this project the first step taken was to meet with the Spitafields Practice in Tower Hamlets and the Neaman Practice in the City to establish the existing issues for their City Resident patients. Further to this City of London Public Health were also consulted to better understand the Corporation's perspective of the issue.

From these initial conversations it became apparent that there were three clear themes:

- Accessing services across borders and managing these arrangements operationally (e.g District Nursing for Tower Hamlets registered patients)
- A need for local services to the city (Local Direct Access Diagnostics, Diabetic Retinal Screening)
- A need for overall clarity on which services can be used and when



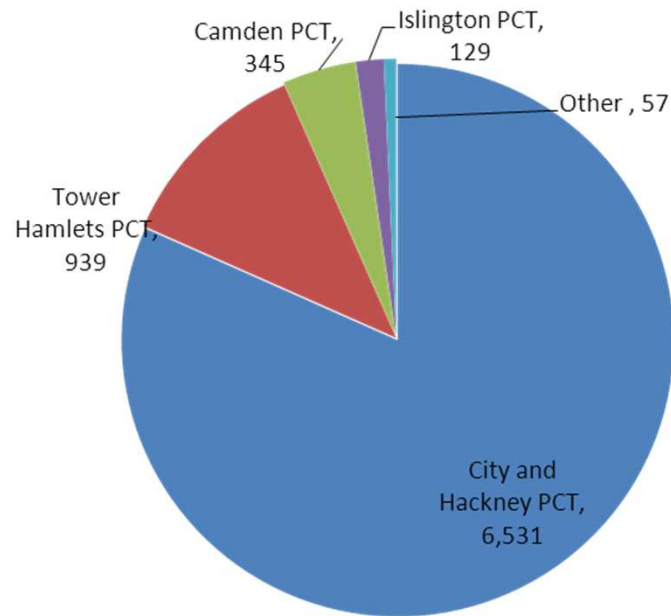
These issues are covered in more detail in slide 13

It was also noted that the different practices had distinct health needs, with residents registered at the Spitafields Practice being more aligned with Tower Hamlets residents rather than the City.

It is in the context of the issues above that this project has been approached

Obj. 1 GP Registration of City Residents

GP Registration by PCT



Practices with largest number of City Residents

Practice	Count of City Residents
THE NEAMAN PRACTICE	6512
THE SPITALFIELDS PRACTICE	597
ST PHILIPS MEDICAL CENTRE	206
CITY WELLBEING PRACTICE	156
WHITECHAPEL HEALTH PRACTICE	88
CLERKENWELL MEDICAL PRACTICE	80
GRAY'S INN ROAD MEDICAL CENTRE	66
ST. KATHERINE'S DOCK PRACTICE	45
Other	251
Total	8001

The majority of City Residents (89%) are registered at these two practices

Camden PCT

The table above shows that the majority of City Residents are registered with the Neaman Practice in the City of London (81%), with the second largest registration being at the Spitafields Practice in Tower Hamlets (9%). Overall 18% of residents are registered outside of City and Hackney PCT, the majority of which are registered with Tower Hamlets GPs (12%). Whilst the Practice with the third largest City Resident Registration is in Camden overall only 4% of City Residents are Registered with a GP in Camden PCT.

Obj 2. Mapping - Methodology

Our preference for the mapping exercise was to use quantitative data from practices/providers. To facilitate this data requests were made to the main CHS and Mental Health providers. Initial conversations with some of the providers have suggested the availability of this data is limited and so we have asked practices to self report where their patients use services.

Practices were asked to comment on an extensive list of services expressing the extent to which their City Resident registered population are going. Where possible this has been broken down to a service line level to allow for a comprehensive response. For each of these service lines Practices were asked to comment on whether their City Residents are using/have access to these services, what alternative services they may be using instead and any issues they currently experience with these services so as to help support development of objective 3.

For the Neaman Practice the questionnaire was completed by the lead GP, whereas for the Spitafields Practice questionnaires were completed by members of the Nursing team.

Obj 2. Mapping – Results CHS

Results from the Neaman Practice:

- The practice uses Homerton CHS as their main community provider with patients using the full range of services offered in the HUH CHS contract.
- The practice also uses Barts Health community provider for some services; of the 35 service lines identified in the contract the practice noted use of 10
- A number of other services are provided by voluntary sector providers including: St Joseph's Hospice (palliative care and bereavement services) , AgeUK Hackney (Agewell service), Mobile Repair (falls Prevention) and Hackney Carers Centre.

Results from Spitafields Practice:

- The practice noted that city residents were able to use the full range of services at both Homerton CHS and Barts Health CHS.
- As with the Neaman practice the Spitafields practice noted use of voluntary sector and out of sector NHS providers. The practice noted use of St Joseph's Hospice, Prosthetics Services at both NELFT and St Georges, Richard House (Specialist Palliative Care for Children), Hackney Resource Centre, Disability Resource Centre, Hillingdon Environmental Control, AgeUK Hackney (Agewell service) and Mobile Repair (falls Prevention).

The response received to the mapping questionnaire conflicted with the issues raised by GP lead regarding access to CHS services. The practice were asked to validate this information, however a response was not received in time for inclusion in this report.

Obj 2. Mapping – Results CHS

Supporting Data from providers:

Homerton CHS

HUH provided us with details of the number of city resident seen for the services below (2011-12):

High Data completeness*:

Service	No. Patients
Adult Community Rehabilitation Team	48
Audiology	14
Community Paediatrics	3
Dermatology	2
Dietetics	18
Locomotor	200
Occupational Therapy	0
Primary Care Psychology	45
Urgent Care	3
Total	333

Low data completeness*:

Service	No. Patients
Adult Community Nursing	82
Children's Occupational Therapy	2
Children's Physiotherapy	2
CHYPS Plus	1
Community Children's Nursing	2
Disability CAMHS	1
First Steps	2
Foot Health	159
Health Visiting	7
LEAP	0
Looked After Children	1
Newborn Hearing Screening	0
School Nursing	2
Sickle Cell and Thalassaemia	0
Speech and Language Therapy	6
Total	267

*Data Completeness

Whilst the Homerton and Barts Health have well established information reporting systems for acute activity, these systems are less established for CHS where up until recently paper based systems have been used. This is an area of development for both providers who are seeking to improve data quality.

Other CHS Providers:

Of those providers that responded to the request for data 3 advised that no City residents were seen in 2011-12 but however the service was available to them.

Stroke Project advised that in 2011-12 a number of events were held for City Residents including 5 outreach sessions of NHS Health Checks and Health MOTs and a stall at Spitafields Market on World Stroke Day.

The provider also sits on the City Advice, Information and Advocacy Forum that is working on a Strategy for the provision of AIA services to City residents and employees

Barts Health CHS

Barts Health provided us with the number of contacts by service in 2011-12. The provider stressed there were several quality issues with the data. On this basis, the numbers in the tables to the right may better serve as indications of where which services City of London Residents are accessing rather than how many.

Low data completeness*:

Service	No. Contacts	Service	No. Contacts
0-19 Children's Services	566	Occupational Therapy	34
Cardio-Vascular Nursing	55	Older People and Rehabilitation Services	489
CASH - Contraception and Sexual Health	587	Palliative Care	17
Child Health	82	Physiotherapy	189
Childrens OT	2	Primary Care Psychology	769
Clinical Assessment Service (CAS)	279	Pulmonary Rehabilitation	350
District Nursing	82	Specialist Children's Services	18
Foothealth	7		

Obj 2. Mapping – Results Mental Health

NHS Services

Responses to Mental Health mapping exercise were similar from the two practices, with ELFT noted as the main provider. The Spitafields Practice noted use/access to the full list of services provided by ELFT (with use of the Tower Hamlets CMHT teams), the Neaman practice noted use of the majority of ELFT services (with use of the C&H CMHT teams), however were unsure of access to some services. The practice noted that this may be due to lack of use/understanding of services rather than lack of access. Both practices noted access to commissioned services at the Tavistock and Portman.

Other Mental Health providers

Practices were also asked to comment on a number of other mental health services commissioned by City and Hackney. Of the list of 27 other providers identified, the Neaman Practice noted used of 8, whilst the Spitafields practice noted use/access to 22. Comments from the Neaman practice indicated that a number of the services were not used because they were not needed by the patient cohort registered with the practice. Whilst some were noted as not used because the practice were unaware of the services provided.

The Neaman practice also commented that a number of additional services were offered to their patients including an in house psychotherapist and access to Inner City Centre for Psychotherapy.

Provider Data

Whilst ELFT has been identified as the main provider for the Mental Health Services we were unfortunately unable to obtain data to support understanding of the number of residents accessing the variety of services offered by this provider. There are on-going discussions between CSS and ELFT to improve the data quality of the providers returns with this being regularly discussed a contract meetings.

We also asked other mental health providers how many city residents they had seen in 2011-12. For the majority of these services we were advised that very low to no city residents had been seen, with the exception of the following 3 services which all reported having seen 27 City residents in 2011-12 (Off Centre, City and Hackney Mind, FWA Well Family).

Obj 2. Mapping – Results Public Health

For the Public health mapping exercise the Neaman Practice was presented with a list of C&H services whilst the Spitafields Practices were presented with a longer list which included the main TH services.

Results from the Neaman Practice

Of the 80 services identified the Neaman Practice noted use of 37, the majority of which were services provided by Primary Care (GP practices and pharmacy). For the remaining services the practice either felt these were not relevant to their city residents or were unaware of the services.

Results from the Spitafields Practice

Of the 106 services identified the Spitafields Practice noted use of 74, whilst there was a similar high positive response rate for services provided by Primary Care the Spitafields Practice responded positively to far more services, suggesting use/awareness of use of more Public Health Services.

The table to the left maps out the responses of the practices.

*** Please see comments section on following page for reflections on practice responses and provider data**

Clinical Area	Spitafields Practice		Neaman Practice	
	Available to City Residents	Total Services	Available to City Residents	Total Services
Nutrition, Obesity and Physical Activity	10	19	1	5
Drug Misuse	4	4	3	4
Alcohol	3	4	2	4
Tobacco	10	10	2	4
Prevention & Early Presentation	3	5	2	5
Non Cancer Screening	4	4	2	4
Immunisation	7	8	7	9
Child Health	1	1	1	1
Health Checks	1	2	1	2
Health Improvement	3	3	1	3
Surveillance & Infection Control	4	4	1	4
HIV	6	18	3	18
Sexual Health	7	10	5	8
Cancer Screening	9	11	6	9
Mental health promotion	0	1		
Oral Health promotion	1	1		
Healthy Lives (schools)	1	1		
Total	74	106	37	80

Obj 2. Mapping – Results Public Health

Data from Providers

Providers identified in the City and Hackney Contract Review were asked to provide an indication of the number of City Residents using their services. As per the comment box below we were only able to obtain activity numbers for a limited number of services due to a variety of reasons, including; service was not activity based or the service was not needed by City of London Residents. Where services were covered in the CHS or Mental Health Review they were excluded from Public Health Review.

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Clinical Area	Public Health Programme	Organisation	Activity
Nutrition, Obesity and Physical Activity	Healthy lifestyles	Core Fitness Club	<5
	City Fair Start	Toynbee Hall	>100
	Health Trainers	Shoreditch Trust	45
	Practice Based Exercise on Referral - healthwatch	GLL	91
Tobacco	Specialist provision	Queen Mary University	23
Cancer Screening	Bowel Cancer screening centre	Homerton University Hospital	47% (2011 data) Neaman Practice Only
	Cervical call / recall	Shared Business Services	62% (at end March 2012) Neaman Practice Only
	Cervical call / recall	Shared Business Services	62% (at end March 2012) Neaman Practice Only

Clinical Area	Public Health Programme	Organisation	Activity
Sexual Health	TOPs	Homerton	5
	GUM	Homerton	28
	HIV Support	Positive East	7
Health Improvement	Health Information and Advice Consortium (HIAC)	Social Action for Health	169 (40 patients)

* Comments on Practice and Provider Mapping

Public Health contract managers noted that a number of these services are not services that would be easily mapped through this method as they may be communication campaigns, or health promotion services that work with client groups rather than individual patients referred by the GP. Further to this whilst the list of contracts for City & Hackney is presumed to be comprehensive, the list used for the Tower Hamlets was advised to be less so.

Obj 2. Mapping – Results Diagnostic Direct Access

For the Diagnostic Mapping Exercise Practices were presented with a list of diagnostic services and providers, and asked to comment on where their patients were accessing these services. Both practices highlighted Barts Health as a key provider followed by InHealth and UCLH. The Spitafields practice noted use of a variety of providers for direct access, however standard data returns for Tower Hamlets and City and Hackney for 2011-12 suggest use at other providers would be very low. Practices noted that there was limited choice of local providers for Direct Access MRI Scans. The Neaman Practice advised they were only able to refer to InHealth (independent sector provider) as other local providers did not provide this service. This was echoed by the response of the Spitafields practice who advised MRIs were only available at Consultant led appointments.

Practice Mapping

	Neaman Practice				Spitafields Practice			
	InHealth	Barts Health	UCLH	Home ton	InHealth	Barts Health	UCLH	Full list of providers including: HUH, Whittington, Barking and Dagenham, Royal Free, Imperial, Newham, North Middlesex, NWLH
Direct Access/Diagnostic Test								
24 Hour BP Monitoring	y	n	y	y	y	y	y	y
24 Hour ECG	y	n	y	y	y	y	y	y
Colonoscopy	n	y	y	y	y	y	y	y
Conventional x-ray imaging (Plain Film) two or three areas	u	y	y	y	y	y	y	y
Dexa scans	y	y	y	u	u	u	u	u
ECG	u	n	y	u	y	y	y	y
Flexible Sigmoidoscopy	n	y	y	y	y	y	y	y
Full Transthoracic Echocardiogram	y	y	y	y	y	y	y	y
MRI	y	n	n	n	n	n	n	n
Ultrasound scan	y	y	y	y	y	y	y	y

Key: y – yes n – no u - unknown

Provider activity

Service	HUH	BLT	InHealth
Radiology	18	975	*60
Cardiac Tests	3		0
Pathology	6	6585	0

The table above outlines the direct access diagnostic activity for city residents reported by the main providers. Activity numbers were collected for Q1 2012-13 and projected to a full year value. Numbers above are for activity rather than patients, number of patients are likely to be substantially lower as patients are often referred for multiple tests. From the practice mapping exercise and conversations with practices we are aware that UCLH is also a significant provider, however they do not currently report direct access activity. This has been raised with the provider who are investigating why this is the case.

* Radiology at InHealth relates almost entirely to MRI Scans referred by the Neaman Practice.

Obj 3. Practice Concerns

At the initial scoping meeting with practices a number of issues were raised. For the Spitafields Practice there were issues relating to the cross border residency of their City patients, whilst for the Neaman Practice issues centred around having access to local services. For both practices there was a desire to have local and relevant services and clarity surrounding which services could be used and how to access them.

Key issues

- **Adult Community Nursing (Spitafields Practice)** – all Tower Hamlets Residents are seen by the Barts Health CHS Service, however City Residents are seen by the Homerton CHS service. Operationally this has not always worked well with a lack of clear communication channels set up between the provider and the practice. The practice have raised this with the HUH Lead Nurse for the City, who will be meeting with the Practice to improve communication.
- **Community Mental Health** – The Neaman Practice noted issues with the join up between the NHS Community Mental Health Service and the City aligned Social Workers. It was discussed that the arrangement for the City (with City specific social workers) did not work as well as did in Hackney where there was a more integrated service.
- **Maternity Pathway for City Residents** – City of London Public Health and the Neaman Practice raised concerns surrounding maternity pathways stemming from the fact that no births take place within the City of London. The Neaman practice noted that the majority of their patients elect to go to UCLH for their maternity care, but there however is no established pathway to support midwifery in the community for City Residents. The City of London Public Health supported this request for an improved pathway so as they could ensure health and social care needs of City children were met.
- **Direct Access – Diabetic Retinal Screening (both practices)** – both practices expressed a desire to have a local Diabetic Retinal Screening Service as the Service provided at the Homerton and Mile End were considered too far away. This was a particular concern for the Spitafields Practice where the City Residents are predominantly from the Bangladeshi community who have difficulties accessing services out of area due to language barriers. The Neaman Practice also advised of problems referring to Barts and the London for Direct Access MRI.
- **Homerton First Response Team** –The Neaman Practice expressed difficulties referring to this service
- **Public Health Messages** – The Spitafields practice raised concerns that their patients that were resident in the City were not delivered the same consistent Public Health communications that their Tower Hamlets counterparts were receiving.
- **More generally there is a need for overall Clarity** on which provider is meant to be providing which services and who to contact when things go wrong

Obj 4. Contract Review - CHS

Methodology

In order to facilitate the contract review it was first necessary to identify clearly which contracts are to be included in the Review. A service by service review was completed for Homerton CHS and Barts Health CHS. A review was also carried out of the CHS services carried out by other providers.

CHS

For Community Health Services there are two main NHS Providers which cover city residents registered at the Neaman Practice and the Spitafields Practice these are The Bart's Health Community Service and the Homerton University Hospital Community Service. Both of these contracts fall under the National Standard Contract, with the BLT CHS Contract agreed until March 2015, and the Homerton CHS Contract until March 2014. The smaller non NHS CHS contracts are all agreed with the Standard NHS Contract for a duration of 1 year (March 2013).

Summary of CHS Review of Access Criteria

Review of accessibility for City Residents						
	No. Services	Available to all City Residents	Only Available to City Residents with C&H GP/or no GP	Only Available to City Residents with TH GP	Not available to City Residents	
HUH C&F	22	22	0	0	0	
HUH Adult	10	2	8	0	0	
BLT C&F	9	1	0	4	3	
BLT Adult	26	3	0	12	11	
Total	67	28	8	16	14	

Criteria for access to services in schools is excluded from this table

A review was also carried out of the smaller Non NHS community contracts commissioned by City and Hackney, which identified that all City Residents are eligible for access to all services, with the exception of the St Josephs Hospice Bereavement service which was only available to patients registered with a City and Hackney GP.

Obj 4. Contract Review CHS continued...

Findings from the CHS Contract Review

- All Child City Residents regardless of registration are covered by the HUH Service – this means that all City Children should be able to access the comprehensive CHS service provided by the Homerton.
- Contractual arrangements for the delivery of children’s health services in schools is more complex with some City schools not eligible to receive services as some services cover Learning Trust Schools only.
- There are 11 BLT Adult CHS services that are not available to City Residents which suggests there may be issues for Tower Hamlets Registered patients who live in the City and wish to access these services.
- A cross comparison of the access criteria for these services in the HUH CHS contract demonstrates that:
 - for 2 of these services (Adult Community Nursing and Specialist Palliative Care) TH registered City residents are covered by the HUH Contract.
 - For 4 of these services (Foot Health, Audiology, Community Rehab and Psychology Services) the review suggests this patient cohort would not be covered by the HUH Contract.
 - For the remainder of services there was no clear comparator in the HUH CHS contract to identify whether the service was available.

Obj 4. Contract Review – Mental Health

Methodology

As with the CHS review contracts for inclusion in the Contract Review were first identified. A service by service review was carried out for the main mental health provider for Tower Hamlets and City and Hackney *East London NHS Foundation Trust*. High level reviews of access criteria were also carried out for the smaller third sector mental health contracts. Findings of which are detailed below.

ELFT Findings

A review of the ELFT contract identified that the majority of ELFT services are commissioned for all ELC PCTs and therefore cover City Residents registered with both a Tower Hamlets GP and those registered with a City & Hackney GP. There were a small number of services which were commissioned for specific PCTs however it was advised that this was due to the commissioning needs in the specific area.

Summary of ELFT contract review results:

	Total Service Lines (repetitions excluded)	Available to C&H and TH PCTs	Available to Tower Hamlets Only	Available to City and Hackney only
ELFT services (TH &C&H)	22	19	1	2

Services commissioned for specific PCTs

C&H only	Tower Hamlets Only
Intermediate Care Services	Arts Therapies (Tower Hamlets)
City & Hackney Therapeutic Community & Outreach Service (TCOS) AT Unity House	

Other Mental Health Findings

All third sector mental health contracts commissioned by City and Hackney cover residents of the City and GP registered population. These are all for the duration of 1 year and on the Standard NHS Contract.

Obj 4. Contract Review Public Health

Methodology

In contrast with the Community Health and Mental Health Providers, there is no one or two main providers for Public Health Services, rather a variety of services are commissioned from a variety of providers. Through the work being done by City and Hackney Public Health to support the transition to receiving organisations as defined by the Health and Social Care act an extensive list of City & Hackney Public Health services had been identified (full list included 134 services). This list was narrowed down through removal of CHS and MH contracts which had been reviewed in other areas of this project and with the help of City of London Public Health to reflect only services that were relevant to City Residents. This left us with a list of 80 services for the contract Review.

The relevant contract managers for these services were contacted and asked to comment on access criteria for these contracts. For those services for which a response was received a summary of findings of the contract review are detailed below.

Results of contract Review

	Available to City Residents	Total Services Reviewed
Nutrition, Obesity and Physical Activity	4	5
Tobacco	3	3
Prevention & Early Presentation	0	3
Cancer Screening	2	6
Non Cancer Screening	1	2
Immunisation	0	4
Health Checks	1	2
Health Improvement	0	1
HIV	18	20
Sexual Health	4	5
Dental Health		
Promotion	2	3

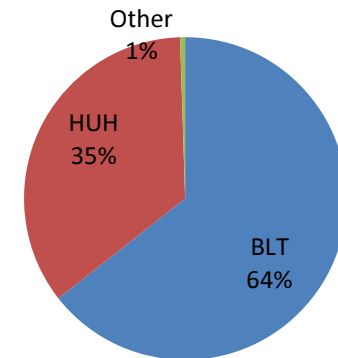
Comments on Public Health Contract Review

- **Nutrition & Obesity Services** are generally open to all City & Hackney Residents. The exception being the HJMT Breastfeeding service which is targeted at specific communities of the City & Hackney GP registered population
- **HIV, & Sexual Health** services are broadly open access, with all residents able to access a variety of providers.
- Services for **Cancer Screening** covered 3 Cancer Screening Programmes; Bowell, Cervical and Breast. It was noted that Cervical and Bowell Screening programmes were based on GP registration, whilst Breast screening was based on residency.
- Of the services included in the review, a total of 6 were directly contracted from GP Practices and therefore only available to patients registered with a C&H GP
- Several services were commissioned to support specific communities in City and Hackney and therefore were not viewed as relevant for City Residents. A small number of services were commissioned specifically to meet the needs of City Residents.

Obj 4. Contract Review Direct Access Diagnostics

The majority of diagnostic direct access services for City Residents are provided under the Standard NHS Contract by Acute Providers for the duration of 1 year, the main exception to this is the contract with InHealth who are an Independent sector provider commissioned specifically for their Direct Access Diagnostic services. For City and Hackney and Tower Hamlets PCTs the vast majority of services are commissioned from Barts and the London, Homerton (see table to the right). From the practice mapping exercise and discussions with contract managers we are aware that patients are also seen at UCLH for Direct Access Diagnostics, this however is not explicitly included in the contract documentation, due to historical issues with data recording. This is being discussed with the provider with a view to improved documentation in the 2013-14 contract.

Direct Access Diagnostic Activity for City and Hackney and Tower Hamlets PCTs by 2011-12 (Acute Providers only)



2012-13 Any Qualified Provider – Direct Access Diagnostics

In 2012-13 Direct Access Diagnostics are being targeted under Any Qualified Provider (AQP) for both City and Hackney and Tower Hamlets. The AQP programme is designed to improve quality and access in community health services through introducing competition and choice to patient services.

In 2012-13 City and Hackney and Tower Hamlets have opted to go to AQP for Direct Access Diagnostic Ultrasounds, with City and Hackney also opting for Direct Access Adult Hearing. Bids for AQP status are currently being reviewed by CSS and CCGs, with AQP contracts expected to be in place by the end of 2012.

Obj 5. Recommendations

Issue	Recommendation
<p>Operational Issues</p> <p>Given the geography of the City of London, residents access a number of services across PCT/CCG borders. For these services the operational relationships between the practices and providers are weak in comparison to more formally established pathways, leading to a clinical risk caused by lack of communication.</p> <p>The engagement with practices demonstrated 3 key areas of interest with this respect.</p> <ul style="list-style-type: none"> • Community Nursing Provided by the Homerton for Tower Hamlets Registered Patients • Maternity services for City of London Residents provided by Acute Trusts outside of the City (particularly UCLH). • Mental Health Community Mental Health Teams – for this service practice concerns related to the interaction between providers (CoL Provider and ELFT) rather than the interaction with the Practice. <p>It was noted that these operational issues often meant it was difficult for the City of London to hold accurate and up to date registers.</p>	<ul style="list-style-type: none"> - Service reviews of top 3 services for which there are operational issues. Discussions with practices suggested it would be beneficial to look at: <ul style="list-style-type: none"> • Community Nursing • Maternity • Community Mental Health Team (particularly interaction between ELFT and City of London Social Services) - Demand in contracting round that BLT and HUH create formal pathways for patients registered at the Spitalfields and Neaman Practice - Instruct HII to reconcile disease and birth registers (covering new births, diabetes, asthma etc). Discussion with health information will need to consider how this can be kept up to date.

Issue	Recommendations
<p>Data Quality Issues</p> <p>Whilst this was not an issue raised by practices, the provider mapping exercise raised concerns surrounding the availability of data to support the understanding of health needs and service use of City Residents. An issue polarised by the small population and cross borough nature of GP registration.</p>	<ul style="list-style-type: none"> - Continue work to improve the quality of CHS and Mental Health Data. - Make data quality a priority for Non NHS Contracts, potentially with the development of a minimum data set that facilitates understanding of numbers of City Residents using services. - Work up plan for GPs with City residents to record referrals using current information systems.
Issue	Recommendation
<p>Restricted access for City Residents</p> <p>Resident choice for some services appears to be restricted by GP registration. This can often mean that patients have to travel further to access services that are in the Centre of Hackney or Tower Hamlets.</p>	<ul style="list-style-type: none"> - Recommend that City residents with either practice can access full CHS services at both Homerton and Barts Health CHS.
Issue	Recommendation
<p>Need for local and relevant Public Health Services</p> <p>It is known that there areas of the City bordering Tower Hamlets for which the resident population is socio-economically very similar to the Tower Hamlets population. It is not clear however that these populations benefit from Tower Hamlets commissioned Public Health services that target this population.</p>	<ul style="list-style-type: none"> - Consider expanding Tower Hamlets Public Health programmes that focus on similar populations to residents in the City.

Agenda Item 6

NEL AAA Screening Programme Update for City Health and Well Being Board

Durka Dougall, Sue Sawyer and Rorie Jefferies (30th October 2012)

Purpose of the Report

This report is to advise City Health and Well Being Board of the progress of the NEL AAA Screening programme as part of the phase 4 implementation in 2012/13.

Executive summary

The NHS AAA Screening Programme aims to reduce AAA-related mortality by providing a systematic population based screening programme for the male population during their 65th year and, on request, for men over 65.

The objectives of the programme are to:

- Identify and invite eligible men to the AAA screening programme
- Provide clear, high quality information that is accessible to all
- Carry out high quality ultrasound on those men attending for initial or follow up screening according to national protocol
- Identify AAAs accurately
- Minimise the adverse effects of screening – anxiety and unnecessary investigations
- Enable men to make an informed choice about the management of their AAA
- Reduction of AAA related mortality in the population of men over 65
- Promote audit and research and learn from the results
- Ensure high quality diagnostics and treatment services

The expected Outcomes for the service for 2013/14 are:

- Successful implementation of the AAA screening programme meeting national quality standards
- Early identification of men with an undiagnosed AAA
- Longer term reduction in the incidence of ruptured AAA
- Longer term reduction in AAA related mortality
- Longer term increase in male life expectancy

NEL will go live as part of phase 4, which is the final phase of the implementation programme. The IT Go Live date allocated by the National Team is the 5th December 2012 and the first patient scans will take place late January or early February. This is three months ahead of the NHS Operating Plan April 2013 deadline for implementation of the programme. The Project Steering Group is currently determining the order in which the programme will be rolled out in NEL.

Background and Introduction

During 2005 the UK National Screening Committee (NSC) considered the evidence and cost effectiveness of AAA screening. In November 2005 the NSC concluded that:

- A screening programme should start with men aged 65: those over 65 who requested screening would be eligible to be offered a test.
- The programme will not be offered to women because there is no evidence that benefit from offering the screen to women outweighs the potential harm from elective surgery.

Following consideration by the DH in England, the English Secretary of State for Health on 4 January 2008 announced the introduction of a national screening programme for men aged 65. By 2012/13 the aim is to have up to 60 centres operational around the country, covering

all 270,000 men aged 65. The announcement was re-affirmed by the Prime Minister on 7 January 2008.

The AAA Screening is within the NHS Operating Framework for England 2011/12

Ruptured abdominal aortic aneurysm deaths account for an estimated 2.1% of all deaths in men, aged over 65 and over. This compares with approximately 0.8% in women of the same age group. The mortality from rupture is high, with nearly a third dying in the community before reaching hospital. Of those who undergo AAA emergency surgery, the post-operative mortality rate is around 50%, making the case fatality after rupture 82%. This compares with a post-operative mortality rate in high quality vascular services of 3 – 8% following planned surgery.

Most abdominal aortic aneurysms are asymptomatic until they are on the point of rupturing. Some patients have their condition detected during imaging processes for an unrelated cause, but most present as rupture. Prevalence of the condition in men aged 65-80 is 7.6% compared with 1.3% in women and prevalence increase with age.

Commissioning and Provider

The NEL Business case has been submitted to the national team and approved with the allocation of the 18 months funding to support the implementation of the programme during 2012/13 and for the full year operation for 2013/14.

The project is being delivered by:

- Rorie Jefferies, Specialist Knowledge Manager, NHS NELC – Commissioning Lead
- Durka Dougall, Public Health Registrar, NHS Tower Hamlets – PH Lead
- Sue Sawyer, Associate Director, Stroke and Cardiac Lead – Expert Vascular Advice

The provider is Barts Health, with Paul Flora, Consultant Vascular Surgeon, as Lead Clinician.

Resources/investment

A total of 18 months funding will be made available centrally and is based on an implementation during the period of Oct 12 to April 13. Full year costs are provided with 50% of those costs being made available as start-up costs in 2012/13.

In addition the following is also provided via central funds:

- Purchase of the ultrasound equipment
- Training and accreditation, including travel and subsistence for the screening technicians and sonographers
- Database and IT training
- Information leaflets and posters

Project Update

Programme Oversight and Planning:

- **Sue Sawyer** has replaced Jane Davis as the Cardiovascular and Stroke Network lead. Sue will work with Durka Dougall (Public Health Lead) and Rorie Jefferies (Commissioning Lead) to ensure optimal design and rollout of the programme.

Operational Structures:

- **NEL AAA Screening Programme Manager and technicians** are now in post. The technicians attended the mandatory training (set national milestone).

- A **Steering Group** has been set up (fortnightly meeting with provider, PH, Commissioning and Vascular Network Lead). We have requested a GP Champion to be nominated from WELC and BHR to also sit on this group.
- An **Operational Group** has been set up (weekly meeting of provider staff).
- The **internal programme structure and systems** being finalised at present.

Public Health:

- Programme presented to **Cluster DsPH** on 25th September 2012. It seemed well received and resulting from this PH area leads for the programme were identified from each NEL borough.
- **Public Health AAA Planning Workshop** was held on 23rd October 2012. This was attended by all boroughs except Newham (who provided email information instead). This covered the plans, role of the group, proposed rollout, risks, screening venues, communication, transition and next steps. This is currently being collated and will be circulated for further comment in due course. A further workshop will be held in late November.

Stakeholder Engagement:

- **BHR and WELC CCC Presentations** have been done (4th and 19th Oct respectively). BHR were very engaged and requested we attend PLT sessions to inform their GPs (starting with Redbridge on 7th November 2012). WELC raised some concerns about contracting arrangements but seemed otherwise supportive.
- Compilation of a **comprehensive NELAAASP stakeholder directory** (with PH lead input) for use in communications is being finalised.
- Ongoing engagement with **other programmes** to find out how it is being done elsewhere

Communications and Promotion of the Programme:

- **NELC & THPHD Communications team** support arranged to help plan use of £10k budget.

Equalities

There is currently an equality impact as NEL does not offer the AAA screening programme to men in their 65th year, however, from April 2013 there will be no inequality as the programme will be operational.

Risk

- Men are known to be a challenging group to engage with for screening programmes – this increases the risk of low uptake of the NELAAASP
- The NEL population demographic mix is complex and has been associated with previous engagement problems for other programmes. This increases the risk of low uptake.

- GP register data may be associated with problems of accuracy and is likely to include those who need to be excluded from the programme (existing AAA diagnosis; medically unfit for screening; recently deceased). Prior Notification Letter / conversation with GP will be required to cleanse the list prior to invites.
- Limited time until transition of this programme to NCB makes it challenges to cover all areas in detail well prior to change of lead. This forces choice between selection of one borough for detailed initial delivery versus ensuring some programme coverage in all areas before March 2012.
- Period of transition from one programme lead to another may result in decreased programme support for a period. This is of concern as the provider team will still be very new and inexperienced at that time.
- Lack of local insight for leading the programme may result in a less appropriate programme. This may be addressed by ensuring on-going links with local leads after the transition and their involvement in programme provision.
- Block contracting arrangements limit incentives for provider.

Agenda Item 7

Committee(s):	Date(s):
Health and Wellbeing Board	7th November 2012
Subject: Health Intelligence	Public
Report of: Director of Community and Children's Services	For Information
<u>Summary</u>	
<p>This report, which is for information, sets out the work needed to obtain, use and share health intelligence information required by the City of London to support its new Public Health functions from April 2013.</p> <p>The Department of Health released a series of factsheets in early October setting out the questions that local authorities (LAs) will need to ask in order to ascertain the roles and responsibilities for health intelligence in their locality.</p> <p>There will be a raft of nationally available information but local expertise will be needed to extract, use and analyse relevant data. Commissioning Support Units will be able to access a range of local and national data on behalf of the Clinical Commissioning Groups via new national data management integration centres and LAs may need to use some of that data for its public health role.</p> <p>A working group has already started to consider the issues raised in the fact sheets. The City will use this work to determine what its health intelligence needs are in order to fulfil its new duties and will then have to decide whether those can be best met in house, through a commissioned service or a mix of the two.</p>	
<u>Recommendations</u>	
<p>The Director of Community and Children's Services to bring back a proposal to the Health and Wellbeing Board addressing these issues.</p>	

Main Report

Background

1. Further to the Health and Social Care Act 2012, a number of key Public Health functions will transfer to local authorities from April 2013. These include appointing a Director of Public Health and responsibility for commissioning a range of public health services.

2. To fulfil their new duties, local authorities will need to ensure they have appropriate health intelligence (i.e. information on the health and wellbeing of their local population) through effective links with Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs) and other NHS bodies. This information will be used to support health and wellbeing boards in strategic decision making and in:
 - developing the Joint Strategic Needs Assessments (JSNAs)
 - developing and interpreting neighbourhood and GP profiles
 - identifying vulnerable local populations, marginalised groups and describing local health inequalities to inform commissioning of public health services
 - offering public health advice on the commissioning cycle, including understanding local performance and key drivers against indicators set out in the Public Health Outcomes Framework
 - supporting clinical commissioning groups in interpreting and understanding data
 - preparing the director of public health's annual health report

Current Position

3. To support local authorities in the transition, the Department of Health released a series of factsheets in Early October. They set out the questions that local authorities (LAs) will want to ask in order to ascertain the roles and responsibilities for health intelligence in their locality and in turn, the best use of the available funding and IT requirements.
4. A working group, with representatives from City and Hackney has already started to consider the issues raised in the fact sheets and has fed into this paper.

Health Intelligence Responsibilities

5. In determining their own health intelligence requirements LAs need to understand the health intelligence responsibilities of other organisations from April 2013. Whilst LAs will assume roles related to Public Health and support for Health and Wellbeing Boards as set out earlier in the report, Clinical Commissioning Groups (CCGs) will be responsible for delivering secondary care services. The business intelligence functions supporting these commissioning responsibilities are, in the main, transferring into new commissioning support units (CSUs – which will be funded by CCGs) or other NHS bodies.
6. The DoH recognises that health intelligence is a speciality and is variable across the country. It also recognises that depending on local

circumstances, health intelligence work may best be organised ‘in-house’ by the local authority (by subsuming some or all of the new functions into existing performance teams) or it may be a commissioned service (purchased partly or wholly from other bodies, including CSUs).

7. Each local authority must determine its own local health intelligence needs and will need to agree with its partners how the required information is gathered, shared and used effectively to deliver their new public health responsibilities.

Information Sources and Infrastructure

8. Many existing datasets, health intelligence products and services will continue to be available from April 2013 from a range of national providers. For example the public health compendium and local health profiles. However, local expertise will be needed to extract, use and analyse relevant data.
9. The key national organisations which will support local authorities in their health intelligence role are also in transition, but the likelihood is that Public Health England will provide tools, evidence sources, good practice, national benchmarking and training opportunities. Office for National Statistics will provide births and data, and the National Institute for Health and Clinical Excellence (NICE) will provide public health evidence. The Health and Social Care Information Centre will provide a host of information and data through current systems.
10. CSUs will be able to access a range of local and national data on behalf of the CCGs via new national data management integration centres and LAs may need to use some of that data for its public health role. LAs will need to assess which other data they need and how best to access and analyse this data. For the most part, LAs will only need to use aggregated data, but may occasionally need patient level data. Each LA will need to consider the cost effectiveness of accessing such data direct versus using the services of other bodies to do this on their behalf.

Data Sharing

11. The Health and Social Care Information Centre is working on a code of conduct for the sharing of patient level health and social care information and LAs will need to comply with the national checklist of information governance arrangements to ensure data security.

The Way Forward

12. The City of London is participating in a number of work streams as part of the Public Health transition and a Strategy and Commissioning Group has

been set up to review public health functions before Christmas to plan the way forward. Assessing the health intelligence functions are a key part of this. The City will use this work to determine what its needs are in order to fulfil its new duties and will then have to decide whether these health intelligence needs can be best met in house, through a commissioned service or a mix of the two.

Issues for the City of London to Consider

- Existing Performance and Intelligence Teams

13. The East London NHS cluster has a Health Intelligence Team (HIT) which currently supports and facilitates the public health work of the City, Hackney, Tower Hamlets and Newham. This team consists of expert analysts in different fields such as health economics and epidemiologists. Early discussions have already taken place regarding the ongoing work of this team post April 2013 and two options were considered: a) a host LA for a single new team or b) the functions undertaken by separate LAs as befits their local circumstances. Following numerous discussions, the existing HIT will be split between the four organisations and some posts will be TUPE'd across to those LAs. Hackney estimates that between one and two posts will transfer to them in April 2013 and the roles and responsibilities of those posts are in development.
14. The City has a policy and performance team within Community and Children's Services, which specializes in gathering and reporting performance information for housing, children and adult services. The Director of Community and Children's Services assumes responsibility for the Substance Misuse Partnership in November to further align the health and wellbeing remit for the City and this team also holds a data analysis function.
15. The Director of Community and Children's Services is already planning a restructure within the Strategy and Performance team (with commissioning, performance and business services functions) in order to best support the department's health and wellbeing remit and will assess the LA and public health intelligence requirements as part of this work. There is likely to be a requirement for in house statistical expertise e.g. the ability to interpret and analyse complex statistical material and with experience of statistical tools such as confidence intervals etc.

- Future Health Intelligence Funding for the City

16. The City's 'share' of the HIT equates to approximately £10,000 per annum. Alone this is clearly not sufficient for a full time post or team specializing in health intelligence and would lead to serious consideration of

commissioning some or all public health intelligence functions. However it is unlikely that this will be ringfenced health intelligence purposes only and could be combined with the City's overall public health budget.

- Access to Data

17. A large amount of data that the CCG will use for commissioning services is based on aggregated data combining both City and Hackney data as was demonstrated in the recent JSNA. This is because the small population figures in the City can make forecasting or trend analysis impossible on their own. Larger numbers are needed to make statistically valid projections, which inform commissioning decisions. It is therefore important to identify which data sources will give the City meaningful information for it to use independently and where joint data across LAs is more important in order to commission services effectively (in many senses, where joint data is available, it may be sensible to commission services jointly too, and this is being explored by the working party).
18. There are a number of methods of obtaining data from relevant sources and an associated range of data feeds which may have an associated cost. For example, an N3 connection, required for access to some NHS information costs approximately £3,500 to install plus ongoing costs. Given the likely limited use of the connection, commissioning some data services to organisations with existing IT connections may be more cost effective for the City. The CSU, given their data support to CCG, may be a viable option for this. The City is working with colleagues in other boroughs and the CCG to ascertain what information will be held by the data management integration centres and how it can be shared between colleagues.
19. Work has already started within the City to bring together the performance frameworks for adults and children's services and to show the links between performance frameworks for the Health and Wellbeing Board. The City has also started discussions with a number of information sources (e.g. the London Health Observatory) with regard to disaggregating City level data.

Conclusion

20. The City must work swiftly alongside partners to identify :
 - **Where existing and proposed intelligence functions (e.g. Hackney or the CSU) may be commissioned by the City to make best use of the City's limited resources, aggregated data sources and IT infrastructure.**

- a revised strategy and performance structure within Community and Children’s Services to meet the needs which cannot be met by commissioned services
- a method of accessing, sharing and using information effectively amongst partners.

Recommendations

21. The Director of Community and Children’s Services to bring back a proposal to the Health and Wellbeing Board addressing these issues.

Contact:

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Committee(s): Shadow Health and Wellbeing Board	Date: 7 November 2012
Subject: Fusion Lifestyle Exercise on Referral Scheme	Public
Report of: Director of Community and Children's Services	For Information
<u>Executive Summary</u>	
<p>This report, which is for information, provides an overview of the City of London's Exercise on Referral Scheme delivered by Fusion Lifestyle. This is a pilot project running from January – March 2013 with the intention of extending the scheme past the pilot stage.</p> <p>The City of London's Exercise Referral Scheme offers health professionals the opportunity to refer patients to an individually tailored exercise programme, healthy living and nutrition session. Exercise on referral is a scheme that aims to improve health and make positive change for life.</p> <p>The process begins with a welcome appointment and induction to the facilities, whereby one of qualified Exercise on Referral instructors will discuss the programme and design the individual's 12 week activity plan. Instructors will also offer support and guidance throughout the scheme, including information on nutrition and leading a healthy lifestyle.</p>	
<hr style="border: 0.5px solid black;"/> <p>AIM OF THE PROJECT:</p> <ul style="list-style-type: none"> • To undertake health assessments and subsequent exercise prescription • To offer effective exercise for participants with medical conditions • To empower and motivate participants to make informed choices to improve their physical, mental and social well-being through physical activity • To advise, support and motivate participants who would benefit from increased physical activity • To empower participants to make positive changes to their lifestyles and create long term change in exercise behavior • To implement individual nutritional advice and guidance • To allow participants to meet the 5x30 physical activity for health message • To promote access to facilities 	

REFFERALS:

- Participants must be a City of London Resident

RECOMMENDATIONS:

- Members are asked to note this report

Main Report

Background

Physical inactivity is an independent risk factor in the development of serious long terms conditions such as coronary heart disease (CHD), type 2 diabetes and strokes. National data suggest that 70% of adults are not achieving the recommended minimum of at least 30 minutes of moderate intensity physical activity on 5 or more days of the week. In 2007 the Department of Health published Best Practice Guidance for the Commissioning of Exercise on Referral Services. This recommended that exercise on referral services should be available for those people who would gain health benefits from regular physical activity as part of the medical management of a chronic condition, and/or who are at risk of CHD.

The Programme

The Golden Lane Sport and Fitness programme will deliver 7 hours of structured Exercise on Referral qualified instruction. All exercise will be undertaken in the gym lead by qualified instructors.

Referral Pathway

Each partner will be met with and individually explained the referral procedure, strategic fit and benefits of the programme. The central referral point is the Neaman Practise in the City of London who already is involved in the current NHS City and Hackney GP referral scheme. The have already been contacting and are ready to roll out the partnership programme from January 2013. Any City Resident can ask to be referred and we will contact their GP on their behalf. The two primary additional practises that will we receive referrals to the programme are;

1. The Spitalfields Practise, 20 Old Montague Street, London, E1 5PB.
2. Green Box GP Surgery – 63 Mansell Street, Aldgate, London, E1 8AN

Referrers can include;

- GP
- Practice Nurse
- Community Nurse

- Mental health professionals
- Occupational therapists
- Specialist nurses

All participants must be referred by a healthcare professional because of the requirement to complete a risk assessment based on the client's medical history and current health status.

City of London services and other agencies will be informed about the new Exercise on Referral Programme so they can make City of London Resident referrals directly to Fusion Lifestyle we will then ensure the participant contacts their relevant GP to complete the referral.

- City of London Departments and services Fusion Lifestyle will contact are;
- Substance Misuse Team,
- Safer City Partnership
- Homeless services including Broadway
- Adult Social Care
- Housing Department.
- Public Relations team
- Health Visitor
- Physiotherapists

Exit Routes

Those who complete twelve sessions will be classified as 'Achievers', and will receive a pack giving them information on the variety of exit routes available.

The pack includes:-

- A certificate
- Newsletter giving advice and tips for long term behaviour change
- The latest timetable for the Physical Activity programmes, including;
 - Participants will still have access to the Exercise of Referral lead gym sessions.
 - The Young at Heart programme, a specific programme designed for those aged 50 and over. Including 21 hours of physical activities each week plus social events and activities.
 - The City of Sport programme, a pay as you go activity programme designed for inactive individuals.

- Golden Lane Sport and Fitness information including the swimming pool timetable and group exercise programme. Discounted membership options will be offered including a resident discount membership of £39 per month. Or off-peak resident discount of £15 per month.
- Details of any other Local Authority / Local Authority partner current events or programmes, e.g. Adult Skills and Community Learning.
- 15 minute free aches, pains and strains consultation with registered physiotherapist.
- Each participants spouse will receive discounted membership options.

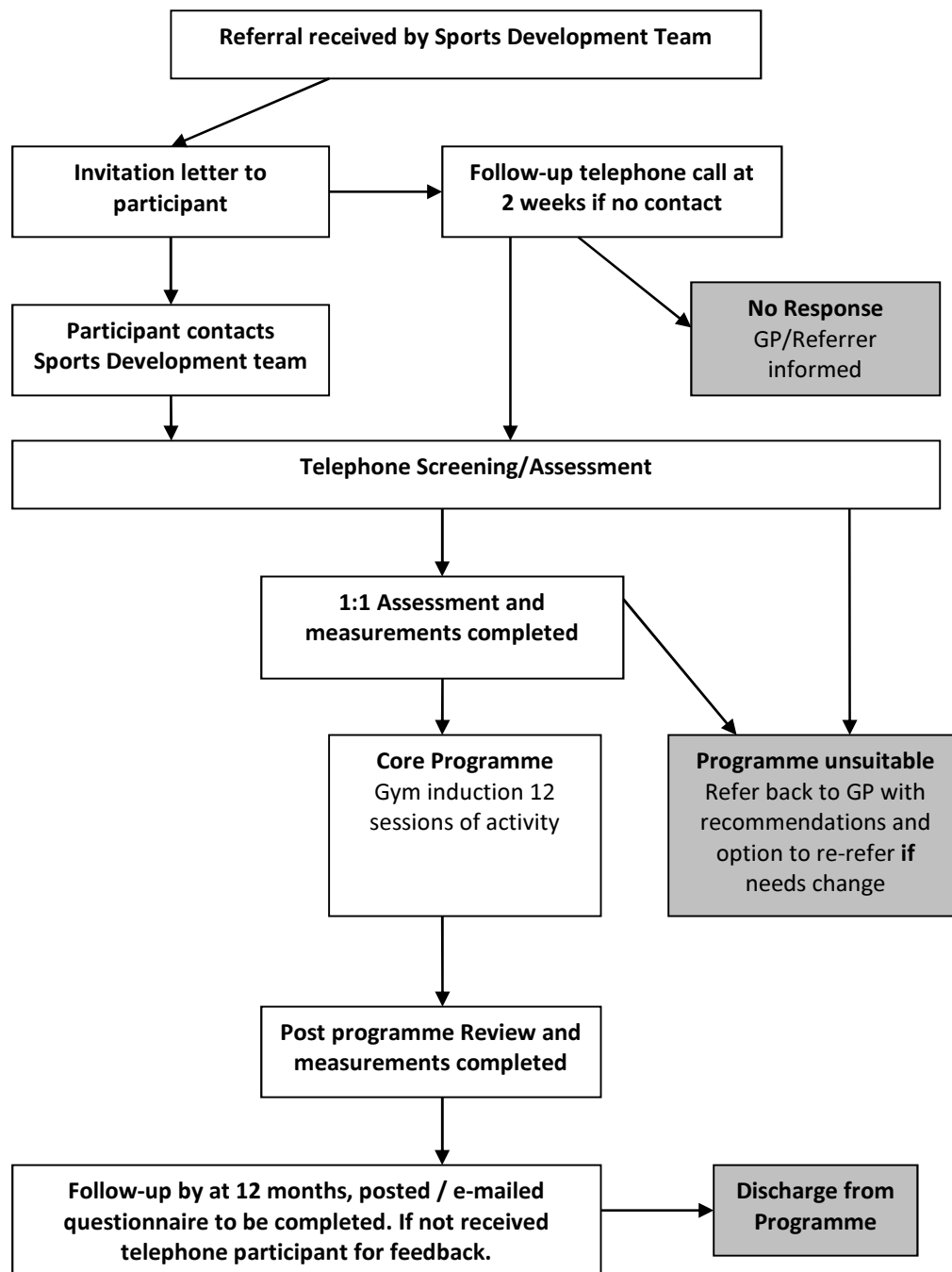
Monitoring and Evaluation - Key performance indicators

KPI	Target	Threshold
Number of referrals received	35	85%
Time between receipt of referral and provider making contact with patient	72 hrs (3 working days)	90%
Time between provider making first contact and first assessment	No more than 3 weeks (15 working days)	85%
Number attending first appointment for assessment	24	90%
Number starting first training session	20	90%
Number completing the programme	15	90%
Number of completers with an increase in activity from baseline *	12	90%
Number of 12 month follow-ups attempted	Based on number that completed the programme	90%
Number of 12 month follow-up achieved	75% of number that completed the programme	80%

*Each referral will receive a Golden Lane Sport and Fitness membership card at the point of initial assessment. Therefore individual usage will be monitored throughout the 12 week Exercise on Referral programme and throughout their continued ongoing usage within the leisure centre.

The Exercise on Referral project will be monitored via the contract monitoring procedure with the City of London Corporation / Fusion Lifestyle contract, within the Sports Development update submitted by the 10th of each month. The programme will report against the key performance indicators on a monthly basis to ensure service delivery matches the service level agreement. A summary report of the pilot project will be submitted on the 15th April 2013 including the monitoring and evaluation collect and the key performance indicators as listed above.

Exercise Referral Client Pathway



SWOT analysis of the City of London Exercise on Referral Scheme

<p>Strengths</p> <p>Fusion Lifestyle Sports Development team have a greater understanding and knowledge of the local area and variety of exit routes.</p> <p>Newly refurbished leisure centre which has a greater variety and range of activities, it has a sports specific environment compared to the doctors surgery with changing rooms which is fully accessible.</p> <p>The geographical location is an advantage for the residents.</p> <p>Consistency of the instructor from the Exercise on Referral scheme through to the exit routes and weight management course.</p> <p>Offer specific weight management course.</p>	<p>Weaknesses</p> <ol style="list-style-type: none"> 1. The current GP referral programme has two hours a week based in The Neaman Practise surgery. New programme won't be based in the surgery. 2. City of London instructors taking over the programme from current instructors. 3. No classes offered within the pilot, gym based sessions only. 4. The pilot period is for 12 weeks and the programme needs 12 weeks to complete so the monitoring and evaluation will not be substantial at the end of the pilot programme. 5. Do not accept cardiac rehab patients 6. The set up cost of the programme is high, the maintenance costs are lower. <p>*See risk mitigation section.</p>
<p>Opportunities</p> <p>If the pilot is successful there is the potential to increase the programme to include permanent evening and weekend sessions.</p> <p>Measure the requirement for class based exercise and can introduce, classes and swimming based activities.</p> <p>Potential to incorporate health checks into the Sports Development service and therefore have a direct</p>	<p>Threats</p> <p>City and Hackney NHS do not commission Exercise on Referral programmes after 31.3.13.</p> <p>Health and Wellbeing boards are not established by 31.3.13</p> <p>The monitoring and evaluation of the pilot programme will not have a full years worth of data.</p>

<p>identification tool for referrals.</p> <p>Long term potential to include cardiac rehabilitation in the scheme.</p> <p>Long term potential to put instructors through a motivational interviewing course.</p>	
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Risk mitigation

1. To mitigate the risk that participants drop out of the existing programme due to change of location, the exercise instructors will meet the participants at the GP surgery and walk the 5 minutes to Golden Lane Sport and Fitness as part of the warm up.
2. The current Exercise on Referral instructors will join in the first week of the new programme to smoothly hand over existing participants.
3. As it is a new project the suggestions for classes and activities will be measured by participants and added when there is enough people.
4. Statistics will be monitored and feedback to the City of London Corporation past the 12 week programme via the contract monitoring report and summary report.
5. The number of cardiac rehabilitation referrers will be measured, with the long term aim of recruiting a phase 4 cardiac rehabilitation instructor after the pilot.
6. Any underspend will be carried forward to deliver only on the Exercise on Referral programme.

Finance:

Funding requested from the City of London Corporation: £10,315

Item	Detail	Cost
Training	Exercise on Referral Qualification	£595 x3 – to start immediately. £595 x2 – 2 additional members of staff will to undertake the training making all GLSF staff Exercise on Referral qualified, future proofing the scheme and

		ensuring participants can have access to the centre at any time.
Staff costs	Initial Assessments and delivery	7hrs per week x 12 weeks x 2 instructors = £3,360
Weight management course	Delivery / training day / course manuals / equipment.	Delivery £480 Training Day £500 Course Manuals / equipment £500
Marketing costs	Referrers manual design and print	£2,000
Incentive for achievers	T-shirts for completers	£500

Any underspend in funding will be carried for to continue the programme after 31 March 2013.

In Kind Contribution From Fusion Lifestyle	Detail	Cost
Project Management	2 days per week	3,000
Use of Facility	£5.20 per off peak session	Dependant on number of referrals
Exit routes / membership discounts	Centre membership discounted from £56 to an introductory rate of £25 per month moving up to £39 after 3 months They would also be entitled to our off-peak membership of £15 per month. Or discounted programmes such as Young at Heart (£15 per year for over 20 hours a week of free activity) and City of Sport pay as you go activity.	Dependant on number of referrals converting to members. Fusion Lifestyle would subsidise each full membership by £31/month for the first 3 months then £17/month thereafter.
Aches Pain and Strains	£15 per person	Dependant on number of referrers

Income to Fusion Lifestyle -
The programme will charge £3.20 or £1.50 (50+ only) per session.

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Agenda Item 9

Committee(s):	Date(s):
Health and Well Being Board	7 November 2012
Subject: Public Health Contracts Transition Update	Public
Report of: Director of Community and Children's Services	For Information
Ward (if appropriate): All	
<u>Summary</u>	
<p>This report provides an update on the progress made by the City of London Corporation and the London Borough of Hackney to transition the existing public health contracts currently managed by NHS North East London and the City.</p> <p>The City and Hackney Public Health Transition Board are coordinating the transition of the public health function.</p> <p>Currently approx. 400 contracts (Block, Local Tariff, or spot purchase) have been identified and are in the process of transition. Option assessments are being made to determine whether to novate, terminate or re-procure existing contracts.</p> <p>Officers have categorised the provisional list of existing contracts into Jointly Commissioned, Hackney specific and City specific. They are developing proposals to ensure the safe transfer of key existing services for 2013/14 while developing a longer term strategic approach to future commissioning that takes into account potential changes in funding from 2014/15 onwards.</p> <p>Recommendations</p> <p>Members of the Health and Well Being Board are asked to:</p> <ul style="list-style-type: none">• Note the progress transitioning the NELC Public Health contracts to the City of London.	

Main Report

Background

1. On 21 March Parliament passed the Health and Social Care Act 2012 which proposed the transition of the current NHS Public Health functions to local authorities and the City of London on the 1st April 2013.

2. Services previously delivered by PCT public health departments and their commissioned providers are to dovetail with local government functions. The democratic accountability brought by this shift will give residents and Members a greater say in public health strategy and outcomes.
3. The City will be given funding and the responsibility for delivering public health to meet the following broad outcomes:
 - Domain 1 – Health protection and resilience: protecting people from major health emergencies and serious harm to health;
 - Domain 2 – Tackling the wider determinants of ill health: addressing factors that affect health and wellbeing;
 - Domain 3 – Health improvement: positively promoting the adoption of ‘healthy’ lifestyles;
 - Domain 4 – Prevention of ill health: reducing the number of people living with preventable ill health; and
 - Domain 5 – Healthy life expectancy and preventable mortality: preventing people from dying.
4. Currently there are c. £23M of contracts managed by the NHS North East London and the City (NHS NELC) that are delivering public health services across City and Hackney that have been designated to transfer to CoLC and the London Borough of Hackney (LBH). Topic areas include Sexual Health, Obesity, Smoking Cessation/Prevention, Immunisation, Drugs and Alcohol etc.
5. This overall budget is likely to reduce from 2014/15 onwards in a bid to “equalise” the distribution across differing boroughs through the introduction of a national formula allocation. .
6. Officers in the LBH and CoLC have been working closely with the public health team in NHS NELC to assess the volume and detail of the current service provision as part of the transition process. There are three main strands to the transition:
 - Functions; the overall responsibilities that will transfer to the local authorities inc health intelligence, information and advice, support to the clinical commissioning group, health protection contractual management, etc.
 - Resources; staff and budgets.
 - Contracts; the actual commissions delivering frontline services across the sector, Block, Local Tariff, or spot purchase contracts.
7. It is currently estimated that the overall Public Health budget for the CoLC for 2013/14 will be £1.3 Million. Confirmation of the final funding

allocation is due to be released by the DoH on the 18 December 2012. Within this allocation CoLC has estimated it will have a contractual liability of approximately £960K for 2013-2014.

Local Arrangements

8. CoLC was invited to join the LBH Public Health Transition Programme Board structure which was created to manage the transition process between NHS NELC and the two local authorities. Within this structure the Resources and Contracts Sub Group has been formed and given the responsibility to oversee the contractual transfers. This group reports to the LBH & CoL Public Health Transition Lead Officers Group, which in turn reports to the Transition Board. The Director of Community and Childrens Services represents CoLC on the Transition Board.
9. Early in the financial year NHS NELC notified all providers that their contracts would terminate on the 31 March 2013 and that subject to review the LB Hackney and the City of London Corporation would be responsible for any decision about services continuing in 2013/14.

Progress

10. The core principles underpinning the transfer of contracts are:
 - Continuity of clinical care must not be threatened during contract transition
 - A consistent and objective approach is required
 - There will be openness, transparency and visibility of progress
 - Management action should be proportionate to the risks identified
 - It is the responsibility of the current contracting authorities (NHS NELC) to prepare contracts for transfer and ensure no 'net gain' or 'net loss' due to the transfer process
 - It is the responsibility of the new contracting authorities to establish the management controls and operational processes to receive contracting responsibilities and maintain continuity of service
11. The transfer of contracts nationally was planned in three phase:
 1. Stocktake (March-June 2012)
 2. Stabilisation (by 30 September 2012)
 3. Shift (October-March 2013)
12. The Stocktake phase was required to be completed at the end of March 2012. PCTs were requested to submit an initial consolidated Contracts Volumes Summary Report for their Cluster by 7 June 2012. NHS NELC provided LBH and CoLC with an initial list of 100 contracts at the end of

June 2012. This contained basic information included contract length and costs and a brief description of each service. LBH also produced a brief review report on 30 of these contracts at the end of July.

13. CoLC conducted a provisional analysis of the initial 100 contracts and, subject to further information, categorised these into three primary strands:
 1. Jointly Commissioned Statutory and Mandatory service contracts which will be required to continue during 2013/14. As well as the wider programme delivery contracts i.e. smoking cessation/prevention, obesity, sexual health etc, these also include strategic and clinical contracts which will involve agreeing commissioning arrangements with the Clinical Commissioning Group (CCG). It is intended that the majority of these will continue during 2013/14 as shared services (approx. £700K).
 2. Hackney Specific Contracts; those focused on delivering services for and within the London Borough of Hackney.
 3. City specific (Community Contracts) and those that clearly have a direct relevance to the City's needs and residents and those that are known to City services and providers (approx. £250K).
14. The second stage, Stabilisation, was designed to ensure that the following actions were taken to protect services during transition:
 - Maintenance of the data capture tool and tacit knowledge tool
 - Development of a Contracts Transition Engagement Plan
 - Development of an Action Plan, addressing risks identified during the Stocktake phase.
15. The transfer of contractual data to local authorities was required to be completed across all PCT clusters by 30 September 2012.
16. As part of the Shift phase (October 2012-March 2013) the current contracting authorities, supported by SHA Clusters, will be required to ensure that the planning for the transfer of agreements does not result in unjustified financial gains or losses for either contracting party. The DoH will be issuing further guidance on the Shift phase before the end of November.
17. The first batch of contractual information was passed to the CoLC and LBH on the 15 October and comprised of 120 contracts managed by the NHS NELC Public Health team. These contracts were a mix of community services and enhanced services e.g. with pharmacies and NHS Trusts.
18. The second phase is planned to be sent over mid-November. These will comprise of approx. 200 contracts managed by the NHS NELC Primary

Health team. These should include sector wide contracts, those that cover the three authorities and the City.

19. It is also anticipated that there will be approx. 80 remaining contracts which deliver a mix of Acute and Public Health services with the Trust Hospitals. Additional work will be required with the CCGs during 2013/14 to disaggregate and apportion management responsibilities for the elements of these after establishing need and provision.

Next Steps

20. The Resources and Contracts sub-group will need to establish the total number and total value of contracts which require disaggregation, novation, re-tendering or termination by the end of the calendar year and ensure that the decisions are implemented effectively to deliver a safe transition of services for City and Hackney residents.
21. The LBH is currently interviewing for three new commissioning posts to lead the implementation. LBH and CoLC have agreed that between November 2012 and March 2013 these posts will work across the two authorities to ensure that a safe transition takes place.
22. CoLC will be working closely with LBH to develop an overarching framework contract to capture the City's responsibilities for those contracts identified by the City and LBH as Jointly Commissioned Statutory and Mandatory for at least 2013/14.
23. As many of these are relatively high value contracts, during 2013/14, further work will need to be done to establish the actual need, requirements and scope of provision for these services across both authorities in anticipation of the introduction of the national formula allocation in 2014.
24. In the coming months the Comptroller and lawyers from the LBH will need to establish the overarching legal agreement to allow a flexible joint commissioning arrangement for the statutory and mandatory contracts. An agreement will also be needed between the CCG, LBH and CoLC to facilitate and manage the wider clinical, regional and pan-London contracts in the short and longer terms.
25. In the City specific (community contracts) category there are likely to be under 20 contracts to be reviewed and determined. These generally have lower values that will allow extension through negotiation or re-tendering (using the short process, Request of Quotes). The CoLC also plan to set aside a provisional contingency sum to cover any 'unaccounted need' and to provide services on a spot purchase basis if required.

26. CoLC intend to use the interim year to facilitate a number of ‘action research projects’ within the community contracts to obtain more detailed intelligence and data on the needs of City residents and its communities to better inform commissioning from 2014/15 onwards.

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Introduction

The Licensing Act 2003 (the Act) focuses on the promotion of four statutory licensing objectives which must be addressed when licensing functions are undertaken. The four licensing objectives are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

Aim of the code

The aim of this code is to provide applicants and licensees with guidance on good practice for the promotion of the four licensing objectives which are paramount considerations at all times. The code is consistent with the Home Office guidance issued under section 182 of the Act and with the City of London's statement of licensing policy.

It outlines what the City of London licensing authority and its responsible authority partners expect in practical terms from applicants when completing their operating schedules and from licensees when operating their premises under the terms of a premises licence.

Applicants and licensees are expected to make a proactive commitment to preventing problems from occurring at licensed premises through the adoption of this code.

Risks associated with licensed premises

Risks associated with licensed premises can vary dependent on the premises type and characteristics, the design, layout and general environment, the location, the policies in place and the events being held there.

This code identifies many of the possible risks associated with the sale of alcohol and the provision of entertainment or late night refreshment and sets out good practice measures to mitigate those risks. It provides a key mechanism for the promotion of the licensing objectives, for well run premises and a responsible approach to alcohol, entertainment and late night refreshment in the City of London.

It is recognised that not every risk will be relevant to every premises and it is unlikely that any one premises will need to address all of the measures. Indeed some premises may only need to introduce one or two measures.

The code cannot anticipate every possible risk, problem or circumstance that may arise from licensed premises. Neither does the code restrict an applicant or licence holder from promoting the licensing objectives through alternative means.

How will the code be used?

Applicants and licensees

A proactive and preventative approach is a key aspect of good management at licensed premises. The City of London licensing authority therefore expects applicants to have regard to this code when completing their operating schedule.

If problems occur at licensed premises after a licence has been granted and a reactive approach is needed, licensees should put additional operational measures in place to manage and prevent those problems from recurring. The City of London licensing authority expects licensees to have regard to this code when considering additional operational measures.

The licensing authority and responsible authorities

The code is not a statutory document but it will be taken into consideration and used by the licensing authority and responsible authorities as follows:

- when responding to licence applications where the licensing objectives have not been adequately addressed in the operating schedule;
- as a first point of dealing with licensed premises encountering problems, to raise standards to promote the licensing objectives in those premises and avoid further problems; and
- for the review of licences where there is evidence that licensees have not promoted the licensing objectives.

Dealing with problem premises

The routine monitoring of licensed premises will be undertaken by the licensing authority and responsible authorities and findings under the four licensing objectives will be brought together.

Problems or concerns with licensed premises will be identified and flagged up at an early stage and advice will be offered to licensees with a view to improving standards at their premises and to prevent or minimise subsequent problems.

Where problems have been identified, the licensing authority and responsible authorities will agree appropriate measures from the code with the licence holder to be implemented at the premises. The aim of the code is to avoid the need for enforcement action such as prosecution or review but it will not replace enforcement action where it is necessary.

Acknowledging well managed premises

The code will also be used by the licensing authority and its licensing liaison partners to acknowledge and support well run premises through schemes such as Safety Thirst.

General – all four licensing objectives

This section provides guidance on good practice for the general promotion of all four licensing objectives at licensed premises. It is intended to help those applying for new licences or variations to existing licences in completing their operating schedules. It is also designed to guide licensees on the general promotion of the licensing objectives after a licence has been granted.

Licensees and their staff have responsibility for the effective and safe management of their premises and the promotion of the four licensing objectives. Training is the key to giving licence holders, premises managers and staff the knowledge and skills to deal with and manage risks associated with licensed premises. Training should be provided to all staff and should be about both preventing and managing problems occurring at premises. Training should be regularly updated.

Risk	Good practice measure
<p>Lack of knowledge or understanding of the Licensing Act 2003</p>	<p>G1 (a) Well trained staff will contribute to well run premises and a responsible approach to the sale of alcohol, provision of entertainment and late night refreshment. Formal qualifications for your staff, either to Personal Licence level or to another appropriate standard recognised by bodies such as the British Institute of Innkeepers (BII) would be preferential.</p> <p>(b) All staff should be advised of licensing law in writing before they are allowed to serve alcohol.</p> <p>(c) Training should also be provided on premises' specific policies relevant to the operation of the business.</p> <p>(d) A record should be kept of the date and name of person trained or advised and be made available for inspection by the police or licensing authority.</p>

Prevention of crime and disorder

This section provides guidance on good practice for the prevention of crime and disorder from licensed premises. It is intended to help those applying for new licences or variations to existing licences in completing their operating schedules. It is also designed to guide licensees on the prevention and management of crime and disorder from their premises after a licence has been granted.

The main causes of crime and disorder in licensed premises arise from inadequate security provisions, poor design and layout, the type of event being promoted, overcrowding and customers being drunk or under the influence of drugs. This can result in theft, conflict, violence and anti social behaviour. It is therefore recommended that applicants and licensees take a proactive approach to preventing and managing crime and disorder from their premises.

All applications for new licences and variations should address the steps proposed to prevent crime and disorder and this is best achieved through a premises risk assessment. Alcohol can be a significant contributory factor to levels of crime and disorder in an area. Good management and good practice along with adequate physical controls can make an important difference to the level of alcohol related crime at premises. Such measures should be reflected in the operating schedule.

For new premises or the refurbishment of existing premises, preventative measures should be factored in during the design stage. Consideration should be given to the design and layout of the premises to minimise the potential for crime and disorder. Useful information can be found in documents such as 'Secured by Design'.

Licence holders should have clear documented policies and procedures in place which identify all crime and disorder risks associated with their premises and the measures implemented to prevent, manage and respond to those risks.

Risk	Good practice measure
Security in and around the premises	<p>CD1 (a) An alarm or other security measure should be installed at the premises to protect it when closed or empty.</p> <p>(b) Emergency exits should be alarmed when the premises are open to the public so that staff are immediately notified of unauthorised opening or tampering.</p> <p>(c) Any staff or private areas and cellars should be kept locked and secured whilst the premises are open to the public.</p> <p>CD2 (a) CCTV should be installed inside and outside the premises. The cameras should cover all internal areas accessible to the public and areas immediately outside the premises. The date and time settings on the system must be correct.</p>

Risk	Good practice measure
<p>Security in and around the premises (cont)</p>	<p>(b) The recordings should be in real time and on hard drive with the availability to copy disks for other agencies such as the police.</p> <p>(c) For analogue systems, tapes should be changed daily and used no more than 12 times.</p> <p>(d) Recordings should be kept for a minimum period of 31 days.</p> <p>(e) Staff should be trained in the maintenance and operation of such systems with a record kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p> <p>(f) A trained member of staff should be on duty to operate the system whenever the premises are open.</p> <p>CD3 External lighting provides an obvious means of crime deterrence. Care should be taken so that lighting does not impact on neighbours.</p> <p>CD4 (a) Security systems should be integrated so that the alarm, CCTV and lighting work together in an effective manner.</p> <p>(b) The alarm should be linked to a system that will notify the police if it is activated.</p> <p>CD5 (a) Door staff and/or stewards should be employed at the venue to supervise admissions and customers inside the venue.</p> <p>(b) Any person performing the role of a door supervisor must be licensed with the Security Industry Authority (SIA) and SIA badges must be clearly displayed whilst working.</p> <p>(c) Door staff should be easily identifiable by wearing a uniform, high visibility jackets or arm bands.</p> <p>(d) Door staff should sign into a register detailing their full SIA licence number, their name, contact details and the time and date their duty commenced and concluded.</p> <p>(e) Stewards and other staff at the premises should also be easily identifiable. Stewards must not be used for supervision of the door.</p>

Risk	Good practice measure
<p>Security in and around the premises (cont)</p>	<p>CD6 (a) Effective security policies based on risk assessments can protect your premises, staff and customers from threats, conflict or violence.</p> <p>(b) Security policies should be formulated in consultation with a police crime prevention officer.</p> <p>(c) All staff must be aware of a premises security policy with a record kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p> <p>(d) Premises should be searched inside and out for suspect packages before, during and after opening hours. Staff should be trained to remain vigilant during opening hours and report any suspicious activity to the Police.</p> <p>CD7 Security reviews should be held regularly and at least every three months with minutes kept.</p> <p>CD8 (a) Daily staff briefing and debriefing will enable licensees to improve working practices in their premises.</p> <p>(b) Briefings can be informal but any problems identified and remedial action taken should be recorded with records kept in the main office.</p>
<p>Crime including conflict, violence or aggression in and around the premises</p>	<p>CD9 (a) Promoted events may attract larger than usual crowds and particular promotions may have violent or aggressive followers, rival gangs or other crime and disorder associated with them.</p> <p>(b) Such events must have a comprehensive risk assessment undertaken by the licence holder and submitted to the City of London Police licensing team and The Proactive Licensing Intelligence Unit at least 14 days in advance of the proposed event.</p> <p>(c) It is expected that promoters should have obtained the BIIAB level 2 for music promoters.</p> <p>(d) In the event that a problem should arise during a promoted event, this should be documented by the licence holder and it is expected that a debrief form will be provided to the City of London Police licensing team within 48 hours of the event.</p>

Risk	Good practice measure
<p>Crime including conflict, violence or aggression in and around the premises (cont)</p>	<p>CD10 (a) Proper management of the door will depend on the size and type of venue. The number of door supervisors should be determined by a risk assessment taking into account the size of venue and the type of crowd the entertainment is likely to attract, but at the very least on a ratio of 1 door supervisor per 50 customers.</p> <p>(b) Consideration should be given to a sufficient provision of male and female door supervisors, but at least one female door supervisor should be used.</p> <p>CD11 A door admissions policy including any age restrictions, expected dress standards or the screening of hand bags should be widely publicised on any promotional material or website and clearly displayed at the entrance to the premises.</p> <p>CD12 (a) Ejecting or refusing entry to persons from the premises if they do not meet your admissions standards or they are known to be violent or aggressive.</p> <p>(b) In such cases, an entry should be made in an incident or log book</p> <p>CD13 (a) A policy to manage capacity should be adopted to prevent overcrowding and patrons possibly becoming aggressive through accidental jostling.</p> <p>(b) For promoted events and large venues, the use of clickers is essential to record the number of patrons inside the premises.</p> <p>(c) For other events or smaller venues, ticket sales or head counts may be appropriate.</p> <p>(d) Consideration should be given to deliberately running below capacity to afford a comfort factor to your patrons and avoid conflict, violence or aggression within the premises.</p> <p>CD14 (a) Alternatives to glass drinking vessels should be considered to prevent glassware being used as an assault weapon, particularly during promoted events.</p> <p>(b) Drinking vessels made from plastic or polycarbonate would be preferential particularly in outside areas.</p>

Risk	Good practice measure
<p>Crime including conflict, violence or aggression in and around the premises (cont)</p>	<p>(c) Where alternatives are not used, there should be a robust glass collection policy in place. This should include regular collection of glassware by staff and prevention of glassware being removed from the premises.</p> <p>CD15 (a) Measures to preserve a crime scene until police arrival, following the outbreak of disorder or any other crime, should be clearly documented in a policy.</p> <p>(b) Such a policy should be formulated in consultation with a police crime prevention officer.</p> <p>(c) All staff must receive training on the policy with a record kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority</p> <p>CD16 (a) Staff training in conflict management should be provided to give them the knowledge and confidence to deal with difficult situations and reduce crime and disorder at the premises.</p> <p>(b) Training should also cover dealing with, logging and reporting incidents if they occur.</p> <p>(c) A record should be kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p> <p>CD17 Sharing of information with others in the industry. Regular meetings, the use of local radio networks or membership of a local pub/club watch scheme will enable information to be passed on about trouble makers and common problems in the area.</p>
<p>Drugs and weapons being brought into the premises</p>	<p>CD18 (a) A zero tolerance policy to the use of drugs and carrying of weapons in the premises should be adopted with a clear “no search no entry” message.</p> <p>(b) Posters can be displayed throughout the premises to remind customers of zero tolerance policy.</p> <p>CD19 (a) Effective search policies will minimise the opportunity for drugs and weapons to be brought into licensed premises and lead to drug and weapon seizure if attempts are made.</p>

Risk	Good practice measure
<p>Drugs and weapons being brought into the premises (cont)</p>	<p>(b) The use of search arches and wands may be appropriate in some cases.</p> <p>(c) Search policies should be formulated in consultation with the City of London Police licensing team.</p> <p>(d) Search policies must be advertised widely on tickets, promotional leaflets and on websites and prominently in the premises entrance and queuing area.</p> <p>(e) Searches should always be carried out in public areas and covered by CCTV.</p> <p>(f) All staff must be trained on search policies with a record kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p> <p>CD20 Calling the police if customers are suspected of being in possession of drugs or weapons. All staff must be made aware of this requirement.</p> <p>CD21 (a) Seizing, retaining and documenting any drugs or weapons found with a clear audit trail and a process for surrendering them to the Police.</p> <p>(b) A search policy should clearly set out procedures that must be followed by staff should they find drugs or weapons during a search, including the use of tamper proof bags and safe storage of seized items, details that need to be recorded and circumstances when the police should be called.</p> <p>CD22 (a) Supervising toilet areas can be effective in discouraging drug selling or use.</p> <p>(b) A toilet attendant may be appropriate for promoted events or on busy nights such as Friday and Saturday.</p> <p>(c) Regular toilet checks such as swabbing should be considered and where conducted, these should be documented with date, time and finding recorded.</p> <p>(d) Removal of flat surfaces in toilet areas can reduce the likelihood of drug misuse</p> <p>CD23 Drug awareness training should be provided for all staff. A record should be kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p>

Risk	Good practice measure
<p>Theft from premises or lost property</p>	<p>CD24 Bag hooks (Chelsea clips) should be provided to prevent bag snatching.</p> <p>CD25 Clear signage should be displayed throughout the premises about crime prevention and to warn customers of the potential for pickpockets and bag/laptop snatchers.</p> <p>CD26 Property patrols, managed cloakrooms and toilet attendants can be employed to prevent theft from patrons or the premises.</p> <p>CD27 Premises layout and lighting should be considered. Secluded or dimly lit parts of the premises should be avoided as they can encourage crime.</p> <p>CD28 Mirrors used throughout the premises can aid supervision and act as deterrents to thieves.</p> <p>CD29 A lost and found policy should be in place in relation to lost/found property at the premises. The policy should include procedures regarding the logging and disposal of property and in particular any valuable property. Passports and any other ID found should be handed in to any police station.</p> <p>CD30 (a) Carefully positioning alcohol in retail premises can reduce theft from the premises. Alcohol is a key target for shop thieves so it is best not to place alcoholic beverages within the first few metres near the door as this allows thieves to 'grab and run'.</p> <p>(b) It may be helpful for alcohol display areas to be covered by CCTV if possible.</p> <p>CD31 Security tagging any items considered a specific target for theft, particularly alcoholic drinks over a certain price level will deter thieves.</p>
<p>Disorder from customers queuing to enter the premises or when leaving the premises</p>	<p>CD32 Reduce the potential for excessive queue lines with a well managed and efficient door policy. Long queuing times can cause people to become agitated or aggressive. Searches should therefore be conducted as quickly and effectively as possible.</p>

Risk	Good practice measure
<p>Disorder from customers queuing to enter the premises or when leaving the premises</p>	<p>CD33 (a) A customer dispersal policy can minimise the potential for disorder from customers leaving the premises. A policy should clearly set out measures to avoid a mass exit at the end of the evening such as a gradual change in music style and increasing lighting levels.</p> <p>(b) Sufficient staff should be available at the end of the evening to manage a controlled shut down of the premises and maintain good order as customers leave.</p> <p>CD34 (a) Staff training in preventing disorder should be provided to give them the knowledge and confidence to deal with difficult situations.</p> <p>(b) A record should be kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority</p>
<p>Customers getting drunk and dealing with drunken customers</p>	<p>CD35 (a) Drinks promotions should be socially responsible and not encourage excessive drinking.</p> <p>(b) A documented policy on responsible drinks promotions should be in place at the premises and should adhere to industry codes such as those recommended by the British Beer and Pub Association (BBPA) and The Portman Group. This is in addition to adherence with the mandatory licensing condition regarding irresponsible promotions.</p> <p>(c) Any drinks promotion should market the availability of soft drinks</p> <p>CD36 (a) Staff training on the effects of alcohol and how to spot early signs of customers becoming drunk should be provided to give them the knowledge and confidence to deal with drunken patrons.</p> <p>(b) Staff should be aware of their responsibilities under the Licensing Act 2003 and be able to recognise appropriate 'cut off' points for serving drunken customers, so as to reduce the likelihood of fights or aggressive behaviour.</p> <p>(c) When staff are collecting glasses, they can interact with customers and assess the levels of drunkenness. Any concerns should be reported back to a manager.</p>

Risk	Good practice measure
<p>Customers getting drunk and dealing with drunken customers (cont)</p>	<p>(d) A record should be kept of the date and name of person trained. Records should be made available for inspection by the police or licensing authority.</p> <p>CD37 A duty of care policy regarding persons suffering adversely from the effects of drink should be in place at the premises. The policy should clearly express that every effort will be made by staff to prevent patrons from deteriorating to an uncontrolled intoxicated extent. All staff must be briefed on the policy.</p> <p>CD38 Drink-aware posters can be displayed in the premises to remind customers of the unit content in alcoholic drinks and the safe alcohol consumption limits.</p>
<p>Consumption of alcohol on the street and street drinkers</p>	<p>CD39 Restrict the sale of strong beer and cider above 5.5% ABV and the sale of single cans or bottles of beer and cider. Such sales can contribute to anti social behaviour and disorder through the consumption of alcohol on the street and in open spaces by street drinkers or persons who are already drunk.</p>
<p>Sale of alcohol outside permitted hours</p>	<p>CD40 Lockable shutters can be fitted on display units for alcohol in retail premises, which can be closed and locked at the end of permitted hours.</p>

Public Safety

This section provides guidance on good practice for the promotion of public safety at licensed premises. It is intended to help those applying for new licences or variations to existing licences in completing their operating schedules. It is also designed to guide licensees on the promotion and management of public safety at their premises after a licence has been granted.

The carrying on of licensable activities in particular the provision of alcohol and some types of entertainment can increase risks to the safety of the public (including performers) attending licensed premises. It is therefore recommended that applicants and licensees take a proactive approach to protecting and managing public safety at their premises.

All applications for new licences and variations should address the steps proposed to promote public safety and this is best achieved through a premises risk assessment.

For new premises or the refurbishment of existing premises, preventative measures should be factored in during the design stage. Consideration should be given to the design and layout of the premises to achieve the highest possible standard of safety.

Licence holders should have clear documented policies and procedures in place which identify all public safety risks associated with their premises and measures implemented to prevent, manage and respond to those risks.

Risk	Good practice measure
<p>General safety of staff and customers</p>	<p>PS1 (a) A full risk assessment taking into account public safety should be carried out at the premises to identify potential hazards posed to staff or customers and setting out precautions to manage the hazards. Templates can be found on the Health and Safety Executive website and on the Communities and Local Government website. A risk assessment should be regularly reviewed at least every 12 months.</p> <p>(b) All staff should be made aware of the risk assessment and precautionary measures therein.</p> <p>(c) A copy of the risk assessment should be kept at the premises and made available for inspection.</p> <p>PS2 First aid boxes should be available at the premises and maintained with sufficient in date stock.</p> <p>PS3 (a) A recognised qualification in first aid should be held by at least one member of staff who should be on duty at all times the premises licence is in use.</p> <p>(b) Other staff should be trained to a basic first aid standard with records kept of the date and name of person trained.</p>

<p>General safety of staff and customers (cont)</p>	<p>PS4 A first aid room or quiet room should be made available to anyone requiring medical attention.</p> <p>PS5 Temperature levels and humidity in venues should be controlled for the comfort and safety of customers. An environment that is too hot or too cold can make customers irritable. Premises should be adequately heated and ventilated to avoid this. This can be achieved through use of air conditioning systems or natural ventilation in non-residential areas.</p>
<p>Overcrowding</p>	<p>PS6 A documented capacity should be set for the premises overall and for individual rooms within the premises. Capacity can be determined by a risk assessment in consultation with the fire safety authority.</p> <p>The risk assessment should consider factors such as floor space, numbers of toilets, potential queuing time and available fire exits.</p> <p>PS7 (a) A policy to manage the capacity should be adopted to prevent overcrowding and localised overcrowding.</p> <p>(b) The use of electronic clocking systems, clickers, ticket sales or head counts may be appropriate.</p> <p>(c) Consideration should be given to deliberately running below capacity to afford a comfort factor to your patrons.</p>
<p>Accumulation and disposal of glasses / drinking vessels</p>	<p>PS8 (a) A glass collection policy should include provisions for regular collection of glassware by staff and the prevention of glassware from being taken into external areas. Glassware should not be allowed to accumulate or cause obstruction.</p> <p>(b) Perimeter checks should be made outside the premises for any glasses or bottles.</p> <p>(c) All staff must be made aware of the glass collection policy and their responsibility for the task.</p> <p>PS9 Spillages and broken glass should be cleaned up immediately to prevent floors from becoming slippery and unsafe.</p> <p>PS10 Bottle bins should be secure at all times and away</p>

	from public areas.
<p>Accident or other emergency incident on the premises</p>	<p>PS11 (a) A written policy to deal with all types of accidents & emergency incidents should be in place at the premises.</p> <p>(b) The policy should be based on risk assessments and include matters such as emergency management, contingency planning and evacuation procedures in the event of fire, bomb threats or suspect packages and when to contact emergency services.</p> <p>(c) Evacuation responsibilities and roles should be clearly communicated to staff, routes and exits should be well defined and evacuation plans exercised regularly.</p> <p>(d) A copy of the fire risk assessment should be kept at the premises and made available for inspection by the fire authority and licensing authority.</p> <p>PS12 A fire detection system should be in place at the premises and should be fully functional at all times. The system should be tested regularly with records kept and made available for inspection.</p> <p>PS13 (a) Means of escape in case of any emergency must be clearly visible, unobstructed and well maintained including areas outside exits leading to a place of ultimate safety such as the street.</p> <p>(b) Checks should be carried out before opening each day to ensure that exits are unlocked and unobstructed.</p> <p>PS14 Equipment should be checked and maintained regularly with a record kept of the date and findings of the checks.</p> <p>PS15 (a) Staff training in fire safety and any premises safety policy should be provided for all staff to give them the knowledge and confidence to deal with emergency situations, including location of equipment, utilities, services and layout of premises. Training should include how to use fire extinguishers.</p> <p>(b) Records should be kept of the date and name of person trained and made available for inspection.</p> <p>PS16 An accident book should be kept in order to record all accidents or incidents and made available for inspection.</p>

<p>Drug use or drink spiking</p>	<p>PS17 (a) A zero tolerance policy to the use of drugs in the premises should be adopted.</p> <p>(b) Posters can be displayed throughout the premises to remind customers of the zero tolerance policy.</p> <p>PS18 Refusing entry to anyone who appears to be showing signs of drug use and contacting the emergency services in appropriate circumstances. In such cases, an entry should be made in an incident log book.</p> <p>PS19 (a) A duty of care policy regarding persons suffering adversely from the effects of drugs should be in place at the premises. The policy should include drug awareness training for all staff so that they can recognise the effects of controlled drugs and provide medical attention where necessary.</p> <p>(b) All staff must be briefed on the policy. A record should be kept of the date and name of person trained.</p> <p>PS20 (a) Prevent the possibility of drink spiking by offering various anti drink spiking products to customers.</p> <p>(b) If a customer suspects that their drink has been spiked, you should report it to the police immediately. A process for this should be clearly set out in your duty of care policy.</p> <p>PS21 A ‘chill out’ area should be provided. This should be cooler and quieter than rest of venue.</p>
<p>Smoking on the premises</p>	<p>PS22 Staff should be aware of their responsibilities regarding smoke-free legislation and for monitoring compliance.</p>
<p>Safety of customers when leaving the premises</p>	<p>PS23 Discourage drink driving by promoting schemes such as Designated Driver, with notices clearly displayed throughout the premises.</p> <p>PS24 (a) Display information to customers with regards to safe options for travelling home such as Cabwise. Information should include access to licensed taxi cabs or licensed private hire vehicles, the location of taxi ranks and public transport facilities including night bus options.</p> <p>(b) Provide a free taxi phone service and a safe waiting</p>

<p>Safety of customers when leaving the premises (cont)</p>	<p>area for customers inside the premises.</p> <p>PS25 (a) A ‘chill out’ period at the end of an evening can allow a slow dispersal from the premises allowing door staff to gain a handle on problem individuals, preventing arguing over taxis or congregation at takeaways and clashes with groups from other venues.</p> <p>(b) Provision of food and non alcoholic drinks during a chill out period can be effective in allowing customers to sober up before leaving the premises.</p> <p>PS26 (a) Increased lighting inside the premises should be considered towards the end of an evening to affect the alertness of customers before they leave the premises.</p> <p>(b) Increased external lighting particularly in car parks under the direct control of the licence holder will provide added safety for customers as they leave the premises. Care should be taken so that lighting does not impact on neighbours.</p>
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Prevention of public nuisance

This section provides guidance on good practice for the prevention and management of public nuisance from licensed premises. It is intended to help those applying for new licences or variations to existing licences in completing their operating schedules. It is also designed to guide licensees on the prevention and management of noise and other public nuisance issues from their premises after a licence has been granted.

Excessive noise and nuisance from licensed premises is a major concern for residents living in the area. It is therefore recommended that applicants and licensees take a proactive approach to preventing and managing public nuisance from their premises.

All applications for new licences and variations should address the steps proposed to prevent public nuisance. Where entertainment or other potentially noisy activity is planned, a noise assessment should be carried out. For some premises, the assessment will need to be carried out by a suitably qualified consultant.

For new premises or the refurbishment of existing premises, preventative measures should be factored in during the design stage. Consideration should be given to the structure and layout of the premises and equipment both internally and externally, to ensure that the premises are fit for purpose. Sound attenuation measures can include wall linings, acoustic curtains and acoustic treatment to mechanical ventilation or air conditioning systems. Consideration should also be given to historical noise problems at the premises with measures put in place to prevent them from recurring.

Licence holders should have clear documented policies and procedures in place which identify all public nuisance risks associated with their premises and measures implemented to prevent, manage and respond to those risks. Licence holders should also engage with local residents on a regular basis to ensure that they are being good neighbours and dealing with problems as they arise.

Risk	Good practice measure
Music, singing and speech noise breakout from the premises	PN1 (a) A noise management policy should be in place that sets out sound attenuation measures to prevent or control music, singing and speech noise breakout from the premises. (b) The policy should be based on the findings of an acoustic consultant's assessment. (c) All staff should be trained on the content of the policy to ensure a commitment to good noise management. A record should be kept of the date and name of person trained and made available for inspection by the licensing authority or environmental health responsible authority. (d) DJs, event promoters or other entertainment providers should be made aware of the policy in advance of any performance.

Music, singing and speech noise breakout from the premises (cont)

(e) Use an approved list of DJs, event promoters or other entertainment providers who have signed up to the policy.

PN2 (a) Windows and doors should be kept closed whilst the premises licence is in use to prevent noise breakout. Ventilation should be provided by mechanical means.

(b) Windows should be sound insulated.

(c) Emergency exits should be sealed acoustic doors.

(d) A lobbied area should be provided at the entrance and exit to the premises.

(e) Doors should be fitted with self closing devices.

PN3 (a) A sound limiting device should be installed, set and sealed at a level approved by an acoustic consultant.

(b) The sound limiting device should be used at all times that relevant regulated entertainment is taking place, including all externally promoted events.

(d) Only the premises licence holder or a nominated deputy and the designated premises supervisor should have access to the sound limiting device.

PN4 (a) Locate entertainment facilities such as DJ booth, stage and loud speakers away from doors and windows.

(b) Rubber speaker mounts can be used to minimise structure borne noise.

PN5 (a) Methods for monitoring noise should be included in a noise policy. Methods could range from simple perimeter checks and listening tests by the licence holder/staff to a detailed measurement taken by a qualified consultant using sound measuring equipment.

(b) Noise monitoring should actively be carried out on a regular basis and in particular when a new form of entertainment is introduced at the premises, when alterations are made to the premises or when a complaint is made directly to the venue.

PN6 (a) A log book should be kept of any noise monitoring carried, the findings and any remedial action taken. The log should indicate whether it was routine noise monitoring or the result of a complaint.

<p>Music, singing and speech noise breakout from the premises (cont)</p>	<p>(b) The log book should be made available for inspection by the licensing authority or environmental health responsible authority.</p> <p>PN7 A contact telephone number should be made available to local residents which they can use to report noise disturbances to a responsible person at the venue as and when they occur. The phone line should be available at all times the licence is in use.</p>
<p>Noise and nuisance from customers arriving and leaving the premises</p>	<p>PN8 (a) Reduce the potential for excessive queue lines with a well managed and efficient door policy.</p> <p>(b) Long queues should be avoided and any queues should be directed away from residential properties.</p> <p>(c) Queues should be actively managed by door staff, especially later in the evening, to keep noise to a minimum. Rowdy behaviour from people queuing to get in should not be tolerated. Door staff should refuse entry to anyone behaving in an anti-social way.</p> <p>(e) Restrict admittance or re-admittance to the premises after 11pm.</p> <p>PN9 (a) A customer dispersal policy can minimise noise disturbance to local residents from customers leaving the premises. A policy should clearly set out measures to avoid a mass exit at the end of the evening.</p> <p>(b) A gradual change in music style and reduction in volume, for example quiet or mellow music towards the end of an evening and increasing lighting levels can help to reduce the potential for rowdy behaviour.</p> <p>(c) Sufficient staff should be available at the end of the evening to manage a controlled shut down of the premises and maintain good order as customers leave.</p> <p>PN10 (a) Display prominent notices close to the exit doors, requesting patrons to leave the premises and quickly and quietly.</p> <p>(b) Display notices in car parks reminding patrons that they are in a residential area and to leave quickly and quietly and not to slam doors, rev engines, sound horns or play loud music.</p>

<p>Noise and nuisance from customers arriving and leaving the premises (cont)</p>	<p>(c) Make announcements at the end of an evening, requesting patrons to leave the premises and area quickly and quietly.</p> <p>PN11 (a) Provide a free taxi phone service and an internal waiting area for customers to prevent noise disturbance to neighbours.</p> <p>(b) Steps should be taken to ensure that any taxi operators used and all their drivers are aware that they should arrive and depart as quietly as possible and should not sound their horns or leave engines idling unnecessarily.</p>
<p>Noise and nuisance from customers using external areas such as beer gardens or forecourts</p>	<p>PN12 Display prominent signs in external areas such as beer gardens and forecourts asking customers to keep noise to a minimum.</p> <p>PN13 Restrict the use of external areas after 10pm if premises are in a residential area.</p> <p>PN14 (a) Door supervisors or staff should regularly monitor and manage external areas to ensure that customers are not causing a disturbance to local residents.</p> <p>(b) For private forecourts, a physical barrier such as a rope should be used to mark the boundary of the area outside the premises where customers are allowed.</p> <p>(c) Limit the number of smokers permitted outside at any one time after a certain time.</p> <p>(d) Discourage smokers from loitering outside by not permitting them to take their drinks with them and removing external furniture after a certain time.</p> <p>(e) Locate smoking areas away from residential premises.</p> <p>(f) Do not permit customers to congregate on and block the public highway to passers by.</p>
<p>Noise from staff and entertainment providers leaving the premises</p>	<p>PN15 Staff and performers who depart late at night or in the early hours on the morning when the business has ceased trading, should conduct themselves in such a manner as to avoid causing disturbance to nearby residents. This includes the loading and unloading of artists' equipment.</p>

<p>Noise and disturbance caused by deliveries, collections and waste disposal</p>	<p>PN16 Commercial deliveries, collections and storage/disposal of waste, including beer deliveries, refuse collections and storage / disposal of waste and recyclables in external areas should be restricted to normal working hours between 8am and 6pm Monday to Friday.</p>
<p>Litter and waste around the premises</p>	<p>PN17 (a) Flyers should not be distributed outside the premises by the licence holder or any staff employed by the licence holder.</p> <p>(b) Licence holders should ensure that promoters of events at their premises do not distribute flyers outside the premises.</p> <p>PN18 (a) Procedures should be in place for the prompt collection of street litter generated by the premises for example flyers, cigarette butts or food wrappers.</p> <p>(b) Regular patrols of the area outside the premises should be undertaken by staff to clear any litter attributable to the premises.</p> <p>(c) Use wall or floor mounted cigarette bins in designated smoking areas for customers.</p>
<p>Disturbance from external lighting</p>	<p>PN19 External lighting for the premises should be turned off after the premises are closed to the public.</p>
<p>Noise or odours from plant and machinery</p>	<p>PN20 Plant and machinery should not cause nuisance to local residents by way of noise, odours or vibration. Acoustic measures such as screening, enclosures, anti-vibration mounts, silencers or timing clocks should be used if necessary.</p>

Protection of children from harm

This section provides guidance on good practice for the protection of children from harm at licensed premises. It is intended to help those applying for new licences or variations to existing licences in completing their operating schedules. It is also designed to guide licensees on the protection and management of children from harm at their premises after a licence has been granted.

The carrying on of licensable activities in particular the provision of alcohol and some types of entertainment can increase risks of harm to children attending licensed premises. It is therefore recommended that applicants and licensees take a proactive approach to protecting and managing the well being of children at their premises.

All applications for new licences and variations should address the steps proposed to protect children from harm and this is best achieved through a premises risk assessment.

Licence holders should have clear documented policies and procedures in place which identify all age restricted risks at their premises and measures implemented to prevent, manage and respond to those risks.

Risk	Good practice measure
<p>Children accessing licensed premises</p>	<p>CH1 (a) A documented policy setting out measures to protect children from harm should be in place at the premises. The policy should consider all activities associated with the premises including the sale of alcohol and the provision of regulated entertainment and when children should be allowed on or restricted from the premises.</p> <p>(b) All staff including door staff and bar staff should be trained on the policy.</p> <p>CH2 (a) Restrict access to children depending on the nature of the business and / or circumstances.</p> <p>(b) The admission of children can be restricted up until a specified time in the evening.</p> <p>(c) The admittance of children can only be permitted if they are accompanied by an adult.</p>
<p>Underage sales of alcohol</p>	<p>CH3 (a) Operate a strict ‘No ID – No Sale’ policy. ‘Challenge 21’ scheme serves as a reminder to staff of the need to be vigilant in preventing underage sales and to customers that it is against the law for anyone under 18 to purchase alcohol.</p>

Underage sales of alcohol (cont)

(b) A 'Challenge 25' scheme gives staff additional support and encouragement to ask for ID from any person appearing to be under 25 years of age to prove that they are over 18.

(c) Only accept photographic driving licences, passports or PASS (Proof of Age Standards Scheme) cards approved as means of ID. If you accept other forms of ID such as EU National ID cards, these must bear a photograph, date of birth and holographic mark.

(d) Use till prompts to remind staff to ask for proof of age.

(e) Prominently advertise the scheme in your premises so that customers are aware, in particular, display proof of age signs at the point of sale.

CH4 Display posters at the premises stating that it is an offence to purchase alcohol on behalf of an underage person (proxy sales).

CH5 Adverts or promotions for alcohol should not appeal to young persons.

CH6 (a) Keep a refusals book (or refusal button on EPOS – Electronic Point of Sale) on the premises and ensure it is completed whenever a sale is refused to a person who cannot prove they are over the age of 18.

(b) The book should contain the date and time of the incident, a description of the customer, the name of the staff member who refused the sale, and the reason the sale was refused.

(c) The book should be made available to Police and authorised Council officers on request

(d) The book should be reviewed on a regular basis to see if any patterns emerge.

CH7 (a) Staff training in the age related sections of the Licensing Act 2003 should be provided to all door, bar and till staff. This includes the ability to competently check customers' identification where necessary.

(b) A record should be kept of the date and name of person trained.

<p>Access to age restricted films</p>	<p>CH8 (a) Adequate provisions for restricting children from viewing age restricted films should be in place at the premises.</p> <p>(b) Staff should be trained to check ages at point of sale and prior to entry to a screening room to ensure that admission of children to films is in accordance with the recommendations of the British Board of Film Classifications (BBFC).</p>
<p>Access to age restricted gaming machines</p>	<p>CH9 Age restricted gaming or vending machines should have suitable signage setting out the age restrictions and should be in full view of staff for monitoring.</p>
<p>Access to entertainment of an adult nature</p>	<p>CH10 (a) Children under the age of 18 should be excluded from the premises or part of the premises when specified activities such as adult entertainment are taking place.</p> <p>CH11 Adverts for entertainment of an adult nature should not be displayed externally on the premises or in any part of the premises internally where they can be seen by young persons.</p>

Useful Contacts

City of London Licensing Authority

Markets and Consumer Protection

PO Box 270, Guildhall

London EC2P 2EJ

Telephone: 020 7332 3406

Email: licensing@cityoflondon.gov.uk

City Police licensing team

Walbrook Wharf

78-83 Upper Thames Street

London EC4R 3TD

Telephone: 020 7601 2736

Email: licensingoffice@cityoflondon.pnn.police.uk

Environmental Health

Department of Markets and Consumer Protection (Pollution)

City of London Corporation

PO Box 270, Guildhall

London EC2P 2EJ

Telephone: 020 7606 3030

Email: publicprotection@cityoflondon.gov.uk

Health and Safety Executive

<http://www.hse.gov.uk>

Institute of Acoustics

<http://www.ioa.org.uk>

Secured by Design

www.securedbydesign.com

Information sources used in the preparation of this guide:

Association of Licensed Multiple Retailers (ALMR)
(incorporating BEDA – Bar Entertainment and Dance Association)
<http://www.almr.org.uk>

Best Bar None
<http://bbnuk.com>

British Beer and Pub Association (BBPA)
(Licensed Property: Noise Control, Managing Safety in Bars, Clubs and Pubs)
<http://www.beerandpub.com>

British Institute of Innkeeping (BII)
<http://www.bii.org>

City of London Corporation licensing
(Statement of Licensing Policy 2011)
<http://www.cityoflondon.gov.uk>

City of London police licensing
<http://www.cityoflondon.police.uk>

Department for Communities and local government (DCLG)
<http://www.communities.gov.uk>

Drinkaware
<http://www.drinkaware.co.uk>

Health and Safety Executive
<http://www.hse.gov.uk>

Home Office (alcohol and drugs)
(Home Office guidance issued under S182 of the Licensing Act 2003, Home Office practical guidance for preventing and dealing with alcohol related problems, Alcohol Strategy 2012)
<http://www.homeoffice.gov.uk/drugs/>

Institute of Acoustics
<http://www.ioa.org.uk>

London Drug Policy Forum
(Safer Nightlife, Drugs at the Door)
<http://www.cityoflondon.gov.uk>

Metropolitan police licensing: Safe and Sound 2012 publication

National Counter Terrorism Security Office (NaCTSO)
(Security advice for bars, pubs and nightclubs)
<http://www.nactso.gov.uk>

The Portman Group
<http://www.portmangroup.org.uk>

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Introduction

The City of London Corporation will introduce a licensing traffic light scheme applicable to all premises in its area with the benefit of a premises licence or club premises certificate issued under the provisions of the Licensing Act 2003. The scheme will operate in conjunction with the Corporation's Code of Good Practice for licensed premises.

Aim of the scheme

The City of London Corporation's traffic light scheme will be led by the City of London Licensing Authority and will provide a formal structure for the licensing authority and responsible authorities to deal with problematic licensed premises in a fair and transparent way.

The scheme will provide a simple but effective monitoring tool which brings together the findings of the licensing authority and responsible authorities in a way that flags up problematic premises at an early stage. It will take a holistic partnership approach to dealing with problem premises under all four licensing objectives and will also recognise good practice. Advice and support will be offered to problematic premises with a view to improving standards at their premises and to prevent or minimise subsequent problems. The aim is to avoid the need for enforcement action such as prosecution or licence review but will not replace action where it is necessary for the promotion of the licensing objectives.

The scheme does not override the right of any responsible authority to review a premises licence or club premises certificate at any stage where problems occur at those premises.

Information sources

Collating information from all the relevant responsible authorities and enforcement agencies under all four licensing objectives will provide a comprehensive overview of problems occurring at licensed premises in the City of London. Information sources will include the police and fire authorities and the City of London's trading standards, pollution, health and safety and waste management teams. Care will be taken not to duplicate information where it has been received from more than one source.

Allocation of points

The scheme will be based on a points system where details of incidents at licensed premises are collected and analysed on a monthly basis and penalty points marked against premises for each relevant incident that occurs there. Relevant incidents under all four licensing objectives will carry penalty points on a sliding scale depending on the severity of the incident. Incidents must be clearly linked to the operation of the premises and complaints about premises must be substantiated.

The scheme will also recognise good practice and award credit points for any good practice measures implemented by the licence holder to improve standards at their

premises to prevent or minimise subsequent problems. Credit points will be removed if the good practice measure has been removed or is not being actively used.

The criteria for allocating points are attached as Appendix 1.

Trigger levels

Premises will fall into a green, amber or red zone based on their total penalty points at a given time. The trigger level for the zones is dependent on how the points have been accumulated as follows:

GREEN	0 - 10 penalty points across all four licensing objectives
AMBER	6 – 9 under any one licensing objective 11 - 19 penalty points across all four licensing objectives
RED	10+ points under any one single licensing objective 20+ penalty points across all four licensing objectives

Green zone

At the launch of the City of London Corporation’s traffic light scheme, the green zone will be the base line for all premises. Premises that promote the licensing objectives and operate without incident will remain in the green zone. Premises in the green zone are generally well run and pose no significant risks that will undermine the licensing objectives.

Amber zone

As problems are identified and premises accumulate penalty points, the total points for their premises at a given time may take them from green to amber zone. Premises in the amber zone require close monitoring and engagement to prevent an escalation of incidents and will be notified as soon as they move in to the amber zone.

The licence holder and/or the designated premises supervisor will be contacted by the licensing authority or relevant responsible authority to carry out a self assessment based on the problems they are experiencing. A self assessment form will be provided. The City of London Corporation’s Code of Good Practice for Licensed Premises should be referred to when considering measures to implement. An action plan will then be agreed between the licence holder and/or designated premises supervisor and the licensing authority and/or relevant responsible authority. The aim of the action plan is to bring premises back into the green zone by improving standards and to prevent or minimise subsequent problems occurring. The

premises will be monitored to ensure that the action plan has the desired effect and credit points will be awarded for effective measures implemented at the premises

Red zone

There will be a further notification to the licence holder and/or designated premises supervisor if points accumulate to move the premises from amber to red zone. Premises in the red zone are undermining the licensing objectives and require immediate action by the licence holder.

Each red zone case will be reviewed by the licensing authority and/or responsible authority and treated on its individual merits. The licensing authority and/or relevant responsible authority may take any of the following actions it considers appropriate:

- The licensing authority and/or relevant responsible authority may meet with the licence holder with the aim of bringing the premises back to amber and then green zone. They may decide to revise the action plan agreed at amber stage and set a time period for the premises to implement remedial measures;
- If the action plan agreed at amber stage has not been implemented and problems persist or problems have failed to be addressed by the action plan, the licensing authority in its role as responsible authority will consider whether a review of the premises licence is appropriate. If the majority of points are gained from areas of crime and disorder or public nuisance, the police or environmental health responsible authorities will be expected to take the lead role for any possible review.

Formal action

Formal action such as prosecution or review of a licence or certificate will not be dependent on premises moving in to the red zone.

The licensing authority and/or relevant responsible authority may proceed with a prosecution at any stage irrespective of the traffic light zone the premises is in, if it is in the public interest to do so.

Similarly, the licensing authority and/or relevant responsible authority may review a premises licence or club premises certificate at any stage irrespective of the traffic light zone the premises is in, if a matter arises at the premises that undermines one or more of the licensing objectives.

How long will points stay on a premises record?

Penalty points imposed on premises will remain for a rolling 12 month period. Any points that are over 12 months old will be removed for the purposes of the traffic light scheme but may still be taken into consideration in any subsequent prosecution or review if relevant. Credit points for good practice measures implemented will be removed if the good practice measure has been removed or is not being actively used.

If premises change ownership and management, any points in place prior to the transfer will cease to have effect and the total will be reset to zero. If there is any evidence to link the new owner/management with the outgoing owner/management (ie. an attempt to circumvent the traffic light scheme), the points will remain on the premises record.

City of London traffic light points system for licensed premises

Penalty points for problems / incidents linked to premises (points are per incident unless otherwise indicated and incidents must directly link to the premises)

(COL = City of London, COLP = City of London Police, LFB = London Fire Brigade)

Points	Crime and Disorder licensing objective	Public Safety licensing objective	Public Nuisance licensing objective	Protection of Children from Harm licensing objective
1	Theft of personal property* (COLP) Drunkenness and disorder (COLP) Race, homophobic, hate abuse (COLP) Criminal damage (COLP)	Unconscious drunk or ill person and no first aid facility at premises (COL) Notification of fire safety deficiency with no follow up visit required (LFB)	Substantiated complaints about litter (general or smoking related) (COL) Evidenced obstruction of the highway (COL)	
2	Common Assault (COLP) Public order offence (COLP) Possession of drugs (COLP)	Drink spiking (COLP) Notification of fire safety deficiency with follow up visit required (LFB)	Substantiated complaints about noise from customers entering/leaving premises or using an external area (COL) Substantiated complaints about noise from within premises (COL)	
3	ABH / minor wounding (COLP) Affray / violent disorder (COLP) Robbery (COLP)	Enforcement Notice other than Article 11, 13 or 14 (LFB)		
4	Supply or concerned in the supply of drugs on/at the premises (COLP) Possession of offensive weapon (COLP) Assault on emergency services officer (COLP)	Article 11 or Article 13 Enforcement Notice - fire safety arrangements / fire detection and warning (LFB)	Noise abatement notice served on the premises (COL)	Evidence of children being exposed to entertainment of an adult nature, age restricted film or age restricted gaming machine
5	GBH / serious wounding / GBH with intent (COLP) Possession of firearm (COLP) Sexual assault / Rape (COLP)	Article 14 Enforcement Notice - means of escape (LFB) Article 31 Notice - prohibit use of premises, restrict capacity (LFB)	Noise abatement notice not complied with	Evidence of an underage sale (COL / COLP)

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* 1 penalty point if more than 5 thefts in a month and subject to a maximum of 5 points over a rolling 12 month period

An evidenced breach of licence condition or unlicensed activity will carry 2 penalty points per breach. Where the breach results in a prosecution it will carry 5 penalty points.

City of London traffic light points system for licensed premises

Credit points for good practice measures implemented at premises (points are per measure unless otherwise indicated and must remedy the problem/incident)

(COL = City of London, COLP = City of London Police, LFB = London Fire Brigade)

Points	Crime and Disorder licensing objective	Public Safety licensing objective	Public Nuisance licensing objective	Protection of Children from Harm licensing objective
1	Theft prevention measures implemented* Staff training on drunkenness / drink-aware posters displayed Evidence of a working refusals register Detention for the police of person(s) found with drugs on the premises CCTV recordings provided to Police	First aid provisions made available at premises Fire safety deficiencies rectified by follow up visit Anti-drink spiking products used Duty of care policy introduced	Implementing a customer dispersal policy Displaying advisory notices where none required by condition or statute Restricting the use of external areas after 10pm	Adopting a challenge 21 or challenge 25 scheme
2	Employment of additional door staff Detention for the police of person(s) responsible for violence inside the premises Detention for the police of person(s) found entering premises with drugs Implementing a door management policy where none exists	Plastic/polycarbonate drinking vessels introduced Implementing a policy to manage capacity Enforcement Notice complied with	Sound attenuation measures implemented Enforcement Notice complied with Implementing a door management policy where none exists	
3	Confiscation of weapons at the door Confiscation of drugs at the door Good crime scene preservation			
4				
5				

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* 1 credit point per measure implemented subject to a maximum of 5 points over a rolling 12 month period

Where a licence holder rectifies a problem / incident identified at their premises, the licensing authority may add up to an additional 2 credit points

City of London Corporation

Licensing Act 2003

Statement of Licensing Policy

January 2013



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CITY OF LONDON CORPORATION
STATEMENT OF LICENSING POLICY

Introduction

1. The City of London is the world's leading international financial and related business services centre – a global powerhouse at the heart of the UK's financial services. It provides dedicated services to the City, from maintaining its infrastructure to top level economic development, as well as carrying out all the services expected of a local authority. It also provides services that affect people outside its geographical boundary – making a contribution to both regional and national prosperity.
2. Although the City is predominantly a business area, there are significant pockets of residential accommodation. In addition to the well-established, concentrated housing developments at the Barbican, Golden Lane, Mansell Street and Middlesex Street, there are smaller scale residential areas including Queenhithe, the Temples, Carter Lane and parts of Smithfield. Residential development has also occurred on a scattered basis in the rest of the City, often involving the redevelopment and conversion of former business premises. It is vital that their residential amenity is protected and this is emphasised in the City's Core Strategy which aims 'To protect existing housing and amenity and provide additional housing in the City, concentrated in or near existing residential communities...'.
3. The City Corporation fully supports the provision of recreational and cultural activities and sees these as being of great benefit to the community, especially people working in a high pressure business environment. To this end, the City Corporation is the third biggest sponsor of the arts in the country, after the Government and the BBC. The Core Strategy contains two specifically relevant strategic policies encouraging, where appropriate, the provision of a wide range of public and private recreational, art, heritage and cultural facilities.
4. The City Corporation aims to reconcile all these facets of life in the City to minimise the potentially damaging tensions that could arise between the business, residential and leisure communities. This Policy Statement sets out the framework within which the City Corporation will consider the grant of licences for activities controlled by the Licensing Act 2003.

Legal Background

5. The Licensing Act 2003 (the 'Licensing Act') repealed most of the previous legislation relating to liquor, entertainment and night café licensing and replaced it with a totally new licensing regime. In respect of liquor licensing, responsibility was transferred from the Magistrates Court (Licensing Justices) to local authorities.

6. This enables the City Corporation to grant or reject applications for the sale of liquor, the provision of entertainment or late night refreshment. Conditions designed to ensure public safety, protect children from harm, prevent crime and disorder and public nuisance can be attached to licences. For example, to prevent residents or businesses being disturbed, the City Corporation may restrict licensed hours where it can be shown to be appropriate. However, the ability of local authorities to take decisions is limited either by provisions in the Act, Regulations made under the Act or by guidance from the Home Office.
7. The City Corporation is legally obliged to have regard to the Home Office guidance. The City Corporation may, however, if it is considered appropriate, deviate from the guidance but would need good reasons to do so. This Policy Statement takes full account of the current Home Office guidance.
8. In addition, in formulating this Policy Statement, the City Corporation has had regard to the provisions of the European Convention on Human Rights that everyone has the right to respect for his home and private life and that every person is entitled to the peaceful enjoyment of his possessions. The Human Rights Act 1998 makes it unlawful for a public authority to act in a way that is incompatible with a convention right. Consequently, an aim of this Policy Statement, particularly in relation to the decision-making process of the City Corporation, is to ensure that a licensing decision does not breach such a right.
9. The Equality Act 2010 and prior legislation requires the City to give due regard to the elimination of unlawful discrimination when exercising its public duties, to promote equality between people who share and do not share a particular protected characteristic and to promote good relations between people who share and who do not share a particular characteristic.
10. The Equality Act 2010 defines a number of protected characteristics and generally provides that no one should be discriminated against or subject to less favourable treatment on the basis of these characteristics. The characteristics are age, disability, ethnicity & race, gender, gender reassignment, marriage or civil partnership status, pregnancy or maternity status (including nursing mothers), religious or philosophical belief or non-belief and sexual orientation. It also ensures rights of access to everyday facilities and services and, in the context of disability, may require service providers to consider making permanent physical adjustments to their premises.
11. The City Corporation will expect licensees to be familiar with the contents of any codes of practice issued by the government under the Equality Act 2010.
12. The City Corporation has taken account of the provisions of the Crime and Disorder Act 1998. This requires local authorities to have regard to the likely effect of the exercise of their functions on crime and disorder in their area and to do all they can to prevent such crime and disorder.

13. The Policing and Crime Act 2009 introduced further powers for local authorities regarding the regulation of lap-dancing and other sexual entertainment venues. It also contains provisions on alcohol misuse and imposed new mandatory licensing conditions (see Appendix 3 for all the current mandatory conditions).
14. The City Corporation has taken account of the Police Reform and Social Responsibility Act 2011 and the Live Music Act 2012, which both brought in legislative changes to the Licensing Act 2003. The changes have been reflected in this policy.
15. The Licensing Act requires that licensing authorities consult with other responsible authorities and representatives of licensees of all types, together with representatives of local residents and businesses. The City Corporation will have regard to the views of these persons in the determination of policy and its periodic review.

Scope

16. The Act relates to the sale of alcohol, the provision of certain entertainment and late night refreshment.
17. Activities that require a licence under the Licensing Act 2003 and covered by this Policy Statement include:
 - i) retail sale of alcohol
 - ii) supply of hot food or drink from premises from 23.00 to 05.00 hours
 - iii) supply of alcohol to club members
 - iv) provision of entertainment listed below (known as regulated entertainment) to the public or club members or with a view to profit:
 - a) film exhibitions
 - b) performance of a play
 - c) indoor sporting events
 - d) a boxing or wrestling entertainment
 - e) some live music performances
 - f) playing of recorded music
 - g) dance performances
 - h) provision of facilities for making music
 - i) provision of dancing facilities
18. The Live Music Act 2012, which came into effect on 1 October 2012, removes the licensing requirements for certain types of live music performances. The exemptions are set out in Appendix 2 of this document.
19. There are a number of other activities that are exempt from the licensing requirement, details of which are also set out in Appendix 2 of this document.

22. The Act prescribes:
- i) personal licences which cover the licensing of individuals for the retail sale of alcohol
 - ii) premises licences which cover the retail sale of alcohol, the provision of regulated entertainment and the provision of late night refreshment
 - iii) club premises certificates which are required to allow the supply of alcohol or the provision of regulated entertainment to certain clubs
 - iv) temporary event notices which are required for certain licensable activities on a temporary basis
23. The scope of the Policy Statement covers new applications, transfers and variations of premises licences and club premises certificates, temporary event notices and renewals where applicable. It also includes the policy on the review of licences and certificates which could lead to revocation of the premises licence.
24. In general, a reference in the Policy Statement to a premises licence will include a club premises certificate. This policy Statement will cover the period January 2013 to January 2018 but may be amended if there are significant changes in legislation or case law.

Licensing Objectives

25. In carrying out its licensing functions, the authority will promote the licensing objectives set out in the Act. These are:
- i) the prevention of crime and disorder
 - ii) public safety
 - iii) the prevention of public nuisance
 - iv) the protection of children from harm
26. To achieve these objectives, the authority will use its full range of powers and engage all relevant responsibilities including its planning controls, transport controls, crime and disorder policies and powers. The authority will enter into appropriate partnership arrangements, working closely with the Police, the Fire Authority, local businesses, community representatives and local people in meeting these objectives.

Personal Licences

27. The City Corporation recognises it has little discretion regarding the granting of personal licences. In general provided an applicant has a qualification, accredited by the Secretary of State or a certified equivalent, and does not have certain serious criminal convictions, the application is required to be granted.
28. If an applicant has a relevant conviction the Police may oppose the application, in which case a hearing will be held.

POLICY

29. At any hearing the City Corporation will consider carefully whether the refusal of the personal licence would be in compliance with the licensing objectives. It will consider the seriousness and relevance of the disclosed conviction(s), the period that has elapsed since the offence(s) were committed and any mitigating circumstances. The City Corporation will refuse the application if it is satisfied that granting it would not promote the licensing objectives.

REASON

30. Prevention of crime is both an objective of the Licensing Act 2003 and an important responsibility of the City Corporation under the Crime and Disorder Act 1998. A person holding a personal licence should be properly qualified and be able to assist the action against crime. Granting a licence to a known criminal will in many cases undermine rather than promote the crime prevention objective.

Premises Licences and Club Premises Certificates

a) Application

POLICY

31. Applicants for premises licences and club premises certificates are required to produce an operating schedule to accompany their application. In completing the operating schedule, applicants should set out in some detail how they intend to run the premises in order to promote the four licensing objectives. Applicants are expected to have regard to this statement of licensing policy when completing their operating schedules.
32. The City Corporation has produced a Code of Good Practice for Licensed Premises to assist applicants in completing their operating schedules for the promotion of the four licensing objectives. The Code forms part of the City Corporation's statement of licensing policy and is attached as Appendix 1 to this document. The City Corporation will expect all applicants to have regard to the Code and to make a positive commitment to preventing problems from occurring at their premises.
33. In order to reduce the number of representations and the cost for all parties in having to attend a hearing, applicants are strongly urged to attend a pre-application meeting with officers of the City of London. This will give the applicant the opportunity to discuss any issues with the licensing officers and if necessary, the police and environmental health. Officers can discuss all aspects of the application, compliance with the City of London Licensing Policy to pre-empt any unnecessary representations and hearings.
34. The City Corporation will expect:

- i) all applications to be accompanied by a covering statement explaining in some detail the nature of the proposed operation. If the application is for a licence variation, the statement must also set out the reasons for the variation and whether there are any proposals to change the nature of the operation at the premises
- ii) all applicants to address the licensing objectives in their operating schedule which they are required by the Act to prepare
- iii) all applications to be accompanied by a plan scaled at 1:100 in electronic format together with a hardcopy on A3 size paper using colour where necessary
- iv) the operating schedule to have regard to the nature of the area where the premises are situated, the type of premises concerned, the licensable activities to be provided, operational procedures and the needs of the local community
- v) the applicant to demonstrate in the operating schedule that they have taken appropriate measures to ensure that the premises will be 'good neighbours' and where appropriate demonstrate that consideration has been given to arrangements for the quick, safe and quiet dispersal of customers from their premises
- vi) applicants will complete their own detailed risk assessments on their businesses using the Code of Good Practice for licensed premises as a guide
- vii) any proposed changes to the operating schedule, including change of use, to be notified to the Licensing Authority and, depending on the nature of the changes proposed, the Licensing Authority may require a new premises licence application or the submission of an application to vary the existing licence

35. In particular, the City Corporation will expect the applicant to be proposing practical steps to prevent disturbance to local residents. The City Corporation will expect the applicant to supply an acoustic report in applicable circumstances confirming that there will be no noise breakout from the premises that is likely to cause public nuisance to persons living or working in the area around the licensed premises. Any doubts as to whether such a report is required can be discussed in the pre-application meeting. Any sound leakage must be addressed in practical ways such as:

- i) keeping doors and windows closed and providing adequate mechanical ventilation
- ii) reducing sound levels and installing an approved sound limiting device to prevent sound exceeding the appropriate level, both the device and the level to be approved by a suitably qualified acoustic consultant
- iii) providing double door entry to premises with a ventilated lobby, to reduce noise levels generally and during entry and exit of persons to the premises
- iv) installing soundproofing measures to contain sound and vibration

36. The Licensing Authority expects that premises intended for the provision of noise generating licensable activities are acoustically controlled and engineered to a degree where the noise from the premises when compared to the ambient noise level will not cause undue disturbance. The Licensing Authority recognises specific difficulties associated with other premises structurally linked to would-be licensed premises and the limit of sound insulation performance that can be achieved. In some circumstances licensed premises with amplified music adjoining, or in very close proximity to, residential properties may not be appropriate.
37. The City Corporation will expect the operators of popular venues, which attract queues, to formulate a system to avoid disturbance to residents. This may sometimes be achieved by simply ensuring that the direction of the queue is away from residential accommodation.
38. However, excessive noise and/or disorder will require more rigorous action. It is important that queues formed later in the evening are supervised to keep noise to a minimum. Door supervisors will generally be expected to carry out this role, but they must be given clear instructions as to their duties and responsibilities which should cover other areas of crime and disorder, for example under age drinking and drugs.
39. The City Corporation recommends that for 'promoted events':
- i) a comprehensive risk assessment is undertaken by the licence holders to ensure that crime and disorder and public safety matters are identified and addressed
 - ii) that the appropriate City of London Police Promoted Event Risk Assessment Form be used for this and submitted to the Police at least 14 days before the event
 - iii) that promoters should have obtained BIIAB Level 2 for Music Promoters
 - iv) that the door supervisor per customer ratio should be 1 : 50
40. In terms of patrons leaving any premises, particularly late at night or early in the morning, the City Corporation will expect the applicant to operate a dispersal policy and to include in the operating schedule practical steps such as:
- i) erecting prominent notices at the exits to premises asking customers to leave quietly and not to slam car doors
 - ii) at appropriate times making loudspeaker announcements to the same effect within the premises
 - iii) instructing door staff to ask customers leaving the premises to leave the area quietly
 - iv) reducing the volume of music towards the end of the evening and where appropriate playing quieter, more soothing music as the evening winds down

- v) in appropriate cases, having door supervisors or a manager patrolling nearby streets to assess for themselves whether there is a problem and how best to deal with it
- vi) banning from the premises people who regularly leave in a noisy fashion
- vii) increasing outside lighting levels
- viii) instituting a mini cab/taxi booking scheme
- ix) any other steps which may be appropriate to prevent noise, or other nuisance, to neighbours of the licensed premises

REASON

41. A proactive and preventative approach is a key aspect of good management at licensed premises. One of the greatest irritations to residents trying to sleep is the excessive noise escaping from licensed premises. Noise escape from premises may preclude the grant of a licence or constitute grounds for the review of any licence previously granted. There might also be need for a Noise Abatement notice to be issued under the Environmental Protection Act.
42. There can be little doubt that a well-managed licensed venue can benefit the local community. However, there is clearly a risk of local residents being disturbed, particularly if the venue is open late at night because people leaving the premises can be a significant problem in the early hours. Customers may be less inhibited about their behaviour and may be unaware of the noise they are creating.
43. City of London Police intelligence indicates that some promoters organising events in the City have connections to gangs or convictions for violent crimes. Also, there have been a number of incidents where promoted events, attended by rival gangs, have resulted in violent exchanges. Consequently, measures need to be in place to prevent these crimes occurring.

POLICY

44. The City Corporation will expect:
- i) the premises to be presented to the highest possible standards of safety
 - ii) the applicant to have addressed the requirements of Health & Safety at Work and Fire Safety legislation and, where appropriate, the Technical Standards published by the District Surveyors Association. The plans of the premises which must be submitted will be expected to provide evidence of compliance with health and safety matters. Evidence of current safety certificates may be required
 - iii) the operating schedule to detail how the premises will be properly managed and maintained to ensure public safety at all times

REASON

45. Public safety is about protecting the safety and the lives of patrons. It is the wish of the City Corporation that anyone visiting a licensed venue in the City can do so in complete safety and premises may be inspected to ensure that they have been constructed with safety in mind and are well managed and maintained.
46. It is the policy of the City Corporation that there should be comprehensive facilities and access for people with disabilities wherever practicable. The City Corporation will, therefore, expect the needs of disabled people to be addressed in the operating schedule.
47. Wherever practicable, disabled people should not be treated in a less advantageous way than non-disabled people. In addition, there are responsibilities under the Equality Act 2010 and prior legislation that place statutory duties on licensees to ensure that such facilities cater for everyone's needs.

b) Consultation

POLICY

48. It is the policy of the City Corporation that it will always endeavour to make all those affected by an application aware of applications and of the opportunity to make representations. In doing so, every application for a premises licence will be required to be advertised by both the licensing authority and the applicant which will bring the details of the application to the notice of residents and other persons. The applicant will also be required to send a copy of the application to the Police, Fire Authority and other relevant responsible authorities.
49. The local authority will advertise all new licence applications and applications to vary existing licences on the City of London web site. We will also notify any person by email the details of such applications where a person so requests to be kept informed.

REASON

50. The grant of a licence could have a significant impact on the lives or businesses of those living or working in the area around the premises for which a licence is sought. It is only right, therefore, that all those likely to be affected by an application are made aware of it and of the opportunity to make representations.

Determination of Applications

OVERRIDING POLICY PRINCIPLE

51. In determining a licence application, the overriding principle adopted by the City Corporation will be that each application will be determined on its

individual merits. The process adopted for determination will, in all cases, follow that required by Regulations made under the Act.

Conditions

POLICY

52. Licence conditions will depend on the individual application and will be imposed where appropriate to meet the licensing objectives. Licence conditions will not be imposed where the City Corporation is satisfied that other regulatory regimes provide sufficient protection to the public eg. health and safety at work and fire safety legislation.
53. It is the policy of the City Corporation that, when considering and applying conditions, such conditions should be clear, appropriate and enforceable. Conditions will be focussed on matters that are within the control of the individual licence holder.
54. Suggested model conditions have been produced to assist applicants, responsible authorities and other persons when proposing and determining conditions for a premises licence, but all should ensure that the conditions apply specifically to the premises and meet the criteria of clarity, appropriateness and enforceability.
55. Suggested model conditions are neither exclusive nor exhaustive. They do not restrict applicants, responsible authorities or other persons in proposing additional or alternative conditions. Nor do they restrict the City of London, when determining contested applications, from imposing any reasonable condition on a licence that it considers appropriate for the promotion of the licensing objectives under the Licensing Act 2003.
56. A premises licence that contains conditions imposed by the City Corporation, or agreed by the applicant, shall also be subject to the statutory mandatory licensing conditions. See Appendix 3 for the full list of mandatory conditions.

REASON

57. The Government's view is that, in general, there should not be standard conditions, some of which might be inappropriate to individual premises. Instead, conditions should depend on the premises and activities concerned, with a view to ensuring that the licensing objectives are achieved.

Location of Premises, Licensing Hours and the Prevention of Nuisance

58. The view of the Government is that longer licensing hours should be encouraged in the interests of avoiding a concentration of disturbance and ensuring that nuisance is minimised to local residents. The Government believes that shops and public houses should generally be permitted to sell alcohol during the hours they intend to open. Entertainment providers should be encouraged to provide a range of entertainment during their operating

hours and to promote live music, dancing and theatre for the wider cultural benefit of the community.

59. The City Corporation understands the view of the Government, but considers that the risk of disturbance to local residents is greater when licensable activities continue late at night and into the early hours of the morning. For example, the risk of residents' sleep being disturbed by patrons leaving licensed premises is obviously greater at 02.00 than at 23.00. Residents have a reasonable expectation that their sleep will not be unduly disturbed between the hours of 23.00 and 07:00.

POLICY

60. It is therefore the policy of the City Corporation to strike a fair balance between the benefits to a community of a licensed venue, and the risk of disturbance to local residents and workers. Notwithstanding that all applications will be determined on their merits.

REASON

61. This policy is aimed at the fulfilment of the licensing objective of 'the prevention of public nuisance'.

Location and Impact of Activity

62. In all cases, the granting of a licence will depend on the impact of an activity, particularly on local residents or late night businesses. Consideration will be given to relevant matters including, but not limited to, the level of noise and vibration, litter, people coming and going, queuing and any potential for criminal activity or disorder.
63. The City Corporation takes note of the nuisance and potential danger to pedestrians and particularly to disabled people and those using access equipment or items such as pushchairs by the obstruction of the highway, which includes the footway, by customers of the licensed premises smoking, drinking and eating on the public highway.

POLICY

64. In relation to operating schedules:
- i) the City Corporation will expect that all operating schedules indicate the steps an applicant is taking to comply with the licensing objectives
 - ii) any operating schedule submitted in respect of premises shall include proposed times of operating and details of how the applicant intends to comply with the licensing objectives and in particular, how the outside areas will be managed to prevent noise, smell, or obstruction nuisance to neighbours and the public
 - iii) the proposals in the operating schedule should include an assessment of the potential for public nuisance arising from customers smoking, eating

and drinking in outdoor areas and on the public highway outside the premises and how this is to be managed with particular reference being made to:

- a) restricting the number of customers permitted in certain outside areas and/or at certain times
 - b) limiting the number of customers permitted on the premises at any one time
 - c) not permitting customers who are smoking to take drinks outside with them
 - d) the arrangements in place for the regular removal of used glasses, crockery and cutlery
 - e) locating smoking areas away from residential premises
 - f) using door supervisors and employees to monitor possible public nuisance issues with a ratio not less than 1 door supervisor for every 100 customers
 - g) providing a form of demarcation and or physical barrier acceptable to the Highways Authority to be used to mark the boundary of the area outside the premises where customers are allowed to drink
 - h) the steps they intend to take to educate their customers and prevent public nuisance arising from litter and prevent the use of alleyways, street corners, and open pavements in the area around their premises as urinals
 - i) how they will work with other licensees in the area to combat nuisance caused by night time visitors creating noise and urinating in the alleyways, street corners and open pavements in the area around the premises
- iv) with regard to the licensing objective of public safety, the issue of capacity should be addressed in the fire risk assessment for the premises use. This does not mean that every premises must have a capacity figure. However there should be evidence that the responsible person has considered the number of persons who can be safely evacuated through the available exits.

A safe capacity figure will be expected in the following circumstances:

- a) in premises that could potentially become overcrowded, for example bars, pubs, clubs, and other places of public assembly
- b) where an engineered solution or BS 9999 has been used to increase capacity
- c) where capacity is risk critical, for example where the premises use has a higher occupancy factor than that which the building was designed for
- d) where applicable, capacity should normally be inclusive of staff and performers. Management should be able to demonstrate a realistic method of controlling capacity

- e) in order to promote the licensing objective of public safety, the issue of the use of candles should be addressed in the fire risk assessment of all premises where candles may be used. The City Corporation requires all measures identified and recommended by the London Fire Bridge during their audit/ inspection to be adopted and implemented at all times, so as to reduce or remove the risk of danger to public safety

REASON

- 65. Any activity involving public entertainment or eating or drinking on the premises has the potential to impact adversely on the surrounding area due to noise, smells, or congestion on the footway. It may also be caused by the customers being noisy on departure or leaving litter. The impact of noise generated by these activities, especially customers departing either on foot or in cars, is particularly intrusive at night when ambient noise levels are much lower.
- 66. Although largely commercial, much of the City is very sensitive to the impact of licensed activities because it is close to either residential areas or areas of late night financial business. The impact of traffic going to and from licensed premises can be considerable. Even where a majority of customers arrive on foot or by public transport, the numbers of people dispersing may be significant.

Consideration of the Impact of Licensed Activities

POLICY

- 67. When considering whether any licensed activity should be permitted, the City Corporation will assess the likelihood of it causing unacceptable adverse impact, particularly on local residents and businesses, by considering the following factors amongst other relevant matters:
 - i) the type of use
 - ii) the proposed hours of operation
 - iii) the means of access to and exit from the premises by patrons
 - iv) the measures that are proposed to avoid nuisance being caused to residents and businesses in particular from outside smoking, drinking and eating in terms of noise, obstruction of the highway and anti-social behaviour
 - v) the matters set out in the City Corporation's Policy in relation to operating schedules, which will include, among other factors, any negative cumulative impact of licensed premises in an area and, in considering any application for review of premises already licensed, the City Corporation may take into account evidence of the following:

- a) past demonstrable adverse impact from the activity especially on local residents and businesses
- b) any appropriate measures which have been agreed and put into effect by the applicant to mitigate any adverse impact
- c) adoption of the City Corporation's Code of Good Practice for Licensed Premises

REASON

68. The prime purpose of this part of the Policy Statement is to achieve the licensing objective of preventing public nuisance. In furtherance of this aim, the Statement lists particular matters that the City Corporation will take into account in considering whether a licensed activity is likely to cause an adverse impact, particularly to local residents:
- i) the precise nature of the activity, especially for entertainment, will be a factor in considering the impact of the activity
 - ii) levels of noise from licensed premises which may be acceptable at certain times of day may not be acceptable later in the evening or at night when ambient noise levels are much lower
 - iii) with any adverse impact it may be possible to take steps to mitigate or prevent the impact and if such measures are reliable an activity may be licensed. In accordance with Government advice, the decisions taken by the City Corporation will obviously be focused on matters within the control of individual licensees and others granted relevant permissions and the steps they can take to achieve the licensing objectives. Accordingly, these matters will centre on the premises and places being used for licensable activities and the likely impact of those activities on members of the public living, working or engaged in normal activity in the area concerned
69. In reaching its decisions, the City Corporation acknowledges the difficulty a licence holder has in preventing anti-social behaviour by individuals once they are beyond the direct control of that licence holder. However, it will also take into account that the licensing objective of preventing public nuisance will not be achieved if patrons from licensed premises regularly engage in anti-social activities to the detriment of nearby residents or businesses. Furthermore, it will also take into account its responsibility under the Crime and Disorder Act 1998 to do all it can to prevent crime and disorder in the City. The aim of the Policy is, therefore, to achieve a holistic and balanced approach to these difficult issues.

Saturation and Cumulative Impact

POLICY

70. In determining an application, the authority will take into account, in the interests of public safety and the avoidance of nuisance, any representations relating to the negative cumulative impact that the existence of a saturation of premises in one area may have. A saturation of licensed premises can

attract customers to the area that has an impact on the surrounding area beyond the control of individual licence holders.

71. The City Corporation will take this into account whenever it receives representations about cumulative impact on the licensing objectives if warranted within a specific area.

REASON

72. The impact from licensed premises increases considerably in areas where there are concentrations of such venues. The adverse effects from licensed activities are particularly acute in some areas of the City. The City Corporation will consider the effects of licensed premises saturation which may cause a significant negative cumulative impact in such areas.

Variable Closing Times

73. One of the aims of the new licensing regime is to prevent concentrations of patrons exiting the premises at 23:00 as happened under the inflexible licensing hours of the previous liquor licensing arrangements. The Government has abolishing fixed licensing hours in favour of hours suitable for individual premises.

POLICY

74. In areas containing a number of licensed premises, the policy of the City Corporation will be to encourage licensees to vary their closing times so that patrons leave for natural reasons over a longer period. Notwithstanding that, each application will be determined on its merits.

REASON

75. The aim of this policy is to minimise disturbance and strain on transport systems. It is also designed to prevent the replication of the existing large scale departures of patrons, whatever the hour, to the detriment of the licensing objectives of preventing public nuisance and crime and disorder.

Tables and Chairs Outside Premises

76. The provision of tables and chairs outside premises, either on the highway or on private land, can enhance the attractiveness of the venue. It can have the benefit of encouraging a continental style café culture. However, late at night these same tables and chairs can contribute to noise problems. This is because they can encourage patrons and passersby to loiter rather than disperse.
77. The placing of tables and chairs on the public highway requires the consent of the City Corporation's Planning & Transportation Committee. On private land, such consent is not needed.

POLICY

78. The City Corporation may determine hours of operation, for example by setting additional conditions where appropriate to meet the licensing objectives, taking into consideration crime and disorder, noise safety and local residents' amenities and would wish to see details of the proposed operation in the operating schedule.

REASON

79. This policy is designed to strike a fair balance between the needs of those wishing to enjoy refreshment in the open air and the need to prevent problems concerning safety and nuisance.

Smoking

80. Legislation in relation to smoking in enclosed spaces came into force on 1 July 2007. From that date it became illegal to smoke or to fail to prevent smoking in a smoke-free place.

POLICY

81. The City Corporation may take into consideration the possible effect of people leaving licensed premises to smoke when determining licence applications. This relates to safety of patrons and passers-by and also nuisance from noise or litter.

REASON

82. This is to take into account any concerns relating to safety and nuisance from people outside premises.

Sexual Entertainment Venues

83. The City Corporation has a separate policy for applications for Sexual Entertainment Venues in the City and applicants should refer to that policy for guidance.

Other Controls

84. The Government's view is that Statements of Licensing Policy should indicate other mechanisms that are available for addressing issues of customers behaving badly away from licensed premises such as:
- i) planning controls
 - ii) positive measures to create a safe and clean City centre environment in partnerships with local businesses, transport operators and other local authority departments

- iii) the provisions of CCTV surveillance in town centres, ample taxi ranks, provision of public conveniences open late at night, street cleaning and litter patrols
- iv) powers of local authorities to designate parts of the local authority area as places where alcohol may not be consumed publicly
- v) Police enforcement of the general law concerning disorder and anti-social behaviour, including the issue of fixed penalty notices
- vi) the prosecution of any personal licence holder or member of staff at such premises who is selling alcohol to people who are drunk
- vii) the confiscation of alcohol from adults and children in designated areas
- viii) Police powers to close down instantly for up to 24 hours any licensed premises or temporary event on the grounds of disorder, the likelihood of disorder or excessive noise emanating from the premises causing a nuisance
- ix) the power of the Police, other responsible authorities or other person or business to seek a review of the licence or certificate in question. See Appendix 4 for contact details of the responsible authorities

POLICY

85. It is the policy of the City Corporation to consider very carefully the implications of granting a licence when the hours sought extend into the early hours of the morning.

REASON

86. This is because many of these mechanisms may be of limited effectiveness and value in dealing with anti-social behaviour away from the premises.

Protection of Children

87. The protection of children from harm is an important licensing objective. Nevertheless, the City Corporation will not normally impose conditions requiring or prohibiting the admission of children to any premises, believing this should remain a matter of discretion for the licence holder and takes account of the view of Government that the use of licensed premises by children should be encouraged. However, it will, where appropriate, impose conditions designed to protect children.

POLICY

88. The City Corporation will take strong measures to protect children from harm. Examples of premises where the introduction of additional controls are likely to be appropriate are:
- i) where entertainment or services of an adult or sexual nature are commonly provided

- ii) where there have been convictions of members of the current staff at the premises for serving alcohol to minors or with a reputation for underage drinking
 - iii) where there is a known association with drug taking or dealing
 - iv) where there is a strong element of gambling on the premises (but not, for example, the simple presence of a small number of cash prize gaming machines)
 - v) where the supply of alcohol for consumption on the premises is the exclusive or primary purpose of the services provided at the premises
89. While in some circumstances it may be appropriate to impose a complete prohibition, the City Corporation will in other situations consider imposing requirements such as:
- i) limitations on the hours when children may be present
 - ii) limitations or the exclusion of the presence of children under certain ages when particular specified activities are taking place
 - iii) limitations on the parts of premises to which children might be given access
 - iv) age limitations (eg. no person under 18)
 - v) requirements for accompanying adults (including for example, a combination of requirements which provide that children under a particular age must be accompanied by an adult)
 - vi) full exclusion of those people under 18 from the premises when any licensable activities are taking place
90. Where the exhibition of films is permitted, the authority will expect the age restrictions of the British Board of Film Classification (BBFC) or the City Corporation in respect of the films to be exhibited to be complied with.
91. In relation to specialist Film Festivals where it is desired to show films not classified by the BBFC, the City Corporation will classify the films concerned, provided adequate notice has been given. To achieve consistency and the protection of children, the City Corporation will use the guidelines published by the BBFC.
92. In addition, the City Corporation will use its other statutory functions to ensure the protection of children from harm with particular emphasis on the sale of alcohol to underage persons.

REASON

93. These policies are designed to allow flexibility for the licensee to ensure that, where appropriate, licensed premises are suitable for children but to ensure they are adequately protected.

Drugs

94. Recent surveys indicate a general increase in the use of illegal drugs, involving a wider range of substances. This is particularly true of what are often referred to as 'recreational drugs'. The misuse of such drugs holds grave dangers and has led to fatalities.
95. Other factors may have contributed to these deaths, such as a lack of drinking water, excessive drinking of water, an overly hot environment with inadequate ventilation, or a lack of adequate information about drugs.
96. Drugs alter the way people behave, so their distribution and possession is controlled by law. Controlled drugs are usually manufactured and supplied illegally, which attracts criminal involvement in their distribution. Drugs manufactured illegally often vary in quality and strength which puts people taking such drugs in further danger.
97. The City Corporation recognises that drug use by young people in a club environment is not something that applies to all licensed premises. However, many entertainment venues, such as night clubs and dance venues, can be popular with both drug users and suppliers.

POLICY

98. The City Corporation will expect licensees of venues to take all reasonable steps to prevent the entry of drugs into premises under their control, to take appropriate steps to prevent drugs changing hands within the premises and to take practical measures to prevent tragedies as a result of drug misuse by way of management and design of the premises.
99. In particular, the City Corporation will expect licensees of such venues to be familiar with the contents of Chapter 4 (drug awareness) of the BIIAB Level 2 National Certificate for Entertainment Licensees and to be following the recommendations of that handbook. The BIIAB is a legal entity, and is the British Institute of Innkeeping Awarding Body. The City Corporation will also expect licensees to be following the recommendations of the book 'Safer Clubbing' issued by the London Drug Policy Forum and endorsed by the Home Office.
100. Failure to follow these recommendations, and those set out in the Code of Good Practice for Licensed Premises, on a voluntary basis could lead to the licence being reviewed with the possibility of revocation. In appropriate cases the City Corporation will consider imposing the recommendations detailed in these publications by way of licence conditions.

REASON

101. The purpose of this policy is to further the crime prevention objective and to ensure public safety by preventing harm and loss of life caused by drug abuse, overheating and other factors.

Planning

102. Any premises for which a licence is required should normally have an authorised use under town planning legislation.

POLICY

103. It will be the policy of the City Corporation that applications for premises licences in respect of permanent commercial premises will be reminded of the need to secure the necessary planning consent, if not already obtained, before carrying on their licensable activities. An application for any variation of a licence would not relieve the applicant of the need to apply for planning permission or building control consent where appropriate.
104. Coordination of these functions will be facilitated by the Licensing Committee and the Planning & Transportation Committee, each committee being kept informed of the actions taken.

REASON

105. This policy is to avoid unnecessary duplication and, thereby, comply with Home Office guidance. Licensing applications will not be a re-run of the planning process and will not cut across decisions taken by the local planning authority. However, there could be occasions when a licence is refused for licensing reasons where an authorised planning use exists.

Other Integration Strategies

POLICY

106. The City Corporation will continue to work in partnership with the City of London Police, the City of London Crime and Disorder Reduction Partnership, Transport for London and other agencies and organisations which impact on the Corporation's licensing responsibilities. In particular, the City Corporation commends initiatives such as 'Safety Thirst' or equivalent accreditation schemes relating to the responsible promotion of City venues as welcoming to all.

REASON

107. The City Corporation recognises that there are many interlinking strategies introduced for the good management of its area and its night-time economy. Many of these strategies are not directly related to the promotion of the four licensing objectives, but indirectly impact upon them. Co-ordination and integration of such policies, strategies and initiatives are therefore important.

Enforcement

108. Where necessary, enforcement action will be taken in accordance with the principles of good enforcement, as set out in the Legislative and Regulatory Reform Act 2006, the Enforcement Concordat and the Regulators' Compliance Code, which promote consistency of enforcement throughout the country. Action taken will meet the requirements of the City of London's

Department of Markets and Consumer Protection’s Policy Statement on Enforcement.

109. In particular, enforcement action will have regard to the fundamental principles recommended by the Better Regulation Task Force for good enforcement:
- i) risk assessment – i.e. focusing on activities that give rise to the most serious risks or where hazards are least well controlled
 - ii) consistency – i.e. similar approaches in similar circumstances to achieve similar ends
 - iii) transparency – i.e. helping licensees to understand what is expected and distinguishing between statutory requirements and guidance
 - iv) proportionality – i.e. action taken should be proportional to the risk presented
110. The authority will establish protocols with the local Police and the Fire Authority on enforcement issues to avoid duplication and to provide for the most efficient deployment of City Corporation, Police and Fire Authority officers in respect of inspection of licensed premises and the enforcement of licensing law.
111. The policy of the City Corporation will always be a light touch inspection regime for well-managed and maintained premises, with a targeted and graduated inspection and enforcement regime for problem and high-risk premises.

Discharge of Functions

112. The Act provides that the functions of the licensing authority (including its determinations) are to be taken or carried out by its Licensing Committee (except those relating to the making of a statement of licensing policy or where another of its committees has the matter referred to it). The Licensing Committee may delegate these functions to sub-committees or, in appropriate cases, to officials supporting the licensing authority. Where licensing functions are not automatically transferred to licensing committees, the functions must be carried out by the licensing authority as a whole and not by its executive.

113. The discharge of functions are as follows:

Matters to be dealt with	Sub Committee	Officers
Application for personal licence	If a Police objection	If no objection made
Application for personal licence with unspent convictions	All cases	
Application for premises licence/club premises certificate	If a relevant representation made	If no relevant representation made

Application for provisional statement	If a relevant representation made	If no relevant representation made
Application to vary premises licence/club premises certificate	If a relevant representation made	If no relevant representation made
Application to vary designated premises supervisor	If a Police objection	All other cases
Request to be removed as designated premises supervisor		All cases
Application for transfer of premises licence	If a Police objection	All other cases
Application for interim authorities	If a Police objection	All other cases
Applications to review premises licence/club premises certificate	All cases	
Decision on whether a complaint is irrelevant, frivolous, vexatious etc.		All cases
Decision to object when local authority is a consultee and not the relevant authority considering the application	All cases	
Determination of a police or environmental health objection to a temporary event notice	All cases	
Determination of application to vary premises licence at community premises to include alternative licence condition	If Police objection	All other cases
Decision whether to consult other responsible authorities on a minor variation		All cases
Determination of a minor variation application		All cases

Licensing Code of Good Practice

Activities Exempt from the Licensing Requirement

- (1) Film exhibitions for the purposes of advertisement, information, education etc.
- (2) Film exhibitions that form part of an exhibit put on show for any purposes of a museum or art gallery.
- (3) Music whether live or recorded, which is incidental to other activities which do not require a licence.
- (4) Live music as follows:
 - i. amplified live music between 8am and 11pm before audiences of no more than 200 people on premises authorised to sell alcohol for consumption on the premises;
 - ii. amplified live music between 8am and 11pm before audiences of no more than 200 people in workplaces not otherwise licensed under the 2003 Act (or licensed only for the provision of late night refreshment); and
 - iii. unamplified live music between 8am and 11pm in all venues
- (5) Use of television or radio receivers for the simultaneous reception and playing of a programme.
- (6) Any entertainment or entertainment facilities at a place of public religious worship.
- (7) Entertainment at garden fetes or similar functions unless there is an element of private gain.
- (8) Morris dancing or any dancing of a similar nature or a performance of un-amplified live music as a part of such a performance.
- (9) Entertainment on road vehicles in motion.

Mandatory Conditions**Alcohol**

- (1) There shall be no sale or supply of alcohol when there is no Designated Premises Supervisor (DPS) in respect of this premises licence or at a time when the DPS does not hold a personal licence or when his/her licence is suspended.
- (2) Every supply of alcohol under the premises licence must be made or authorised by a person who holds a personal licence.
- (3) The responsible person shall take all reasonable steps to ensure that staff on relevant premises do not carry out, arrange or participate in any irresponsible promotions in relation to the premises.
- (4) In this paragraph, an irresponsible promotion means any one or more of the following activities, or substantially similar activities, carried on for the purpose of encouraging the sale or supply of alcohol for consumption on the premises in a manner which carries a significant risk of leading or contributing to crime and disorder, prejudice to public safety, public nuisance, or harm to children:
 - i) games or other activities which require or encourage, or are designed to require or encourage, individuals to:
 - a) drink a quantity of alcohol within a time limit (other than to drink alcohol sold or supplied on the premises before the cessation of the period in which the responsible person is authorised to sell or supply alcohol)
 - b) drink as much alcohol as possible (whether within a time limit or otherwise)
 - ii) provision of unlimited or unspecified quantities of alcohol free or for a fixed or discounted fee to the public or to a group defined by a particular characteristic (other than any promotion or discount available to an individual in respect of alcohol for consumption at a table meal, as defined in section 159 of the Act)
 - iii) provision of free or discounted alcohol or any other thing as a prize to encourage or reward the purchase and consumption of alcohol over a period of 24 hours or less
 - iv) provision of free or discounted alcohol in relation to the viewing on the premises of a sporting event, where that provision is dependent on:
 - a) the outcome of a race, competition or other event or process
 - b) the likelihood of anything occurring or not occurring
 - v) selling or supplying alcohol in association with promotional posters or flyers on, or in the area around the premises which can reasonably be

considered to condone, encourage or glamorise anti-social behaviour or to refer to the effects of drunkenness in any favourable manner

- (5) The responsible person shall ensure that no alcohol is dispensed directly by one person into the mouth of another (other than where that other person is unable to drink without assistance by reason of a disability).
- (6) The responsible person shall ensure that free tap water is provided on request to customers where it is reasonably available.
- (7) The premises licence holder or club premises certificate holder shall ensure that an age verification policy applies to the premises in relation to the sale or supply of alcohol.
- (8) The policy must require individuals who appear to the responsible person to be under 18 (or such age specified in the policy) to produce on request, before being served alcohol, identification bearing their photograph, date of birth and a holographic mark.
- (9) The responsible person shall ensure that where any of the following alcoholic drinks is sold or supplied for consumption on the premises (other than alcoholic drinks sold or supplied having been made up in advance ready for sale or supply in a securely closed container) it is available to customers in the following measures:
 - i) Beer or Cider: ½ pint
 - ii) Gin, Rum, Vodka or Whisky: 25ml or 35ml
 - iii) Still wine in a glass: 125ml

Customers must be made aware of the availability of the above measures.

Door Supervisors

- (10) Where a premises licence includes a condition that at specified times one or more individuals must be at the premises to carry out a security activity, the licence must include a condition that each such individual must be licensed by the Relevant Authority.

Films

- (11) Admission of children (under the age of 18) to any exhibition of films must be restricted in accordance with the film classification body designated as the authority under s4 Video Recordings Act 1984.

Clubs

- (12) A Club Premises Certificate which authorises the supply of alcohol for consumption off the premises must include the following conditions:
 - i) the supply must be made at a time when the premises are open for the purposes of supplying alcohol, in accordance with the certificate, to members of the club for consumption on the premises

- ii) the alcohol supplied for consumption off the premises must be in a sealed container
- iii) the supply of alcohol for consumption off the premises must be made to a member of the club

Responsible Authorities

- ❖ **Licensing Authority**
Markets and Consumer Protection
PO Box 270, Guildhall
London EC2P 2EJ
- ❖ **Police**
City of London Police, Licensing Office,
78 -83 Upper Thames Street
London EC3R 3TD
- ❖ **Fire and Rescue**
London Fire & Emergency Planning Authority,
Fire Safety Regulation: North East Area 2
London Fire Brigade
169 Union Street
London SE1 0LL
- ❖ **Primary Care Trust**
City and Hackney Primary Care Trust
Director of Public Health
Clifton House, 75-77 Worship Lane
London EC2A 2DU
- ❖ **Environmental Health**
Department of Markets and Consumer Protection (Pollution)
City of London Corporation
PO Box 270 Guildhall,
London EC2P 2EJ
- ❖ **Planning**
Department of Planning & Transportation,
City of London Corporation
PO Box 270 Guildhall,
London EC2P 2EJ
- ❖ **Child Protection**
Department of Community & Children's Services
City of London Corporation
PO Box 270, Guildhall,
London EC2P 2EJ
- ❖ **Trading Standards**
Department of Markets and Consumer Protection (Trading Standards)
City of London Corporation
PO Box 270 Guildhall,
London EC2P 2EJ

❖ **Public Safety**

Department of Markets and Consumer Protection (Food),**
City of London Corporation
PO Box 270, Guildhall,
London EC2P 2EJ

** In respect of City of London Corporation owned premises, the Responsible Authority for public safety as listed above will be substituted for the HSE address below:

Health and Safety Executive,
Rose Court, 2 Southwark Bridge,
London SE1 9HS

❖ **Adjoining Local Authorities where premises cross over a boundary (appropriate address as applicable).**

Additional notifications will be required if the “premises” is a moving vessel (e.g. pleasure boat on the Thames). These are listed below:-

❖ **Maritime & Coastguard Agency**

Orpington Marine Office
Central Court
1B Knoll Rise
Orpington
Kent
BR6 0JA

❖ **Port of London Authority**

Harbour Master (Upper District)
Bakers' Hall
7 Harp Lane
London
EC3R 6LB

❖ **Metropolitan Police**

Thames Division
98 Wapping High Street
London
E1 9NE

The actual applications together with a cheque for the required fee made payable to “City of London Corporation” should be sent to:-

Department of Markets and Consumer Protection
Licensing Office
City of London Corporation,
PO Box 270, Guildhall,
London EC2P 2EJ

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Simon Birkett
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W: <http://cleanairinlondon.org>

17 October 2012

Dear Director of Public Health and/or member of the Health and Wellbeing Board

‘Clean Air in London’ urges you to: ensure your local Joint Strategic Needs Assessment considers air pollution; and prioritise measures to address air pollution in your Health and Wellbeing Strategy

Clean Air in London, which manages a cross-party campaign of the same name, is sponsoring next week the ‘Education and Engagement’ Masterclass at the Public Service Events conference titled ‘Public health: an update and way forward’ <http://www.publicserviceevents.co.uk/224/public-health>.

Health impacts

Air pollution is much worse than most of us have realised and regularly exceeds twice World Health Organisation (WHO) guidelines and legal limits near our busiest streets. The number of deaths attributable to long-term exposure to ‘invisible’ air pollution dwarfs that from short-term exposure to ‘visible’ air pollution such as during the Great Smog of 1952 (when we knew nothing of the health impact of long-term exposure to air pollution). **Only smoking causes more early deaths.**

The Committee on the Medical Effects of Air Pollution (COMEAP) has estimated there were 29,000 deaths attributable to long-term exposure to fine particles (PM_{2.5}) in the UK in 2008 at an average loss of life for these people of 11.5 years. This is a statistical estimate calculated after eliminating some 40 other possible causes of death to make the estimate comparable with those for alcohol, obesity and smoking. COMEAP speculated that, given that much of the impact of air pollution on mortality is linked to **cardiovascular deaths**, it is more reasonable to consider that **air pollution may have contributed to the earlier deaths of up to 200,000 people in the UK in 2008 (i.e. one in three of all deaths) at an average additional loss of life for these people of about two years** (at typical ages for cardiovascular deaths e.g. 15% of which are before age 65).

Clean Air in London was the first to publish estimates for the number of deaths attributable to long-term exposure to PM_{2.5} in the UK in 2009. Its estimates were confirmed subsequently by two Parliamentary Committees and the Mayor of London. **Updated estimates will be provided by the Government for the Public Health Outcomes Framework at item 3.1 Air pollution** i.e. Health protection in Domain 3. COMEAP has recommended that three metrics are published: the number of deaths attributable to long-term exposure to PM_{2.5}; total years of life lost; and the attributable fraction.

Sources and exposures

In September 2012 the Department for Environment Food and Rural Affairs published estimates for population weighted exposure to PM_{2.5} in the UK of: 12.5 micrograms per cubic metre (µg/m³) in 2009; 13.0 µg/m³ in 2010; and 13.5 µg/m³ in 2011 i.e. **a significant and steady deterioration of this key driver of public health in the last three years.**

The Mayor of London has estimated that **road transport was responsible for some 80% of PM_{2.5} emissions in London in 2008.** Policy Exchange, a leading think-tank, has estimated that **diesel vehicles are responsible for about 91% of PM_{2.5} road transport exhaust emissions in London.** In June 2012, the WHO classified diesel exhaust as carcinogenic for humans.

Solutions

Clean Air in London's mission is to achieve urgently and sustainably full compliance with WHO guidelines for air quality throughout London (and elsewhere).

Clean Air in London has proposed scores of measures to solve the air pollution crisis. Top priorities include: leadership; reduce transport emissions; reduce emissions from buildings; and protect the most vulnerable. **Most important, we need to warn people about the dangers of air pollution and give them advice about protecting themselves (i.e. adaptation) and reducing pollution for themselves and others (i.e. mitigation).** For example, people can reduce their exposure to air pollution by up to 50% by walking or cycling down side streets rather than busy roads. People can also reduce air pollution by walking or cycling or using public transport rather than driving a diesel vehicle.

Clean Air in London recommends that Directors of Public Health and Health and Wellbeing Boards take six steps to address their duties under the Health and Social Care Act 2012:

Strategic issues

- Ensure your joint strategic needs assessment considers air pollution
- Prioritise measures to address air pollution in your Health and Wellbeing Strategy

Adaptation: Build public understanding through 'Education and engagement'

- Encourage leadership and the use of existing health communication channels e.g. smog alerts
- Support new events and ways to raise the profile of air pollution e.g. during the European Commission's 'Year of Air' in 2013

Mitigation: Reduce harmful emissions at their source and encourage less polluting alternatives

- Demand action to reduce diesel emissions e.g. buses, taxis and trains and low emission zones
- Encourage use of the City of London's CityAir guidance including for indoor air quality

Separately, I attach research by Clean Air in London that shows poor understanding among many local authorities of indoor air quality, where Europe citizens spend on average over 90% of their time.

Please say if you would be willing to meet, perhaps with your Health and Wellbeing Board or other colleagues.

I look forward to hearing from you.

Yours sincerely

Simon Birkett
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