



Shadow Health and Wellbeing Board

Date: MONDAY, 4 MARCH 2013
Time: 1.45pm
Venue: COMMITTEE ROOM, WEST WING, GUILDHALL.

Members: Vicky Hobart (Chairman)
Revd Dr Martin Dudley
Jon Averbs
Superintendent Norma Collicott
Dr Gary Marlowe
Jakki Mellor-Ellis
Simon Murrells
Vivienne Littlechild
Gareth Moore
Deputy Joyce Nash

Chairman of Policy and Resources Committee (or their representative)
Chairman of Port Health and Environmental Services Committee (or their representative)

Enquiries: Natasha Dogra
Tel: 020 7332 1434
Email: Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **WELCOME AND INTRODUCTIONS**

2. **MINUTES AND ACTIONS FROM LAST MEETING**

To agree the public minutes of the previous meeting held on 23 January 2013.

For Decision
(Pages 1 - 8)

3. **RAPID HEALTH IMPACT ASSESSMENT OF THE LOCAL PLAN**

Report of the Acting Director of Community & Children's Services (to follow).

For Information

4. **CENSUS UPDATE**

Report of the Director of the Built Environment.

For Information
(Pages 9 - 24)

5. **SUBSTANCE MISUSE PARTNERSHIP PLANNING FOR 2013**

Report of the Acting Director of Community & Children's Services.

For Information
(Pages 25 - 32)

6. **UPDATE REPORT**

Report of the Acting Director of Community & Children's Services.

For Information
(Pages 33 - 38)

7. **ANY OTHER BUSINESS**

8. **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

9. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 23 January 2013.

For Decision
(Pages 39 - 40)

10. **ANY OTHER NON-PUBLIC BUSINESS**

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HEALTH AND WELLBEING BOARD**Wednesday, 23 January 2013****Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1 - 2nd Floor West Wing, Guildhall on Wednesday, 23 January 2013 at 1.45pm****Present****Members:**

Vicky Hobart (Chairman)
 Revd Dr Martin Dudley
 Dr Gary Marlowe
 Jakki Mellor-Ellis
 Simon Murrells
 Gareth Moore
 Vivienne Littlechild
 Deputy Joyce Nash
 John Tomlinson

Officers:

Caroline Webb	- Town Clerk's Department
Natasha Dogra	- Town Clerk's Department
Nestor Alfonzo Santamaria	- Town Clerk's Department
Gary Locker	- Town Clerk's Department
Paul Haigh	- City & Hackney Pathfinder CCG
Neal Hounsell	- Community and Children's Services Department
Farrah Hart	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services Department
Sarah Greenwood	- Community and Children's Services Department
Carla Keegans	- Community and Children's Services Department
Rachel Sambells	- Markets and Consumer Protection
Lisa Russell	- Department of the Built Environment
Derek Read	- Department of the Built Environment
Giles French	- Public Relations

In Attendance

Martin Crisp	- CEO City & Hackney LPC
Amarjeet Panesar	- Chauhan Chemists
Beneeta Shah	- Boots Plc
Dr Chor	- Neaman Practice
Serena Luchenski	- Public Health Specialist Trainee
Judith Grey	- Public Health Contracts Assistance, LB Hackney

Observing:

Members of the City and
 Hackney Public Health Team

2. **MINUTES AND ACTIONS FROM LAST MEETING**

The minutes of the meeting held on 7 November 2013 were agreed as a correct record.

Matters Arising

Governance Arrangements – The Board was informed that the Chairman of Policy and Resources Committee would be nominating a Member to represent him on the Board in due course.

Mapping of Health Services in the City of London – The Board asked that the updated recommendations be circulated to Members.

3. **LOCAL PHARMACY COMMITTEE PRESENTATION**

The Board received a presentation from Members of the Local Pharmacy Committee and local Pharmacies regarding how health and wellbeing services were delivered in the City.

The Board were informed that the estimated number of visits an adult will make to a pharmacy every year was 14. There were 16 community pharmacies across the City and 19 services other than dispensing were offered by community pharmacy to patients across City and Hackney.

Members questioned whether services were publicised within the City. Officers informed Members that services were generally commissioned for residents and were therefore not widely advertised - they relied on referrals and word of mouth, but would follow up this point to ensure services were well advertised within the square mile.

In response to a question from Members, Officers said they did not send GPs the details of patients who visited local chemists for services. This was mainly due to data protection issues and patient confidentiality. Members queried whether a centralised database would help GPs track services used by their patients in local chemists. Officers said this would allow GPs to recognise issues such as repeat prescriptions for the same issues. GPs could then offer advice to the patient and help resolve the issue. However, this would require consent from the patient.

Officers informed Members that if their patient was not registered with a GP they were encouraged to do so, and encouraged to discuss their concerns with their doctor. Officers agreed that this communication link was vital and they would continue to encourage their service users to visit their GP about persistent use of their services.

RECEIVED.

4. **NHS OUTCOMES FRAMEWORK AND CCG PRIORITIES**

The Board considered a report of the City of Hackney Pathfinder Clinical Commissioning Group (CCG).

Paul Haigh introduced the report and informed Members about a new initiative from the Department of Health to improve quality in three local issues of priority to earn a grant of up to £2 million. Officers informed the Board that it was necessary for the CCG to identify three local area indicators to improve on. The current areas of poor performance were outlined by the officer and discussions ensued regarding which areas Members considered a priority. The Board agreed that whilst all areas of poor performance must be improved the following three areas had been highlighted by the CCG Clinical Executive and took priority:

- Proportion of people feeling supported to manage their condition
- Patient reported outcomes for elective knee replacements
- Improving dementia diagnosis rate

Officers informed the Board that work would now commence on setting new targets and agreeing action plans for to improve these areas of local priority.

RESOLVED: the Board agreed the local priorities as recommended by the CCG Clinical Executive.

5. **PUBLIC HEALTH GRANT ALLOCATIONS AND COMMISSIONING INTENTIONS**

The Board received a report of the Director of Children and Community Services and Members were advised about the transfer of public health functions and related funding from primary care trusts to local authorities, effective from April 2013.

Officers informed the Board that the levels of transferred funding the City of London

Corporation (CoLC) was expected to receive in 2013/14 and 2014/15 and the current position on the commissioning arrangement for the transferred public health contracts which CoLC would be responsible for. In response to a query from Members, officers said the funding was ring-fenced to be used on public health services only.

Officers had been working closely with the City and Hackney Public Health Transition Board to assess the volume of functions and services currently delivered. The Board was informed that services would continue to be provided under contract by a range of providers including GP practices, pharmacies, hospitals, City and Hackney Substance Misuse Partnerships, and by a wide range of community and voluntary services. Services provided currently included:

- Alcohol and drug misuse
- Immunisation
- HIV and sexual health
- Smoking cessation
- Dental health
- Health checks and health improvement
- Nutrition, obesity and physical activity
- Prevention, detection and infection control

- Mental health.

Officers informed Members that contracts for these services had now been valued and categorised according to local need and specific commissioning requirements.

RESOLVED:

1. Members noted the report and the City of London Public Health Allocation for 2013/14 and 2014/15 noted the report and;
2. Members noted that the Health and Well Being Board would need seek permission from Community and Children's Services to delegate authority to the Town Clerk and Chairman and Deputy Chairman to enter into contractual and other legal agreements as were necessary to give effect to the transfer of public health contracts by that date to implement these contractual arrangements from 1 April 2013.

6. CITY AND HACKNEY HEALTH PROTECTION COMMITTEE AND THE NEW HEALTH EMERGENCY PLANNING AND RESPONSE ARRANGEMENTS

The Board received an update on the current changes to the health emergency planning and response arrangements as they related to the City of London. Officers informed Members of the details of the City and Hackney Health Protection Forum, which was an evolution of the well-established City and Hackney Multi Agency Pandemic Flu Planning Group.

Officers informed Members that at present, the City of London (jointly with the London Borough of Hackney) operated a multi-agency forum called the City and Hackney Multi Agency Pandemic Flu Planning Group. The group was originally created to plan and support the response to an Influenza pandemic and demonstrated its effectiveness during the response to the 2009 flu pandemic. The group had since expanded its remit to cover the full scope of health emergency planning. It was anticipated that this group will continue its good work and transition to a new "City and Hackney Health Protection Forum".

The new arrangements for health emergency planning and response would begin to take shape soon. In preparation for this, the Public Health Team in the NHS North East London and the City cluster, guided by the Director of Public Health (Dr Lesley Mountford) would begin to design and develop the concept of a Health Protection Forum, in conjunction with the local Contingency Planning Teams for the City of London and the London Borough of Hackney.

The Board were informed that NHS North East London and the City Local Public Health Team would convene a workshop on 22 January 2013 to inform all partner organisations of the changes during the Public Health transition and to ensure they all understand their roles and responsibilities during a health emergency. At this workshop, the organisers would seek to help stakeholders to identify their roles and responsibilities within the new arrangements for Health Protection and discuss the terms of reference and purpose of the Health Protection Forum.

RESOLVED:

1. Members noted the contents of the report and supported the formation of the City and Hackney Health Protection Forum and;
2. Members noted the evolving role of Health and Wellbeing Boards with regards to emergency planning and emergency response as the system evolves over time.

7. CITY OF LONDON LINK'S MID-YEAR REPORT (APRIL - OCTOBER 2012)

The Board received the mid-year report of City of London LINK.

RECEIVED.

8. UPDATE REPORT

The Board received the report of the Director of Community and Children's Services providing Members with an overview of key updates to subjects of interest to the Board where a full report is not necessary.

The City of London, LB Hackney and LB Newham agreed to seek a single Director of Public Health (DPH) who would take the lead in the statutory DPH requirements across all three areas. A job description was being developed and discussed with the Faculty of Public Health. Once the senior management team were appointed, further consultation on the lower grade structure would commence. Members were informed that interviews for the role of the Director of Public Health would be taking place in week commencing 4th March 2013.

The Board were informed that the Public Health team moved to the London Borough of Hackney on the 14th January and were based at the Hackney Service Centre. They were supporting both the LB Hackney and the City of London Corporation and were taking part in induction events at both organisations.

The Chairman Vicky Hobart indicated that the Public Health Senior Management team had expressed concern that the proposed new arrangements for Public Health in Hackney and the City of London would not provide sufficient capacity or professional leadership for the function locally.

Officers informed Members that work was on-going to produce a Health & Wellbeing Board Handbook. Initially, the Handbook will contain documents such as a list of Members, Terms of Reference, Statutory Duties and Responsibilities, Meeting Dates, References to the Key Partners, the Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). Discussions with Members would take place as part of the Board development day on the 6th February 2013.

RECEIVED.

9. THE LONDON HEALTHY WORKPLACE CHARTER

The Board received an update on the London Healthy Workplace Charter, which had been piloted in the City of London. The charter was designed to

provide a framework for businesses to improve workplace health for their employees. So far, one large business in the City has successfully achieved a charter accreditation for Excellence. The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses would be reviewed at the end of the 2013/14 work year and reported back to the Board.

Officers informed the Committee that City worker health research showed high rates of smoking and alcohol consumption amongst City workers, as well as high levels of concern about stress, anxiety and depression. The business case for investing in health and wellbeing includes:

- corporate social responsibility; improving the quality of life of the workforce and their families as well as of the local community and society at large;
- competition; in a competitive labour market there is pressure on employers to distinguish themselves in order to attract and keep quality staff; and
- high costs; for some it has become clear that, unless an initiative is introduced, the costs of sickness absence could threaten the business itself.

Members were in agreement that the London Health Workplace Charter was a step in the right direction and would enable the City to share a commitment to improvement.

RECEIVED.

10. JOINT HEALTH AND WELLBEING STRATEGY AND HEALTH DAY

Members received an update on the progress of the Joint Health and Wellbeing Strategy (JHWS) consultation, as well as the Health Day.

Officers informed the Committee that the JHWS consultation is underway, and will continue to progress until April. The City Health Day is currently being planned for 14th February 2013, and aims to engage with City workers, residents, employers and members.

RECEIVED.

11. CONSULTATION ON THE DRAFT LOCAL PLAN

The Board received an update from Officers informing them that the Health and Social Care Act 2012 transferred the NHS public health functions to local authorities, giving them the duty to advance the health and wellbeing of people who live and work in that area. Local authorities were also required to set-up Health and Wellbeing Boards, responsible for producing an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

Officers informed Members that whilst the City would maintain its focus on the residential population, it was also keen to also have a positive impact on the health of workers in the Square Mile. The JSNA had already identified priorities for both residents and workers, and the Strategy for 2012/13 to 2015/16 was in

alignment with those priorities. The consultation would allow City audiences to have their say about the priorities, particularly the importance they place on each of them, and to explain how they can provide feedback.

RESOLVED:

Members agreed to discuss their response to the Local Plan consultation at the Development Day on 4th March 2013.

12. ANY OTHER BUSINESS

There was no other business.

13. EXCLUSION OF THE PUBLIC

Resolved: 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.

14. NON-PUBLIC MINUTES

The minutes of the meeting held on 7 November 2012 were agreed as an accurate record by the Board.

15. ANY OTHER NON-PUBLIC BUSINESS

There was no other non-public business.

The meeting ended at 3.47pm

Chairman

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Agenda Item 4

Committee(s):	Date(s):
Health & Wellbeing Board	4 March 2013
Subject:	Public
Census of Population 2011 Initial Findings	
Report of:	For Information
Director of Built Environment	

Summary

This report summarises the initial findings from the Census of Population 2011 concerning City residents. It describes the Government's phased Census data publication programme and the intended future analysis and publication programme of the City Corporation. It also explains how the Census results will influence future population projections for the City.

The Census 2011 found that the usual resident population of the City was 7,400 formed of 4,100 males and 3,300 females. This represents a slight increase on the 7,200 figure for the previous Census in 2001. The official total for 2011 included 1,055 usual residents with a second home elsewhere but excluded a further 1,370 usual residents from elsewhere who have a second home in the City. If all these people were included then the total figure for City residents who might be present some of the time would be 8,770 which could be expressed as 'about 9,000'.

Census data is a key element of the demographic models used to project resident population figures into the future. The Census 2011 figures are being used to update existing population projections produced by central government and the GLA. It is likely that previous resident projections for the City will be revised downward slightly as the Census data does not show as much growth here during the past decade as was previously projected. However it is likely for London as a whole that the resident population projections will be revised upward significantly to take account of high migration and population growth in London during the past decade.

The Office for National Statistics (ONS) intends publishing Census 2011 results in a phased programme and therefore analysis of the data for the City will follow this programme. So far, an overview document has been published on the City Corporation website and it is attached as an appendix to this report. Further analysis documents will follow during 2013.

Recommendations

- Members are recommended to note the contents of this report and to discuss whether the Census changes are likely to impact on future healthcare provision.

Main Report

Background

1. The Census of Population undertaken in March 2011 by ONS will eventually provide a detailed picture of the resident and working populations of the City at

that time and the results are being released in phases. Early phases relate to residents and later phases will relate to workers. Both data sets will be important for service delivery planning and so the data provided by ONS will be analysed locally by the GLA and the City Corporation.

Initial Findings about City Residents

2. Census initial findings on the resident population were published by ONS during the second half of 2012. These findings have been analysed and summarised in an Introduction document attached as an appendix to this report and published on the City Corporation's website at <http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/demography-and-housing/Pages/default.aspx>
3. Initial findings about City residents include:-
 - City's official Census 2011 usual resident population was 7,400 residents but allowance for others who have a second home in the City would increase the total figure for City residents who might be present some of the time to 8,770 which could be expressed as about 9,000.
 - City's usual resident population increased by just 200 from 7,200 to 7,400 during 2001-11 though the City's housing stock increased by 1,000 units during this period.
 - City has proportionally fewer younger people and proportionally more people of working age than Greater London.
 - City has a very high proportion of residents in full-time employment (52%) and a high proportion in 'professional' jobs (40%).
 - City has a high (79%) but declining proportion of residents who are 'White'. The 'Asian' proportion has risen to 13%.
 - City has a slightly higher proportion (88%) of residents who consider their health to be 'Good' compared with the 2001 figure of 84%. The 2011 figure for Greater London is 84%.
 - The proportion of City residents providing unpaid care for others remains unchanged at 7.8%.
 - Car ownership among City households is the lowest in the country. 69% of City households do not have access to a car compared to 42% for Greater London. This reflects the City's sustainable location at the centre of a good public transport network.

Implications for Future Resident Population Projections

4. Census data is a key element of the demographic models used to project resident population figures into the future. The Census 2011 figures are being used to update existing population projections produced by central government (ONS) and the GLA. It is likely that previous resident projections for the City will be revised downward slightly as the Census data does not show as much growth here as was previously projected. Previous projections have tended to overestimate future growth in the City's resident population for two reasons: -
 - London-wide strong migration and population growth trends are not readily applicable to such a small and atypical area as the City

- A high proportion of new housing delivered in the City is in small units which are attractive as second homes for City workers and others. Therefore the recent growth in the City housing stock has not led to a proportionate growth in the number of usual residents in the City.

ONS Mid-Year Estimates and Projections

5. ONS publishes estimates of the past resident population and projections of the future resident population for the City. The latest official mid-year estimate for usual residents in the City was 7,400 for mid-2011. Unsurprisingly this was very similar to the Census 2011 figure for March 2011. ONS future population projections show a marked increase to 12,000 City residents by 2021. However this is not considered to be a reliable figure because it has been produced by applying sub-national population trends to the City without taking into account local circumstances including the constrained local housing supply situation.

GLA 2012 Round Projections

6. The GLA produce alternative population projections for London which are considered to be more reliable as they take better account of London's circumstances including the constraints on housing supply. The latest GLA projections (December 2012 Round) also start from the Census 2011 data as a base and then assume a gradual increase in the City's resident population from 7,400 (2011) to 8,100 (2016), 9,200 (2021) and 10,000 (2026). These figures will be revised further during 2013 following a thorough review of potential housing land in London. The output will then inform the next review of the London Plan.

Development Plan Implications

7. The City's Core Strategy 2011 development plan assumed resident population growth in the City consistent with the GLA projections published at that time (12,100 by 2026). The City's Draft Local Plan 2013 takes the same approach and also projects a resident population of 12,100 by 2026. This figure will need to be revised downward to about 10,000 before the Plan is finalised to maintain consistency with the latest GLA projections.
8. In conclusion, the official ONS usual resident population for the City in 2011 was 7,400 persons. Allowance for others who have a second home in the City would increase the total figure for City residents who might be present some of the time to 8,770 which could be expressed as about 9,000. GLA projections suggest these figures will rise modestly by 2,600 residents during 2011-26.

Further Analysis and Publications

9. The City Corporation will continue to analyse and publish Census information on City residents during 2013. This will include multi-variate analysis for the whole City and for specific sub-areas (e.g. Barbican, Golden Lane estates) subject to confidentiality constraints. The focus will shift later in 2013 when Census

information on City workers is due to become available. This will include information on the characteristics of City workers including their commuting patterns.

Corporate & Strategic Implications

10. There are no direct financial implications or legal implications for the City Corporation arising from this report. However the usual resident population figures produced by ONS provide an official benchmark that is widely used for Government monitoring purposes and in grant funding formulae. Therefore changes to ONS figures can have indirect financial and performance monitoring implications.
11. The publication and analysis of Census 2011 data on City residents and workers will also help inform our planning policies and service delivery priorities making it possible for the City Corporation and others to adapt them to meet changing needs.

Conclusion

12. Census 2011 data publication and analysis is improving our understanding of the characteristics and needs of City residents and workers. This will improve further as more data is released and analysed, leading to better focussed service delivery.

Appendix 1: Census 2011 City of London Residential Population Introduction

Background Papers: None.

Contact:

*Paul Beckett, Policy & Performance Director, Dept. of the Built Environment
paul.beckett@cityoflondon.gov.uk | 020 7332 1970*

 City of London Resident Population, CENSUS 2011, Introduction sets out the key statistics for residential population of the City of London from the Census of Population 2011.

Introduction

Key Statistics for the City of London 2011

The Census of Population is a decennial count of all people and households in the UK, undertaken by the Office for National Statistics (ONS) in England and Wales, the government department that provides statistical services. It is the only survey which provides a detailed picture of the entire population, and is unique because it covers everyone at the same time and asks the same core questions everywhere, making it easy to compare different parts of the country. There has been a Census every ten years since 1801, except during the second world war in 1941. The latest Census of Population was conducted on 27th March 2011.

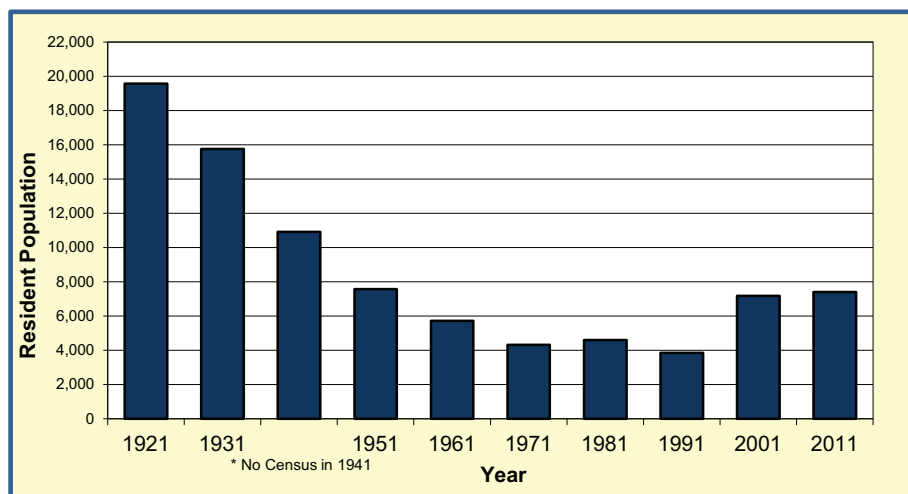
The Census of Population provides essential statistical information which enables the monitoring of demand and planning for public services. Background information relating to Census information for the City of London, the population counts, accuracy of Census data, and the geographic area analysis is set out in Appendix 1. This will enable data to be analysed for the City of London in a range of information reports tailored to analysing resident population, workforce, and travel to work. The timetable for these reports is set out in Appendix 2.

The purpose of this report is to set out an introduction to the key statistics for residential population for the City of London; covering long term population trends 1921 to 2011; analysis of data for 2011 covering the age profile in five year age bands (male and female), households and quantifying visitors, estimation and quality assurance, response rates and internet data capture.

<u>Population</u>	<u>Definition</u>	<u>Number</u>
Residents	Anyone who, on 27 March 2011, was in the UK and had stayed or intended to stay in the UK for a period of 12 months or more, or had a permanent UK address and was outside the UK and intended to be outside the UK for less than 12 months	7,400
	of which Males	4,100
	of which Females	3,300
Non UK Short Term Resident	A short-term resident is defined as anyone born outside the UK who intends to stay in the UK for a period of three months or more but less than 12 months.	300
Households	Household Spaces occupied by at least one usual resident	4,400

Table 1: Summary of Key Statistics
Source: Office for National Statistics © Crown Copyright 2012





Graph 1: Residential Population 1921 to 2011

Source: Office for National Statistics © Crown Copyright 2012

Page 1

The City of London is unique in terms of its population as it has a very small residential base in comparison to the number of people that work in the ‘Square Mile.’

In relative terms there was a large decrease in residential population between 1921 and 1971. Population levels then remained relatively stable through to 1991. The increase between 1991 and 2001 was in mainly due to the a local authority boundary review where the estates of Golden Lane and Mansell Street were incorporated into the City of London from neighbouring boroughs.

The residential population marginally increased from 7,200 in 2001 to 7,400 in 2011.



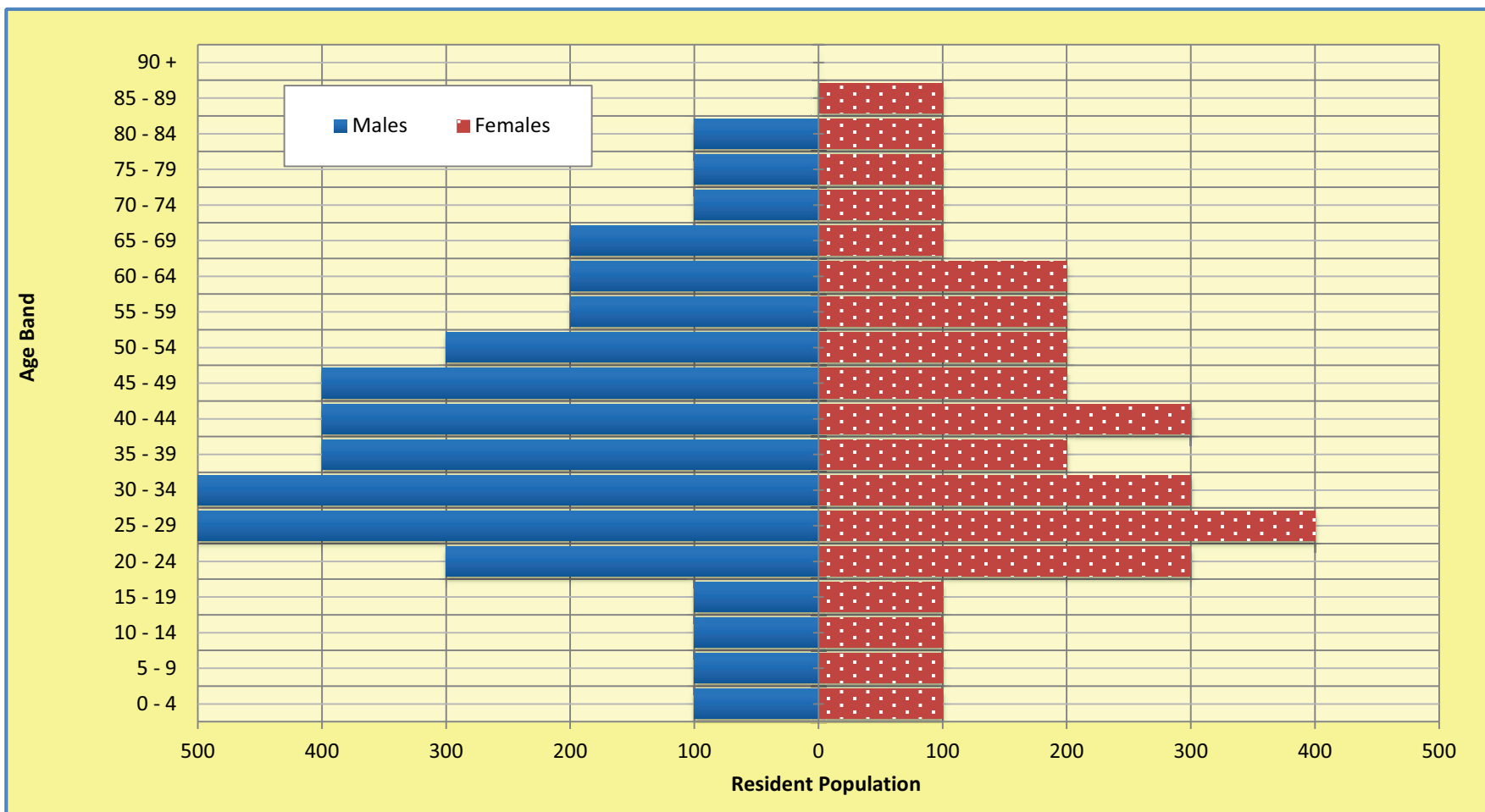
Variable	Census 2001	Census 2011
Usual residents living in households or communal establishments	7,200	7,400
Households	4,300	4,400
Visitors	Not quantified	To be published
Source: Office for National Statistics © Crown Copyright 2012, Published 16 th July 2012		
Increase in housing stock 2001 – 2011	1,000	
Source: City of London, Development info		

Table 2: Summary of Changing Residential Population 2001 to 2011

The City’s usual resident population recorded by the Census has increased marginally by 200 and the number of households by 100 over the ten year period 2001-2011. This is at a time of significant increase in the City’s total housing stock by 1,000 units.

This difference needs further analysis but the most likely causes are under-recording of occupation by the Census and/or the number of units in the City which are defined within the Council Tax as Second Homes. This is reviewed on Pages 7 and 8. Occupants of such homes would be defined as Visitors and not residents.

Age Profile



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Graph 2 Age Profile by 5 year Age Band 2011
 Source: Office for National Statistics © Crown Copyright 2012



The Age Group profile of the resident population analysed by Male and Female and 5 year Age Bands for 2011 is set out in Graph 2. The key issues for the City of London are:

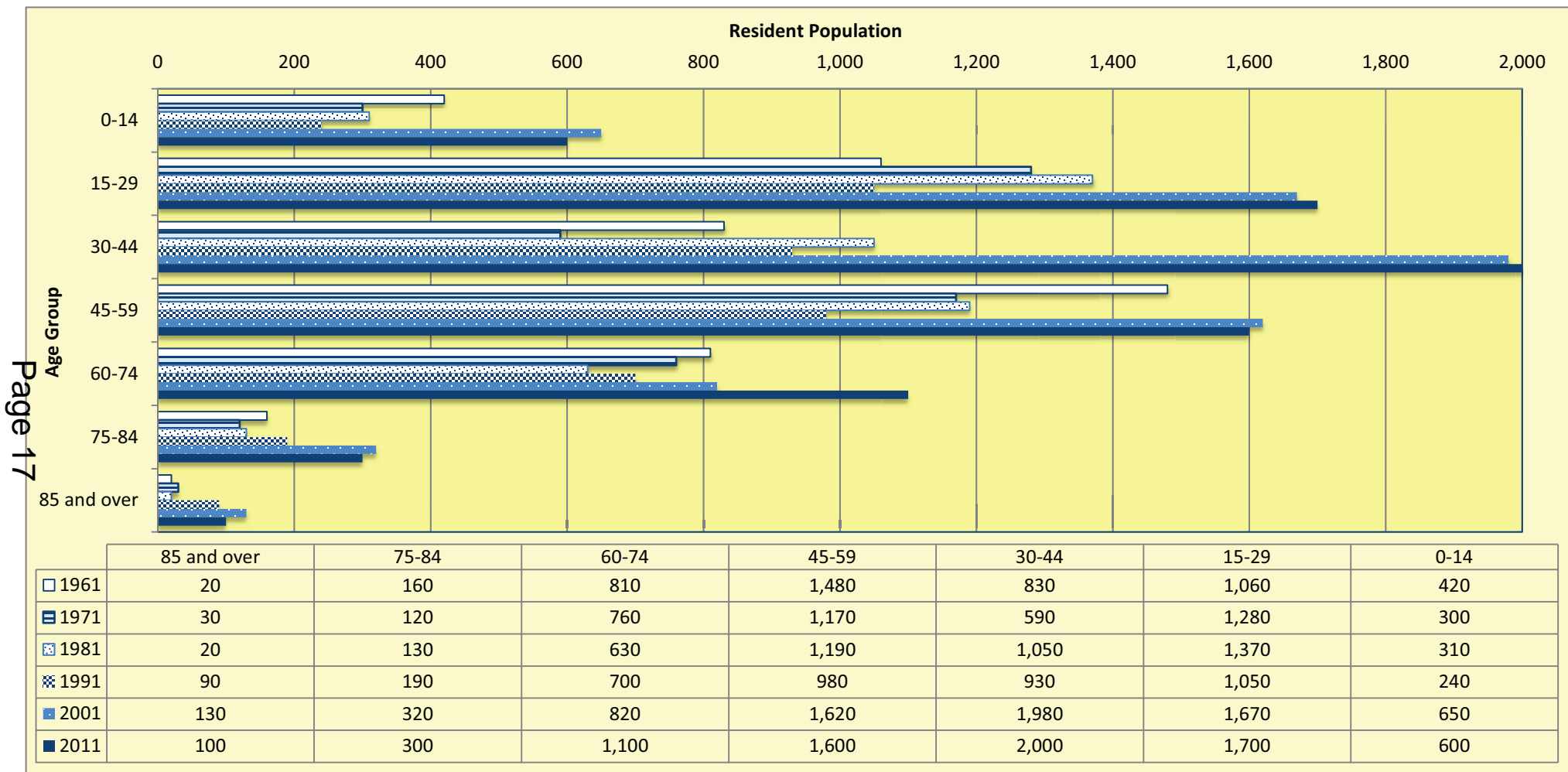
- **Age Group 0-19:** population for each of the five year age bands are relatively consistent for both Male and Female. The total count is 800 residents. For each of the 5 Year Age Bands the population is at significantly lower level than for each of the 5 year age bands in the age range 20-69.
- **Age Group 20 -24:** the population levels increase substantially above that of each of the five age bands for the years 0-19.
- **Age Group 25-34:** the population in terms of the 5 year age bands peaks for the age group 25-29. The male population is significantly higher than the female population. There is a variation for the age group 30-34 where there males remain consistent but there is a decrease in the female population.
- **Age Group 35-49:** the population decreases with the male population, but it remains significantly above the levels of female population.
- **Age Group 50-54:** the male population decreases compared with the Age Ranges 35-49, whilst the female population remains consistent.
- **Age Group 55-64:** the male population decreases from the Age Group of 50-54, whilst the female population remains consistent with that of the age ranges 45-54. This results in a consistent profile for both males and females.
- **Age Group 65-69:** the male population remains consistent with that for the age range 55-64, whereas the female population decreases.
- **Age Group 70-84:** the male population decreases from the age range 65-69 whilst the female population remains consistent with the levels in the age range 65-69.
- **Age Group 85 plus:** The population decreases to low levels which are mostly female.

An overview of the Age Profile in 15 year Age Groups for the City of London from the Census results 1961 to 2011 is set out in Graph 3.

Through the time period 1961 to 2011 there has been a gradual increase in the population for each of the respective Age Groups. This is consistent with the increase in population levels set out in Graph 1. However, the patterns do vary for the respective 15 Year Age Groups:

- **Age Group 0-14:** this remained relatively consistent between 1961 and 1991 before significantly increasing in 2001 as a result of the local authority boundary review where the estates of Golden Lane and Mansell Street were transferred into the City of London. A key point is that the population has remained broadly consistent between 2001 and 2011.
- **Age Group 15-29:** in numeric terms this has increased at a relatively consistent level over the time period 1961 to 2011.
- **Age Group 30-44:** population levels remained consistent between 2001 and 2011 as the highest level of population for a 15 Year Age Group.
- **Age Group 45-59:** this has remained relatively consistent over the time period 1961 to 2011 with little change between 2001 and 2011.
- **Age Group 60-74:** the level of population remained relatively consistent between 1961 and 2001, and then increased from 820 in 2001 to 1,100 in 2011. This Age Group was the prime Age Group accounting for the increase in total population between 2001 and 2011.
- **Age Group 75 plus:** this is at significantly lower level than the other Age Groups. There has been growth since 1961 but to total has reduced slightly during 2001-2011.

Age Profile City of London 1961 to 2011

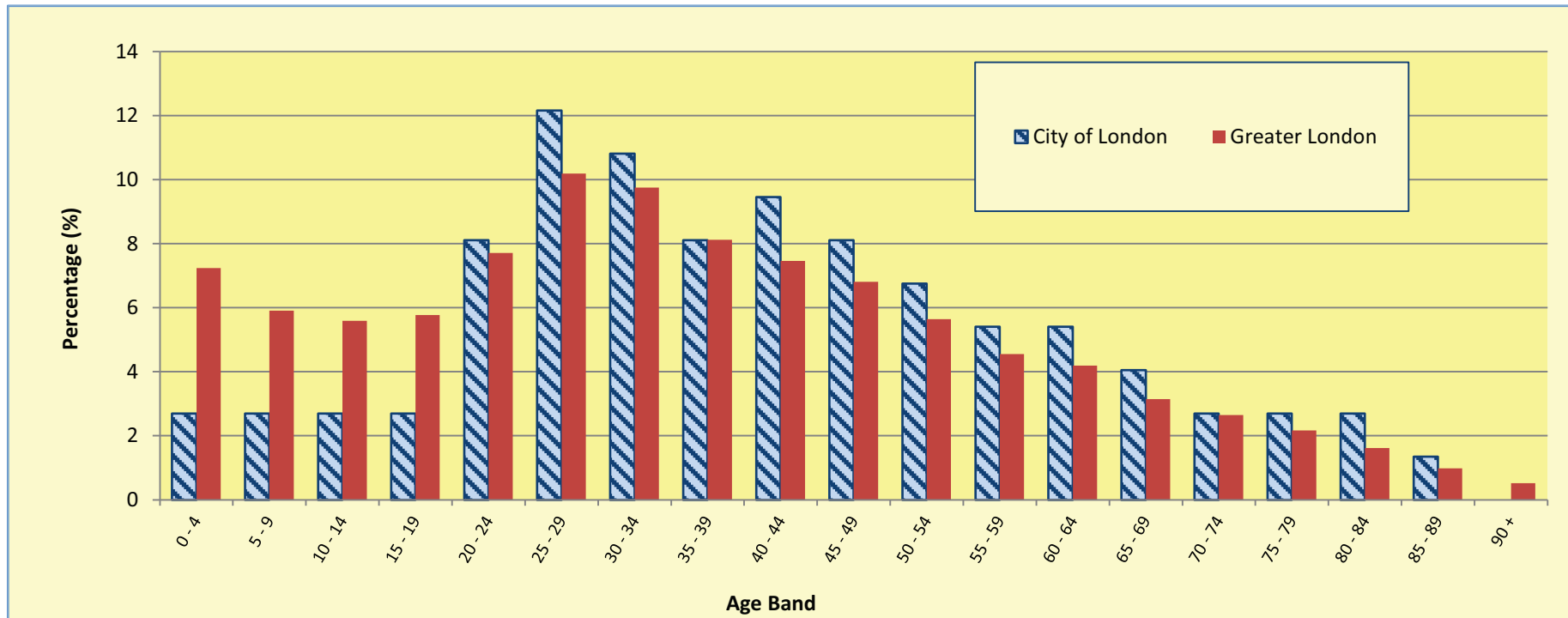


Graph 3: Age Profile of the City of London 1961 to 2011

Source: Office for National Statistics © Crown Copyright 2012



Age Profile City of London and Greater London



Graph 3: Age Profile Comparison of City of London and Greater London 2011

Source: Office for National Statistics © Crown Copyright 2012

Graph 3 compares the age profile of the City of London with that of Greater London in percentage (%) terms.

The percentage of population for the Age Bands 0-4 up to 15-19 shows that the City of London (3%) compared with Greater London (range 6% to 7.7%) has a significantly lower percentage of the population in these age ranges.

For the Age Band 20-24 the percentage is approximately equal. For the Age Bands 25-29 and 30-34 the percentage of the population is clearly higher in the City of London than in Greater London.

Whilst the profile is equal for the Age Band 35-39 the percentage of population is clearly higher for all other working Age Bands from 40-44 to 60-69. Thereafter the Age Band comparison between the City of London and Greater London is approximately equal.

Households and Quantifying Visitors

Table 3 sets out a summary of the Household Residents and Counts from the Census of Population and comparison with data sources which provide statistics on the number of dwellings in the City of London.

as at 27 th March 2011	Count	Source
Census of Population: Number of Households occupied by at least one usual resident	4,400	Office for National Statistics © Crown Copyright 2012
Persons as household residents	7,200	
Persons as Communal Establishment residents	200	
Census of Population: Average Household Size	1.64	
Council Tax	6,100	City of London, Council Tax
of which registered as Second Homes	1,400	
Non Second Homes	4,700	
Local Land and Property Gazetteer housing stock	6,050	City of London Local Land and Property Gazetteer

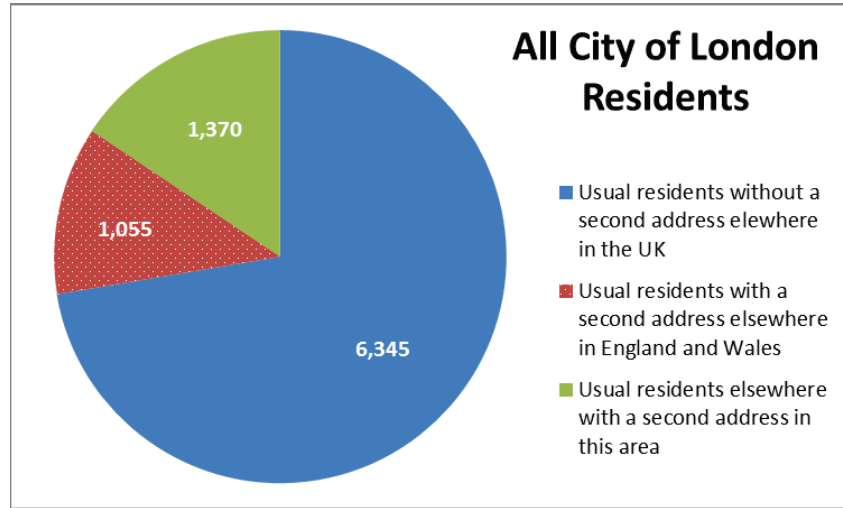
Table 3: Summary of Household Counts

The City of London is a central business location which is characterised by housing accommodation which is predominantly flats. Many of these flats are small scale in terms of accommodation size. This results in two factors:

- The Average Household Size is lowest of all local authorities in England and Wales.
- Such accommodation is suitable for use as Second Homes by a population base that would be defined as ‘usual residents elsewhere with a second address within the City of London’. Thus such persons would not be counted in the resident population.

The Census of Population household count for the City of London was 4,400 occupied by 7,200 persons. The Council Tax and the Local Land and Property Gazetteer are integrated datasets that have information on registered housing units. The Council Tax records provide information on the registration of the properties as prime place of residence or as Second Homes. The Council Tax records prime place of residence has a reasonable correlation with the Census of Population number of households occupied by at least one resident.

Graph 4 shows the total number of people living within the UK¹ who have either a primary or second address within the City of London.



Graph 4: Resident count with Second Homes
Source: Office for National Statistics © Crown Copyright 2012

As the graph shows there are 1,370 people who are residents within the UK that have a second home within the City of London – this figure is not the total number of second homes however, as more than one person could use a single second home.

660 (48%) of the people with second homes in the City said their use is primarily for work, 80 (6%) said their second home is for holiday and 630 (46%) said it is for ‘other’ uses. ‘Other’ uses are defined by the ONS as including ‘students’ home addresses and the addresses of another parent or guardian, for children of separated parents.

Cumulative Count	Count	Source
Minimum number of residents at a given point in time e.g weekend	6,345	Office for National Statistics
All usual City residents	7,400	
Usual City residents and usual residents elsewhere with a second address in the City	8,745	
Housing stock	6,050	City of London Local Land and Property Gazetteer
Average Occupancy	1.45	

It is impossible to know exactly how many residents there are in the City at any one time due to the large proportion of second addresses, 16% of all usual residents have a second home elsewhere in the UK. It is however, possible to work out the minimum and maximum number of residents. From the ONS statistics there are 6,345 residents in the City with no second home. The maximum resident population is 8,745; this is when all usual residents of the City of London and usual residents elsewhere with a second address in the City of London are present.

Dividing the total number by the total housing stock in the City, 6,050 units give an average occupancy rate of 1.45 residents per dwelling.

1: Statistics for usual residents with second homes outside the UK has been omitted for clarity.

The Census of Population provides the most comprehensive and reliable dataset for demographic and employment information. However, as with any statistical sources of information, it does have issues relating to quality of the data. This was a particular issue raised by a group of local authorities for the 2001 data.

To evaluate data from the 2011 Census of Population the ONS undertook a quality assessment which is published as the Quality Assurance Pack. This is part of the first release from the 2011 Census of Population for England and Wales. It provides a snapshot of the usually resident population as at Census Day, 27 March 2011 and of the various comparators used in the quality assurance process. This is a summary version of the information that was made available to the Quality Assurance Panel during quality assurance of the census estimates.

Comparator datasets include:

School Census: the number is marginally lower (200 persons) than the Census of Population count.

Social Security and Revenue Information: the number (1,800) is higher than the Census of Population count (1,000).

- Patient Register: the count is 8,100 which is higher than the Census of Population count (7,400). For the age group 25-44 (it is higher for males than females). For the age band 50-69 the count is lower. Overall the Patient Register had a count of 8,100 persons. Within the context of the City of London it is difficult to compare with the Census as there is a high number of Second Homes to which the occupant may register as a patient, and also a transient population which may not register.

Response Rates

Response rates can be measured as person, household, or household return rate. Person response rates were measured in 2001 and 2011 whereas household and household returns were introduced in 2011. Thus to compare 2001 and 2011 the response rate utilised is the person, which for the City of London in 2001 was 74%. This low response rate highlighted the problems of conducting the Census in the City of London and demonstrated the need for careful consideration when using the 2001 Census data.

For the 2011 Census the ONS worked in close partnership with local authorities through the Local Census Partnership Plan to effectively promote the Census, work in close partnership with local communities, and utilise residential address information through the National Land and Property Gazetteer. This has aided a significant improvement in the response rate at a national level, and at a local level for the City of London a response return rate of 93% was recorded. This was a significant improvement upon 2001.

Internet Data Capture

ONS developed an internet data capture (IDC) service for the 2011 Census to work alongside the paper questionnaire. This service gave householders and other respondents the opportunity to complete their census online, to find information about the Census, and to find help with answering specific questions.

At borough level the highest on-line completion rate nationally was for the Borough of Tower of Hamlets (29.3%), followed by the City of London (28.1%). To put this within a Greater London context the lowest level for the online completion rate for a London Borough was 14.7% which ranked 212 out of 348 authorities nationally.

Census Information for the City of London

The information analysis provided by City of London Corporation is tailored to utilising the ONS Census data to undertake an analysis of population characteristics within the City of London.

The output from the Census is divided into three main elements which will be the subject of subsequent publications in this series:

- Residents-based statistics, which given information on the residents of an area and their housing.
- Workplace data, which give details on persons working in a given area.
- Travel to work data.

Population Counts

The prime population count is for the Residents, alternative counts are made available for Households, and Visitors.

Accuracy of Census Data

The Census provides the most comprehensive and reliable dataset for demographic and employment information. However, as with many statistical sources of information it does have its limitations. Before using the Census data to quote statistics and perform statistical analysis on the characteristics of residents and employment in the City of London, it is prudent to consider some of the definitional and methodological issues problems with the Census. The key issues are the level of response rates and imputation. This is set out in the Census Estimation and Quality Assurance process.

Geographic Area Analysis

National Level: results are published by the Office for National Statistics and provided in a series of data tables <http://www.ons.gov.uk/ons/guide-method/census/2011/the-2011-census/index.html>

Greater London: for key data City of London profiles are compared with that of Greater London. For detailed analysis of data for Greater London and authorities within Greater London analysis is made available by the Greater London Authority in publications deposited on the London data store <http://data.london.gov.uk/>

City of London: relevant data will be analysed in reports published by the City of London Corporation.

Super Output Areas: the ONS produce a spatial analysis of data within the relevant boroughs analysed by Wards or Statistical zones termed Super Output Area (SOA). Many of the Wards in the City of London are small in area and have a small population base. Thus to protect confidentiality, data is aggregated to combine several wards into a relevant SOA zone. The ONS policy is to review SOA used for the 2001 Census with the aim of minimising change to individual SOAs unless there are substantial changes in the population base for the given area. This is due to be published in October 2012. It is likely SOAs in the City of London will remain fairly consistent with 2001, but with a few amendments in areas where there has been extensive housing development.

Workplace Zones: the ONS plan to publish Workforce and Travel to Work data detailed at the level of Workplace Zones. This is based upon workforce distribution rather than the resident base.

Appendix 2: Information Analysis for the City of London

The City Corporation has set a timetable for analysing the Census of Population data based upon the ONS Release plans for 2011 Census Statistics:

Introduction – to provide population counts analysed by 5 year ages bands and compare with historic Census time series (August 2012)

A series of **Population reports** analysing themes based upon demographic (e.g. age, sex, ethnicity, migration), social (e.g. social economic status, household health), Households (e.g. amenities, accommodation, tenure), Migration and Second homes. This will be analysed spatially by Super Output Area (planned date November 2012 to March 2013).

A series of **Workforce reports** historic time series, and characteristics of the workforce analysing sex of the workers, age profiles, socio economic grouping, employment status, and industrial sector (date of release of the data yet to be published by ONS).

A series of reports analysing **Travel to Work** assessing mode of travel, distance, age, gender, social economic group, density of travel to the City. This will be analysed by borough in terms of place of residence, and workplace zone in relation to place of employment in the City of London (date of release of the data yet to be published by ONS).



Data Source and Copyright: **Office for National Statistics** <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

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Greater London Authority Intelligence Unit publishes reports on various topics which analyse Census data at the Greater London level. Reports are available via the London Datastore

<http://data.london.gov.uk/taxonomy/categories/demographics>

City of London general planning enquiries

Tel: 020 7332 1710

Email: plans@cityoflondon.gov.uk

Queries regarding City of London Resident Population, Census 2011, Introduction can be made to:-

Jonathan Blathwayt - Tel: 020 7332 3086

e-mail: Jonathan.Blathwayt@cityoflondon.gov.uk

Stuart O'Callaghan – Tel: 020 7332 1843

e-mail: Stuart.O'Callaghan@cityoflondon.gov.uk

The City of London Corporation is the Local Authority for the financial and commercial heart of Britain, the City of London.

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The City Planning Officer,

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Agenda Item 5

Committee(s):	Date(s):
Health and Wellbeing Board	4 March 2013
Subject: Substance Misuse Planning for 2013/14	Public
Report of: Acting Director of Community & Children's Services	For Information
<p>Summary</p> <p>On 12 November 2012 the Substance Misuse Team moved from the Town Clerk's Department to the People Directorate within DCCS. From April 2013 substance misuse forms part of the Public Health responsibility of local authorities and will therefore be adopted by the City of London Corporation.</p> <p>During 2012/13 the Substance Misuse Partnership (SMP) received approximately £369,000 in funding via the Primary Care Trust and the Home Office, plus an additional £29,000 from the Safer City Partnership. Funding streams have changed under the new arrangements and the majority of funding has been incorporated into the Public Health allocation.</p> <p>A review of substance misuse services will be undertaken during 2013/14 in partnership with Hackney Borough Council. The 2013/14 business plan has therefore been formulated based on a maintained level of funding for the transitional year.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none">• Note the report and business plan for 2013/14; and• Agree the business planning objectives that sit within the strategic priorities of the Health & Wellbeing board.	

Main Report

Background

The City of London Substance Misuse Partnership (CoL SMP) is a multi-agency partnership tasked with implementing national drug and alcohol strategies at a local level. The work of the partnership covers:

- Interventions to disrupt the supply of illegal drugs – this is led by the City of London Police.

- Treatment – The partnership is responsible for the commissioning of drug and alcohol treatment for City residents.
- The cross cutting agenda – Drugs and alcohol cut across a wide range of agendas such as the night-time economy, housing, training & employment, criminal justice and public health. The partnership brings these agendas together to help co-ordinate a consistent approach within the City by coordinating approaches of colleagues from Partnership.
- Children, young people and families – to help ensure that the relevant organisations are taking full account of substance misuse issues in their strategies, planning and service delivery.
- Community Liaison – the Partnership works with communities and families experiencing problems with drugs.

Because of the nature of the City with its small number of residents and large daytime population the SMP also covers substance misuse issues which affect businesses and their employees. Resources are limited, so the SMP have been restricted in the amount of work they have been able to do with City businesses; but this is an area for potential development.

Staffing

The SMP is supported by a small team who coordinate activity across the City, consisting of the Substance Misuse Manager, Development Officer and Administrative Support Officer, who are based at the Guildhall.

The Arrest Referral and Outreach Team provide services directly to residents, workers and visitors to the City of London. The team consists of; a Senior Arrest Referral Worker, a Restrictions on Bail/Arrest Referral Worker and an Outreach/Arrest Referral Worker. This team is based at Bishopsgate police station as they predominantly carry out work within the criminal justice system.

In addition to the staff who are directly employed, the SMP also commission two part-time Care Managers who sit within the Adult's Social Care team and a Specialist Substance Misuse Nurse who is part of the NHS. The Substance Misuse Manager also works in collaboration with NHS East London and the City to commission the Specialist Addiction Unit (drugs) and the Grove Alcohol Recovery Centre.

Membership

The partnership is made up from two boards; the Strategy Group and the Operational Group.

Memberships of the boards:

Strategy Group

- Department of Community and Children's Services (CoLC)
- City of London Police
- East London NHS Foundation Trust
- NHS East London and the City

- London Probation Trust
- London Drug and Alcohol Policy Forum
- Economic Development Office (CoLC)

Operational Group

- Adult Services (DCCS, CoLC)
- Children's Services (DCCS, CoLC)
- Homelessness and Housing Options (DCCS, CoLC)
- Commissioning (DCCS, CoLC)
- Housing (DCCS, CoLC)
- Safer City Partnership (CoLC)
- Economic Development (CoLC)
- NHS East London and the City
- City of London Police
- London Probation Trust

Current Position

1. During 2011/12 the SMP provided a broad range of services across the City and specifically; delivered treatment for 34 individuals (17 for drug misuse and 17 for alcohol misuse) and carried out 407 assessments as part of the Drug Interventions Programme (DIP) within the Criminal Justice System (CJS).
2. During 2012/13 the Substance Misuse Partnership received £232,000 for the implementation of DIP and £137,000 to provide treatment. In addition, £29,000 was provided by the Safer City Partnership via the Community Safety Grant in recognition of the SMP's contribution towards reducing crime and anti-social behaviour in the square mile.
3. From April 2013 the SMP will no longer receive grants directly. The majority (£292,000) of funding will be included within the Public Health allocation and will be un-ringfenced.
4. In addition, approximately £80,000 will form part of the the un-ringfenced Community Safety Fund which is awarded to the police. The City of London Police have acknowledged the benefits of DIP and are working with the SMP to secure this funding for 2013/14 to enable us to continue to deliver the programme.
5. The SMP will be completing a needs assessment during 2013/14 alongside a review to be undertaken with Hackney Drug and Alcohol Action Team (DAAT) which will inform any future plans and ensure that the best outcomes for the City are achieved. The review is due to begin in March 2013 and will look at all drug and alcohol services across the City and Hackney.
6. An SMP business plan has been developed for 2013/14 (Appendix 1) based on a steady state of funding during the transitional year. The business plan has been sorted into three levels of priority; Essential, Desirable and Optional. Essential actions are predominantly those that will enable the provision of effective and efficient services that will directly impact upon City residents. The majority of the desirable actions are those that involve the development of services for residents, and also some initial scoping of areas relating to the

working population and employers. Optional actions are areas of work that we would like to develop further but have less impact upon residents and may require additional expertise and resource to complete.

Corporate & Strategic Implications

7. Maintaining and developing drug and alcohol services within the City is in alignment with the proposed headline priorities of the Health and Wellbeing Board:
 - Bedding-in the new system – maximising opportunities for promoting public health amongst the worker population, and taking on broader responsibilities for health.
 - Improving joint working and integration, to provide better value.
 - Addressing key health and wellbeing challenges.

Implications

8. The delivery of the proposed SMP Business Plan will ensure that high quality services for City of London residents will be maintained during the transitional year. The review, alongside the needs assessment, will then allow options for future delivery to be considered fully.

Appendices

- Appendix 1 – SMP Business and Activity Plan

Leiann Bolton-Clarke
SMP Manager (Interim)

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2013/14 Business Plan Activity

Key:

Essential	1
Desirable	2
Optional	3

GREEN	All milestones being met and on planned trajectory
AMBER	Good progress being made against milestones
RED	Unsatisfactory progress - milestones and timescales not being met
LAVENDER	Actions not yet planned to be underway

Develop a needs assessment process to inform design of future service provision					
Area of work	Expected Outcomes	Action	Priority Level	Deadline	Lead Officer
City and Hackney Substance Misuse Partnership review	Provision of efficient and effective substance misuse services for residents.	Contribute towards the review of services directly provided and commissioned by the Substance Misuse Partnership (SMP).	1	March 2014	SMP Manager
JSNA	Improved understanding of the needs within the City.	Contribute towards the City Joint Strategic Needs Assessment (JSNA).	1	December 2013	SMP Manager
Combine various needs assessments that cover substance misuse	Improved understanding of the needs within the City.	Draw together relevant parts from these needs assessments and put into a single document to help identify priority work areas.	1	December 2013	Development Officer
Family Profiling	Improved understanding of the needs of families within the City.	Investigate the opportunity to contribute towards the Family Profiling project to build a more complete picture of the needs of families resident in the City.	2	December 2013	Development Officer

Sustain and develop a good quality substance misuse service for the resident population					
Area of work	Expected Outcomes	Action	Priority Level	Deadline	Lead Officer
Service monitoring	Maintain proportion of drug users successfully completing treatment.	Monitor and identify any areas requiring improvement to ensure that Public Health funding levels are maintained.	1	March 2014	SMP Manager
Harm Reduction	Minimisation of harm to injecting drug users.	Work with Boots and Lifeline to address improvements required as highlighted by the 2012 needle exchange audit.	1	September 2013	Development officer
Vulnerable Adults	Increased engagement of vulnerable adults in treatment and specialist support provided to Social Workers.	Work with Adult and Children's Services to identify any vulnerable adults who are misusing substances to provide treatment and/or specialist support to social workers.	1	July 2013	Development Officer
Families	More families accessing the services of the SMP.	Obtain information regarding families and young people with substance misuse problems and investigate use of a standard screening tool.	1	October 2013	Development Officer
Primary Care Services review	Efficient and effective Substance Misuse treatment provision within primary care.	Review of Substance Misuse Specialist Nurse post in conjunction with Tower Hamlets and Hackney.	1	March 2014	SMP Manager
Accessibility of services	Increase accessibility of SMP services to City residents.	Investigate alternative locations and commissioning options that may improve accessibility to SMP services.	2	November 2013	SMP Manager
Harm reduction	Minimisation of harm to drug and alcohol users and others.	Health Promotion calendar – develop calendar of topics and send out information to relevant parties.	2	March 2014	Development Officer
Service awareness	Increased awareness of services provided by SMP.	Work with communications team to identify audiences and most appropriate methods of communication to reach them.	2	June 2013	Development Officer
Alcohol Awareness	Increased number of residents receiving alcohol advice and education.	Roll out brief intervention training across tier 1 services accessed by City residents.	2	March 2014	Development Officer
Recovery	Increased support for individuals completing	Investigate peer support networks and recovery focussed activities within and beyond treatment	2	September 2013	Development Officer

	treatment.	services.			
Service awareness	Increased awareness of services provided by SMP.	Encourage service providers to develop and deliver awareness campaigns to City residents.	3	October 2013	Development Officer

Develop a wider service approach to both daytime and night-time populations					
Area of work	Expected Outcomes	Action	Priority Level	Deadline	Lead Officer
DIP – Targeted testing	Improved efficiency of Targeted Testing scheme.	Review current arrangements with a view to increasing tests carried out under and Inspector's Authority to tackle violent crime.	1	November 2013	Development Officer
Harm Minimisation	Minimise harm to injecting drug users.	Investigate the possibility of providing clean injecting equipment in CoL Police custody suites to injecting drug users.	2	November 2013	Development Officer
DIP – Alcohol assessments	Education of City workers to identify and address alcohol-related issues.	Direct marketing of self-help booklets/materials.	2	August 2013	Development Officer
DIP – Alcohol assessments	Education of City workers to identify and address alcohol-related issues.	Develop tools/materials to promote hub web-page.	2	August 2013	Development Officer
Alcohol interventions	Increase in numbers who lower their consumption of alcohol.	Research the implementation of identification and brief advice targeted to City Drinkers.	2	September 2013	SMP Manager
Alcohol interventions	Widen types of interventions available.	Investigate action- research opportunities into providing opportunistic street based Information and Brief Advice (IBAs).	3	January 2013	SMP Manager
Harm Minimisation	Increased awareness of drug and alcohol issues by employers and employees.	Promotion and implementation of Drug and alcohol training to City employers.	3	October 2013	SMP Manager

Seek to inform the commissioning decisions of the corporate sector					
Area of work	Expected Outcomes	Action	Priority Level	Deadline	Lead Officer
Workplace policies	Effective responses to substance misuse in the workplace.	Action to encourage the development of alcohol workplace policies, including the promotion of the current workplace toolkit 'tackling alcohol and drugs in the workplace'.	2	December 2013	SMP Manager
Workplace policies	Effective responses to substance misuse in the workplace.	Research the commissioning or instigation of workplace alcohol and health 'packages'.	3	February 2014	SMP Manager
Health and wellbeing projects	Effective responses to substance misuse in the workplace.	Integrate alcohol and health and wellbeing projects within the workforce.	3	March 2014	Development Officer

Other projects					
Area of work	Expected Outcomes	Action	Priority Level	Deadline	Lead Officer
Smoking Cessation	Provision of smoking cessation services in the City delivered by the SMP.	Investigate opportunities for SMP workers to provide smoking cessation services in the City.	1	December 2013	SMP Manager
Homelessness	Reduction in the number of rough sleepers within the City.	Coordination with City homelessness services to assist clients via their contact with the pop-up hub.	2	June 2013	Development Officer
Young People	Increased number of young people receiving drug and alcohol education.	Link with new Youth service to organise drug awareness sessions and ensure inclusion of drugs and alcohol in the annual Youth Survey.	2	May 2013	Development Officer
Troubled Families	Improved health and wellbeing of vulnerable individuals & families; reducing the level of support they require from public services.	Provision of intensive support to troubled families and vulnerable individuals to assist them improve their health and wellbeing.	2	August 2013	Development Officer

Agenda Item 6

Committee(s):	Date(s):
Health and Wellbeing Board	4 March 2013
Subject: Information report	Non-Public/Public Public
Report of: Acting Director of Community & Children's Services	For Information
<p>Summary</p> <p>This report is intended to give Health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.</p> <p>Within this report there are updates on :</p> <ul style="list-style-type: none">• Staffing (Update on post of Director of Public Health role, public health consultant and departmental restructure and the new post of executive policy officer)• Health and Wellbeing strategy consultation progress and Love Health event feedback• Suicide sub group• Out of Hours Service• Adult Social Care Annual Report (Local Account)• Health and Wellbeing Conference <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none">• Note the update report, which is for information	

Main Report

Background

1. In order to update Members on key developments, information items which do not require a decision have been included within this highlight report. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Update on Public Health and Community and Children's Services Staffing Structures

2. Further to the Board's January update report, the following staffing changes have progressed in preparation for the City of London's new responsibilities in April 2013.

Appointment of the Director of Public Health

3. The shortlisting of applications took place on the 28th January and the interviews are taking place on the 8th March. The Reverend Dr Dudley is a member of the assessment panel.

Public Health Consultant

4. The current Public Health Consultant Vicky Hobart and chair of the City of London shadow Health and Wellbeing Board is leaving her post in March. She has been appointed as the Director of Public Health for Redbridge and Waltham Forest.

Community and Children's Services

5. The restructure of the Strategy and Performance team in preparation for the transfer of the public health function to the City of London has progressed into the personal consultation phase. All managers affected by changes have had personal meetings and the opportunity to comments on the manager level job descriptions. Once appointments have been made at managerial level, the staffing structure reporting to those managers will be developed.

Executive Policy Officer

6. In order to support the Health and Wellbeing Board discharge its health and wellbeing function, a new post has been created as part of Community and Children's services' departmental restructure to provide policy and business support. The job description is currently being evaluated.
7. The contact officer is Neal Hounsell (0207 332 1638)

Verbal update regarding the Health and Wellbeing Strategy Progress and Love Health event feedback

8. The contact officer is Farrah Hart (020 7332 1907)

Verbal update regarding the Suicide sub group

9. The contact officer is Farrah Hart (020 7332 1907)

Out of Hours Services

10. The out of hours GP service is currently provided by Harmoni, contracted by a Consortium of five PCTs (before clusters were created) with City and Hackney PCT as the lead. In preparation for the transfer of responsibilities to the Clinical Commissioning Group (CCG), City and Hackney PCT appointed a management consultancy – Libre – to manage the 2012/2013 contract.

11. From April 2013, commissioning of the out of hours service will become the responsibility of the CCG, with support from the Commissioning Support Unit. The CCG has agreed to continue with Harmoni as the provider from April and to develop a new specification for a City and Hackney specific out of hours service for commencement no later than October 2013.

12. To this end, the CCG organised a workshop on 27 February with clinicians and users to define new specification details, standards, and monitoring arrangements. It also discussed the risk management of the current contract including:

- Ensuring that the changes to the service commissioned from April take account of the introduction of the 111 service
- Ensuring that the 13/14 contract has sufficient break clauses to allow a new service to be commissioned
- Ensuring that the locally defined indicators are included in the contract with proportionate remedies and contract monitoring
- Ensuring that there are no ongoing or inherited risks to the CCG

13. The contact officer is Paul Haigh (0207 683 4032)

City of London Adult Social Care Annual Report (Local Account) 2012

14. The Government introduced local accounts, otherwise known as annual reports, in 2011 to inform residents and users how local adult social care services are being delivered. The production of the Annual Report is voluntary and not a statutory requirement.

15. The City of London's Annual Report outlines how the City of London delivers Adult Social Care (ASC), what the ASC service has achieved in 2012 and priorities for 2013. It is a tool to keep residents informed of any changes, and to provide a clear and informative guide to the City of London's year in Adult Social Care.

Achievements in 2012

16. The City carried out the Adult Social Care User Survey for the first time. The City had an excellent response rate of 63%.

17. Constructive user engagement through the Adult Advisory Group (AAG) meetings to approve changes in policy and protocol.

18. The City's Community Service Volunteer (CSV) programme was expanded to offer volunteers for a new shopping and befriending service to those not eligible for an Individual Budget.

19. The Reablement and Occupational Therapy service has developed to focus on users returning home after a serious illness or injury, and need rehabilitation and confidence building to live independently in their own home.

20. The full report is available on line at <http://www.cityoflondon.gov.uk/services/adult-health-wellbeing-and-social-care/adult-social-care-support-and-wellbeing/Pages/Local-Account.aspx> and hard copies are available upon request from Prachi Ranade (020 7332 3792)

London Health and Wellbeing Conference

21. On the 25th February, London Councils, the Joint Improvement Partnership and NHS London hosted a London Health and Wellbeing Conference. Four members of the City of London's Shadow Health and Wellbeing Board attended.

22. The Conference provided an opportunity to:

- hear and challenge key London health and healthcare leaders,
- develop new partnerships,
- develop a framework for what a 'good' Board looks like and identify areas for development
- meet some of the HWBs' new partner organisations
- share learning from some of the excellent work conducted throughout this shadow year by London Boards

23. Because this report was finalised before the event took place, the Acting Director of Community and Children's Services will give a verbal update to the Board on the outcomes of the conference if appropriate.

24. Contact officer is Neal Hounsell (020 7332 1638)

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Agenda Item 9

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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