Public Document Pack

Health and Wellbeing Board

Date: **WEDNESDAY, 6 NOVEMBER 2013**

Time: **1.45pm**

Venue: **ALDERMEN'S DINING ROOM COMMITTEE ROOMS, GUILDHALL.**

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averns
Dr Sohail Bhatti
Superintendent Norma Collicott
Vivienne Littlechild
Dr Gary Marlowe
Sam Mauger
Gareth Moore
Simon Murrells
Angela Starling
Deputy John Tomlinson

Enquiries: **Natasha Dogra tel.no.: 020 7332 1434**
Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**

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

3. **MINUTES**
   To receive the minutes of the previous Board meeting

   For Decision
   (Pages 1 - 8)

4. **GREEN SPACES: THE BENEFITS FOR LONDON**
   To receive a report of the Director of Open Spaces

   For Information
   (Pages 9 - 40)

5. **COMMUNICATIONS STRATEGY DISCUSSION**
   The Board will have the opportunity to discuss a future Health & Wellbeing Board communications strategy with Greg Williams, Assistant Director of Public Relations.

   For Information

6. **HEALTH AND WELLBEING BOARD PERFORMANCE FRAMEWORK**
   To receive a report of the Public Health Commissioning and Performance Manager

   For Decision
   (Pages 41 - 54)

7. **HEALTH VISITING IN THE CITY OF LONDON**
   To receive a report of the Health and Wellbeing Policy Development Manger

   For Information
   (Pages 55 - 60)

8. **THE CARE QUALITY COMMISSION (CQC) UNANNOUNCED ROUTINE INSPECTION OF THE ADULT SOCIAL CARE REABLEMENT SERVICE**
   To receive a report of the Assistant Director

   For Information
   (Pages 61 - 80)

9. **PROPOSAL TO SEEK FUNDING FROM NHS ENGLAND FOR TWO POSTS TO SUPPORT HEALTH AND SOCIAL CARE INTEGRATION.**
To receive a report of the Assistant Director of People

For Decision
(Pages 81 - 98)

10. **HEALTH & WELLBEING UPDATE REPORT**
To receive a report of the Executive Support Officer.

For Information
(Pages 99 - 108)

11. **TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD**
To receive a report of the Town Clerk

For Decision
(Pages 109 - 112)

12. **FUTURE MEETING DATES**
To consider Board Members' availability for the following possible 2014 Health & Wellbeing Board Meetings (BM) beginning at 1:45pm and Development Days (DD) beginning at 10:00am:

- 31 January (BM)
- 21 February (DD)
- 1 April (BM)
- 2 May (DD)
- 30 May (BM)
- 18 June (DD)
- 18 July (BM)
- 10 September (DD)
- 30 September (BM)
- 28 November (BM)

For Decision

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

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

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

Part 2 - Non Public Reports

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

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

HEALTH AND WELLBEING BOARD

Thursday, 5 September 2013

Minutes of the meeting of the Health and Wellbeing Board held at Guildhall on Thursday, 5 September 2013 at 1.45pm

Present

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averns
Dr Sohail Bhatti
Simon Murrells
Sam Mauger
Angela Starling

Officers:

Natasha Dogra	Town Clerk's Department
Alex Orme	Town Clerk's Department
Chris Pelham	Community and Children's Services Department
Farrah Hart	Community and Children's Services Department
Maria Cheung	Community and Children's Services Department
Lisa Russell	Department of the Built Environment

1. **APOLOGIES OF ABSENCE**
   Apologies were received from Gareth Moore and Vivienne Littlechild.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations of interest.

3. **MINUTES**
   RESOLVED – That the public minutes and summary of the previous be approved as a correct record.

   Matters Arising:
   Members noted that the "20mph Benefits and Dis-benefits investigation Report" would be considered by the Court of Common Council meeting on Thursday 12th September 2013.

   Members decided that due to the unique formation of the Board, future reports should be submitted in the name of individual report authors rather than the director.

4. **HEALTH PROTECTION ARRANGEMENTS**

The Board considered a report of the Director of Community and Children's Services and Interim Director of Public Health updating members of the Health and Wellbeing Board on the new local Health Protection arrangements in the London Borough of Hackney and the City of
London Corporation.

Officers informed Members that the local health protection system involved the delivery of specialist health protection functions by Public Health England, (PHE) often discharged through primary care, community pharmacies and acute and community services and Local Authorities (LAs), with their Director of Public Health (DPH), providing local leadership for health.

In response to a query, Board Members were informed that the City and Hackney Health Protection Forum was a well-established multiagency stakeholder forum that would provide support to the DPH in their role of planning, ensuring preparedness and leading the local response to health protection challenges.

Officers informed the Board that Local Authorities had the delegated duty from the Secretary of State "to provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to ensuring the preparation of appropriate local health protection arrangements, or the participation in such arrangements, by that person or body". Local authorities, with their Health and Wellbeing Boards would require assurance that acute and longer term health protection responses and strategies delivered by PHE appropriately meet the health needs of the local population.

RESOLVED - That Members:-

a. acknowledged their roles and responsibilities in health protection and be assured that their represented organisations are aware of these and have appropriate plans and arrangements in place;
b. support and ensure their respective organisations participate in the multi-agency City and Hackney Health Protection Forum led by Public Health, its work and development to help fulfil the local health protection function;
c. requested clarification of the responsibilities and accountabilities for emergency response at a regional and national level where responsibility is divided among different parts of the health system for immunisation, screening, prescribing and emergency response;
d. noted the evolving role of the Health and Wellbeing Board with regards to oversight of the local arrangements for emergency planning and response as the system develops over time.

5. **PUBLIC HEALTH HIGH LEVEL COMMISSIONING INTENTIONS 2013 - 2014**

The Board considered a report of the Director of Community and Children's Services setting out the strategic direction of public health commissioning for 2013/14 for the City of London Corporation (CoLC).

Board Members were informed that the high level commissioning intentions

had been developed following a full review of existing priorities identified in strategic documents and local needs assessments. The intentions provided an overview of CoLC plans to commission high quality health care, to improve health outcomes for resident and worker populations; and to set the scene for how services develop over the next year.

The following strategic commissioning intentions were identified:
A. Improving the Health and Wellbeing of the Community
Increase uptake of Public Health preventative interventions:
- Smoking cessation
- Screening for Cancer
- Regular Health Checks
- Substance misuse (drugs & alcohol)
- Sexual health

B. Protecting the community especially the vulnerable
- Ensure vulnerable groups have easier access to services such as mental health interventions
- More rough sleepers to access health care

C. Giving our children a good start in life
Ensure children in the City are encouraged and have full access to
- Immunisation
- Oral health services
- National Child Measurement Programme

D. Facilitating the provision of services to meet the health needs of City workers
Ensure City workers have access to:
- Mental Health Interventions
- Preventative health interventions: smoking cessation and substance misuse

RESOLVED – That Members approved the high level commissioning intentions identified.

6. **CITY AND HACKNEY HEALTH AND WELLBEING PROFILE**

The Board considered a report of the Director of Community and Children's Services stating that local authorities and Clinical Commissioning Groups had a joint duty to prepare and update Joint Strategic Needs Assessments (JSNA). This duty must be discharged by local Health and Wellbeing Boards.

Officers informed Members that Hackney and City's current Health and Wellbeing Profile had been widely praised and accepted as a strong reflection of the health and wellbeing needs of the residents of the City and Hackney. This solid evidence base should be retained however, in line with best practice it was recommended that the following principles should be used in the development of our local model:

• To use a continuous development approach with sections reviewed on an ongoing basis, investigating a web based publication approach.

• It supports the development of closer integration of the Health and Wellbeing system across prevention, primary care, community care, secondary healthcare and social care.

• To change the needs assessment bias, over time, to an asset based approach with less focus on the problems and deficiencies in communities, harnessing potential to improve health within the delivery infrastructure and community.

• To update with most recent census data.

• To ensure it reflects the Public Health, Clinical and Social Care outcomes frameworks; and include consideration of Emergency Planning requirements.

• To review priorities and ensure there is a transparent approach to prioritisation agreed by members of the Health and Wellbeing Board.

• Incorporate the role and networks within Healthwatch.

• Consideration of the integration of public health within the local authority.

RESOLVED – That Members approved the proposal to refresh the Health and Wellbeing Profile, adopting the new principles and framework.

7. **CITY OF LONDON DEMENTIA STRATEGY**

The Board considered a report of the Director of Community and Children's Services informing Members that the Dementia Strategy responded locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.

Synthetic estimates predicted that within the City there are up to 67 people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease, the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.

The aim of the strategy was to p*rovide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London.* To achieve this, the strategy sets out 10 objectives:
• Improve public and professional awareness of dementia and reduce
stigma
• Improve early diagnosis and treatment of dementia
• Increase access to a range of flexible day, home based and residential
respite options
• Develop services that support people to maximise their independence

• Improve the skills and competencies of the workforce
• Improved access to support and advice following diagnosis for people with dementia and their carers
• Reduce avoidable hospital and care home admissions and decrease hospital length of stay
• Improve the quality of dementia care in care homes and hospitals
• Improve end of life care for people with dementia and ensure that services meet the needs of people from vulnerable groups.

Members noted that the strategy committed the City of London Corporation to creating a 'Dementia Friendly City', where residents and local retail outlets and services would develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This built on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support.

The Joseph Rowntree Foundation had undertaken a similar project in York. Skills for Care would work in partnership with the City using this model and other good practice examples in order to develop a safe environment for those with dementia.

An operational group chaired by the Interim Service Manager for Adult Social Care, comprising officers from the City of London Corporation, from the CCG and the GP practices and a representative of the Adult Advisory Group will be responsible for monitoring the implementation of the strategy and the action plan. Regular update reports would be submitted to the Health and Wellbeing Board every 6 months.

The Board asked the Policy Officer to work with colleagues in the Built Environment directorate to investigate the signage and directions around the Square Mile and to update Members at the next Board meeting in November on what improvements could be made.

RESOLVED – That Members:
• Approved the strategy; and
• Gave authority to the Director of Community and Children's Services to action the strategy.

8. **INFORMATION REPORT**

The Board considered a 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.

• Pharmaceutical Needs Assessment
• Mental Health Needs Assessment
• Substance Misuse Partnership review
• Air Quality update
• Winterbourne View review and learning disabilities
• Public Health intelligence and outcomes update

• Tuberculosis epidemiology in London
• Defibrillators
• Public Health Budgets
The policy updates are:
• NHS Health Check implementation review and action plan
• Building resilient communities
• Physical activity promotion in socially disadvantaged groups: principles for action
• A minimum price for alcohol?
• Hepatitis: frequently asked questions - briefing for councillors
• Urgent and emergency services: second report of session 2013–14
• Dental contract reform programme: early findings and opportunity to give feedback
• Excess winter mortality report 2012 to 2013
• Improving general practice: a call to action
• Commissioning in Healthcare 2013
• Health & Wellbeing Board Local Healthwatch Learning Event

Members noted the information in the report and asked for a revised format of the report at future meetings to include an update on action being undertaken by other City Corporation departments which may be of interest to the Board.

9. **THE ROLE OF THE CITY OF LONDON'S HEALTH AND WELLBEING BOARD**

The Board considered a report of the Director of Community and Children's informing Members that the City of London Corporation was responsible for promoting the wellbeing of all the people who live or work in the City. The City of London's Health and Wellbeing Board was responsible for carrying out duties conferred by the Health and Social Care Act 2012 ("HSCA 2012"). The Corporation would be held accountable to the Department of Health for improving healthy life expectancy, and would be measured according to a suite of indicators, including:
• Children in poverty
• Road accidents
• Violent crime
• Sickness absence
• Employment for people with health conditions
• Noise complaints
• Smoking prevalence
• Air pollution
• Suicides
• Physical activity
• Pupil absence
• Social isolation
• Utilisation of outside space for health or exercise reasons

Members noted that the issues above cut across many departments and committees of the City Corporation, and therefore officers should take into account the responsibility of the Health & Wellbeing Board and the need to

engage with it when formulating policy proposals. Officers agreed to circulate a version of this report for the consideration of other Committees to ensure health and wellbeing concerns were taking into account as part of the decision making process.

10. **DEVELOPMENT DAY - OCTOBER 9TH 2013**

The Board considered a report of the Director of Community and Children's Services informing Members that at the July Health and Wellbeing Board, Members agreed that the next Health and Wellbeing Board Development Day would take place on October 9 2013 in Walbrook Wharf.

As Fiona Reed Associates had been commissioned to run part of the day, it was proposed that the morning session will be facilitated by them. It was proposed that this morning session should be used to review what the Health and Wellbeing Board has achieved so far; the progress made in Board development over the last year; and any outstanding relationship and governance issues.

It was proposed that the afternoon session should be run by senior members of the City and Hackney Public Health Team, led by the Interim Director of Public Health.

The following activities were proposed:
i. A World Café style discussion, using cameos of City service-users to illustrate some of the more complex health and wellbeing needs that occur in the City of London. This discussion will allow Health and Wellbeing Board members to consider how services in the City currently work together to meet the needs of City residents and workers, and how the Health and Wellbeing Strategy could be used to influence and improve outcomes.

ii. A discussion on what the Health and Wellbeing Board's work programme should be for the next twelve months, with priority areas of focus identified. This will attempt to establish an agreed work programme for the board, to provide a framework for the next twelve months' meetings.

iii. A discussion on the Board's learning and development needs, including what issues it would like to look at as part of its development days, and how it wants to take the development day programme forward. This discussion would include potential public health topics to cover; site visits; and skills sessions that board members may wish to consider.

Members agreed that as this was a Development Day those who could not attend could arrange a suitable substitute to attend in their place.

RESOLVED – That Members agreed the proposals for the Development Day

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

There were no questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
    There were no urgent items.

13. **EXCLUSION OF PUBLIC**
    RESOLVED – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Item No.	Paragraph
14 - 16	3

14. **NON PUBLIC MINUTES**
    The non-public minutes and summary of the previous meeting were approved.

15. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
    There were no questions.

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
    There were no items of urgent business.

The meeting ended at 3.30pm

Chairman

Contact Officer: Natasha Dogra tel.no: 020 7332 1434
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Committee(s):	Date(s):
Health and Well-being Board	6th November 2013
Subject: Green Spaces: The Benefits for London	**Public**
Report of: Director of Open Spaces	**For Information**

Summary

A report entitled 'Green Spaces: The Benefits for London' was published by the City of London Economic Development Office and Public Relations Office. The report, a review of the literature in the field, found compelling evidence that a range of benefits were delivered by green spaces. The Open Spaces department is undertaking a range of activities to maximise the benefits to Londoners of the green spaces.

Recommendation

That this report is received for information.

Main Report

Background

1. The Economic Development Office commissioned BOP Consulting to carry out a literature review of the research relating to the benefits to residents, workers, businesses and visitor of green spaces.

2. There has been increased interest in measuring the value of green spaces, with the concept of green infrastructure gaining popularity.

3. The report, published on the 8th July 2013, and available in full as an appendix, found compelling evidence for the benefits of green spaces. The benefits were classified as environmental, wellbeing, social and economic.

Current Position

4. The literature review found compelling evidence of the environmental benefits of urban green space. Key to health was the role played in urban microclimates, with green spaces cooling air through shade, and ground cover creating less heat retention. Research also showed improved air quality caused by urban green spaces as trees and plants absorbed pollutants.

5. Access to green spaces was shown to be related to lower obesity and better cardio-vascular and respiratory healthy, because of the space for exercise. Research also demonstrated the role of green spaces in reducing stress, mental fatigue and attention deficit.

6. Research into social benefits found particular benefits to children and young people. The presence of urban green spaces is linked to enhanced cognitive and motor skills and better socialisation among children because of the increased space and opportunity for outdoor play.

7. Urban green space is also found to promote social interaction and community cohesion.

8. The report identifies a number of pieces of research which have sought to enumerate the value of urban green space in terms of reduced expenditure on health.

Activities within the Open Spaces department

9. A number of activities have been developed within the department which seek to maximise the health and wellbeing benefits of the green spaces for Londoners.

10. Surveys of visitors have been carried out at each site to increase understanding of who accesses the sites and for what purpose. From this work communities who do not access the sites have been identified and initiatives designed to encourage access. An example of a specific programme is a partnership programme with the Zoological Society of London to provide conservation training to a group of Chagos Islanders. Recently the department has launched a social media strategy, promoting sites using social networking, including twitter accounts. This has aimed to reach groups of Londoners such as younger people and transient populations who do not visit open spaces as much as other groupings.

11. Work has been carried out to ensure that sites are accessible to all visitors. For example at Epping Forest access paths at High Beach, Jubilee Pond, Knighton Wood and Connaught Water have been designed so that they are accessible for wheelchairs and buggies. Work to improve access at other sites continues.

12. Extensive education, sport, volunteering and play programmes are in place at sites. Health walks are available at all sites. The walks are led by trained Health Walk Leaders (in some cases volunteers) and provide a way for members of the public to lose weight and increase their fitness in the Open Spaces. These walks provide a first step for members of the public who wish to use the Open Spaces for fitness purposes.

Conclusion

13. The report provides a useful summary of the benefits of green spaces to urban areas. Many of the identified benefits are to the health and wellbeing of residents living near to green spaces. The report emphasises the importance of access to green space for urban populations.

14. The Open Spaces Department, through the promotion of the sites, improvement of access to sites and development of education, play and volunteering programmes is seeking to maximise the benefits to Londoners of the green spaces in its stewardship.

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TOPICAL INTEREST PAPER

Report prepared for the City of London Corporation
by BOP Consulting
Published July 2013

Green Spaces: The Benefits for London

TOPICAL INTEREST PAPER

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Published July 2013

Green Spaces: The Benefits for London

City of London Economic Development
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www.cityoflondon.gov.uk/economicresearch

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July 2013

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Contents

Foreword ... 1

Introduction ... 2

1. Environmental benefits ... 6

2. Physical, mental health and well-being benefits ... 10

3. Social benefits ... 13

4. Economic benefits ... 16

Conclusion ... 20

Bibliography ... 22

Foreword

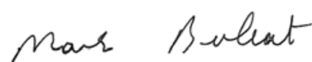
London has 35,000 acres of public green spaces – equivalent to 40% of its surface area – making it one of the greenest cities of its size in the world. The City of London Corporation is proud to be the custodian of almost 11,000 acres of green spaces, in and around London. This ranges from 200 'small' spaces, such as the parks, squares and gardens within the Square Mile, to 14 'large' spaces outside of the City boundaries, including Epping Forest, Hampstead Heath, Burnham Beeches, Ashtead Common and Highgate Wood, among others.

London's green spaces help to improve the lives of its residents and workers, as well as providing a significant draw for visitors. This report looks in detail at the range of benefits these spaces provide for the community; some apparent, others perhaps more subtle. The report highlights four headline areas in which green spaces have been shown to provide benefits – the environment, physical and mental health and well-being, social interaction, and the economy – drawing on a comprehensive range of both academic and wider 'grey' literature, and applying these findings to London. Together, the benefits these green spaces provide, contribute towards London's competitiveness as a world city.

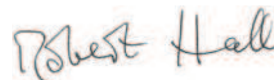
It is therefore vital that these spaces are effectively and continuously maintained. As one of the largest providers of green spaces in London, the City Corporation plays its full part in this, through its involvement in a number of initiatives;

- Projects to improve facilities for millions of visitors. For example the Branching Out Heritage Lottery Funded project at Epping Forest to improve access to the landscape, and a new visitor centre, The View, which tells the story of this 600 acre Forest;
- A sustainable grazing strategy which involves projects across City Corporation sites – including the City Commons, Epping Forest and Burnham Beeches. Using cattle and sheep grazing, as opposed to machine mowing; for improved biodiversity and wildlife habitats. The work includes the trial installation of "invisible" fences at two sites;
- A strong volunteering programme across City Corporation green spaces, with over 46,000 hours contributed in 2012/13;
- The creation of a new sustainable Wood at Epping Forest – Gifford Wood – part of the Lord Mayor's Appeal; and
- Tackling the tree diseases which threaten London's green spaces, as detailed in the City Corporation's June report.

We commend this report for clearly evidencing the breadth and depth of the benefits that London's green spaces provide for those who reside, visit and work in the capital, and which underpin London's offer as a world class city.



Mark Boleat
Chairman of Policy & Resources Committee
City of London



Alderman Robert Hall
Chairman of Open Spaces & City Gardens Committee
City of London

Introduction

Green spaces and big cities

More so than ever before, people across the world are living in urban areas. Indeed, as of 2010, more than half of the world's population lives in cities[1]. These cities are growing both in size and number: while the world was home to two "mega-cities" – New York and Tokyo – in 1950[2], this number is predicted to increase to 22 by 2015[3]. Inevitably, this brings huge challenges around how to develop a sustainable infrastructure for these global cities.

Green spaces within cities – publicly accessible parks, gardens, squares and cemeteries – are an often overlooked component of this, and international comparisons indicate a huge variation in how much area is given over to green spaces by world cities. As Table 1 shows, London is the third greenest world city, with nearly 40% of its surface area consisting of public green spaces.

Table 1: World cities' public green spaces (parks and gardens), by proportion of surface area, 2012

City	Figure (%)
Singapore	47
Sydney	46
London	38.4
Johannesburg-Gauteng	24
Berlin	14.4
New York	14
Paris	9.4
Tokyo	3.44
Shanghai	2.6
Mumbai	2.5
Istanbul	1.5

Source: World Cities Culture Report, BOP 2012

This poses the question: what benefits do green spaces bring to London? This is harder to answer than, say, what are the benefits of housing or transport. However, in a context where pressure on land use is only going to intensify and people live increasingly removed from nature, it is nevertheless a question that needs to be answered.

London has 35,000 acres of green spaces, of which the City of London Corporation (referred to as "the City Corporation" in this report) owns and manages 3,684 acres. A further 7,245 acres of green spaces belonging to the City Corporation sit on the London 'fringe': that is, areas immediately surrounding London, including green spaces such as Epping Forest.

This report therefore sets out to investigate the question *"What have green spaces ever done for London?"* In particular, it aims to identify the benefits that residents, workers, businesses and visitors in Greater London and within the City of London, derive from green spaces in and around London, including those spaces belonging to the City Corporation. It also considers the role green spaces play in maintaining London's international competitiveness as a world city.

Queens Park

[1] Cities Alliance (2010).
[2] Cities with 10 million inhabitants or more.
3 United Nations, Department of Economic and Social Affairs, Population Division (2006).

The City of London Corporation's green spaces

The City of London Corporation owns and manages almost 11,000 acres of public green spaces in and around London. This includes wildlife habitats, nature reserves, sites of special scientific or historic interest, and outdoor spaces for sport, recreation and enjoyment.

Loosely defined, the City Corporation's green spaces can be divided into around 200 'small' spaces within the City boundaries i.e. the 'Square Mile', and 14 'large' spaces outside of the City boundaries, in and around London. Within the Square Mile, these green spaces include squares, disused churchyards and other landscaped areas, many of which came into being as the result of The Great Fire of London in 1666 and The Blitz in 1940/41. The Square Mile is also home to the oldest public park in London – Finsbury Circus Garden, dating back to 1606. Overall, these spaces are home to over 2,800 trees and thousands of plants, and have a number of Green Flag Awards (14 granted in 2012)[4] and Green Heritage Site Status (awarded to eight sites in 2012/13)[5] to their name.

Some of the green spaces beyond the City boundaries of the Square Mile lie partly outside of Greater London. The largest of these is Epping Forest, which accounts for slightly more than half of all of the City Corporation's green spaces by area. Others include Hampstead Heath, Queens Park and Highgate Wood, as well as spaces perhaps less known to be owned and managed by the City Corporation, such as Burnham Beeches and Stoke Common in Buckinghamshire, West Ham Park, and the seven City Commons on the borders of South London and Surrey (see Figure 1).

Green spaces are considered a vital resource for the London's residents, workers and visitors. This is reflected, for example, by the number of visitors they regularly attract. For example, in 2012/13, annual visits to green spaces in and beyond the Square Mile were estimated at 23 million[6]. Polling in 2009 indicated that the green spaces within the Square Mile are used by 74% of residents, and results also reflected high satisfaction rates: 77% of businesses, 69% of City executives and 84% of residents reported satisfaction with the spaces.

A City Corporation Gardens Customer Survey in 2012 revealed that most visitors to Square Mile green spaces seek "relaxation and passive recreation", followed by "passing through and meeting friends". Most visit on weekdays at lunchtime (42%) and stay for relatively short periods of time, indicating frequent use by City workers. However, across London's green spaces, there is also plenty of scope for, and evidence of, more 'active' recreation. For instance, in 2012/13 alone, over 46,000 volunteer hours were contributed by local residents in helping to tend and maintain the green spaces supported by the City Corporation[7].

Recognising these and other benefits, the City Corporation strives to protect its green spaces for the future, and encourages local communities to enjoy them. For example, the City Corporation's green spaces are already home to a number of special initiatives. Most prominent among these is the annual City of London Festival. In 2012, the 'Green to Gold' campaign was launched as part of the celebrations for the London 2012 Olympics – to further engage and inspire communities to use London's green spaces.

4 http://greenflag.keepbritaintidy.org/
5 http://www.english-heritage.org.uk/professional/advice/advice-by-topic/parks-and-gardens/public-parks-and-open-spaces/green-flag-awards-and-green-heritage-site-scheme-/

6 City of London Corporation (2013).
7 Ibid.

Figure 1: The City of London Corporation's green spaces

The value of green spaces to London and Londoners

How did we do the research?

To answer the question of what benefits London's green spaces provide, including consideration of green spaces belonging to the City Corporation, this report considers a number of areas in which green spaces are commonly said to provide benefits. These include the environment, physical and mental health and well-being, social benefits, and economic impacts.

The report is based on a literature review of the latest international evidence in these four areas of research, including academic literature, 'grey' literature (i.e. non-academic publications by policy bodies, foundations, trusts and charities), comparative city-based indices and studies, as well as existing data that the City Corporation has on its own green spaces.

Through this literature review, we identified the main ways (or 'mechanisms') by which these four benefits are most consistently credited as being delivered. Each of these'mechanisms' is presented in brief sections below, which include information on:

- The hypothesis behind the mechanism, i.e. what issue(s) is it addressing and how? Are these issues increasing or decreasing in salience?
- The findings of the main studies;
- The strength of the evidence to date.

Each section concludes with an overview table that links the mechanisms by which benefits occur to London overall and specifically to the City of London.

These tables first illustrate the level of evidence found for the main mechanisms with regards to both smaller and larger green spaces. This distinction is not scientific – it is intended instead to be indicative, to be used as a guide. 'Large' green spaces are therefore understood as those "where you don't see the boundaries once inside" – spaces the size of Hyde Park or Regents Park, or the City Corporation's own Hampstead Heath. In turn, 'small parks' are those with boundaries clearly visible from all angles, such as squares and City gardens.

Based on the strength of the evidence found, the tables then consider the impacts of the mechanisms on residents, workers and businesses in Greater London more widely and within the City of London. In order to avoid double-counting benefits for workers, impacts on businesses should be understood here as strictly those benefits which have an immediate impact on businesses' bottom line, rather than indirect impacts, such as on employees' health.

Literature reviewed

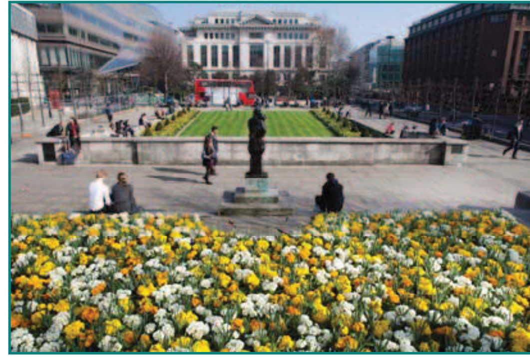
There exists a large body of international academic literature on the various potential benefits of green spaces. Studies cited in this report include literature from Europe, the United States, Australia and Asia. For example, a large proportion of the studies on the environmental impact of green spaces come from Asia. Studies cited within this report date back to the mid-1980s.

The volume of existing research is reflected in the fact that there already exists a large number of both systematic and narrative literature reviews. In part, this report is therefore a meta-review of these studies.

Finally, much of the relevant 'grey literature' reviewed for this report consists of primarily re-framing academic literature. This means that, unusually, both academic and grey literature fundamentally rests on the same research evidence.

Both literature reviews and individual studies frequently point out the need for further systematic research in all areas to increase the evidence base (a common feature of all research). Quality issues related to the literature that are raised most frequently include the 'case study-type' approach of studies (i.e. focusing on specific parks or species), or studies being based on a 'modelling' simulation approach rather than on actual empirical research, both of which may make drawing more general conclusions difficult.

Nevertheless, much international cross-citing among academic studies can be found, indicating a certain level of consensus on various findings across continents and societies. A number of key studies and authors are mentioned particularly frequently.



Gardens by St Paul's Cathedral

1. Environmental benefits

1.1 Cooler air through shade and ground cover with less heat retention

Hypothesis

Across the world, metropolitan areas are significantly warmer than their surrounding areas. The main causes for this are urban land surfaces, which use materials which retain heat, as well as waste heat generated by the high level of energy usage in cities. This effect may be intensified in the context of global warming. Through creating a break in a city's heat-retaining surfaces and providing shade during the day, green spaces mitigate this effect.

A systematic review in 2010 of a range of studies investigating temperatures within and outside urban parks, found that studies were generally consistent in finding lower surface temperatures in green spaces than in built-up spaces. An analysis of the temperature reductions put forward by the various studies showed that average temperature reductions in green spaces were just below 1°C during the day and 1.15°C at night. The authors of the review thus concluded that research clearly points towards the potential of green spaces to reduce urban air temperature[8].

A wide-ranging study in 2007 of 61 city parks in Taipei came to the same conclusion – urban parks were on average cooler than their surroundings. The researchers also found that larger parks were on average cooler than smaller ones (though the relationship was non-linear). Park characteristics such as the size of natural, as opposed to built-up areas (e.g. paths), and the type of vegetation used, were also found to influence the level of impact[9].

[8] Bowler et al (2010).
[9] Chang et al (2007).

Considering the geographical extent of this cooling effect, a 2005 study of two parks in Singapore again came to the same conclusion as the two studies cited above, adding that average temperatures were lower inside parks, and became warmer with increasing distance from the park. The authors thus concluded that research has overall confirmed the importance of large city green spaces on urban heat[10].

1.2 Less rainwater run-off through water infiltration, storage and pollutant removal

Hypothesis

Due to their impermeable quality, urban surface materials are more prone to causing flooding than natural surface material. This problem is exacerbated by the fact that urban flooding is frequently polluted. Again, climate change is predicted to increase the risk of flooding in the future – a tendency which already seems visible[11]. Through providing natural drainage, water interception, infiltration and storage, as well as pollutant removal from soil and water, green infrastructure contributes to surface flow reduction, resulting in flood alleviation and better water quality.

Researchers in China in 2012 claimed that only a few studies so far have explored the benefits of rainwater run-off reduction by urban green spaces.

However, one study from 1999 that is frequently cited concluded that Stockholm's lawns, parks, urban forests, cultivated land and wetland provide an important contribution to the city's drainage system[12]. As the study explained, this is due to the soft ground

[10] Yu and Hien (2005).
[11] Indeed, much of the 2000 flooding is said to have been caused by failing urban drainage systems unable to cope with the floods caused by urban surfaces - Forest Research (2010).
[12] Bolund and Hunhammar (1999), cited in Forest Research (2010).

allowing water to seep through rather than run-off, as well as vegetation storing and releasing water through evapotranspiration[13].

Supporting this, the above mentioned 2012 Chinese study went on to analyse the rainwater run-off potential of all green spaces in Beijing. It estimated that together, they stored a total volume of 154 million cubic meters of rainwater, reducing potential run-off by 2,494 cubic meters per hectare of green area[14].

Similarly, researchers in the UK who developed a 2080 surface run-off model for Greater Manchester have suggested that by increasing green ground cover in residential areas by 10%, run-off could be reduced in these areas by 4.9%, and that increasing tree cover by the same amount could cause a further reduction of 5.7%[15].

Looking in particular at the quality of water collected in green spaces, other research in Beijing also found that the water stored in green areas was superior in quality to the run-off from roofs and roads, thus reducing purification costs[16].

Walled garden in the Square Mile

[13] Bolund and Hunhammar (1999), cited in Zhang et al (2012).
[14] Zhang et al (2012).
[15] Gill et al (2007).
[16] Hou (2006), cited in Zhang et al (2012).

1.3 Better air quality through pollutant absorption

Hypothesis

Due to the increased concentration of vehicle emissions, power production and industrial activity and aviation, cities are ‘pollution hotspots’. In addition to causing damage to a city’s built and natural environment, this aggravates cardiovascular and respiratory diseases among the urban population. Through its ability to absorb pollutants, urban green infrastructure helps to improve air quality.

A systematic review in 2013 concluded that, as most existing studies looking at the contribution that urban green spaces make to air quality rely on modelling rather than empirical research, there is currently only relatively weak evidence that urban parks improve air quality by capturing pollutants and particles[17].

Forest Research in its 2010 review of the benefits of green infrastructure was, however, considerably more unequivocal. It concluded that air quality can indeed be directly altered by trees through their capacity to absorb gaseous pollutants, intercept particles at leaf surface, and produce oxygen during photosynthesis[18].

The review cites a number of studies which appear to provide evidence of this effect. One study in 1994 found that trees in Chicago were estimated to remove 6,190 tonnes of pollution per year, equating to an average improvement in air quality of approximately 0.3%, with the possibility of further improvements to air quality of 5% to10% through increased tree cover[19]. Closer to home, researchers in London in 2009, who based their research on a 10km by 10km area of

[17] Konijnendijk et al (2013).
[18] Forest Research (2010).
[19] Nowak (1994), cited in Forest Research (2010).

the East London Green Grid, demonstrated the potential for green space to reduce particulate pollution (PM10)[20]. Research completed in China has provided similar results: assessing the impact of urban vegetation on air pollution in Guangzhou, researchers found results indicating a removal of sulphur dioxide, nitrogen dioxide and total suspended particulates of about 312.03mg annually[21].

While the strength of the evidence base for this mechanism is contested, many authors nevertheless conclude their reports by suggesting tree planting as a cost-effective measure to reduce different types of air pollution[22]. This is an indication that there is certainly some consensus with regard to the role green spaces can play in contributing to pollution reduction.

1.4 Climate change mitigation through carbon capture

Hypothesis

Carbon emissions, again a particular problem in big cities, have been linked to increasing global warming. Similar to pollution, urban green infrastructure, and in particular trees, enable carbon capture and sequestration, thereby mitigating emissions and their negative effects.

To date, little high-profile research exists specifically on the effects of urban green spaces on carbon capture. However, studies looking at the link between green spaces and pollution more generally often list carbon capture alongside green spaces' capacity for pollution and particle absorption.

One study that looked more specifically at carbon capture was the 2009 'Read Report' for the National Assessment of UK Forestry and Climate Change Steering Group, which concluded that UK forests and trees have a significant role to play in the country's response to the challenges posed by climate change. Indeed, the report claims that a 4% increase in woodland in the UK could deliver annual emissions abatement equivalent to 10% of total greenhouse gas emissions (GHG)[23]. While it does not specifically mention urban vegetation (although it includes trees generally), Forest Research in turn drew on this study to conclude that urban green infrastructure, too, contributes to carbon capture by, for example, building up soil carbon reserves over time[24].

1.5 Better bio-diversity/eco-system health by providing natural habitats

Hypothesis

A city's built-up urban area of houses, roads and offices provides only very limited space for any sort of wildlife. In contrast, a city's green infrastructure, by creating a 'green network', offers a home to various species and provides opportunities for animals and insects to move, spread and colonise new habitats.

A number of research reviews claim that, while sound in theory, there is little evidence of the overall value of green spaces for *all* species. While many studies have researched wildlife within urban areas, they frequently consider only a particular species' use of urban green spaces. Forest Research, for example, lists studies that looked specifically at the number of deer, badgers and foxes in urban areas (by counting vehicle collisions), at insect populations in urban roundabouts, and at birds' use of urban green infrastructure[25].

[20] Tiwary et al (2009), cited in Forest Research (2010).
[21] Jim and Chen (2007).
[22] For example in Jim and Chen (2007), as well as in Tiwary et al (2009), cited in Forest Research (2010).
[23] Read et al (2009).
[24] Forest Research (2010).
[25] Forest Research (2010).

While such studies provide evidence that urban green spaces are used by certain types of animals or insects, they are more limited in providing evidence of the value of urban green networks on wildlife as a whole (and, as such, on biodiversity). However, as one study pointed out, action to provide urban green networks as "conduits for wildlife" nevertheless often takes place due to an absence of alternatives, and 'ecological networks' have thus become a popular element of urban planning[26].

1.6 Summary

The existing evidence points to a clear advantage of large spaces compared to small spaces with regard to their air cooling capacity. However, small spaces such as those in the Square Mile are able to deliver crucial environmental benefits through a variety of other mechanisms. Impacts are most likely to be felt by London residents and workers, followed by City of London residents and workers. Direct benefits for businesses are less significant – only reducing rainwater run-off can convincingly be argued to have a direct impact on businesses' bottom line; a reflection of the potential costs of flood damage, which they may be faced with.

Table 2: Environmental benefits and mechanisms linked to the City of London portfolio

Key: CoL = City of London, R+W = residents & workers, Bus = businesses, in this and all following tables

	Evidence		Impact			
	Large spaces	Small spaces	CoL R+W	CoL Bus.	London R+W	London Bus.
Air cooling	√√√				√√√	
Reducing rainwater run-off	√√	√√	√√	√√	√√	√√
Pollutant absorption	√√	√√	√√		√√	
Carbon capture	√	√	√		√	
Supporting biodiversity	√				√	

[26] Haddad and Tewsbury (2005) and Jongman and Pungetti (2004), cited in Tzoulas et al (2007).

2. Physical, mental health and well-being benefits

2.1 Lower obesity and better cardiovascular and respiratory health through space for exercise

Hypothesis

Poor air quality, urban heat and an increasingly ‘sedentary lifestyle’ among today’s urban population[27] are frequently linked to problems of ill health. In particular, they have been found to contribute to cardiovascular and respiratory diseases and increasing levels of obesity in adults and children. By providing spaces for physical exercise and contributing to better air quality, green spaces help to counteract such health problems.

A 2011 literature review for NHS Ashton Leigh and Wigan cites a number of studies from the past ten years which have reported finding links between urban green spaces and better physical health among the local population. Studies in the review focused on indications of reduced obesity, reduced risk of coronary heart disease and strokes, decreased blood pressure and lower cholesterol, as well as better overall perceived health[28].

Such findings are supported by a large-scale UK study of patient records in 2008, which found that income deprivation-related health inequalities in mortality from circulatory diseases were lower among populations resident in the greenest areas. Having controlled for other factors that may be associated with mortality as well as for certain area characteristics, the authors concluded that access to green spaces helps to reduce health inequalities in regard to circulatory diseases [29].

Studies most commonly link such health benefits to green spaces’ capacity to promote physical activity. Reviews looking at links between the two vary in their assertiveness. One study, for example, concluded that the amount of green spaces in peoples’ living environment is *not* related to their meeting health recommendations for physical activity[30]. Similarly, another claimed that while based on strong theory and supported by a large amount of observational evidence, the existence of a causal relationship between green spaces and physical activity was still uncertain[31].

Other studies are more assertive. A 2010 meta-review of the evidence for the health benefits of urban green spaces[32], for instance, concluded that several existing reviews support the view that green spaces offer opportunities for exercise. Similarly, another study that year concluded that landscapes indeed do appear to be able to promote physical well-being through encouraging higher levels of physical activity[33].

Such claims are further supported by an analysis of survey data in Bristol, which found that respondents who lived closest to a park were more likely to achieve recommended levels of physical activity, and less likely to be overweight or obese[34]. Similarly, a 2005 study based on a secondary analysis of a number of surveys estimated that the likelihood of being physically active is more than three times as high for respondents living in residential environments with high levels of greenery, and the likelihood of being overweight or obese about 40% less. While conceding limitations to the analysis, the authors suggested that more attention should be paid to

[27] Shah and Peck (2005).
[28] Richardson and Parker (2011).
[29] Mitchell and Popham (2008).
[30] Maas et al (2008), cited in Richardson and Parker (2011).
[31] Mytton et al (2012).
[32] Lee and Maheswaran (2010).
[33] Abraham et al (2010).
[34] Coombs et al (2010).

environmental facilitators and barriers in order to promote physical activity and reduce weight[35].

2.2 Reduced stress, mental fatigue and attention deficit through the aesthetic experience

Hypothesis

The aesthetic experience of looking at or being in green spaces can have a positive "psychosomatic" effect on people by reducing stress, lowering blood pressure, and alleviating cognitive disorders and attention deficit disorder. The potential not only to relax, but also to exercise outdoors in green areas, contributes to better mental health and well-being.

Several recent literature reviews have concluded that green spaces have the potential to benefit people's mental health and well-being. Developing a theory of how natural environments may have a "restorative effect", Kaplan and Kaplan, influential researchers in this field, ascribed a combination of attributes to green spaces, among which they included "aesthetically pleasing stimuli, which promote 'soft fascination'"[36].

In its 2010 review, Forest Research concluded that there is a strong body of evidence which suggests that physical activity in green spaces has stronger mental health benefits than physical activity in non-green spaces, and that "more passive forms of usage" can also have a beneficial impact on mental well-being and cognitive function. In some studies, this is even related simply to the ability to view green spaces from afar[37]. A 2010 scoping study similarly concluded that by helping to reduce stress, evoke positive emotions and restore attention, landscapes have the potential to promote mental well-being[38]. This is also supported by a 2007 literature review, which cited experimental studies which looked at the effects of green spaces on attention fatigue, psycho-physiological stress, blood pressure, mental fatigue and attention deficit[39].

Studies looking at links between the environment and mental health and well-being are frequently based on self-reporting by respondents, which has been shown to correlate closely to actual health. For example, a Swedish study in 2003 found statistically significant relationships between the use of urban green spaces and self-reported levels of stress, regardless of respondents' age, sex or socio-economic status[40]. Dutch researchers in 2010 established that the "restorative quality" of nature is corroborated by surveys in several countries, which show that people consider contact with nature as "one of the most powerful ways to obtain relief from stress"[41].

Two UK studies, each taking a very different approach, also support this conclusion. The first, a 2002 study by researchers at the University of Sheffield, was based on a number of focus groups[42] across the UK. The researchers found that across all focus groups, participants pointed out "psychological reasons" for visiting urban green spaces. In particular, participants highlighted their use of green spaces to escape from the city, from pollution and from people[43].

The second is a long-term study based on an analysis of data from the annual British Household Panel Survey responses from 1991 to 2008. This allowed researchers to trace self-reported psychological health from over 10,000

35 Ellaway et al (2005).
36 Kaplan (1985), Kaplan (1995) and Kaplan and Kaplan (1989), cited in Forest Research (2010).
37 Forest Research (2010).
38 Abraham et al (2010).
39 Tzoulas et al (2007).
40 Grahn and Stigsdotter (2003).
41 van den Berg et al (2010).
42 With users and non-users of urban green spaces.
43 Dunnett et al (2002).

participants across an 18 year period. The researchers found that respondents were happier when living in urban areas with large amounts of green spaces, showing significantly lower mental distress levels and higher well-being (life satisfaction) levels. Importantly, the longitudinal approach made it possible for the researchers to control for other impacts on respondents' lives, such as income, employment status, marital status, health and housing type [44].

2.3 Summary

The evidence that green spaces contribute to people's physical and mental health and well-being is more relevant to large green spaces in and around London, than small spaces in London, and is therefore more pronounced for Greater London as a whole, than for the City of London specifically.

This is particularly due to the capacity of large spaces to offer room for physical exercise (sometimes promoted through sport facilities, for example in Hampstead Heath). Physical health benefits through better air quality are also likely to be more pronounced for Greater London (as, again, they accrue mainly from large spaces). This means for example, that the benefits to air quality of spaces such as Epping Forest can be considered as distributed across the whole of London.

The research does however provide some evidence of the benefits of small spaces for mental health – through their 'restorative' capacity – which means that this is likely to impact residents and workers across London, including within the City of London.

Table 3: Physical, mental health and well-being benefits and mechanisms linked to the City of London portfolio

	Evidence		Impact			
	Large spaces	Small spaces	CoL R+W	CoL Bus.	London R+W	London Bus.
Space for exercise	√√				√√	
Better air quality	√√		√		√√	
Aesthetic experience/ 'restorative' power	√√	√√	√√		√√	

[44] White et al (2013).

3. Social benefits

3.1 Enhanced cognitive and motor skills and socialisation for children via spaces for play and challenge

Hypothesis

Urban green spaces offer children a space for unrestricted, versatile and 'challenging' play in a social environment. In doing so, they help to improve children's creativity, cognitive and motor skills, emotional resilience and socialisation.

Two studies cited frequently with regard to the impact of urban green spaces on child development researched the play behaviour of children in inner-city Chicago. Both found that children playing in green spaces displayed higher levels of creative play, played for longer, and more collaboratively than children playing in built-up spaces[45].

These findings are supported by a 2000 Norwegian study, which found that playing in woodland provided a more stimulating and varied play environment for children, and noticeably improved their motor fitness[46].

Such impacts are visible to, and valued by, parents and children's carers, as shown by the University of Sheffield focus groups. Taking children to green spaces was one of the most frequently mentioned reasons for adults to visit such areas. Respondents widely held the view that green environments provided important spaces where children could explore and "let off steam", and where they could come into contact with nature as well as meet other children and adults – a valuable aspect to children's social development[47]. This is corroborated by the 2009/12 Monitor of Engagement with the Natural Environment Survey, which showed that 15% of the total visits taken by the English adult population were driven by motivations to 'entertain' or 'play' with children[48].

Alongside providing potential for more 'free', unplanned play, parks also provide important space for beneficial planned activities (i.e. in an education environment). A 2008 study for the then Department for Children, Schools and Families found that children that were engaged in 'learning outside the classroom' activities, including in parks and other natural environments, achieved higher class test scores, high levels of physical fitness and motor skills, as well as increased confidence, self-esteem and social competences[49].

3.2 Greater social interaction and community cohesion through inclusive, free space

Hypothesis

Urban areas are often associated with promoting anonymity or loneliness. Green spaces, by being publicly accessible and free, as well as by providing space for events, offer a natural meeting point for the local population. This contributes to community cohesion and social integration, and supports an increased sense of belonging to an area as well as closer neighbourhood ties.

Green spaces' role in promoting social interaction and community cohesion is certainly a concept which has found interest in the academic world. However, conflicting research results mean that there is a lack of consensus on the strength of the existing evidence.

A 2012 study by the Heritage Lottery Fund concluded that there is currently little evidence of how culture and

[45] USDA Forest Service (2001), cited in Land Use Consultants (2004) and in Shah and Peck (2005) & Taylor et al (1998), cited in Forest Research (2010).
[46] Fjortoft and Sageie (2000).
[47] Dunnett et al (2002).
[48] TNS (2012).
[49] Malone (2008).

heritage (including parks and green spaces) can contribute to concepts such as social capital, community cohesion, social inclusion and civic society, when compared with evidence of benefits experienced by individuals[50]. More recently, authors conducting a systematic literature review for the International Federation of Parks and Recreation Administration concluded that while there are indications across studies that parks promote social cohesion, the small number and varying quality of studies mean the current evidence is weak[51].

Other literature reviews have come to more positive conclusions. A wide-ranging literature review in 2010, for example, concluded that existing research certainly suggests that landscapes have the potential to promote social well-being through social integration, engagement, participation and support[52]. Forest Research, meanwhile, cited two studies that each looked at particular demographic groups and the benefits they gain from access to green spaces. One, a Chicago-based study, looked specifically at older adults in deprived areas, and found clear indications of links between access to green spaces and social integration[53]. The second, a Swiss-based study on opportunities for young people to interact with other young people from different cultural backgrounds, found that the city's urban forests and parks were a particularly conducive place for socialising and interaction[54]. Based on such studies, Forest Research concluded that evidence suggests that green spaces can offer opportunities to promote interaction between people who may not normally interact, which helps to develop social ties and community cohesion[55].

This particular aspect of stronger community ties was also the focus of a 2004 study by Kim and Kaplan, which suggested that natural features and open spaces in residential areas play an important role both in residents' interaction with each other, and their feelings of attachment towards their local community[56]. Similarly, a more recent Belgian study found that people's perception of the "greenness" of their neighbourhood was the most important predictor of neighbourhood satisfaction[57].

Such studies are further supported by the findings of a 2007 survey of 20,000 members of the UK public, which found that 83% of respondents believed that parks and green spaces provided a focal point for their communities[58]. The University of Sheffield research similarly revealed that many of the focus group participants identified green spaces as "the hub or the spirit of their community". This benefit may well transcend differences in background, as focus groups with women, people from ethnic minorities and disabled people particularly suggested that such spaces are "important for whole families"[59].

3.3 Summary

There is evidence that large green spaces, which generally include more wild, untamed and woodland-type elements, with more room to run around, explore and 'let off steam', than small spaces, can play a significant role in child development. Of those spaces supported by the City Corporation, Epping Forest and Hampstead Heath are prime examples

[50] Maeer et al (2012).
[51] Konijnendijk et al (2013).
[52] Abraham et al (2010).
[53] Kweon et al (1998), cited in Forest Research (2010).
[54] Seeland et al (2009), cited in Forest Research (2010).
[55] Forest Research (2010).
[56] Kim and Kaplan (2004), cited in Tzoulas et al (2007).
[57] Van Herzele and de Vries (2011).
[58] Greenspace (2007).
[59] Dunnett et al (2002).

of such areas. Due to the lack of room for these elements in smaller spaces, it may be assumed that this benefit is less pronounced for small inner-city, green spaces such as those in the Square Mile.

With regard to general space for social interaction, the evidence suggests that the smallest scale at which positive social benefits arise is likely to be neighbourhood park level. This is so because (i) there needs to be a certain level of space/amenity provided - enough to hold small community events, room to walk dogs, space for a playground, etc. – but equally (ii) there has to be a 'community' that can interact in these spaces.

Though small green spaces such as those within the Square Mile generally do not meet these requirements, larger green spaces, such as the City Corporation's spaces that lie outside of the Square Mile - Queen's Park or West Ham Park for example - clearly do, and are therefore very likely to support the forms of community interaction discussed in the research.

Table 4: Social benefits and mechanisms linked to the City of London portfolio

	Evidence		**Impact**			
	Large spaces	Small spaces	CoL R+W	CoL Bus.	London R+W	London Bus.
Space for play & challenge (children)	√√				√√	
Space for social interaction and meeting	√	√			√	
Space for social interaction and meeting	√	√			√	

4. Economic benefits

This section explores studies that have sought to demonstrate how economically valuable a part of, or all of, the amenity provided by green spaces is for different stakeholders. These studies are essentially concerned with how the direct environmental, health and social benefits of green spaces also have secondary positive economic impacts that can be measured financially.

4.1 Cost savings for government related to environment and health expenditures

Hypothesis

By providing a range of environmental, health and social benefits (as outlined in previous sections), green spaces contribute to reducing the costs incurred by government in addressing these challenges. Green spaces are thus able to provide a number of indirect economic benefits to society.

There are few studies that focus on establishing the monetary value that governments and related bodies might derive from the various benefits of green spaces[60]. However, those that do exist provide positive indications of the likely indirect economic impacts of green spaces.

Two such studies looked in particular at the financial value of environmental benefits. The previously mentioned 2012 study of rainwater run-off reduction through Beijing's green spaces valued this effect at 21.77 renminbi per hectare of open space, calculating that the total economic benefit was equivalent to three quarters of the green spaces' maintenance cost[61]. An earlier study of the potential of urban trees to act as pollutant removers in Chicago estimated the annual value of this benefit in the city at US$9.2million[62].

Natural England followed up a claim in another study that people in the UK are 24% more likely to be physically active if they have easy access to green spaces. They estimated that if the whole English population had equally easy access to green spaces, and consequently all were 24% more likely to be physically active, the life-cost averted saving to the NHS would be around £2.1 billion per annum[63].

Such estimates highlight the difficulties of providing any conclusive financial calculations for these benefits. Rather than attempting to calculate cost savings, many studies therefore instead highlight the current costs to government in meeting socio-economic and environmental challenges in areas in which green spaces have a positive effect; thereby implying the ability of green spaces to reduce these costs.

Forest Research, for example, cites research which has estimated that the current economic impact of urban flooding in England and Wales lies at £270 million per year and may increase to £1 billion and £10 billion per year in the future if no action is taken[64].

Both Forest Research and the new economics foundation (nef) cite works that estimate the costs of ill health to government. The DCMS Strategy Unit, cited by nef, in 2002 for example estimated the cost of physical inactivity and obesity, risk factors in chronic conditions such as heart disease, at £8.2 billion for England alone[65]. Other studies have tried to value the cost to

[60] Esteban (2012) makes this point in particular with regard to studies considering the monetary value of the benefit of green spaces on well-being.
[61] Zhang et al (2012).
[62] Nowak (1994) and McPherson et al (1997), cited in Jim and Chen (2007).
[63] Coombs et al (2010) and Natural England (2009), cited in Richardson and Parker (2011).
[64] Parliamentary Office of Science and Technology (2007) and Evans et al (2004), cited in Forest Research (2010).
[65] Department of Culture, Media and Sport Strategy Unit (2002), cited in Esteban (2012).

government of mental illness, and while figures vary significantly, there is consensus that costs range in the tens of billions of pounds[66].

4.2 Increasing property and land value for home owners

Hypothesis

Urban residents are willing to pay a premium on house or rent levels in order to live in areas close to green spaces. This results in local increases of property and land value, linked directly to their proximity to green spaces.

Studies considering the links between property value and location are most commonly based on the 'hedonic pricing' method, which suggests that the value of a good is based on a combination of its various attributes[67]. Based on this model, many international studies have found strong indications of a correlation between property value and proximity to (urban or semi-urban) green spaces.

In an assessment of London house prices in 2010, GLA Economics found that house prices were boosted by the total green spaces area within a distance of one kilometre from the property. Based on a model which included green spaces, built environment and other location factors (but not socio-economic attributes), the study estimated that location within 600 metres of an urban park added between 1.9% and 2.9% to the total house value[68].

Research by the Royal Institute of Chartered Surveyors in Aberdeen similarly found that location on the edge of a park had the potential to attract a premium of up to 19% on house prices. Larger parks with facilities were found to have a more significant impact[69]. CABE Space in turn calculated an uplift of typically around 3% to 5% for properties within the presence of a "high quality park"[70].

Similar findings are also reported outside the UK: a report commissioned by CABE cites a Dutch study which concluded that having a park nearby could raise house prices by 6% and a view of a park by 8%[71]. A study in Dallas in turn found that for many property owners, proximity to public green spaces was a major factor in their decision to move to the area[72].

In short, there is general agreement that properties in proximity to green spaces do command a premium price, but the precise value of this uplift will depend on exactly how close the property is, how large the green spaces are, and what facilities they contain.

4.3 Promoting tourism by motivating visits

Hypothesis

Green spaces are not only attractive to a local population, but also to national and international tourists. Some urban parks – in particular large, well-known 'statement' parks such as Regents Park, or Hyde Park in London, Park Güell in Barcelona or the Jardin du Luxembourg in Paris – even contribute to motivating tourists to visit a city. Based on their capacity to make cities more attractive, green spaces play a beneficial role in cities' approaches to marketing themselves.

The topic of how urban parks benefit tourism has been somewhat neglected

[66] See for example Sustainable Development Commission (2008), cited in Forest Research (2010), which estimates care costs at £12 billion and costs to the wider economy at £64 per annum, and The Sainsbury Centre for Mental Health (2002), cited in Esteban (2012), which estimated costs at £23.1 billion.
[67] Smith (2010).
[68] Smith (2010).
[69] Dunse et al (2007), cited in Maeer et al (2012).
[70] CABE Space (2005), cited in Maeer et al (2012).
[71] Luttik (2000), cited in Woolley and Rose (undated).
[72] Peiser and Schwann (1993), cited in Woolley and Rose (undated).

in academic literature in recent years[73]. Similarly, many visitor surveys conducted in green spaces focus largely on visitor origin and spend, without considering the role that these spaces play in triggering people's decision to visit a city in the first place.

One recent survey, the London Visitor Survey, conducted annually between 2006 and 2010 across London, does however provide strong evidence of the role that London's green spaces play in *attracting* both UK and overseas tourists to London.

Data collected from 4,587 visitors to London in 2008 showed that 80% of overseas tourists, 74% of UK staying visitors, 70% of UK day visitors and 77% of London residents ranked "parks and gardens" as "important" or "very important" in their decision to visit or take a day trip to London. Indeed, visitors frequently ranked "parks and gardens" as more important than other options such as "theatre/music/ arts performances" or "shopping/markets"[74]. Satisfaction rates were also generally high, with an average across all groups of 3.92 (with five equalling 'excellent')[75].

While one may assume that such potential also translates into place marketing efforts by cities such as London (for example, this is certainly visible on the Visit London website), no studies were found to support this.

4.4 Attracting businesses to locate

Hypothesis

In addition to attracting leisure visitors to a city, green spaces play a role in businesses' decisions to locate in a certain area. This is driven by green spaces' attractiveness for workers as well as their ability to increase customer footfall (due to the areas' general attractiveness for residents and visitors).

Some publications point towards a positive correlation between green spaces and businesses' location decisions, particularly small (consumer-facing) businesses[76]. nef cites research by the US-based Trust for Public Land in 1999, which concluded that small businesses rate non-built up green spaces as their highest priority when choosing their location[77].

Overall, however, there is little evidence of the effect of green spaces on businesses' decision to locate in a certain area. Forest Research, for example, concluded that there is very little strong or reliable evidence of the impact of green spaces on economic growth and investments[78]. The Trust for Public Land in a 2009 report looking at seven measurable attributes of city park systems that provide economic value did not include business location as a factor[79].

Perhaps tellingly, existing city monitors such as Mercer's Quality of Living worldwide city ranking[80] or Cushman and Wakefield's European Cities Monitor[81], which rank cities in order to aid businesses in their location decision-making or to inform salary levels, also do not explicitly include green spaces as indicators.

Another strong indication of the apparent limited importance that businesses place on their proximity to green spaces is provided by the City of London Corporation's own polls among the Square Mile's businesses (both consumer-focused and offices without

[73] Forest Research (2010).
[74] The authors however point out that the surveys were taken during the day, perhaps skewing the research by missing out on evening visitors.
[75] TNS Travel and Tourism (2008).
[76] Publications such as Woolley and Rose (undated) for CABE or Shah and Peck (2005) for nef.
[77] The Trust for Public Land (1999), cited in Shah and Peck (2005).
[78] Forest Research (2010).
[79] Harnik and Welle (2009).
[80] Mercer (2012).
[81] Cushman and Wakefield (2011).

direct consumer focus), and their employees. Survey results from 2009 show that only 4% of businesses and 3% of City executives agreed that "more parks, open space, gardens" are a way to improve the City as a place to do business, and only 13% of workers identified "more parks, open space, gardens" as a priority to improve the City as a place to work.

These findings stand in stark contrast to the 2007 Greenstat survey, which revealed that 82% of people believe that high quality green parks and spaces encourage people and businesses to locate in a town[82]. While surprising at first glance, the results may suggest that a differentiation needs to be drawn between the benefits that people attribute to having green space close to where employees live, as opposed to close to where they work.

4.6 Summary

The evidence on the economic benefits of green spaces is, at present, relatively weak. In particular, the hypothesis that green spaces play a role in businesses' location decisions cannot be substantiated. Where the evidence is strongest is the premium that green spaces bring to property values (principally home owners). This is an important consideration across London and for those green spaces belonging to the City Corporation and which lie outside the Square Mile.

One substantial economic benefit to society that is not accounted for in this table is the indirect economic benefit that government appears to gain from cost savings linked to the various benefits of green spaces discussed in this report.

Table 5: Economic benefits and mechanisms linked to the City of London portfolio

	Evidence		Impact			
	Large spaces	Small spaces	CoL R+W	CoL Bus.	London R+W	London Bus.
Cost savings for government (capture of environment & health benefits)	√	√				
Enhancing land & property value (capture of environment & health benefits by residents)	√√	√√			√√	
Driving tourism & place marketing	√					√
Promoting business locations						

[82] Greenspace (2007)

Conclusion

Returning to the question *"What have green spaces ever done for London*?" the strongest evidence currently points to the positive impact they have on the environment and on people's health and well-being. In addition to helping to counteract major urban sustainability challenges such as atmospheric heating, they provide space for exercise, play, events and "getting away from it all". This is particularly pronounced in larger green spaces. As such, the strongest evidence base is particularly applicable to large green spaces outside the Square Mile, such as Epping Forest and Hampstead Heath.

The benefits of smaller green spaces in London, such as those within the Square Mile, should also not be underestimated. Collectively, they contribute to rainwater storage and pollutant capture, and can provide important space for relaxation, restoration and social events.

It is also important to note that the far-reaching environmental and health benefits created by large green spaces in and around London can be enjoyed by all of London's residents and workers as they are public goods[83], and ones that contribute to London's overall ecosystem.

However there is currently only little evidence for the importance of green spaces to London's businesses and its international competitiveness. The one exception is the potentially significant contribution that London's green spaces make to its overall appeal as the world's foremost city destination for international tourists. The evidence that does exist is encouraging, but it is very limited.

Figure 2 summarises the key benefits that green spaces deliver for cities. The strength of the current evidence base is indicated by the size of each of the labels. As it shows, the environmental benefits are to the fore, with the health, social and economic benefits being dependent upon the underlying physical characteristics and environmental benefits of green spaces.

London's green spaces, then, play a vital role in the capital's struggle to meet major environmental and health challenges. To tackle these, London currently has ambitious targets on emissions reductions[84], and (as part of the UK) needs to comply with EU air quality laws – both of which are currently being missed. Green spaces in London provide a hugely important service to London and its capital – and as one of the largest owners of green spaces assets in London, the City of London Corporation plays a key role in contributing to this service.

Scope for further research

The literature review undertaken for this report also helped identify several potential benefits of green spaces which to date have received little attention from the academic world. These provide scope for areas for further research by academia and in grey literature.

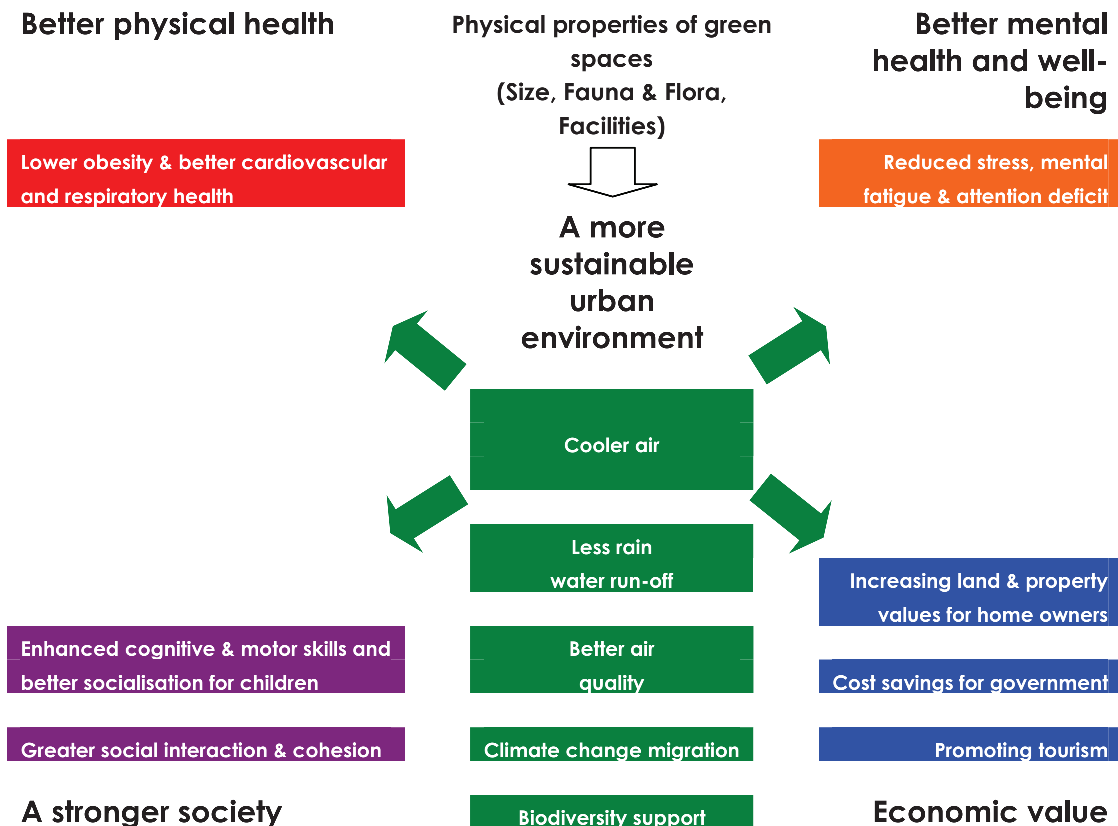
- **Small spaces**: While many studies may reference both smaller and larger green spaces, there is no research specifically into the benefits derived by small, inner-city green spaces. Do they provide specific benefits which may 'go under the radar' in more general studies?

[83] In economics, this means that they are 'non excludable' but also 'non rivalrous' (i.e. consumption by one person does not prevent consumption by another).

[84] London has the most stringent emissions reduction targets of all of the world's global financial centres, aiming for a 60% reduction by 2025 (Tapley et al, 2008).

- **Economic impact**: Little academic attention has been paid thus far to the benefits of green spaces in driving tourism. This is a potentially useful area of research for London, given its role as a tourism hub.
- **City comparisons**: Despite the benefits they bring to an urban population, there are currently no comparative studies between cities, which look in particular at the provision of green spaces. Given a) the importance of green spaces for an urban population's health, well-being and enjoyment, and b) the role green spaces can play in cities' move towards a more environmentally sustainable future (not least, the need to fulfil international agreements), it could be useful to explore cities' different approaches to green spaces in more detail.
- **Blue spaces**: One comparatively new field of research, which is growing out of the study of green spaces, is the assessment of the benefits of "blue spaces" – rivers, lakes and ponds. Many of London's green spaces also include water, not to mention the Thames - what benefits might these bring to London and its inhabitants?

Figure 2: Overview of the evidence of the benefits provided by green spaces



Bibliography

Abraham A., Sommerhalder K., and Abel T., 2010. Landscape and well-being: a scoping study on the health-promoting impact of outdoor environments. *International Journal of Public Health, 2010, 55(1), pp.59-69*

Bowler, D., Buyung-Ali, L., Knight, T., and Pullin, A., 2010. Urban greening to cool towns and cities: a systematic review of the empirical evidence. *Landscape and Urban Planning 97, 2010, pp. 147–155*

Chang, C.R., Li, M.H., and Chang, S.D., 2007. A preliminary study on the local cool-island intensity of Taipei city parks. *Landscape and Urban Planning, 2007, 80(4), pp. 386–395*

Cities Alliance. Cities without Slums, 2010. *World statistics day: a look at urbanisation*. CitiesAlliance. [online] Available at: <http://www.citiesalliance.org/node/2195> [Accessed April 2013].

City of London Corporation, 2013. *Open Spaces Annual Report 2012/13.* [online] Available at: <http://content.yudu.com/Library/A27za5/OpenSpacesAnnualRepo/resources/index.htm?referrerUrl=http://free.yudu.com/item/details/952924/Open-Spaces-Annual-Report-2012> [Accessed June 2013]

Coombes, E., Jones, A., and Hillsdon, M., 2010. The relationship of physical activity and overweight to objectively measured green space accessibility and use. *Social Science and Medicine, 2010, 70(6), pp.816-822*

Cushman and Wakefield, 2011. *European cities monitor* [pdf] Available at: <http://www.berlin-partner.de/fileadmin/chefredaktion/pdf/studien-rankings/2011_en_European-Cities-Monitor.pdf> [Accessed April 2013].

Dunnett, N., Swanwick, C., and Woolley, H., 2002. *Improving urban parks, play areas and green spaces*. Department for Transport, Local Government and the Regions. [pdf] Available at: <http://www.ocs.polito.it/biblioteca/verde/improving_full.pdf> [Accessed April 2013]

Ellaway, A., Macintyre,S., and Bonnefoy, X., 2005. Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal, 2005, 331(7517), pp. 611–612*

Esteban, A., 2012. *Natural solutions. Nature's role in delivering well-being and key policy goals – opportunities for the third sector*. new economics foundation. [pdf] Available at: < http://www.green-space.org.uk/downloads/Publications/Natural_solutions_nef.pdf> [Accessed April 2013]

Fjùrtoft, I. and Sageie, H., 2000. The natural environment as a playground for children. Landscape description and analyses of a natural playscape. *Landscape and Urban Planning 48, 2000, pp. 83-97*

Forest Research, 2010. *Benefits of green infrastructure. Report to Defra and CLG.* [pdf] Available at: <http://www.forestry.gov.uk/pdf/urgp_benefits_of_green_infrastructure_main_report.pdf/$file/urgp_benefits_of_green_infrastructure_main_report.pdf> [Accessed April 2013]

Gill, S.E., Handley, J.F., Ennos, A.R., and Pauleit, S., 2007. Adapting cities for climate change: the role of the green infrastructure. *Built Environment 33 (1), pp. 115–133*

Grahn P. and Stigsdotter, U.A., 2003. Landscape planning and stress. *Urban Forestry & Urban Greening, 2003, 2(1), pp. 1-18*

GreenSpace, 2007. *The park life report. The first ever public satisfaction survey*

of Britain's parks and green spaces. [pdf] Available at:

<http://www.green-space.org.uk/downloads/ParkLifeReport/GreenSpace%20Park%20Life%20Report%20-%20Sector.pdf> [Accessed April 2013]

Harnik, J. and Welle, B., 2009. *Measuring the economic value of a city park system*. The Trust for Public Land. [pdf] Available at: <http://cloud.tpl.org/pubs/ccpe-econvalueparks-rpt.pdf> [Accessed April 2013)

Jim, C. and Chen, W., 2007. Assessing the ecosystem service of air pollutant removal by urban trees in Guangzhou (China). *Journal of Environmental Management 88, 2008, pp. 665–676*

Konijnendijk, C., Annerstedt, M., Maruthaveeran, S., and Nielsen, A., 2013. *Benefits of urban parks. a systematic review. A report for IFPRA*. Ifpra. [pdf] Available at: <http://www.ifpra.org/images/park-benefits.pdf> [Accessed April 2013]

Land Use Consultants, 2004. *Making the links: greenspace and quality of life*. Scottish Natural Heritage Commissioned Report No. 060 (ROAME No. F03AB01)

Lee, A.C.K. and Maheswaran, R. (2010). The health benefits of urban green spaces: a review of the evidence. *Journal of Public Health, 2010, 33(2), pp.212-222*

Maeer, G., Fawcett, G., and Killick, T., 2012. *Values and benefits of heritage. A research review*. Heritage Lottery Fund. [pdf] Available at: < http://hc.english-heritage.org.uk/content/pub/hlf_external_research_review_july09_web.pdf> [Accessed April 2013]

Malone, K., 2008. *Every experience matters: an evidence based research report on the role of learning outside the classroom for children's whole development from birth to eighteen years*. Report commissioned by Farming and Countryside Education for UK Department Children, School and Families, Wollongong, Australia.

Mercer, 2012. *2012 Quality of living worldwide city rankings – Mercer survey*. [online] Available at: <http://www.mercer.com/press-releases/quality-of-living-report-2012#Europe> [Accessed April 2013]

Mitchell, R. and Popham, F., 2008. Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet, 372(9650), pp. 1655-1660*

Mytton, O., Townsend, N., Rutter, H., and Foster, C., 2012. Green space and physical activity: an observational study using Health Survey for England data. *Health & Place, 2012, 18(5), pp. 1034–1041*

Read, D.J., Freer-Smith, P.H., Morison, J.I.L., Hanley, N., West, C.C., and Snowdon, P. (eds), 2009. *Combating climate change – a role for UK forests. An assessment of the potential of the UK's trees and woodlands to mitigate and adapt to climate change. The synthesis report*. The Stationery Office, Edinburgh.

Richardson, D. and Parker, M., 2011. *A Rapid review of the evidence base in relation to physical activity and green space and health*. HM Partnerships for NHS Ashton Leigh and Wigan

Shah, H. and Peck, J., 2005. *Well-being and the environment – achieving 'One Planet Living' and maintaining quality of life*. new economics foundation. [pdf] Available at: <http://www.neweconomics.org/sites/neweconomics.org/files/Well-being_and_the_Environment.pdf> [Accessed April 2013]

Smith, D., 2010. *Working Paper 42. Valuing housing and green spaces: understanding local amenities, the built environment and house prices in*

London. GLA Economics, Greater London Authority

Tapley, B, Settles, P., and Brooke, R, 2008. *Sustainability assessment of global financial centres*. City of London Corporation. Available at:

http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-2008/Sustainability%20Assessment%20of%20Global%20Financial%20Centres.pdf [Accessed April 2013]

TNS Travel and Tourism, 2008. *London visitor survey annual report 2008 January – December.* Prepared for the London Development Agency by TNS Travel and Tourism. [pdf] Available at: <http://d2mns3z2df8ldk.cloudfront.net/l-and-p/assets/media/london_visitor_survey_annual_report_2008.pdf> [Accessed April 2013]

TNS Travel and Tourism, 2012. *Monitor of engagement with the natural environment survey (2009-2012): analysis of data related to visits with children* [pdf] Available at: <http://publications.naturalengland.org.uk/publication/4654618> [Accessed April 2013]

Tzoulas, K., Korpela, K., Venn, S., Yli-Pelkonen, V., Kazmierczak, A., Niemela, J., and James, P., 2007. Promoting ecosystem and human health in urban areas using green infrastructure: a literature review. *Landscape and Urban Planning 81, 2007, pp. 167–178*

United Nations, Department of Economic and Social Affairs, Population Division (2006). *World urbanization prospects: the 2005 revision*. Working Paper No. ESA/P/WP/200. [pdf] Available at: <http://www.un.org/esa/population/publications/WUP2005/2005WUP_FS7.pdf>[Accessed April 2013]

van den Berg, A., Maas, J., Verheij, R., and Groenewegen, P., 2010. Green space as a buffer between stressful life events and health. *Social Science & Medicine 70, 2010, pp. 1203–1210*

Van Herzele, A. and de Vries, S., 2011. Linking green space to health: a comparative study of two urban neighbourhoods in Ghent, Belgium. *Population and Environment, 2012, 34(2), pp. 171–193*

White, M., Alcock, I., Wheeler, B., and Depledge, M., 2013. Would you be happier living in a greener urban area? A fixed effects analysis of panel data. European Centre for Environment and Human Health. [online] Available at: <http://www.ecehh.org/publication/would-you-be-happier-living-greener-urban-area> [Accessed April 2013].

Woolley, H. and Rose, S., undated. *The value of public space. How high quality parks and public spaces create economic, social and environmental value*. CABEspace. [pdf] Available at: <http://webarchive.nationalarchives.gov.uk/20110118095356/http:/www.cabe.org.uk/files/the-value-of-public-space.pdf> [Accessed April 2013]

Yu, C. and Hien, W., 2005. Thermal benefits of city parks. *Energy and Buildings 38, 2006, pp. 105–120*

Zhang, B., Xie, G., Zhang, C., and Zhang, J., 2012. The economic benefits of rainwater runoff reduction by urban green spaces: a case study in Beijing, China. *Journal of Environmental Management 100, 2012, pp. 65-71*

Committee(s):	Date(s):
Health and Wellbeing Board	6th November 2013
Subject: Health and Wellbeing Board Performance Framework	**Public**
Report of: Public Health Commissioning and Performance Manager	**For Decision**

Summary

This report sets out the agreed local performance framework for the City's Health and Wellbeing Board, along with the current Key Performance Indicators (KPIs) for inclusion within the Department of Community and Children's Services Business Plan, which were agreed by the Board in May 2013.

The KPIs currently in place are annual measures, which will not be reporting until April 2014; therefore it is proposed that some additional new measures are also put in place to be able to monitor the progress of the Health and Wellbeing agenda on a quarterly basis throughout the rest of the financial year.

The proposed indicators involve:

- Smoking cessation
- Exercise on referral

It is also proposed that the indicators in relation to workforce sickness absence within the Departmental Business Plan are removed.

It is proposed that separate indicators on air quality are developed following the report to the Health and Wellbeing Board in January.

Recommendation(s)

Members are asked to:

- Approve the proposed changes to the Key Performance Indicators
- Note the local performance framework

Main Report

Background

1. As outlined at the Board meeting of the 4th May 2013, the Government has released three national outcomes frameworks which support and guide the work of Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards. The frameworks are:
   a. The Public Health Outcomes Framework (PHOF)
   b. The NHS Outcomes Framework (NHSOF)
   c. The Adult Social Care Outcomes Framework (ASCOF)
2. All of the indicators within the three Outcomes Frameworks are already collected and monitored by other groups or organisations: PHOF (Department of Community and Children's Services and Public Health Transition Group), ASCOF (People's Management Team within Community and Children's Services and the City and Hackney Adult Safeguarding Board, NHS (The Clinical Commissioning Group and the Health Outcomes Sub Group of the CEB). As such, HWB Members had discussed at a previous development day the potential for annual reports to the HWB (as part of the health and wellbeing strategy update) and exception reporting where one of the existing monitoring groups identifies either poor or significantly above target performance against an indicator.
3. It was therefore decided as a result of the meeting that a performance framework be developed to allow the Board to ensure that an integrated approach is taken to secure improvements in the health and wellbeing of the City's resident and worker populations.

Current Position

4. The performance framework that was agreed by the Board was to consist of a number of separate elements:
   - Health and Wellbeing Strategy and key outcome indicators for the HWB
   - Exception Reporting
   - Annual report of the HWB
5. Exception reporting from quarter two data will be reported to the HWB at the January Board meeting
6. The Department of Community and Children's Services annual business plan was agreed by the Community and Children's Services Committee at its April 2013 meeting with actions related to public health. As a result of this, the PHOF indicators to be included within the business plan were decided by the HWB at the May 2013. These are:

Key Performance Indicators	Annual Target

The percentage of employees who had at least one day off sick in the previous week (end of year measure)	<10%
The percentage of working days lost to sickness absence (end of year measure)	<10%
Take up of NHS Health Checks Programme by those eligible – Health checks offered (end of year measure)	100%
Take up of NHS Health Check Programme by those eligible – health check take up (end of year measure)	100%

7. It was agreed at the May HWB meeting that if national targets were not in place for the above KPIs within six months, local indicators would be developed.

8. The Environmental Health team is currently working on a project to develop evidence in support of localised strategic public health planning in the City of London with regards to air quality. This is due to report to the HWB in January, and it is anticipated that the Board will develop KPIs in respect of this following the report.

Proposals

Departmental Business Plan

9. The indicators outlined above for the Department of Community and Children's Services Committee all report at the end of the financial year. This makes monitoring and performance improvement difficult.

10. Additionally, some of these indicators have been modified from their previous definitions (or were previously undefined), and are no longer entirely appropriate. For example, the PHOF indicator: *The percentage of employees who had at least one day off sick in the previous week (end of year measure)* has now been populated with baseline data derived from the labour force survey. This is based on resident-only population within the City, and uses an extremely small sample. For this reason, the indicator no longer offers any useful intelligence on whether workforce health within the City is improving.

11. It is proposed that the NHS Health Check indicators be changed to quarterly monitoring rather than annual, in order to provide more up to date information.

12. It is proposed that there will be indicators added to the departmental business plan to quarterly monitor the progress of the Exercise on Referral and Smoking Cessation contracts that the City has in place. These proposed indicators are shown below.

Key Performance Indicator	Frequency of Measure
Exercise on referral – number of referrals	Quarterly

received (target 60)	
Exercise on referral – number starting first training programme (target 42 – 70% of above target)	Quarterly
Exercise on referral – number completing the programme (target 40 – 67% above of target)	Quarterly
Smoking Cessation – 85% of successful quitters with Carbon monoxide test 0-1	Progress update quarterly, annual target

HealthWatch

13. The proposed performance indicators which are currently being agreed with HealthWatch City of London (HwCoL) are attached at Appendix 2 for information. The Board are to note that these may be subject to change and that once these are agreed they will be brought back to the Board for information.

Children's Indicators

14. The HWB meeting in May asked the Children's Executive Board (CEB) to recommend appropriate children's indicators for inclusion in the Health and Wellbeing Strategy in the 'placeholder' section until such a time when the Government determined which national indicators form part of a child's outcome framework.
15. The CEB are currently working to agree the indicators, and these will be reported to the HWB in January.

Summary of Proposals

16. It is proposed that
    a. The indicators in the Departmental Business Plan relating to workforce sickness absence are removed.
    b. The NHS Health Check indicators within the Departmental Business Plan are changed to quarterly reporting from annual.
    c. Smoking Cessation and Exercise on Referral indicators are added to the Departmental Business Plan.

Corporate & Strategic Implications

17. Endorsement of the proposals in this paper will ensure that the Health and Wellbeing Board are aware of the performance of the health and social care services in the City, and that they are able to secure improvements in the health and wellbeing of the City's resident and worker populations.

Conclusion

18. The Board are asked to consider the proposals outlined above, and agree the amended public health performance indicators to be taken to the Department of Community and Children's Services Committee.

Background Papers:

- Report from the 7th May Health and Wellbeing Board Meeting *"Health and Wellbeing Board Performance Indicators"*

Appendices

- Appendix 1 – Proposed HealthWatch Performance Indicators (to be agreed with HealthWatch City of London)

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Appendix 1 - Proposed HealthWatch Performance Indicators

Outcomes and Impact Development.

1. Governance

OUTCOMES	ACHIEVEMENT	SUCCESS
MISSION		
Local Healthwatch understands its purpose and communicates this widely; external stakeholders understand the purpose of local Healthwatch.	Review mission statement with deepened involvement - e.g. stakeholders help develop proposals. Undertake awareness-raising exercise with local communities.	Wider communities can explain the purpose of local Healthwatch and know how to contact it (identified through survey or similar exercise). More people who contact local Healthwatch show understanding of its role.
FOCUS ON PRIORITIES		
Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.	Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.	Results of exercise are positive. Action is taken to learn from feedback.
BOARD SKILLS AND KNOWLEDGE		
Local Healthwatch is trusted by people who use health and social care services and by the public.	Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.	Results of consultation show majority trust and value local Healthwatch and believes it operates independently.
INVOLVING LOCAL COMMUNITIES		
Healthwatch City of London is trusted by people who use health and social care services and by the public	Consultation on external perception of Healthwatch City of London amongst communities, users, carers, patients and the workforce.	Results of consultation show majority trust and value Healthwatch City of London
ROLE OF VOLUNTEERS		
Volunteers bring a wide range of perspectives and skills to local Healthwatch. Volunteers feel valued by the organisation.	Regular oversight, support and celebration of volunteers takes place. Volunteers involved in training sessions with staff.	Retention of volunteers Range of volunteers. Volunteer satisfaction.

DRAFT

2. Finance

OUTCOMES	ACHIEVEMENT	SUCCESS
TRANSPARENCY AND HONESTY		
Local Healthwatch financial information is accessible to the public and other interested parties.	A board member or senior officer is responsible for accounting for local Healthwatch finances, reporting to local Healthwatch board. Board papers relating to finance are publicly available.	Annual accounts are approved in line with regulations covering the local Healthwatch organisation. Annual accounts are publicly available on the website when approved by the board. The local Healthwatch annual report includes information about the amounts spent by the organisation in its local Healthwatch capacity and what these were spent on; applies also to any local Healthwatch subcontractor.

3. Operations

OUTCOMES	ACHIEVEMENT	SUCCESS
EASE OF ACCESS		
Local Healthwatch understands its purpose and communicates this widely; external stakeholders understand the purpose of local Healthwatch.	Develop outreach programme in collaboration with volunteering partners. Supplement website, phone line and shop front with sessions in accessible community venues (eg schools, GP surgeries, day centres, churches/temples/mosques, libraries, pharmacies, supermarkets).	Record and evaluation of contacts in community venues. Survey to establish community knowledge of local Healthwatch, how it can be contacted and how accessible and welcoming it is. Survey of venues' perception of accessibility.
INFLUENCING HEALTH AND WELLBEING BOARD		
Local Healthwatch is a	Develop clear procedures	Increased patient, service-user

respected voice on HWB and HWB members have a greater understanding of consumers'/service users' experiences of local health and social care services.	for feeding into and back from the HWB and meetings with health and social care commissioners. Begin to collect, record, analyse and present robust data about users' experiences of health and social care, identifying gaps in intelligence and influencing the system to fill them.	and public involvement in work of HWB, advised and supported by local Healthwatch. HWB has an engagement strategy involving local Healthwatch representatives. Local Healthwatch service user analyses routinely discussed and drawn on in HWB deliberations. Evidence of raised awareness among HWB members about the importance of engaging with communities and the expertise and value that VCOs can bring to discussion and decision making.
CONSUMER RIGHTS		
People understand the options that are available to them and their right to make choices, if they want to, about how they receive care and support.	Produce easy-to-understand documents explaining options (and constraints on them) and how to exercise choices. Support or signpost individuals to support in understanding options and making choices. Links on website to qualitative information about providers of health and social care services (eg to CQC reports, surveys and reviews).	Increasing evidence (e.g. from GPs/social services) that people are exercising their rights to access and choose between service providers and that they are using signposting and support services to help them make informed choices. Monitor inquiries and advice on access and choice to ensure the most disadvantaged are receiving information to make informed choices.
REPRESENTATION		
Local Healthwatch has a work programme for systematically seeking views of diverse communities and individuals on key health and social care issues and services and presenting these to commissioners and service providers to influence their approach. Local Healthwatch shows people that it values their views and feeds back on how it uses the information	Work with VCOs to produce effective and robust community-based and action research. Develop methodology for "virtuous circle" of gathering views, presenting them in forums where they will have most influence and feeding back to consumers and communities on their impact.	HWB and commissioners respond to views presented by local Healthwatch in developing JSNA, JHWS and commissioning plans. HWB and commissioners seek advice of local Healthwatch and VCS partners on improving their own community engagement.

they provide and what impact it has had.		
RESEARCH, INTELLIGENCE GATHERING AND INFORMATION FEEDBACK		
The quality of care improves overall and issues of dignity and respect are prioritised in response to highlighting and evidence from local Healthwatch.	Satisfaction surveys CQC and Healthwatch England reports.	More positive results from surveys and CQC assessments. Findings of improvements by dignity champions, young people's champions. Surveys of VCOs representing particular groups and conditions, asking whether consumers'/service users' views have been respected and dignity addressed.
CONCERNS AND COMPLAINTS		
Patterns of complaints and issues raised by individuals influence services for the better.	Analyse the use made of statistics collected by local Healthwatch and complaints advocacy service.	Services de-commissioned/recommissioned in response to concerns/complaints, health scrutiny reviews arising from local Healthwatch referrals, action taken by CQC.

4. Relationships

OUTCOMES	ACHIEVEMENT	SUCCESS
CONSUMERS AND COMMUNITY		
Local Healthwatch is fully embedded in the community, is recognised as a key element in the voluntary and community sector infrastructure and is trusted by and engaged with a diverse range of people. The public and VCS use local Healthwatch as a means to put forward their experiences, views, concerns and ideas in relation to improving health	Diverse groups involved at different levels of engagement in work of local Healthwatch across the full range of its activities. Priorities and work programme driven by input from service users and communities. Local Healthwatch input to development of JSNA, JHWS, commissioning and delivery of services.	Information about local Healthwatch reaches people from a range of channels such as from the local VCS. Diverse profile of volunteers involved in local Healthwatch engagement and reporting activities, including outreach to seldom heard groups. Diverse profile of volunteers involved in local Healthwatch engagement and reporting activities,

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and wellbeing in the local community.		including outreach to seldom heard groups. Evidence that signposting and information service is supported and used by diverse range of users. Evidence from use of website and social media by consumers/service users. Annual report shows a wide range of engagement across all user groups. Stories from individuals and groups about how they have made a difference through engagement with local Healthwatch. Analyse changes in JSNA, JHWS, commissioning and delivery and able to point to specific examples where local Healthwatch has made a difference through gathering and presenting service users' experiences and community views.
CHILDREN AND YOUNG PEOPLE		
Children and young people are actively involved in the development of local Healthwatch priorities and vision.	Ensure local Healthwatch skills and experience enable it to understand the priorities of children and young people and to engage with local organisations already engaged with children and young people. Form working partnerships with VCOs working with children and young people. Set up a sub-group of Board, working group or task group of children and young people to advise Board on priorities. Recruit, induct and train children and young people as volunteers (e.g. to develop use of social media, signposting).	Able to point to influence of children and young people on vision, priorities and work plan. Profile of volunteers includes children and young people.
OLDER PEOPLE		

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Local health and social care services more responsive to the needs and wishes of older people because of local Healthwatch's involvement. Greater integration across health, care and other services (e.g. education, leisure) for older people because of local Healthwatch's involvement. More age proofing of universal services and specialist services not targeted specifically at older people because of local Healthwatch's involvement. More support for older carers and co-carers because of local Healthwatch's involvement.	Demonstrate the influence of local Healthwatch's engagement with older people on services. Greater awareness among commissioners and providers of experiences, needs and wishes of older people. Involvement of local Healthwatch older volunteers in cross-sectoral age proofing projects and dignity champions network. Local Healthwatch involvement in work around older carers and co-carers. Cross sectoral prioritisation of dignity and respect.	Surveys of older service users/consumers and older carers about their perception of local Healthwatch. Surveys of commissioners and providers about their understanding of needs and wishes of older people, issues of dignity and respect and the role local Healthwatch has played. Case studies of changes in services influenced by input of local Healthwatch. Individual stories gathered from and presented by older people about their engagement in changing services for the better through their involvement with local Healthwatch. Outcomes from dignity champions' network or working group.
SAFEGUARDING		
Local Healthwatch is seen as key champion and community voice on safeguarding issues. Local Healthwatch's assistance is sought by partners in engaging with different groups within the community on safeguarding issues. Dignity and respect are seen as key components of safeguarding and of engagement.	With relevant partners, follow up local Healthwatch enter and view visits, reports and recommendations with a safeguarding component. Assess impact of local Healthwatch referrals with a safeguarding component. Overall local prioritisation of dignity and respect.	Analysis of local Healthwatch reports and recommendations shows they have influenced partners to make improvements in relation to safeguarding issues. Analysis of referrals shows they have drawn attention of partners to issues and cases they might otherwise have missed. Increasing dignity and respect by engaging and empowering service users increasingly recognised in partners' vision statements and work programmes.
HEALTH AND WELLBEING BOARD		
Local Healthwatch is central to developing the community engagement strategy of the HWB and advises the HWB on innovative forms of	Work with HWB colleagues to develop community engagement strategy. Make evidence-based presentations to HWB on needs and wishes of	Community engagement strategy is welcomed by the wider public and service users and results in active engagement among diverse groups. Surveys of HWB

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engagement in its work.	consumers/ communities and SMART recommendations about how they can be met. Contribute to development of JSNA and JHWS. Make proposals on innovative forms of engagement.	members and/or 360 degree appraisal process indicate high opinion of local Healthwatch contributions.
COUNCIL		
Council as **commissioner of public health and social care services**	Make presentations to council Executive and other meetings. Local Healthwatch demonstrates it can contribute to improving council's own objective of meaningful engagement with service users, carers and communities. Council social care representatives involved in local Healthwatch training for board, staff and volunteers.	Council social services and other departments ask for local Healthwatch assistance in developing and deepening their public engagement activities.
CLINICAL COMMISSIONING GROUPS		
CCG(s)' public and patient engagement strategy is developed and implemented.	Assist CCG(s) to develop public engagement strategy. Work with CCG(s) to develop innovative forms of engagement.	Local Healthwatch invited to participate in development of CCG commissioning strategies.
ADVOCACY AND COMPLAINTS SERVICE		
Local Healthwatch has a good knowledge of local advocacy and complaints services and how people can access them.	Co-training with complaints advocacy staff. Develop a system for feeding back to complainants on progress of their issues.	Successful first-time referral and useful analysis of complaints referrals.
HEALTHWATCH ENGLAND AND CARE QUALITY COMMISSION		
There is mutual trust between local Healthwatch and CQC representatives. Through information brought together on the Healthwatch Information Hub, local Healthwatch are enabled to network together, sharing each others' information.	Local Healthwatch and CQC work collaboratively on their respective activities. Develop working relationship with neighbouring local Healthwatch to aggregate and share information. Ensure information is regularly uploaded to	CQC's willingness to work collaboratively. Effective, evidence-based reports with evident contribution from local Healthwatch.

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	Healthwatch Information Hub.	
HEALTH AND SOCIAL CARE PROVIDERS		
Concerns about services highlighted through engagement activities, intelligence on users' experiences, Enter and View visits and local Healthwatch service monitoring are addressed by providers.	Well-planned, evidence-based engagement activities, intelligence gathering, Enter and View visits, reports and recommendations on services users' experiences by suitably trained and skilled local Healthwatch representatives and volunteers.	Timely and positive response by providers to reports and implementation of a significant number of local Healthwatch recommendations.

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Committee(s):	Date(s):
Health and Wellbeing Board	6th November 2013
Subject: Health Visiting in the City of London	**Public**
Report of: Health and Wellbeing Policy Development Manger	**For Information**

Summary

This paper gives an overview of health visiting in the City of London. From April 2015, responsibility for commissioning health visiting services will transfer to local authorities. However, health visiting services are currently understaffed, and need strengthening and expanding across London.

To this end, NHS England reviewed existing health visitor provision, to develop new models that better meet the needs of the 0-5 year old population nationally, and link more effectively with other 0-5 services. It also intends to tackle the shortfall in health visitor numbers, so that services can transfer to local authorities in a state where they do not require significant investment.

Locally, health visitor services are provided through the Homerton University Hospital NHS Foundation Trust (HUHFT), which was an early implementer site for of the new service model outlined in the Department of Health's Health Visiting Plan: A *Call to Action* (February,2011).

Recommendation(s)

Members are asked to:

- Note this report and its contents

Main Report

Background

1. On April 1st 2013, responsibility for commissioning public health services transferred to local authorities, with the exception of services for 0-5 year olds. These services were instead transferred to NHS England for two years, and will be transferred to local authorities in April 2015.

2. These services include:

    - The Healthy Child Programme from pregnancy and the first five years of life

- Health promotion and prevention interventions by the multi-professional team
- Health visiting services
- The Family Nurse Partnership programme
- Child Health Information Systems (CHIS)

3. The definition of a Health Visitor is *'an employee who holds a qualification as a registered Health Visitor and who occupies a post where such a qualification is a requirement'.* 'Clinical responsibilities' are specifically included as part of this definition. Health visiting is a universal service for all families with children under 5. Their key role is to improve the health of children in their first few years of life and to lead public health promotion, support for families and prevention of illness. There is additional targeted support for families needing additional services, for example; lone parents, teenage parents and for children with additional needs such as disabled children, or low birth weight babies. The service is delivered through home visiting, clinics at GP practices, health centres or children's centres, and by appointment or drop in service.

4. According to the Marmot review[1], '*disadvantage starts before birth and accumulates throughout life leading to significant health inequalities'.* The report stressed the importance of giving every child the best start in life by addressing inequalities at an early stage and then throughout life. Health visitors (HVs), play a key role in early intervention, prevention and health promotion for families with children under five at this important stage of their lives; however the profession has been in decline for 20 years with low morale across the workforce due to high workloads[2].

5. The Heath Visitor Implementation Plan 'A Call for Action', published in February 2011 and updated in 2013, set out a new service model of health visiting and highlighted a need to expand and strengthen the health visiting services through growing, mobilising and aligning the workforce with a plan for 4200 new health visitors by April 2015.

6. The plan sets out what all families can expect from their local health visiting service:

   - Health visitors will work to develop and make sure families know about a range of services including services communities can provide for themselves.
   - A universal service from health visitors and their teams, providing the Healthy Child Programme to ensure a healthy start for children and family, support for parents and access to a range of community services/resources.

[1] Marmot M (2010) *Fair Society, Healthy Lives.* University College London
[2] Weil L (2012) City and Hackney Health Visitor Needs Assessment 2012

- A rapid response from the health visitor team when parents need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
- On-going support from the team, plus a range of local services working together and with families, to deal with more complex issues over a period of time. These include services provided by Sure Start Children's Centres, other community providers including charities and, where appropriate, the Family Nurse Partnership.

7. Within London, there is currently a shortfall of 136.5 WTE health visitors, and this is projected to increase to 421 by 2015.

8. Over the next two years, NHS England intends to increase the numbers of health visitors, to achieve target numbers; to review existing health visitor provision; and develop new models that better meet the needs of the 0-5 year old population in London, and link more effectively with other 0-5 services. NHS England intends to complete mapping by early September 2013.

9. The overall aim is that health visiting in London will be passed over to local authorities in a form that will allow local authorities to continue to commission them, without the need for additional remodelling or re-specification.

The local picture across City and Hackney

10. Local health visiting teams are provided by the HUHFT. There are currently 6 health visiting teams in City and Hackney, one for each of the 6 Children's centre geographical areas (A-F), with the City of London included in area E. There are 3 HV Leads who manage 2 health visiting skill mixed teams of 12-20 members of staff. Staff are based in general practices, health centres and Children's Centres. Allied services include children's services, general practitioners, safeguarding teams and midwives. Budgets for health visiting and cost per child is higher in City and Hackney compared with neighbouring areas.

11. Disaggregated data on health visiting for the City of London is not yet available, although the team is working towards obtaining this.

12. A recent needs assessment identified that most City of London children are born outside the borough. Many City children are referred to Tower Hamlets rather than City and Hackney and as a result, it is thought that some may not be followed up correctly. A problem throughout the locality is children who live within the border of City and Hackney but are registered with a GP of a neighbouring borough as sometimes there is confusion as to which HV team is coordinating their care, and therefore children can end up being registered

or followed up with neither. Portsoken ward, in the east of the City which borders with Tower Hamlets, is an area where this is of particular concern[3].

13. HUHFT was selected as one of 26 early implementer sites across the country, putting the HV Implementation plan into action by March 2013.

14. The Trust's objectives in becoming an early implementer site were to[4]:

- develop a three-year service implementation plan;
- achieve growth in the health visitor workforce in line with local population needs;
- improve partnership working with other health services and Children's Centres; and
- develop a new professional development programme to support health visitors and equip them to deliver the new service offer.

15. Work is progressing locally, with positive outcomes seen in the areas of commissioning, workforce expansion by training more health visitors, professional development, service offer, and communication and user engagement.

16. Historically HUHFT trained 2-3 HV students per year; however the small number trained and the issues of retaining staff when they qualified led to a stagnation in numbers of health visitors

17. The HV workforce trajectory for 2011-15 requires HUHFT to train and/or recruit an additional 47 health visitors over this period to achieve an establishment of 99 whole time equivalent.

18. The strategy being adopted is to

    a. 'grow their own health visitors' by supporting staff nurses in the health visiting teams to undertake the specialist practitioner course as well as training students from other parts of London.
    b. Increase the number of practice teachers by encouraging experienced health visitors to undertake the practice teachers course or to mentor a student health visitor with support from a 'sign off' practice teacher.

19. A HV manager and the lecturer/practitioner, supported by Human Resources, developed recruitment guidelines, a workforce development strategy and professional development programme for students, newly qualified and existing HVs. This approach is in recognition of the fact that over 25% of the

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[3] ibid

[4] Smikle M (2013) *Reconnecting to practice: Working as an early implementer site of the new service offer for health visiting.* Journal of Health Visiting, July 2013, Volume 1, Issue 7

HV workforce will be newly qualified and require additional support to ensure safe and effective delivery of care as well and to allow consolidation of theory in practice. In addition the existing HV workforce needed to be kept abreast of the new development in neurological child development and new approaches to parenting and have been trained to use the Solihull Approach.

20. Between September 2011- August 2012 the number of student health visitors and practice teachers increased by 400%. As a result 17 HVs joined the service between September 2012 and January 2013 (twelve of the HVs were newly qualified trained by HUHFT) with another 25 due join the service between October 2013 to February 2014. Staff are starting to see an increase in HV numbers in the teams, the profile of health visiting has been raised in the organisation and feedback from service users is starting to demonstrate that HVs are more able to spend quality time with families.

21. HUHFT together with the London Borough of Hackney is a pilot partner for the Department of Health and Department of the national integrated 2 year review project to improve the uptake of the review and early identification and management of problems that that may impact on normal child development.

Conclusion

22. The City of London Corporation will take over responsible for commissioning health services for 0-5 year olds from April 2015. Although health visiting services across London are generally understaffed, the on-going work that has been undertaken by the Homerton University Hospital's health visiting service is tackling the situation locally, which should put the service into a good position to transfer.

Appendices

None

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Agenda Item 8

Committee:	Date:
Health and Wellbeing Board	6 November 2013
Subject: The Care Quality Commission (CQC) unannounced routine inspection of the Adult Social Care Reablement Service	Public
Report of: Assistant Director, People	For information

Summary

This report informs members of the outcome of the recent Care Quality Commission (CQC) unannounced routine inspection of the Adult Social Care Reablement Service, which took place on 5 September 2013.

The Adult Social Care Service provides reablement services to residents of the City of London for up to six weeks following their discharge from hospital, so that people can become more independent. The service provides home-based support, involving domiciliary care, occupational therapy, physiotherapy, equipment, telecare and/or social work support.

The CQC inspection addressed quality and safety of care against five overarching standards:

1. consent to care and treatment
2. care and welfare of people who use services
3. co-operating with other providers
4. staffing
5. complaints

The Reablement Service was found to meet the standard for each area without any additional conditions or requirements being placed upon the City of London by the CQC.

The Inspection Report has been attached as Appendix 1.

Recommendations
Members are asked to note the report.

Main report

1 Background

1.1 Reablement is focused on enabling people to be independent following discharge from hospital. It is a prevention and early intervention service that is free to the individual, and can last for up to six weeks with the aim of supporting people in regaining their confidence, building their informal support, managing their risks and enabling their independence.

1.2 Adult Social Care provides a Reablement Service in order to:

- prevent people's needs from escalating
- prevent people needing on-going social care services
- reduce dependency and enable independence
- reduce the need for readmission into hospital within a period of three months from original discharge.

1.3 The service is for adults with a social care need which is assessed as substantial or critical regardless of age, and can include supporting people who have:

- dementia
- learning disabilities
- mental health conditions
- disabilities
- mobility and physical issues.

1.4 The service can also support individuals with confidence, behaviour and memory issues that might prevent them from managing their personal care, nutrition and practical tasks of daily living.

1.5 The staff provides support on a rota basis from 7am to 7pm, five days a week. All other hours are covered via an external supplier as required. The work of the external supplier is subject to contract monitoring arrangements which include weekly meetings to share information on the progress of the service users.

1.6 The Reablement Service is subject to an annual unannounced inspection by the CQC. The recent inspection took place on 5 September 2013.

2 Current position

2.1 The attached report (Appendix 1) sets out the details of the inspection. The Inspector met with staff from the Adult Social Care Reablement Service, including the two Care Support Co-ordinators who provide the direct support and the Occupational Therapist.

2.2 The Inspector spoke with one service user over the phone.

2.3 The inspection addressed quality and safety of care against five overarching standards:

1. consent to care and treatment
2. care and welfare of people who use services
3. co-operating with other providers

4. staffing
5. complaints

2.4 The Inspector found that the Reablement Service met the standard for each area without any additional conditions or requirements being placed upon the City of London by the CQC.

2.5 The practice of information sharing on a weekly basis with the external provider and the Reablement Service was commended as good practice.

3. The corporate and strategic implications

3.1 The work of the Reablement Service forms part of the prevention and early intervention agenda making the city safer for its residents.

3.2 The service assists in helping individuals to remain healthy and live longer within their own homes with maximum independence and dignity. Individuals are well safeguarded from harm and assisted to access their community as much as is possible.

4. Financial implications

4.1 There are currently no additional financial implications contained within the CQC report or its recommendations. All current costs are covered within the allocated budgets.

5. Conclusion

5.1 The report notes that the unannounced CQC inspection of the Reablement Service identified that the service met all service standards with no additional requirements placed upon the service.

Background papers:

Appendices

CQC Inspection Report of COL Reablement Service on 5 September 2013.

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Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

City of London

PO Box 270, Guildhall, London, EC2P 2EJ

Tel: 02073321899

Date of Inspection: 05 September 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Department of Community Services
Registered Manager	Mr. Ian Tweedie
Overview of the service	Department of Community Services provides re-enablement services to residents of The City of London. This service is available for a period for up to six weeks, so that people can become more independent following their discharge from hospitals.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cooperating with other providers	8
Staffing	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2013, talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection the agency provided services to three people. We were able to speak with two people using the service. We also spoke with an occupational therapist, who was also in charge of the day-to-day running of the service, and two care workers. People told us they were very happy with the quality of care provided. One person told us, "I have nothing but good things to say about my care worker. She is always helpful, tactful and polite." Another person told us, "I am very happy and I am treated with dignity and respect."

We also checked the provider's satisfaction questionnaires. These showed that most people "strongly agreed" that they had received a good quality of service from the provider.

We were satisfied that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider cooperated with others involved in the care, treatment and support of people using services to ensure that they received a safe and coordinated service.

The provider was able to demonstrate that there were sufficient numbers of staff with the right competencies, knowledge and qualifications, skills and knowledge to meet the needs of people who use the service

There was an effective complains system in place which allowed people to raise any concerns about the quality of service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's records showed that any refusal from the person using the service to receive support with personal care was always recorded in their individual notes.

The two care workers employed by the provider demonstrated their awareness of issues around mental capacity and consent. They also told us that they would report to their manager any occasions where they felt a person they supported would lacked capacity to make decisions. Staff were aware of how to respect the cultural, social values and beliefs of people using the service.

People who spoke with us confirmed that care workers asked for their verbal consent before providing any personal care or support with moving and handling. They also told us that they were provided with sufficient details about the care, treatment and support options offered, to allow them to make an informed decision.

The person in charge of the day-to-day running of the agency had a good knowledge of issues relating to the Mental Capacity Act 2005. They were also aware of the procedures to be followed in relation to any person who may lack mental capacity to consent.

We found that people's individual assessments considered their ability to make informed choices and an assessment of their mental capacity. Each person's file also contained information about people's cultural and religious background.

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they were very happy with the quality of care provided. One person told us, "I have nothing but good things to say about my care worker. She is always helpful, tactful and polite." Another person told us, "I am very happy and I am treated with dignity and respect." Some of the other comments made were, "service received excellent in every way. Can't see how it could be bettered. Great service!!", "there is nothing in the services I received which I would have changed or preferred", and "I felt that the services I received from the helpers was either very good or excellent. I was particularly impressed by the work and organisation by [the name of the care worker]."

We reviewed the three care plans of the three people using the service at the time of our visit and another two care plans of two people who had recently used the service. We found that the documents were prepared in consultation with each person. There were systems in place to identify risks and how these would be managed. Staff who spoke with us were clear about each person's goals and objectives. This meant that they could support each person to regain their independence.

There were systems in place to deal with any emergencies. Each person's documents included emergency contact details. There was also information for care workers about how they could access people's property in case of emergencies. Staff had attended training in first aid.

We reviewed the agency's satisfaction surveys. Most of the people felt their opinions were at the centre of their care planning and their personal preferences and culture were taken into account in their assessment, and the input they received. Most people also responded that the service they received was reliable and care workers arrived on time.

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others. The person in charge of the day-to-day running of the service explained to us what systems for communicating and cooperating with other providers were in place to protect the health, welfare and safety of people using the service.

We were told that the agency assessed each person prior to providing care and support to them. They obtained information from the hospitals from which people were being discharged. There were also bi-monthly meetings between the provider, social services duty department, the City of London Police and the housing department to discuss any issues around safeguarding vulnerable adults. There were also monthly 'early dementia' meetings with a general practitioner to discuss the best ways of working with people who may have early signs of dementia.

We observed the agency's meeting where care workers provided updates about each person they provided services to. This information was also shared with other domiciliary care agencies commissioned to provide personal care.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider employed two full-time care workers who worked between 7 am and 7 pm Monday to Friday. The other calls were covered by a number of domiciliary care agencies providing services on behalf of The City of London. There was a 24-hour on call cover in place to deal with any emergencies. This meant the provider was able to respond to any unexpected changing circumstances in the service, for example to cover sickness, vacancies, absences and emergencies.

The people who spoke with us told us their care workers always turned up on time. We checked the provider's satisfaction surveys and these showed that most people "strongly agreed" they were given a service which was reliable, with care workers arriving on time.

Care workers recorded their visit to each person using the service in the person's individual care notes. This allowed their manager to monitor whether there were any visits that were provided outside of the agreed time.

The provider was therefore able to demonstrate that there were sufficient numbers of staff the right competencies, knowledge and qualifications, skills and knowledge to meet the needs of people who use the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

As part of this inspection we looked at the providers' complaints system. The person in charge of the day-to-day running of the agency told us each person using the service received a pack called "Putting YOU in control of your care", which included useful information, including information about the borough's complaints procedure. This meant that people were made aware of the complaints system. This was provided in a format that met their needs. People were able to raise concerns by telephone or email. The agency was also able to provide an independent advocate to help people with their complaint if they needed support.

We were told that there were no complaints made about the service within the past 12 months. The provider had systems in place to follow up comments where people wrote that the service was not up the standard they would expect. We saw one example of where that was the case and we were satisfied that the provider had taken appropriate action to resolve the issue, where possible, to the person's satisfaction. We checked the document and we found that the investigation was both proportionate and sufficiently thorough.

The people who spoke with us confirmed that they had received the information pack and told us they would raise any concerns with the provider, however they had not had any concerns or complaints to raise. One person told us, "I believe in being polite and telling people when I am happy and when I am not." Another person told us, "I would definitely complain if I weren't happy, but I have nothing to complain about."

Staff were aware of what to do if any of the people using the service wanted to make a complaint. They told us they would support people who used services or others acting on their behalf to make comments and complaints, where and when appropriate.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✕ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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Agenda Item 9

Committee(s):	Date(s):
Health and Wellbeing Board	6th November 2013
Subject: Proposal to seek funding from NHS England for two posts to support Health and Social Care Integration.	**Public**
Report of: Assistant Director, People	**For Decision**

Summary

This report, which is for decision, provides details of the proposal made to NHS England in respect of the City of London Section 256 allocation of £174,630 to fund two specific and specialist posts that support the interface between health and social care.

The report highlights the submission to be made to NHS England and seeks agreement from the Health and Wellbeing Board to proceed according to the plan set out.

The proposal highlights the funding available from NHS England and represents what is felt to be an innovative and creative means by which to establish two full time posts. These posts will benefit the frailest and most vulnerable City of London residents, registered with the Neaman Practice; Tower Hamlets; or Islington GP's, who are admitted via acute A & E admissions to the University College of London Hospital; The Royal London; and Mile End Hospitals.

The City and Hackney CCG Chief Officer and Programme Board Chair have indicated that they are fully in support of this proposal. These posts will support discharge planning arrangements as well as working with partners to prevent and reduce the level of admissions. They will be part of the City of London Adult Social Care structure, although much of their time will be spent in the GP and hospital settings.

Recommendation

That the Health and Wellbeing Board gives in principle, approval for officers to develop the proposal outlined in this report and to put this forward for submission to NHS England.

Main Report

1 Background

1.1 Section 256 of the National Health Service Act 2006 allows NHS organisations (in this case, Clinical Commissioning Groups) to enter into arrangements with local authorities to carry out activities with health benefits. Such arrangements are known as Section 256 agreements. Section 256 funding represents non recurrent funding arrangements.

1.2 The City of London has been allocated £174,630 by NHS England and has set out a funding proposal which will have direct health benefits to City of London residents.

1.3 Throughout 2012/13, the City of London has received Section 256 funding from the City and Hackney CCG and has been utilising these funding streams within current prescribed health and social care key outcomes contained within both the NHS and ASC outcomes framework.

1.4 The current funding allocation on behalf of NHS England has been far less prescriptive, and has asked Local Authorities to be more innovative and far reaching in seeking positive health outcomes for patients. City and Hackney CCG lead officers have seen the City of London bid, and feel that it is innovative and dynamic in seeking to address the key outcomes for a healthier community for all.

2 Current Position

2.1 As part of the submission for funding, every local authority that applies for its allotted allocation of monies from NHS England is asked to illustrate how gaining this funding will improve outcome for patients to a greater degree than if the equivalent sum was retained and spent solely within the NHS.

2.2 The City of London's position is that we would like to ensure that the numbers of admissions to accident and emergency and unsafe discharges are minimised and people are enabled to stay at home with support from health and social care for as long as is possible. The first proposal is for a fixed term two year contract post, to work primarily with the Royal London Hospital, Mile End Hospital and University College London Hospital.

2.3 "The Health and Social Care Discharge Liaison Coordinator" would be responsible for attending discharge planning meetings on all relevant wards, building links with the multi-disciplinary in-patient team, and ensuring that all discharge plans are in place including hospital transport and pharmacy. The proposed model sets the context of the community as its central focus and links to the second post proposed, with its primary goals within primary care of early intervention and prevention.

2.4 Local Authorities are secondly requested to explain how this funding relates to the JSNA, CCG commissioning plan and the local authority's plan for social care. The City of London's response to this has been to propose a second two year contract post to provide coverage to the three main Tower Hamlets and one Islington GP alongside the Neaman Practice

2.5 This post would be the "Peripatetic Primary Prevention and Early Intervention Health and Social Care Liaison Coordinator". The aim of this post would be to provide a seamless community based early intervention and preventative approach within GP surgeries where City of London residents are registered. The post would seek to reduce unnecessary acute admissions and readmissions to hospitals. Within this would be social prescribing models, with a focus on health and wellbeing outcomes, for example gym and fitness referrals, as well as existing social care initiatives, including Dementia care and support, carers support and respite, increased take up of telecare, befriending, good neighbour schemes and increased take up of personalised individual budgets, with options for also piloting personal health budgets. This work would be carried out with the focus on identifying those more marginalised groups within the Portsoken ward particularly.

3 Corporate & Strategic Implications

3.1 The aims and outcomes of the posts would be measurable through the existing suite of NHS and ASC outcome frameworks. Performance indicators would be reported upon at Strategic DCCS Directorate, Health and Wellbeing Board and CCG programme board level. This would enable effective monitoring and governance of outcomes and effectiveness. The expectation would be to see reduced numbers of unplanned acute admissions, and thus, sustained and proactive multi-disciplinary management of complex chronic health conditions in the community at primary care level, without the need for reactive unplanned and costly admissions into acute secondary settings.

4 Financial Implications

4.1 The expenditure plans for the two posts have been broken down within the service areas most applicable to the bid, firstly under "Integrated crisis and rapid response services", and secondly, "Early supported hospital discharge schemes". The City of London seeks to utilise the NHS England funding allocation of £174,630 to secure 2 specialist posts, on two year fixed term contracts with the additional costs estimated to be £50,000, being absorbed from the ASC base budget. This amount has already been factored in.

5 Conclusion

5.1 This is an exciting opportunity to expand the Adult Social Care service to work directly with Primary and Secondary health care settings with the specific aim of being inclusive and outward looking in our aspirations on behalf of our most

vulnerable residents, to seek to ensure that we offer them a safe community environment that includes both their health and social care needs.

Appendices

Copy of the NHS England S256 Bidding Template.

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Service Manager, Adult Social care

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Template for Submission of the Section 256 Agreements to Area Team

Introduction:

The following has been developed with colleagues from London Directors of Adult Social Services in response to the requests from several London LA for a common template to support their submission of the S256 Agreements.

The template brings together;

- The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013*.
- The conditions set out in the Funding Transfer from NHS England to social care – 2013/14 letter (Gateway reference: 00186).
- The funding breakdown required to enable a consolidated NHS England position on adult social care expenditure.

It is suggested that this template be appended to your local S256 documentation and submitted (to your NHS England (London) Delivery Team.

Payments will be administered by the NHS England (London) Delivery Teams and the funds will pass over to local authorities once the Section 256 agreement has been signed by both parties.

Funds will be applied in three equal payments in quarters 2, 3 and 4, contingent on the appropriate application of funds and the monitoring against the agreed outcomes in your plan.

Guidance notes:

Please complete all sections of the submission form worksheet with free-text or as prompted in the drop down menus.

An additional worksheet for a more detailed financial breakdown is also provided, if Local Area wish to use this.

Once complete please save a copy and submit to the relevant NHS England (London) Delivery Team. (details of delivery team contacts are provided in the Delivery Team Contacts worksheet.)

* The documents on the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities)Direction 2013 can be found at this link; https://www.gov.uk/government/publications/conditions-for-payments-between-the-nhs-and-local-authorities

NCEL

Delivery director: paul.bennett8@nhs.net

Barnet CCG	Barking and Dagenham CCG	Camden CCG
City and Hackney CCG	Enfield CCG	Haringey CCG
Havering CCG	Islington CCG	Newham CCG
Redbridge CCG	Tower Hamlets CCG	Waltham Forest CCG

SL

Delivery director: jacqui.harvey2@nhs.net

Bexley CCG	Bromley CCG	Croydon CCG
Greenwich CCG	Kingston CCG	Lambeth CCG
Lewisham CCG	Merton CCG	Richmond CCG
Southwark CCG	Sutton CCG	Wandsworth CCG

NWL

Delivery director: AlexGordon@nhs.net

Brent CCG	Central London CCG
Ealing CCG	Hammersmith and Fulham CCG
Harrow CCG	Hillingdon CCG
Hounslow CCG	West London CCG

Funding Transfer from NHS England to Social Care - 2013/14

Suggested Submission Template

Local Authority	**Please select name of local authority**	City of London
CCG	**<CCG Name/s>**	City and Hackney
Scheme Name		Peripatetic Primary preventataive and Discharge liasion Coordinator posts (FT x 2)
Date agreed at Health and Well-Being Board:		Nov-13
Date submitted to NHSE (London):		Oct-13
Total value of funding transfer:		£174,630

Rationale:

As per the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013, *Please provide information on how the section 256 transfer will secure more health gain and improved patient outcomes than an equivalent expenditure of money on the National Health Service?*

The City of London would like to ensure that numbers of unsafe discharges, failed discharges and revolving door admissions of the most vulnerable patients are minimised via an assertive Inreach model to the Royal London Hospital, The Mile End Hospital and the University College London Hospital . This worker will be responsible for attending discharge planning meetings on relevant wards, building links with the MDT, and ensuring that all discharge plans are in place including hospital transport and pharmacology. The latter two factors being causes of communication lapses between ward and community , in ensuring smooth, seamless discharge. The planned interface will ensure that the reablement service is initiated in a timely fashion, which includes baseline assessments, settling in and full reablment. This will be the primary health gain sort, with the decrease in delayed discharges and acute readmissions. The In reach model as opposed to the NHS outreach model, sets the context of the community as paramount and links to the second initiative around primary care , early intervention and prevention .

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Description:

Please provide an overview of the scheme and relationship to the JSNA, CCG commissioning plan and Local Authority's plan for social care

In addition to the outcome sort by basing a specialist worker across our 3 main hospital sites where 98% of City of London's frail elders are admitted, our aim would be to employ a second full time peripatetic primary health care liaison coordinator to provide In reach to the 3 Tower Hamlets and Islington GP practices, alongside the one City of London GP practice who have city of London residents registered with them , to provide a seamless community, early intervention and preventative approach , around major health factors including Dementia, mental health care for older people and under 65's , improving outcomes around health and social care interfaces and outcomes within the persons own home and within the community, with the aim of seeking to reduce unnecessary acute admissions and readmissions to hospitals. Within this we would look at social prescribing models, and focus on health and wellbeing outcomes for gym referrals , and existing social care initiatives including carers support and respite ,increased take up of telecare , befriending and increased take up of personalised individual budgets for more marginalised groups within the local authority.

Outcomes and evidence of benefit:

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured to ensure the purposes described in the rationale and description of the scheme have been secured.

The aims and goals of the posts would be measured through the development of a robust suite of indicators and data set, that would be reported on at strategic directorship and health and wellbeing board level, to enable effective monitoring and governance of outcomes and effectiveness. The expectation would be to see reduced numbers of unplanned acute admissions, and thus, sustained and proactive multi disciplinary management of complex conditions in the community at primary care level, without the need for reactive unplanned responses into acute secondary settings.

Relationship to national outcome frameworks:

Please provide information on how the scheme is expected to contribute to local delivery against the national outcome frameworks selecting which domains are addressed in the tables below

The outcomes sort via the two initiative posts outlined above demonstrably illustrate the ways in which all domains across ASC and NHS outcomes frameworks can be targeted and met. These two posts narrow the gap between health and social care , thus avoiding unnecessary delays ,reducing risk, and a higher standard of holistic care and support within a multidisciplinary and joined up context.

Domains of the Adult and Social Care Outcomes Framework - *please select the domains relevant to your scheme*	
1. Enhancing quality of life for people with care and support needs	☑
2. Delaying and reducing the need for care and support	☑
3. Ensuring that people have a postitive experience of care and support	☑
4. safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	☑

Domains of the NHS Outcomes Framework - *Please select the domains relevant to your scheme*	
1. Preventing people from dying prematurely	☑
2. Enhancing the quality of life for people with long term conditions	☑
3. Helping people to recovery from periods of illness or following injury	☑
4. Ensuring that people have a positive experience of care; and	☑
5. Treating and caring for people in safe environment; and protecting them from avoidable harm	☑

Governance:

Please provide details of the arrangements are in place for outsight and governance for the progress and outcomes of the scheme

The two posts would be supported , and supervised from within the adult social care team, with additional clinical support based on the professional background of the 2 postholders. For example if the posts are nursing led then there will be an expectation that the City of London would seek suitable professional support and governance with the support of the the CCG to maintain clinical effectiveness and oversight of the role and functions.

Finance:

*Please provide a full breakdown of your expenditure plans categorised into the following services areas - An outline template for this is provided in the "**financial breakdown"** worksheet.*

Service Areas- 'Purchase of social care'	Subjective code	Planned Expenditure
Integrated crisis and rapid response services	52131017	£87,315
Early supported hospital discharge schemes	52131021	£87,315
Notified Allocation		***£174,630.00***
Variation		**-£174,630.00**

Variance against notified allocation.

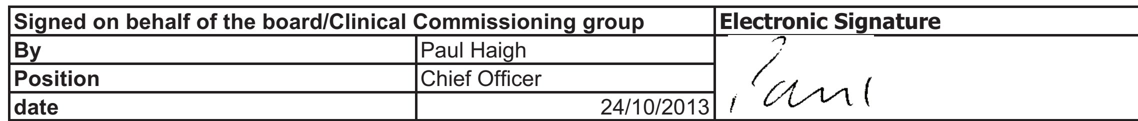
Expenditure should match notified allocation if not please included any information on variation within the box below.

Not applicable

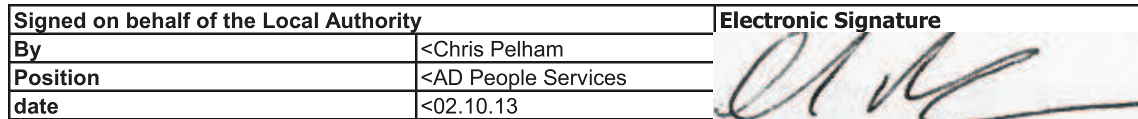
Related documentation

Please include information/links to any related documents such as the full project plan for the scheme.

Authorisation and Sign Off



Signed on behalf of the board/Clinical Commissioning group		Electronic Signature
By	Paul Haigh	
Position	Chief Officer	
date	24/10/2013	



Signed on behalf of the Local Authority		Electronic Signature
By	<Chris Pelham	
Position	<AD People Services	
date	<02.10.13	

0

Expenditure Plan

Local Authority: City of London
CCG: City and Hackney
Title of Scheme

Service Areas- 'Purchase of social care'		Subjective code	Planned Expenditure
1. Community equipment and adaptations		52131015	
a.			
b.			
c.			
2. Telecare		52131016	
a.			
b.			
c.			
3. Integrated crisis and rapid response services		52131017	£174,630
a.			
b.			
c.			
4. Maintaining eligibility criteria		52131018	
a.			
b.			
c.			
5. Mental health services		52131022	
a.			
b.			
c.			
6. Other preventative services		52131023	
a.			
b.			
c.			

7. Other social care		52131024	
a.			
b.			
c.			
Total Planned Expenditure			**174630**
Total value of funding transfer (notified allocation)			**0**
Variation			**174630**

SCHEDULE

Local authority allocation for 2013-14

Local authority	Allocation
Barking and Dagenham	£3,267,999
Barnet	£5,180,804
Barnsley	£4,432,443
Bath & North East Somerset	£2,611,907
Bedford	£2,221,990
Bexley	£3,322,808
Birmingham	£20,044,390
Blackburn with Darwen	£2,735,974
Blackpool	£3,234,438
Bolton	£4,975,408
Bournemouth	£3,163,676
Bracknell Forest	£1,295,071
Bradford	£8,222,095
Brent	£4,806,952
Brighton & Hove	£4,397,579
Bristol	£7,259,859
Bromley	£4,260,838
Buckinghamshire	£5,981,927
Bury	£2,923,145
Calderdale	£3,295,041
Cambridgeshire	£8,318,185
Camden	£4,601,957
Central Bedfordshire	£3,099,459
Cheshire East	£5,192,074
Cheshire West and Chester	£5,251,421
City of London	£174,630

Cornwall	£9,997,987
Coventry	£5,551,509
Croydon	£5,015,626
Cumbria	£8,973,765
Darlington	£1,793,778
Derby	£4,110,920
Derbyshire	£12,982,732
Devon	£12,797,426
Doncaster	£5,404,111
Dorset	£6,926,360
Dudley	£5,589,300
Durham	£10,101,753
Ealing	£5,073,714
East Riding of Yorkshire	£5,175,361
East Sussex	£9,254,475
Enfield	£4,648,033
Essex	£21,186,856
Gateshead	£4,056,214
Gloucestershire	£9,055,236
Greenwich	£4,761,282
Hackney	£5,028,740
Halton	£2,287,560
Hammersmith and Fulham	£3,287,039
Hampshire	£17,017,137
Haringey	£4,109,607
Harrow	£3,471,178
Hartlepool	£1,793,604
Havering	£3,599,507

Herefordshire	£3,151,863
Hertfordshire	£14,797,761
Hillingdon	£3,726,297
Hounslow	£3,576,811
Isle of Wight Council	£2,743,128
Isles of Scilly	£45,316
Islington	£4,602,411
Kensington and Chelsea	£3,102,442
Kent	£22,063,537
Kingston upon Hull	£5,200,325
Kingston upon Thames	£2,051,503
Kirklees	£6,656,826
Knowsley	£3,497,046
Lambeth	£5,400,663
Lancashire	£19,750,385
Leeds	£11,849,652
Leicester	£5,632,672
Leicestershire	£8,640,994
Lewisham	£4,895,878
Lincolnshire	£12,054,454
Liverpool	£10,583,981
Luton	£2,820,830
Manchester	£9,542,236
Medway	£3,571,548
Merton	£2,676,894
Middlesbrough	£2,712,784
Milton Keynes	£3,250,162
Newcastle upon Tyne	£5,371,723

Newham	£5,255,695
Norfolk	£14,956,185
North East Lincolnshire	£2,790,712
North Lincolnshire	£2,723,456
North Somerset	£3,306,955
North Tyneside	£3,690,396
North Yorkshire	£8,674,471
Northamptonshire	£9,724,981
Northumberland	£5,445,531
Nottingham	£5,547,807
Nottinghamshire	£12,623,972
Oldham	£4,017,093
Oxfordshire	£8,201,856
Peterborough	£2,840,646
Plymouth	£4,596,024
Poole	£2,281,887
Portsmouth	£3,186,951
Reading	£2,038,343
Redbridge	£3,994,265
Redcar and Cleveland	£2,577,805
Richmond upon Thames	£2,365,264
Rochdale	£3,966,999
Rotherham	£4,815,007
Rutland	£485,765
Salford	£4,716,153
Sandwell	£6,614,042
Sefton	£5,457,818
Sheffield	£9,682,589

Shropshire	£4,988,726
Slough	£1,844,892
Solihull	£3,115,150
Somerset	£8,939,209
South Gloucestershire	£3,346,684
South Tyneside	£3,275,870
Southampton	£3,970,677
Southend-on-Sea	£2,949,235
Southwark	£5,621,610
St Helens	£3,446,221
Staffordshire	£12,677,280
Stockport	£4,592,842
Stockton-on-Tees	£3,025,250
Stoke-on-Trent	£4,767,077
Suffolk	£11,673,091
Sunderland	£5,611,337
Surrey	£14,297,472
Sutton	£2,638,857
Swindon	£2,753,293
Tameside	£4,130,488
Telford and the Wrekin	£2,771,315
Thurrock	£2,341,506
Torbay	£2,965,625
Tower Hamlets	£5,243,352
Trafford	£3,384,835
Wakefield	£5,901,600
Walsall	£5,124,740
Waltham Forest	£3,896,610

Wandsworth	£4,643,811
Warrington	£2,948,293
Warwickshire	£7,997,949
West Berkshire	£1,792,796
West Sussex	£11,823,605
Westminster	£4,735,807
Wigan	£5,698,831
Wiltshire	£6,525,049
Windsor and Maidenhead	£1,705,319
Wirral	£6,443,824
Wokingham	£1,437,354
Wolverhampton	£4,926,642
Worcestershire	£8,534,970
York	£2,619,236
TOTAL	£859,000,000

Committee(s):	Date(s):
Health and Wellbeing Board	06 November 2013
Subject: Information report	**Public**
Report of: Executive Support Officer	**For Information**

Summary

This report provides Health and Wellbeing Board Members with an overview of key updates on 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.

Local Updates

- Inaugural London Health and Wellbeing Board Chairs' Network
- 20mph speed limit
- Health and Social Care Scrutiny Sub-Committee
- Substance Misuse Partnership update
- The Integration Transformation Fund
- London: a call to action

Policy Updates

- Healthwatch England annual report 2012/13
- Reducing health inequalities
- Care Bill
- Personal health budgets
- Developing a new adult social care offer
- Delivering better services for people with long-term conditions
- Financial case for a reasonable rebalancing of health and care resources
- Improving integrated care for people with mental health problems
- Smoking and mental health
- Social and emotional wellbeing for children and young people
- How healthy behaviour supports children's wellbeing
- Walking works
- Health 2020: a European policy framework and strategy for the 21st century
- Working longer: an EU perspective
- LGA briefings
- NHS Health checks
- A self-evaluation tool for health and wellbeing boards
- Directors of public health: role in local authorities
- Health & wellbeing boards: orchestrating the possibility for integrated care
- Assessing the transition to a more localist health system
- Health and wellbeing system improvement programme development tool

Recommendation(s)

Members are asked to:

- Note the update report, which is for information

Main Report

Background

1. In order to update Members on key developments and policy, 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.

2. At the last Health and Wellbeing Board Development Day, it was decided that the Board would receive more regular policy updates - these updates will be delivered by email between meetings, and will cover the policy updates section of this report.

LOCAL UPDATES

Inaugural London Health and Wellbeing Board Chairs' Network

3. The inaugural meeting of the London Health and Wellbeing Board Chairs Network was held at London Councils on 5th September. Key items discussed included the Integration Transformation Fund (ITF), support and development for London Boards in 2013/14, and future ways of working.

4. The contact officer is: Addicus Cort, Principal Policy and Projects Officer, Health and Adult Services Team, addicus.cort@londoncouncils.gov.uk

20mph speed limit

5. A public consultation on a 20 mph speed limit for the whole of the City of London was approved by the Court of Common Council at its meeting on 12 September 2013. The public consultation should take place early in 2014. If, following public consultation, the City should decide to implement the scheme, it would most likely be implemented in July 2014. Enforcement of any 20 mph speed limit would be conducted in the same way as enforcement of the existing speed limits.

6. The contact officer is Craig Stansfield (020 7332 1702)

Health and Social Care Scrutiny Sub-Committee

7. The next meeting of the Health and Social Care Scrutiny Subcommittee will be on the 11th November 2013.

8. The contact officer is Philippa Sewell (020 7332 1426)

Substance Misuse Partnership update

9. The Substance Misuse Partnership review is making good progress, with input from a range of partners and stakeholders, including service users; public health; SMP team; CCG; arrest referral team; and COL police. Options for the City are under development, as the review is still underway.

10. A parallel review process has been undertaken in LB Hackney, which has been carrying out a structural review of its Drug Action Team. During this period there have been several update meetings between the City of London and LBH. Hackney has decided to de-commission all in-house provision and plan to have new treatment services in place in autumn 2014. Officers from the City of London will sit on the commissioning board.

11. The contact officer is Emma Marwood Smith (020 7332 1576)

The Integration Transformation Fund

12. The Integration Transformation Fund will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users.

13. Funding must be used to support adult social care services in each local authority, which also has a health benefit. A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

14. In line with responsibilities under the Health and Social Care Act, NHS England is also making it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used. NHS England is also making it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer

15. A plan for how the ITF will be used must be signed off by the Board in April 2014, for implementation in April 2015.

16. The contact officer is Chris Pelham (020 7332 1636)

London: a call to action

17. This report, produced by NHS England, argues that health inequalities and the capital's growing demand for healthcare from an ageing population means the existing model of NHS health and care is unsustainable. The report asks for feedback from patients and the public in order to inform the vision of the future of healthcare in London.

18. Link: https://www.myhealth.london.nhs.uk/london-living/news/nhs-needs-change-what-do-you-think

POLICY UPDATES

Healthwatch England annual report 2012/13

19. Link: http://www.healthwatch.co.uk/sites/default/files/full-report-2012-13.pdf

Reducing health inequalities: the challenge of public health

20. This think piece suggests that a solution to tackling inequalities in public health lies with creating co-produced services which utilise the assets within people.

21. Link: http://www.britishcouncil.org/dk_d160_book_5_reducing_health_inequalities_john_craig.pdf

Care Bill: Carers UK analysis of main provisions for carers

22. This policy briefing finds that the Care Bill currently going through Parliament represents the biggest change to social care in the last 60 years by consolidating over 30 pieces of statute and numerous pieces of guidance, regulations and directions. It outlines measures to improve carers' rights in some areas and finds that new rights to assessment mean that adults caring for adults should find it easier to have their needs for support considered

23. Link: http://www.carersuk.org/media/k2/attachments/Carers_UK_Care_Bill_Analysis_1.pdf

Personal health budgets: challenges for commissioners and policy-makers

24. The Government has committed that from April 2014, everyone who receives NHS continuing health care funding will have a right to request a personal health budget rather than receiving commissioned services.. This report from the Nuffield Trust looks at what issues this might raise for commissioners and policy makers.

25. Link:
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/130828_personal_health_budgets_summary.pdf

'Turning the welfare state upside down?' Developing a new adult social care offer

26. This study was based on a review of how local council websites frame what they do for local people and interviews with a series of leading national stakeholders and good practice examples. It finds that there are major opportunities to refocus the adult social care system and to work more creatively with social capital and community resources

27. Link: http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/policy-paper-fifteen.pdf

Delivering better services for people with long-term conditions

28. This paper describes a co-ordinated service delivery model – the 'house of care' – that aims to deliver proactive, holistic and patient-centred care for people with long-term conditions. It incorporates learning from a number of sites in England that are working to achieve these goals, and makes recommendations on how key stakeholders can work together to improve care for people with long-term conditions.

29. Link:
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

Bridging the gap: the financial case for a reasonable rebalancing of health and care resources

30. This report argues that the resourcing of mental health care must increase if the NHS is to improve the nation's health while meeting its productivity challenge. It says that under-investment in mental health services and a lack of integration with physical health services have created a bottleneck in health care improvement, constrained physical health outcomes and has impaired broader economic performance. Aside from the significant human cost, the financial cost of untreated mental ill health among people treated for physical illness is some £13 billion - almost as much again as the NHS spends on mental health care

31. Link:
http://www.centreformentalhealth.org.uk/pdfs/bridgingthegap_fullreport.pdf

Crossing boundaries: improving integrated care for people with mental health problems

1. This report sets out the findings from the Mental Health Foundation's inquiry into integrated health care for people with mental health problems, which ran from April 2012 to June 2013. The aim of the inquiry was to identify good practice, generate discussion, and draw up key messages on integrated healthcare for people with mental health problems.

2. Link: http://www.mentalhealth.org.uk/content/assets/PDF/publications/crossing-boundaries.pdf?view=Standard

Smoking and mental health

3. This briefing provides the background to smoking prevalence and the consequences for people with mental illness. It examines the evidence of what works to reduce harm from smoking for this group, and how providers are implementing the smoking ban in practice.

4. Link: http://www.nhsconfed.org/Publications/Documents/smoking_mentalhealth0913.pdf

Social and emotional wellbeing for children and young people

32. This briefing summarises NICE's recommendations for local authorities and partner organisations on social and emotional wellbeing for children and young people, specifically, vulnerable children aged under 5 years and all children in primary and secondary education

33. Link: http://publications.nice.org.uk/social-and-emotional-wellbeing-for-children-and-young-people-lgb12

How healthy behaviour supports children's wellbeing

34. This briefing focuses on the association between health behaviour and wellbeing in children, drawing on a new analysis of two existing datasets, and findings from the wider academic literature.

35. Link: https://www.gov.uk/government/publications/how-healthy-behaviour-supports-childrens-wellbeing

Walking works

36. This report presents an overview of the research into the life threatening consequences of inactivity and highlights the promotion of walking as a

solution to getting the nation active. It outlines recommendations and policy implications for those involved in delivering public health services.

37. Link: http://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_LONG_AW_Web.pdf

Health 2020: a European policy framework and strategy for the 21st century

38. Health 2020 is a value- and evidence-based health policy framework for health and well-being among the people of the WHO European Region. It identifies four priority areas for policy action and is innovative in terms of responses across all levels and sectors of government and society, emphasizing developing assets and resilience within communities, empowerment and creating supportive environments.

39. Link: http://www.euro.who.int/en/what-we-publish/abstracts/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century

Working longer: an EU perspective

40. This report presents a view of policies in place to enable people to stay in work up to retirement age and beyond. It identifies a number of key trends and challenges which need to be overcome in order to address the discrimination and lack of support faced by many people who wish to continue working. This includes health issues and inequalities faced by older people; the report presents case studies and recommendations to address this.

41. Link: http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Working_longer_an_EU_perspective.pdf

LGA briefings

42. In the past two months, LGA has published a number of useful briefings for councillors and HWB members, including:

- **Changing behaviours in public health – to nudge or shove**
- **Problem gambling - FAQ**
- **NHS healthcheck – FAQ**
- **Delivering local Healthwatch**
- **Local Healthwatch outcomes and impact development tool**
- **The Health and Wellbeing System improvement programme**

43. All available at: http://www.local.gov.uk/publications

NHS Health checks

44. The NHS has released a series of FAQs regarding the NHS Health Check programme in an attempt to address some of the transitional issues that have been raised.

45. Link: http://www.local.gov.uk/documents/10180/11463/NHS+Health+Check+-+Frequently+Asked+Questions/71a9bcfc-4f32-4ba4-a9ac-d7085abebbaf

Good practice in joint health and wellbeing strategies: a self-evaluation tool for health and wellbeing boards

46. This practical self-evaluation tool is designed to provide guidance on good practice in planning, developing and delivering joint health and wellbeing strategies, based around key questions to consider and tips on approaches that might be taken.

47. Link: http://www.nhsconfed.org/Publications/Documents/Good-practice-self-evaluation-tool-health-wellbeing-boards.pdf

Directors of public health: role in local authorities

48. This guidance describes both the statutory and non-statutory elements of the role of director of public health, and sets out the arrangements that allow local authorities to have confidence in their appointments. The appointment guidance offers more detailed advice and good practice on the process for the joint appointment of directors of public health by local authorities and Public Health England.

49. Link to role and responsibility guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/249810/DPH_Guidance_Final_v6.pdf

50. Link to Appointments guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/249814/DsPH_in_LG_guidance_on_appointments.pdf

Health & wellbeing boards: orchestrating the possibility for integrated care

51. This guide is based on experience of direct work with health and wellbeing boards. It addresses key areas that they need to address make sure that they reach their full potential, including: local authority budget cuts; increasing demands due to an ageing population; the restructuring of the NHS; the public health agenda; and the implementation of integrated care.

52. Link: http://www.opm.co.uk/wp-content/uploads/2013/05/HWBs_Orchestrating_the_possible_for_integrated_care1.pdf

In sickness and in health: assessing the transition to a more localist health system – the first step towards marriage between the NHS and local government?

53. This report assesses the recent move to a more localist health system and examines opinions on this from those in local government. It also takes stock of how councils have adapted to the return of public health to their portfolio, and the dismantling of barriers between health and social care.

54. Link: http://www.localis.org.uk/images/LOC_Health_Report_Final_WEB.pdf

Health and wellbeing system improvement programme development tool

55. This revised tool aims to assist health and wellbeing boards in improving; exploring their strengths and opportunities; and to inspire their ambition to develop a clear sense of purpose and an approach which will help transform services and outcomes for local people.

56. Link: http://kingsfund.chtah.com/a/hBSL0efB7R$KDB81FFDNsf1msFM/link29

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Health and Wellbeing Executive Support Officer

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Committee: Health and Wellbeing Board	Date: 06 November 2013
Subject: Terms of Reference of the Health and Wellbeing Board	Public
Report of: Town Clerk	For Decision

Summary

1. As part of the post-implementation review of the changes made to the governance arrangements in 2011 it was agreed that all Committees should review their terms of reference annually. This will enable any proposed changes to be considered in time for the reappointment of Board by the Court of Common Council.

2. The terms of reference of the Health and Wellbeing Board are attached as an appendix to this report for your consideration.

3. It should be noted that further amendments might be required and therefore it is proposed that the approval of any further changes to the Board's terms of reference is delegated to the Town Clerk in consultation with the Chairman and Deputy Chairman.

Recommendations

4. That, subject to any comments, the terms of reference of the Board be approved for submission to the Court as set out in the appendix and that any further changes required be delegated to the Town Clerk in consultation with the Chairman and Deputy Chairman.

Attachments:
Appendix 1 – Current Terms of Reference

Contact:
Natasha Dogra
Telephone: 020 7332 1434
Email: Natasha.Dogra@cityoflondon.gov.uk

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HEALTH & WELLBEING BOARD

1. **Constitution**
A Non-Ward Committee consisting of,

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- a representative of the Clinical Commissioning Group (CCG) appointed by that agency
- the Chairman of the SaferCity Partnership Steering Group (or in his/her place, the Deputy Chairman)
- the Environmental Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

2. **Quorum**
The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Terms of Reference**
To be responsible for:-

a) 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; and

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

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

b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and

c) appointing such sub-committees as are considered necessary for the better performance of its duties.

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