Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 31 JANUARY 2014**

Time: **11.00am**

Venue: **COMMITTEE ROOMS, WEST WING, GUILDHALL.**

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averns
Dr Penny Bevan
Superintendent Norma Collicott
Vivienne Littlechild
Dr Gary Marlowe
Simon Murrells
Sam Mauger
Gareth Moore
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 agree the minutes of the previous meeting

For Decision
(Pages 1 - 8)

4. **AIR QUALITY PRESENTATION**
To receive a presentation from Dr Kilbane-Dawe (Par Hill Research Ltd).

For Information

5. **AIR POLLUTION REPORT**
Report of the Environmental Policy Officer, Markets and Consumer Protection.

For Decision
(Pages 9 - 36)

6. **COMMUNICATIONS STRATEGY UPDATE**
Verbal update by Greg Williams (Public Relations Office)

For Information

7. **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**
Verbal update by Dr Penny Bevan.

For Information

8. **HEALTHWATCH CITY OF LONDON UPDATE**
Report of the Chair of Healthwatch City of London.

For Information
(Pages 37 – 70)

9. **BETTER CARE FUND**
Report of the Assistant Director of People.

For Decision
(Pages 71 - 82)

10. **PUBLIC HEALTH CONTRACTS**
Report of the Director of Community and Children's Services..

For Decision
(Pages 83 - 90)

11. **WORKERS HEALTH CENSUS**
Report of the Commissioning and Performance Manager.

For Information
(Pages 91 - 104)

12. **HEALTH AND WELLBEING BOARD INFORMATION REPORT**
Report of the Executive Support Officer.

For Information
(Pages 105 - 120)

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. **COMMISSIONING AND PERFORMANCE REPORT**
Report of the Commissioning and Performance Manager (Public Health)

For Decision
(Pages 121 - 132)

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

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

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HEALTH AND WELLBEING BOARD

Wednesday, 6 November 2013

Minutes of the meeting of the Health and Wellbeing Board held at on Wednesday, 6 November 2013 at 1.45pm

Present

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

Officers:

Natasha Dogra	-	Town Clerk's Department
Chris Pelham	-	Community and Children's Services
Farrah Hart	-	Community and Children's Services
Lorna Corbin	-	Community and Children's Services
Marion Willicome Lang	-	Community and Children's Services
Maria Cheung	-	Community and Children's Services
Tony Macklin	-	Markets and Consumer Protection
Derek Read	-	Built Environment
Greg Williams	-	Public Relations Office

1. **APOLOGIES OF ABSENCE**
   Apologies had been received from Simon Murrells, Sohail Bhatti and Penny Bevan.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were none.

3. **MINUTES**
   RESOLVED: That the minutes of the previous meeting be agreed as an accurate record.

   Matters Arising:
   The Policy Officer had discussed the issue of signage in the City with Officers in the Built Environment and was looking to progress a pilot scheme with support from the Barbican Estates Office and Museum of London, with a view to undertaking a long term audit of signage across the City.

4. **GREEN SPACES: THE BENEFITS FOR LONDON**

The Board received the report of the Director of Open Spaces, informing Members that the Benefits for London' had been published by the City of London Economic Development Office and Public Relations Office. The report found compelling evidence that a range of benefits were delivered by green spaces. Members were informed that the Open Spaces department was undertaking a range of activities to maximise the benefits to Londoners of the green spaces.

Officers informed Members that surveys of visitors had been carried out at each site to increase understanding of who accesses the sites and for what purpose. From this work communities who did not access the sites had been identified and initiatives designed to encourage access. Recently the department had launched a social media strategy, promoting sites using social networking, including twitter accounts. This had aimed to reach groups of Londoners such as younger people and transient populations who did not visit open spaces as much as other groupings.

Officers informed Members that there were 200 small green spaces in the City which could be mapped to highlight areas that City residents and workers could enjoy. Officers also agreed to circulate the 'air quality' and 'quiet zones' reports which were considered by the Port Health and Environmental Services Committee in 2011.

Officers also agreed to investigate the possibility of commissioning a research project of PhD level to ascertain the difference green spaces make to stress and wellbeing, which the Director of Open Spaces would progress.

Members were concerned that the Board should be consulted on the Local Plan. The Plan would be out for consultation from mid-December to mid-February, and so would be added it to the agenda for the January Board meeting.

5. **COMMUNICATIONS STRATEGY DISCUSSION**

The Board welcomed the Public Relations Officer to the meeting and considered a number of ways in which the Board could publicise the work currently being done by service areas to tackle health and wellbeing issues.

Board Members agreed that a strategy would act as a mechanism of broadcasting the work being undertaken by the City and the services available to residents and City workers which were currently not being utilised to their full potential. Members agreed that internal advtertising of the Board was also needed to ensure that the Health and Wellbeing Board was consulted where necessary. Members agreed that a cross-directorate approach must be taken with the work of the Board so publicising their work remit would be a positive action.

Officers informed Members that there were a number of quick wins, such as publicising free flu jabs for workers in the City which could be progressed. Officers from PRO agreed to with Health and Wellbeing Officers to help deliver a number of quick wins over the upcoming months and report back to the Board in early 2014.

6. **HEALTH AND WELLBEING BOARD PERFORMANCE FRAMEWORK**

The Board received a report of the Public Health Commissioning and Performance Manager and noted that report set 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.

Officers said that the KPIs currently in place were annual measures, which would not be reporting until April 2014; therefore it was proposed that some additional new measures were 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 and exercise on referral. It was also proposed that the indicators in relation to workforce sickness absence within the Departmental Business Plan were removed. It was proposed that separate indicators on air quality are developed following the report to the Health and Wellbeing Board in January.

Members discussed looking at departments' performance indicators to identify indicators relevant to health. Officers were asked to prepare a report of indicators which may be considered by the Health and Wellbeing Board.

RESOLVED: Members noted the local performance framework and agreed that the draft performance framework be reconsidered by the Board at their meeting in January.

7. **HEALTH VISITING IN THE CITY OF LONDON**

The Board received the report of the Health and Wellbeing Policy Development Manager, which gave Members an overview of health visiting in the City of London. Members were informed that from April 2015, responsibility for commissioning health visiting services would transfer to local authorities. However, health visiting services were currently understaffed, and needed strengthening and expanding across London.

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 intended to tackle the shortfall in health visitor numbers, so that services could transfer to local authorities in a state where they did not require significant investment.

Officers said that there were 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 were 3 HV Leads who manage 2 health visiting skill mixed teams of 12-20 members of staff. Staff were 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.

8. **THE CARE QUALITY COMMISSION (CQC) UNANNOUNCED ROUTINE INSPECTION OF THE ADULT SOCIAL CARE REABLEMENT SERVICE**

The Board received the report of the Assistant Director of People which informed 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 provided reablement services to residents of the City of London for up to six weeks following their discharge from hospital, so that people could become more independent. The service provided 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. Members congratulated Officers and thanked them for their hard work.

In response to a query from Members, Officers clarified that although notification had been sent about the routine inspection of the Adult Social Care Reablement Service it was not received until two weeks after the inspection had taken place. Officers had raised this matter with CQC.

9. **PROPOSAL TO SEEK FUNDING FROM NHS ENGLAND FOR TWO POSTS TO SUPPORT HEALTH AND SOCIAL CARE INTEGRATION.**

The Board received the report of the Assistant Director of People which provided Members with 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.

Members were informed that the proposal highlighted the funding available from NHS England and represented what was felt to be an innovative and creative means by which to establish two full time posts. Members noted that

these posts would benefit the frailest and most vulnerable City of London residents, registered with the Neaman Practice; Tower Hamlets; or Islington GP's, who were 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 indicated that they were fully in support of this proposal. These posts wold support discharge planning arrangements as well as working with partners to prevent and reduce the level of admissions. They would be part of the City of London Adult Social Care structure, although much of their time would be spent in the GP and hospital settings.

RESOLVED: Members gave approval for the development of the proposal to seek funding from NHS England for two posts to support health and social care integration.

10. **HEALTH & WELLBEING UPDATE REPORT**

The Board received an update from the Executive Support Officer which provided Health and Wellbeing Board Members with an overview of key updates on the following subjects of interest to the Board:

• 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

The Officer also provided Members with the following 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

In response to a query from Members, Officers agreed that in future the update would include information on specific parts of the reports which would be of interest to Board Members.

11. **TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD**
The Board received the report of the Town Clerk which informed Members that 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 would enable any proposed changes to be considered in time for the reappointment of Board by the Court of Common Council.

Board Members asked Officers to submit a report to the January meeting regarding Board membership and other organisations who could be consulted for their views on reports and research considered by the Board.

RESOLVED: That Members approved the terms of reference of the Board for submission to the Court.

12. **FUTURE MEETING DATES**
The Board Members discussed the following dates of future Board Meetings and Development Days, and were asked to send their availability to the Town Clerk by 13 November 2013:

- 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)

13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
A Board Member raised a query regarding resources of the Board and asked that the Policy Officer, in consultation with the Chamberlain and Director of Community and Children's Services, write a report regarding the budgets available to the Board. It was agreed that reports to be considered by Members which included expenditure should be scrutinised by the Chamberlain before submission to the Board.

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

There was none.

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 as follows:-

Items:	**Paragraph**
16 - 17	

16. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were none.

17. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was none.

The meeting ended at 3.15pm

Chairman

Contact Officer: Natasha Dogra tel.no.: 020 7332 1434
Natasha.Dogra@cityoflondon.gov.uk

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Committee:	Date:
Health and Wellbeing Board	31 Jan 2014
Subject: Report on Air Pollution	**Public**
Report of: Environmental Policy Officer, Markets and Consumer Protection	**For Decision**

Summary

Air quality in the City does not meet health based targets and consequently the City Corporation Joint Health and Wellbeing Strategy (JHWS) has identified air quality as a key priority.

Many City policies support action to reduce air pollution and the City Corporation has an Air Quality Strategy outlining action that is being taken. An assessment has been undertaken, by independent consultants, to consider what additional action the Health and Wellbeing Board (HWBB) can take to support a reduction in air pollution, leading to an improvement in the health and wellbeing of City residents and workers.

The assessment suggests that the HWBB can act to reduce air pollution by considering the scale of the problem, appraising the air pollution benefits of City policies, helping identify important areas for action, embedding knowledge, providing guidance and encouraging the commissioning of information and other services.

Recommendation

Members are asked to:

- Consider the recommendations in the attached report in Paragraph 8

Main Report

Background

1. Levels of air pollution in the City do not meet health based targets for nitrogen dioxide and fine particles (PM_{10}). These two pollutants can have both short term and long term effects on health, with children and the elderly being most vulnerable. Air pollution in London is associated with cardiovascular and cardiopulmonary disease, lung cancer and respiratory disease.
2. Public Health England has conducted a Health Impact Assessment of the effects of $PM_{2.5}$ on public health. In London, air pollution is the 5th of 12 ranked causes of mortality risk.
3. The City Corporation held a public consultation event as a framework to identify issues which would form the priorities in the Joint Health and

Wellbeing Strategy in 2011-2012. Air pollution was ranked as the third highest public health concern for City residents.

4. As a consequence, the City of London JHWS has identified improving air quality as a key priority to improve the health and wellbeing of City residents and workers.

Current Position

5. Many City Corporation policies support action to reduce air pollution. The Sustainable Community Strategy and the Corporate Plan, between them, include both an overall goal to improve air pollution and 11 more specific goals that support improving air pollution. These include promoting the City's competitiveness with cleaner cities like New York, encouraging excellence in building innovation and design, and improving public health.

6. The City Corporation has an Air Quality Strategy, which was published in 2011. The strategy outlines specific action that is being taken to improve air quality. The City Corporation has a statutory obligation to produce this strategy and actions are led by the Department of Markets and Consumer Protection.

7. As air quality is a key priority in the City JHWS, a report has been produced which considers what additional action the Health and Wellbeing Board can take to assist in improving air quality and the subsequent health of residents and workers in the City. The report, which has been produced by independent consultants, is attached as Appendix A. It will be presented to the Port Health and Environmental Services Committee, for information. The assessment has been funded by a Department of the Environment Food and Rural Affairs air quality grant and the Mayor of London's Air Quality Fund.

Proposals

8. The report recommends that the HWBB considers taking the following action:

   - Ensure that the City's Health and Wellbeing Profile (JSNA) reflects the severity of poor air quality as a public health issue.
   - Consider how the City of London Corporation can influence neighbouring authorities and the Greater London Authority (in particular Transport for London) so that more action is taken to reduce the public health effects of air pollution.
   - Consider how the HWBB can help to reinforce, and enforce, Development Control policies on air pollution, and where necessary comment on new developments.
   - Consider how the HWBB can advise on, and review, Development Control policies, as and when new evidence around the best practice for mitigating against the health effects of poor air quality develops.
   - Advocate that changes in the urban realm which could affect people's exposure to poor air quality, such as the introduction of new public

spaces and on street seating, are assessed for changes in the levels of exposure.

- Consider recommending that air pollution concentrations and effects become a performance indicator in the next review of the Local Implementation Plan.
- Conduct a rapid Health Impact Assessment on the Local Implementation Plan of the Mayor's Transport Strategy, similar to the one carried out on the Local Plan.
- Assess the air quality implications of the proposals contained within the Area Enhancement Strategies and identify which urban enhancement interventions are the most beneficial from a public health perspective.

Corporate & Strategic Implications

9. Improving air quality supports Corporate Plan policy KPP3:

    - Engaging with London and national government on key issues of concern to our communities: Mayor of London – environment, air quality.

    It also supports the following aims of the City Together Strategy:

    - 'to support our communities', specifically to 'encourage healthy lifestyles and protect and improve City communities' health and wellbeing'
    - 'protect, promote and enhance our environment', specifically to 'identify local air pollution hot spots'.

Implications

10. The financial and legal implications of any action recommended by the HWBB to improve air quality in the City would need to be considered.

Conclusion

11. Air pollution in London is at a level that causes harm to human health and air quality has been highlighted as a priority in the City JHWS.
12. The City Corporation has a number of policies that support action to improve air quality in the Square Mile. There are a number of additional actions that the Health and Wellbeing Board can take to help to both improve air quality, and reduce the exposure to high levels of pollution of City residents and workers, leading to an improvement in public health.

Appendices

- Appendix 1 – Report to the City of London Health and Wellbeing Board on Air Pollution

Ruth Calderwood
Environmental Policy Officer

T: 020 7332 1162
E: ruth.calderwood@cityoflondon.gov.uk

Report to the City of London Health & Wellbeing Board on Air Pollution

Par Hill Research Ltd
Environment, Policy
& Innovation

www.parhillresearch.com

Iarla Kilbane-Dawe & Leon Clement

Par Hill Research Ltd, 6 Salcombe Lodge, 1 Lissenden Gardens, London NW5 1LZ

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Executive Summary

Air pollution in urban environments, even at the relatively low levels in London, is recognised as a threat to human health, warranting further action to reduce air pollution significantly over coming years. At the levels found across London, and in the City, it is a significant cause of disease and death, especially heart disease and lung cancer, but also respiratory disease and asthma. Department of Health figures suggest it may be as much as the fifth cause of death in London, ahead of communicable disease, passive smoking, alcohol abuse, road accidents and suicide. As the pollution particles pass into the blood and travel throughout our bodies they inflame many organs, and there are now associations with Alzheimer's and Parkinson's diseases, Type 2 diabetes, cognitive impairment and learning problems in children. Air pollution disproportionately affects the elderly, poor, obese, children and those with heart and respiratory disease, but it has effects on everyone exposed to it to some extent. The evidence on air pollution's public health effects supports air pollution reduction being ranked third in the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board (HWBB) can act to reduce air pollution by assessing the scale of the problem, appraising the air pollution benefits of City policies, helping identify important areas for action, embedding knowledge, providing guidance and encouraging the commissioning of information and other services. Supporting action on air pollution clearly falls under the HWBB remit. In particular, the effects of air pollution in exacerbating health inequalities are relevant, as are the health and financial co-benefits of actions that reduce air pollution, such as active travel, energy efficiency and insulation.

Many City policies support action being taken to reduce air pollution. The Sustainable Community Strategy and the Corporate Plan between them include both a specific goal to improve air pollution and 11 additional goals that support improving air pollution, including promoting the City's competitiveness with cleaner cities like New York, encouraging excellence in building innovation and design, and improving public health.

Actions that can improve air pollution range from small changes that reduce exposure during cyclical improvement to the urban realm, to major regulatory actions that can proscribe all but the cleanest vehicles from the City's highways. Many are cost-effective or cost-beneficial. Other key approaches include encouraging or incentivising cleaner fleets and the development of new and innovative vehicles and services. The many individual area plans in the City can readily be adjusted to assist in reducing air pollution and its effects.

List of Recommendations

These recommendations are included throughout the report, together with the rationale for the HWBB considering action:

1. **Ensure that the City's Health and Wellbeing Profile reflects the severity of poor air quality as a public health issue. In particular, ensure that any future application of multi-criteria decision analysis (e.g. the Portsmouth Scorecard system) to prioritise health issues uses accurate evidence on the health effects of air pollution locally, and the scope for a local authority to reduce them.**

2. **Consider how the City of London Corporation can influence neighbouring authorities and the Greater London Authority (in particular Transport for London) so that more action is taken to reduce the public health effects of air pollution.**

3. **Consider how the HWBB can help to reinforce, and enforce, Development Control policies on air pollution, and where necessary provide timely comment on new developments.**

4. **Consider how the HWBB can advise on, and review, Development Control policies as and when new evidence around the best practice for mitigating against the health effects of poor air quality develops.**

5. **Advocate that changes in the urban realm which could affect people's exposure to poor air quality, such as the introduction of new public spaces and on street seating, are assessed for changes in the levels of exposure.**

6. **Consider recommending that air pollution concentrations and effects become a performance indicator in the next review of the Local Implementation Plan.**

7. **Conduct a rapid Health Impact Assessment on the Local Implementation Plan of the Mayor's Transport Strategy, similar to the one carried out on the Local Plan.**

8. **Assess the air quality implications of the proposals contained within the Area Enhancement Strategies and identify which urban enhancement interventions are the most beneficial from a public health perspective.**

1. The HWBB can act to reduce the health effects of air pollution

As shown in the next section, air pollution is a serious public health issue across London, and more locally in the City, and there are good reasons for the HWBB to act. There are several ways that the HWBB can act on air pollution by considering the effects of current policies and plans on air pollution. These are:

What the HWBB can do...

- Assess the extent to which air quality is considered within the City's policies and strategies
- Appraise the actions that the City is taking to mitigate against poor air quality, quantifying these from a public health perspective
- Identify geographic areas and specific policies where more needs to be done to tackle air pollution
- Embed knowledge and consideration of the health effects of poor air quality further into City procedures and policies
- Provide guidance from a public health perspective, where there are a range of policy directions or a number of initiatives, as to which may provide the best health outcomes through the reduction of pollution
- Influence the commissioning of health services across the City of London so that they consider the effects of poor air quality effectively

To assist the HWBB in considering such actions, this report has identified:

- Evidence for the public health effects of air pollution and what causes these effects
- The broad policy and legislative case for the HWBB to act on air pollution
- How City policies support the case for action on air pollution locally
- How local planning and transport plans are likely to reduce air pollution's effects (or can be improved to reduce them)
- The specific types of actions local authorities can take to reduce the effects of air pollution
- How the City's Area Enhancement Strategies can be improved to reduce the effects of air pollution

Where there are specific recommendations for the HWBB to consider these are boxed and in **bold.**

2. Air pollution is a serious public health issue in London and in the City

In recent years, thousands of studies have been conducted on the health aspects of air pollution. Taken together, these have established that, even though air pollution has reduced a great deal in the last few decades, it is nevertheless the fifth major cause of disease and subsequent death [PHE, 2013]. This is despite air quality meeting the legal limits for air pollution in many respects. Although people generally think of air pollution as causing asthma, the strongest evidence is that it is a major cause of heart disease and death [WHO, 2013]. This happens because most of the very tiny particles of soot, metal and other detritus (known as $PM_{2.5}$) that we inhale stick to the inside of our lungs, then cross into the blood. There they cause inflammation, leading to thickening of the arteries, blood clots and high blood pressure, which can ultimately lead to heart attacks and strokes. These effects can happen after only 6-24 months of daily exposure to the pollution [Brooke et al, 2010].

2.1 Air pollution causes heart disease and lung cancer, and is strongly related to vehicle movement

It is established that $PM_{2.5}$, and the larger PM_{10} particles, are a cause of lung cancer and, as people generally understand, respiratory problems and asthma, especially in young children [WHO, 2013]. This seems to be linked not only to the fine particles that pass into the organs causing inflammation, but to bigger particles that come from tyre, brake and road wear. More of these bigger particles are formed and swept into the air as vehicles travel faster, increase in weight, stop and start frequently or increase in number. Air pollution going up for even a few hours can increase hospital admissions measurably for asthma or heart attacks, by 10%, 20% or more [WHO, 2013].

2.2 Air pollution causes more harm than many other common diseases

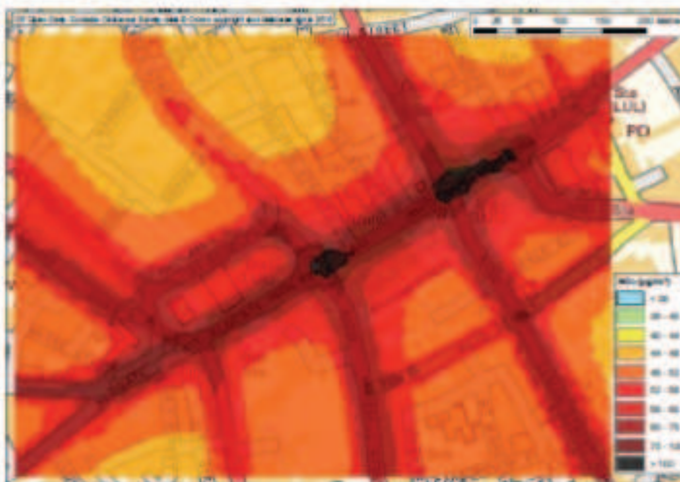
The HWBB has prioritised action on air pollution in the Joint Health and Wellbeing Strategy (JHWS) and evidence on the health effects of air pollution supports this prioritisation. Public Health England has conducted a Health Impact Assessment of the effects of $PM_{2.5}$ on health for every local authority area in England [PHE, 2013]. This shows that, at the levels experienced in London, air pollution is the 5th of 12 ranked causes of mortality risk, ahead of preventable heart disease, road accidents, communicable diseases, respiratory disease in the under 75s, liver disease and suicide. It also contributes to the bigger causes of death, cancer and heart disease.

2.3 Air pollution in the City is mainly from traffic movements

Although around half of the $PM_{2.5}$ in the City of London comes from outside Greater London, on average 40%-50% of the air pollution that people can breathe in the City is produced within the City boundary [CERC, 2011], with a higher proportion from local sources when people are close to roads. The map below, obtained from a computational model of how air pollution flows in the street, suggests that air pollution is much higher closer to roads. This effect has been proven by measurement experiments in which pedestrians on the footpath and in nearby streets were

found to be exposed to lower air pollution than passengers in black taxis and cars on main roads [Kaur et al, 2007]. Of the pollution generated within the City, most comes from traffic (73%) and buildings (18%), with black taxis accounting for 29% of the $PM_{2.5}$, cars 26%, vans 18%, lorries 16%, and buses 8% [CERC, 2011]. The pollution comes not only from vehicle and boiler exhausts but also from wear of the tyres, brakes and road surfaces.

2.4 Air pollution varies strongly with location, creating both threats and opportunities



As pollution varies strongly with location, this can create opportunities to reduce exposure. People who are close to the kerbside of a busy road experience more pollution than people who are further away, while people in an adjacent, quiet street often experience half the pollution or less. Buildings and other physical barriers can redirect or concentrate pollution, and good air conditioning can remove most or all of the pollution from ambient air. An individual's level of exposure is also important for the effects they are likely to experience. An elderly resident housebound all day in a well-ventilated home next to a busy road will receive 10-20 times more air pollution than a worker moving quickly from a railway carriage into a well-air conditioned office.

3. The HWBB can take a lead role in tackling air pollution in the City

3.1 The remit of the HWBB supports taking action

The terms of reference of the City Health and Wellbeing Board are sufficiently broad to justify the board looking at air pollution as a public health issue. The terms of reference enshrine the City of London Corporation's new responsibilities under The Health and Social Care Act 2012.

3.2 Tackling air pollution can help to reduce health inequalities

Air pollution is a relevant factor in the application of the new duty for local authorities to tackle health inequalities in the discharging of their public health duties. From what is already known about air quality in the City of London, and more generally, those that are exposed to poor air quality suffer from multiple disadvantages and other poor health outcomes:

- Poorer people are more exposed to higher levels of air pollution due to the co-location of social housing and major roadways, such as at Mansell St
- There is also epidemiological evidence that the poor, the elderly, women and the obese are disproportionately affected by poor air quality [Hoek, 2013; WHO, 2013]]

The HWBB can usefully frame and assess action to tackle poor air quality as a way to reduce health inequalities. This is also a useful way to present the case for action to other decision-making bodies.

3.3 Tackling air pollution has significant health, financial and other co-benefits

Some actions to tackle air pollution have significant health co-benefits. Encouraging modal shift to active travel is a key approach to reducing air pollution, and its public health co-benefits in terms of cancer, heart disease and obesity are so great that the UK Government's National Institute for Health and Clinical Excellence (NICE) issued guidance encouraging the promotion of physical activity and active travel [NICE, 2008] in local transport planning. Studies by the Department of Health (DH) have shown that projects to increase active travel have very high benefits-costs ratios, with benefits typically outweighing costs by a factor of 13-19 [DH, 2010]. Active travel has low or no capital or running costs compared to cars, taxis and buses, and so can address both health inequalities and poverty [Kilbane-Dawe, 2012]. Building insulation can improve the health of the fuel poor [Green & Gilbertson, 2008] as well as reducing use of heating which causes air pollution.

Other actions, such as improving the urban realm with green space, vegetation and larger pedestrian areas, reduce air pollution impacts somewhat, and have also been shown to improve mental health and wellbeing (see for example White et al, 2013). Finally, many air pollution-reducing actions also reduce carbon dioxide emission or the cost of wasted or expensive fuels [Kilbane-Dawe, 2012]. Examples of this include replacing diesel use with Liquified Petroleum Gas, or 'ecodriving' (fuel-efficient driving).

3.4 Prioritisation of air quality through the JSNA/JHWS process

The HWBB has an important role in the assessment of the health needs of the local population in order to inform and guide the commissioning of health, well-being and social care services within the City. This is done through the JSNA, which in the City of London is referred to the Health and Wellbeing profile, and has historically been completed in conjunction with Hackney Council. The City utilised a public consultation event as the prioritisation framework to identify those issues which would form the priorities in the Health and Wellbeing Strategy in 2011-2012. Through public consultation, air pollution was ranked as the third highest public health concern for City residents. Prioritisation is supported by the evidence reviewed for this report.

This contrasts with the prioritisation of air quality in Hackney - where it came out as the joint 28th ranked health priority. Hackney employed a system of prioritisation based on multi-criteria decision analysis (MCDA), which evaluated air quality alongside other determinants of health outcomes, based on the following criteria:

- Is this an issue which affects a significant proportion of the population (directly or indirectly)?
- Is this an issue which significantly affects vulnerable groups?
- Is this issue a significant contributor to inequalities in health and wellbeing?
- Are there significant unmet needs?
- Are needs amenable to intervention by the Local Authority, NHS and partners?
- Where the criteria is a London/national health priority.

In reaching its conclusion on air pollution, Hackney identified that:

- There was little scope for local authority intervention
- There was only an effect on those who were already ill, and a lack of local evidence of air quality affecting vulnerable groups
- There is no evidence of poor air quality contributing to health inequalities
- There is no unmet need on tackling air quality, as for most pollutants legal limits are not exceeded.

However, as this report states, the health effects of poor air quality are manifested at pollution levels well below the legal limits; local authorities control or influence traffic patterns and developments; and there is established evidence that air pollution contributes to health inequalities. The Hackney case demonstrates the high risk that the MCDA approach can evaluate a lack of known *evidence* as being indicative of a lack of *need* to prioritise a health issue, with the result that issues are not prioritised based on accurate evidence.

HWBB Recommendation 1:

Ensure that the City's Health and Wellbeing Profile reflects the severity of poor air quality as a public health issue. In particular, ensure that any future application of multi-criteria decision analysis (e.g. the Portsmouth Scorecard system) to prioritise health issues uses accurate evidence on the health effects of air pollution locally and the scope for a local authority to reduce them.

4. The City's strategic priorities support action being taken on air pollution

Both City and national policies support action by the HWBB on air pollution. City policies are, for the most part, extremely well-harmonised and cohesive. Support for action on air pollution comes both from the Sustainable Community Strategy (SCS) and the Corporate Plan. The SCS has five themes, which include a number of goals, and a specific goal to improve air quality:

- **To continue to minimise noise, land and water pollution and improve air quality where this is possible**

There are five other goals that can address the effects of poor air quality. We have ranked these in the order in which they are most likely to contribute to the goal of reducing air pollution, and added commentary on relevant actions and possible threats.

I. **To encourage sustainable forms of transport**
The greatest scope for rapid action on air pollution concentrations comes from sustainable travel. Actions such as encouraging modal shift to active travel, promoting or requiring uptake of low-emission vehicles, tighter enforcement of current standards, lower speed limits, lower weight limits, will all help reduce pollution emissions. Transport that maximises active travel, low-emission vehicles, lighter vehicles, lower vehicles speeds and, ultimately, fewer vehicles, is the most effective way to reduce the air pollution concentrations at kerbsides, where most air pollution exposure occurs.

II. **To ensure high standards of energy and resource efficiency in the design and implementation of the built environment and to encourage reduced carbon emissions across all sectors**
Ensuring buildings are designed to be as energy-efficient as possible over the long term reduces demand for heating which causes pollution.

II. **To protect and enhance the built environment of the City and its public realm**
This has the effect of encouraging active travel and encouraging people to use open spaces. However, more use of open spaces can encourage people to occupy areas in air pollution hotspots, so green space development should be complemented by reducing air pollution close to that green space.

III. **To advance sustainable procurement and consumption**
This can be used to promote low-emission procurement, such as using low-emission or active travel-based deliveries

IV. **To conserve and enhance biodiversity**
Improving biodiversity often involves improving green space and planting in the urban realm. Increasing vegetation has an established local effect on reducing air pollution concentrations, if appropriate species are chosen. However, the effect is very local and not substantial unless extremely expensive options are chosen. Tree planting of appropriate species is likely to be the most cost-effective approach.

The theme also includes the following goal:

V. To reduce our impact on climate change and to improve the way we adapt to it

The City Together Strategy does not quantify the air quality problem under "What we know", but highlights its importance under "What are the opportunities and challenges ahead?" Here air quality is listed as being both a national and City problem, but is tackled as a subsidiary problem to climate change. It should be emphasised that air pollution policy and carbon mitigation can be at odds, for example in promotion of biomass fuels and Combined Heat and Power. Policies' actions should aim to deliver both outcomes rather than one at the expense of the other.

Five other goals under other themes also support action on air quality:

- **To improve people's health, safety and welfare within the City's environment through proactive and reactive advice and enforcement activities**
  Poor air quality is by far the largest environmental factor, with a detrimental effect on the health of the City's population. Action on information about poor air quality will help meet this goal.
- **To enable the City to continue to flourish and to see the benefits of its success spread across London, the UK and internationally**
- **To ensure that the built environment within the City meets the growth in business needs, whilst minimising the associated disruption caused to all sections of the City's communities**
  In the international competition for financial services, quality of life is an increasing issue. It is no accident that Wall Street has significantly better air quality than most of Central London - US air pollution regulations on $PM_{2.5}$ are much stricter than those across Europe and lead to lower concentrations and effects on public health. Acting to reduce air pollution to levels similar to those in New York would help improve the health of workers in the City and improve the City's competitive offer.
- **To facilitate the provision of an enhanced public transport system that is both sustainable and meets the growing needs of all users including disabled people**
  See previous note on sustainable transport.
- **To facilitate the opportunity for exemplary, innovative, inclusive and sustainable design which respects and enhances the distinctive character of the City**
  Innovative design can help reduce air pollution both from buildings and transport, thus reducing exposure to air pollution. It is important that innovation not be seen as a wholly creative activity - 99% of innovation is simply applying designs and approaches that have been proven to work in other markets or locations. Creative innovation is most effectively spurred through competitions and prizes - for example, the City of London could build on its air quality awards by establishing a competition to design a new iconic, affordable and zero emission Black Taxi for London, or a prize for the new building with the lowest air pollution and carbon emission in the square mile.

The Corporate Plan 2013-2017 explicitly refers to air quality, under Key Policy Priority 3:

- **Engaging with London and national government on key issues of concern to our communities including policing, welfare reform and changes to the NHS**

Further detail is provided on this priority, where air quality is stated as an issue, around which the City of London should engage London partners:

- **Mayor of London Olympic legacy; Transport (investment in the network, 'keeping London moving'); Promotion (financial services; tourism/visitors); Environment (waste issues; air quality)**

Working with the neighbouring authorities and the GLA (in particular TfL) has the potential to improve air quality in the City significantly, recognising that some air pollution is produced outside the square mile, and the importance of TfL as the strategic transport authority.

HWBB Recommendation 2: **Consider how the City of London Corporation can influence neighbouring authorities and the GLA (in particular TfL) so more action is taken to reduce the public health effects of air pollution.**

Further support for undertaking action on poor air quality within the SCS and Corporate Plan is included in Appendix 1.

5. Ways that the HWBB can strengthen the air pollution aspects of the City's planning and transport policies

5.1 The Local Plan

The Local Plan is the spatial manifestation of the Sustainable Community Strategy and provides the development policies that underpin the vision and five themes stated in the SCS. As an updated version of the Local Development Framework, it also includes policies relating to development control and management. Indeed, Policy DM15.6 relating to mitigation of air pollution of new development is exemplary in its approach to minimising air pollution effects.

However, development control policies come under constant pressure from developers. The Local Plan identifies that up to 10% of the new office, retail and hotel floor space in the City could be located around Aldgate, as well as up to 10% of new housing units, in an area where resident populations are already exposed to very high levels of air pollution. With the National Planning Policy Framework stipulating a presumption in favour of sustainable development (assuming other local planning policies are not contravened), the air pollution effects of new developments should be properly considered and mitigated for, where necessary.

HWBB Recommendation 3:

Consider how the HWBB can help to reinforce, and enforce, Development Control policies on air pollution and, where necessary, provide timely comment on new developments.

HWBB Recommendation 4:

Consider how the HWBB can advise on, and review, Development Control policies, as and when new evidence around the best practice for mitigating against the health effects of poor air quality develops.

The Health and Wellbeing Board have considered the Local Plan through a rapid Health Impact Assessment (HIA). This rapid HIA mentions air quality, stating that the Local Plan covers air quality thoroughly, although the health effects from construction need to be taken further into account. The rapid HIA discusses the proposed changes to the Aldgate gyratory from a disabled access point of view, but does not take into consideration that the positioning of street furniture and creation of public spaces can increase people's exposure to air pollution.

HWBB Recommendation 5:

Advocate that changes in the urban realm, which could affect people's exposure to poor air quality, such as the introduction of new public spaces and on-street seating, are assessed for changes in the levels of exposure.

5.2 *The Local Implementation Plan*

The Local Implementation Plan (LIP) is the strategy which outlines how the City of London intends to implement the London-wide Mayor's Transport Strategy. As a consequence there is a strong synergy between the suite of mayoral transport documents and the City of London's LIP. It is particularly important for the City of London's LIP to reflect the importance of action to tackle poor air quality, as 73% of fine particles and 67% of oxides of nitrogen emitted in the City are from motor vehicles [CERC, 2011].

The LIP contributes to meeting both the Mayor's transport goals and the challenges identified in the Central London Sub-Regional Transport Plan. There are two goals in the Mayor's Transport Strategy, which can be used to justify action to improve the health of residents of the City of London:

- Enhance the quality of life for all Londoners
- Reduce transport's contribution to climate change, and improve its resilience

'Improving air quality' is also specifically identified as a challenge to be tackled in the Central London Sub-Regional Transport Plan. The LIP, which came into force in 2011, builds upon the goals and challenges stated in the Mayor's transport strategy, and aims to:

- Reduce the pollution of air, water and soils, and excessive noise and vibration caused by transport in the City

The LIP has two objectives which directly relate to tackling poor air quality. These are:

> LIP 2011.1: To reduce the pollution of air, water and soils, and excessive noise and vibration caused by transport in the City
>
> LIP 2011.4: To reduce the adverse effects of transport in the City on health, particularly health effects related to poor air quality and excessive noise, and the contribution that travel choices can make to sedentary lifestyles

There are a number of other LIP objectives that support action on tackling the effects of poor air quality - these are included in Appendix 1.

The LIP states that there will be on-going monitoring against the Mayor's statutory targets to move towards a cleaner local authority fleet of vehicles, as well as targets to increase the number of journeys being undertaken in the City through walking and cycling, labelled as 'reporting outputs' in the LIP. The LIP recognises the importance and urgency of action within these objective areas, and states that the focus of improvement will be in the first part of the LIP period. However, there are no targets contained in the LIP related to the direct measurement of the health effects of poor air quality.

HWBB Recommendation 6:

Consider recommending that air pollution concentrations, and effects, become a performance indicator in the next review of the Local Implementation Plan.

A sustainability appraisal has been undertaken of the LIP. It is based on ensuring that the ‘three pillars’ of sustainability are met: economic, environmental and social sustainability. In the context of this appraisal, different levels of action under thematic headings are assessed against different headline objectives, linked to these three pillars of sustainability. The sustainability appraisal includes headline objectives to ‘Improve the health of city workers, residents and visitors’ and ‘Improve air quality’. The appraisal summarises that the actions contained within the LIP will overall contribute positively to the environmental sustainability of the City, including reducing air pollution. Transport remains one of the most important policy areas for improving air quality. Recognising this, the HWBB may wish to undertake a Health Impact Assessment to supplement this sustainability appraisal.

HWBB Recommendation 7:

Conduct a rapid Health Impact Assessment on the Local Implementation Plan of the Mayor’s Transport Strategy, similar to the one carried out on the Local Plan.

6. Specific actions that the City can take to improve air quality

All local authorities, including the City of London, have the power to make interventions to address air pollution. Many save money, some with short payback times. These range in scale from minor adjustments to policies, that will, over time, accumulate to decrease public health effects (such as requiring all footways to be wider), to major regulatory actions that would require several years of development and consultation, such as imposing a Low Emission Zone (LEZ). There are also opportunities for innovation and promotion of innovation, both by applying tested approaches from other cities or domains, to encouraging genuinely new innovations. We have loosely classed the actions that can be taken as follows, although some fall into several classes.

A. Those that reduce the exposure of individuals to pollution
B. Those that reduce the concentrations of pollutants
C. Those that reduce the emissions of pollutants

In general, measures to reduce exposure and concentrations (Types A & B) are the least controversial, but address only the symptoms of the problem. There are very few measures in the Type B category - once air pollution is emitted there is very little that can be done to remove it except encouraging urban design that facilitates ventilation of the street. Type C actions address the sources of the problem, but tend to be more controversial, as they often require changes of habit or technology, challenges to conventional wisdom or ingrained perception, or rigorous application of current rules and regulation against vested economic and bureaucratic interests. In some cases they even require action to remedy strategic mistakes made in regional, national or EU strategies.

6.1 Type A - Actions that reduce the exposure of individuals to pollution

6.1.1 Reducing the proximity of people to vehicles
A rule of thumb is that anything that increases the distance between the most intense local sources of the most harmful pollution (usually traffic) and the people who breathe it in will dilute the pollution, and thus its effects. A few metres' difference can reduce exposure by 20%-50% compared with the concentrations close to vehicle exhausts. Wider footpaths, redirecting heavy traffic away from parks, shopping streets or other areas of high pedestrian footfall, pedestrianised streets, vehicle-only streets without footways, positioning entrances and foyers of attractions to minimise the proximity of gatherings to major roads, placing cycle tracks or parking between pedestrians and vehicles, are all options.

It also includes measures such as vertical exhausts, or stacks, on buses, Light Goods Vehicles or Heavy Goods Vehicles, tall chimneys on buildings, or requiring CHP or kitchen exhausts to be at roof level or higher. The effect of chimneys varies strongly with the local urban form and in complex terrain may require expert modelling to ensure the pollution does not fall to the ground.

6.1.2 Placing physical barriers between people and pollution sources

Physical barriers increase the effective distance between the air pollution sources and the people who breathe in the pollution. These could comprise new buildings, redirecting traffic, screens or vegetation. The key point is to ensure that a physical barrier encourages the polluted air to vent to the free atmosphere instead of diffusing towards people.

6.2 Type B - Actions that reduce the concentrations of pollutants

6.2.1 Designing streetscapes in which air pollution does not accumulate
Air pollution tends to build up in streets that are narrower than the buildings are tall, known as the canyon effect. Reducing canyon effects will encourage pollution to blow away. This can be done by ensuring that streets do not comprise extended terraces of buildings that are higher than the street is wide, as a rule of thumb.

6.2.2 Encouraging good quality air conditioning and air infiltration from cleaner locations
Air conditioning can remove most air pollutants if the correct equipment is used. Ensuring buildings in hot-spots have air conditioning with the correct filters and intakes from the cleanest locations, especially if they are occupied by children, people with CVD (Cardiovascular disease), respiratory disorders or asthma, the elderly or the less well-off will help reduce their exposure.

6.2.3 Massively increasing vegetation in the urban realm
There is good evidence that trees and plants in general encourage air pollutants to be deposited out of the air onto their leaf surfaces, instead of in people's lungs. The evidence also suggests that the effectiveness of this depends enormously on the species of vegetation. For it to have a significant effect, the entire available surfaces of the street (both horizontal and vertical) would need to be carpeted with vegetation. This tends to be extremely expensive and not cost-effective. Trees alone make only a very small impact, even at relatively high density, but are somewhat more cost-effective.

6.3 Type C - Actions that reduce the emissions of pollutants

6.3.1 Reduce the demand for heat in buildings
Buildings cause pollution directly through heating systems in which fuel is burned locally. By enforcing building controls on energy efficiency, building management systems and insulation, and requiring more insulation and take up of insulation grants, demand for heat is reduced. Good practice in building operations will also reduce emissions and fuel costs.

6.3.2 Reduce exhaust emissions from vehicles
This could mean creating an (Ultra) Low Emission Zone in which only the cleanest vehicles are permitted, switching Council fleets to Liquified Petroleum Gas (LPG) and encouraging this amongst taxis or other major polluters, incentivising development of clean fleets by operators and low-emission service companies. In general, the Euro standards have proved unreliable at reducing some air pollution emissions from vehicles, so such approaches need to be planned

with care. Diesel use, especially biodiesel, should be discouraged due to its potential carcinogenic and particle-forming properties [WHO, 2013].

Lobbying TfL to clean up the fleets they control - black taxis, hackney cabs and buses - is also a key action. Black taxis are subject to rules that prevent competition from cleaner, cheaper vehicles, while London's bus fleet, although cleaner than it was, is still responsible for significant amounts of pollution.

6.3.3 Reduce the brake and tyre wear by the vehicles

Brake and tyre wear contributes to coarse PM particles, which cause respiratory and other problems. These can be mitigated by reducing average vehicle speeds and encouraging smoother driving, introducing more vehicle weight limits, removing humps or excessive traffic lights that encourage brake-accelerate behaviour, and ultimately reducing vehicle numbers.

6.3.4 Reduce the emissions from building's heating plant

By encouraging clean fuels (e.g. gas), ultra-low NO_x, lean burn and condensing boilers, both energy efficiency and clean air are promoted. CHP (Combined Heat and Power) should be deployed very carefully as the plant can emit 5-10 times more pollution than equivalent gas boilers, and much more if biomass or diesel fuels are used. In many cases CHP is not cost-effective.

6.3.5 Promote modal switch to mass transit and active transport to reduce vehicle numbers

The most highly developed and richest cities in the World - even very large cities like Tokyo - have progressed past their 'age of the motor' and pushed down vehicle use in favour of mass transit and active transport. These approaches allow congestion to be reduced, encourage physical activity and reduce many of the air pollution problems due to vehicle movements.

6.3.6 Innovation prizes and awards for clean vehicles, buildings and services

Some of the actions listed above may take years to plan or enact. Research has shown that substantial prizes and awards - for example the X-Prizes - are disproportionately effective at encouraging new innovation. The City could consider awarding prizes for low pollution developments, low-polluting service companies or cleaner taxi and bus technologies to encourage corporate, architectural and engineering innovation.

7. Specific alterations to Area Enhancement Strategies can help reduce the health effects of air pollution

The City is covered by sixteen Area Enhancement Strategies (AESs) at various stages of development and adoption. The AESs are useful to assess from an air quality point of view because:

- The AEAs contain proposed micro-level improvements, often along single streets - a scale of intervention which is complementary to the highly localised distribution of air pollution in the City
- The AEAs cover improvements to the urban landscape and localised transport initiatives, which can be highly effective in reducing both emissions and exposure to emissions
- The majority of proposals contained within the AEAs do not contain any indication of the effects of the intervention on air quality
- The AEAs provide a 'longlist' of potential interventions to improve the urban environment at localised levels - some have identified funding streams but many of the suggested improvements do not, allowing prioritisation of proposals based on air quality effect to be considered

Appendix 2 contains a table which lists the urban enhancement initiatives contained within the Aldgate and Tower AES, to illustrate how small-scale plans can be used to reduce air pollution exposure. The HWBB may want to consider the following general points when reviewing the proposed improvements contained within Area Enhancement Strategies:

- The role that reducing emissions and reducing exposure to emissions plays in improving health outcomes at a very local level
- Improvements that reduce emissions should be prioritised, including changes that keep traffic to single carriageways, reduce the speed of traffic, and improve accessibility for pedestrians and cycling
- Many of the actions listed in the AESs are useful for reducing exposure to emissions - not only widening footpaths and creating new green public spaces away from traffic directly, but also improving lighting and planting, and making walking and cycling easier and more desirable overall
- Prioritising improvement in those areas with resident populations exposed to detrimental levels of poor air quality, i.e. around The Minories and the Mansell Street Estate, and the routes connecting these

Of the projects listed, urban environment improvements that propose widening footpaths and reducing traffic volume and speed, through a range of measures (reduction of number of traffic lanes; changes to vehicle entry into main thoroughfares), will facilitate the greatest reduction in air pollution and exposure to pollution. It is noted that these are *proposed* enhancements, that could improve the urban environment in the majority of locations identified in the AESs. This suggests that, beyond the larger strategic priorities, such as the transformation of the Aldgate gyratory, consideration should be given to where such improvements can have the most impact.

In considering the health effects of air pollution, the following approaches can help identify the locations with the greatest need of such enhancements:

- Targeting areas where the footfall is greatest, i.e. reducing the exposure to pollution to the largest numbers of people
- Targeting areas where the pollution is greatest, i.e. where the traffic is heaviest and there may be little work already to reduce emissions and/or exposure to these pollutants
- Targeting areas where residents live and the streets they are most likely use, i.e. reducing the exposure to pollution of those individuals that receive high levels of exposure from residing in the City

The cost-effectiveness of actions should also be taken into consideration, and this should include the potential health co-benefits from improving air quality.

Careful consideration needs to be given to the location of green spaces and street seating areas. Although such enhancements are desirable from the point of view of creating an urban environment that is attractive to pedestrians, the location of such enhancements in relation to emissions sources (such as major roads) needs to be considered, to ensure that prolonged exposure is minimised. This is not addressed within the AESs.

HWBB Recommendation 8:

Assess the air quality implications of the proposals contained within the Area Enhancement Strategies, and identify which urban enhancement interventions are the most beneficial from a public health perspective.

References

[Atkinson, 2011] *Local city report for London*, APHEKOM Project, http://www.aphekom.org/web/aphekom.org/publications, 2011
[Brook et al, 2010] *Particulate Matter Air Pollution and Cardiovascular Disease: An Update to the Scientific Statement From the American Heart Association*, Circulation, Vol 121, pp 2331-2378, 2010, doi: 10.1161/CIR.0b013e3181dbece1
[DH, 2010] *Value for Money: An Economic Assessment of Investment in Walking and Cycling*, UK Dept of Health, London, 2010
[DH, 2011] *Impact Assessment of the Public Health Outcomes Framework*, UK Dept of Health, London, 2011
[Green & Gilbertson, 2008] Green, G. & Gilbertson, J., *Evaluation of Warm Front Scheme*, Sheffield Hallam U., ISBN 978-1-843872757, 2008
[Fann et al, 2012] *Estimating the National Public Health Burden Associated with Exposure to Ambient PM2.5 and Ozone*, Risk Analysis, Vol. 32, Issue 1, pp 81-95, 2012, DOI: 10.1111/j.1539-6924.2011.01630.x
[Hoek et al, 2013] *Long-term air pollution exposure and cardio-respiratory mortality: a review*, Environmental Health, Vol. 12, 2013, doi:10.1186/1476-069X-12-43
[Kaur, 2007] S. Kaur, M.J. Nieuwenhuijsen, R.N. Colvile, *Fine particulate matter and carbon monoxide exposure concentrations in urban street transport microenvironments*, Atmospheric Environment, Volume 41, Issue 23, July 2007, pp. 4781-4810, ISSN 1352-2310, doi: 10.1016/j.atmosenv.2007.02.002
[Lim et al, 2012] *A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010*, The Lancet, 29 December 2012, Vol. 380, pp 2224-2260, 2012
[NICE, 2008] *Promoting and creating built or natural environments that encourage and support physical activity*, NICE Public Health Guidance 8, 2008
[Pascal et al, 2011] *Guidelines for assessing the health impacts of air pollution in European Cities*, APHEKOM Project, http://www.aphekom.org/web/aphekom.org/publications, 2011
[PHOF, 2013] *The Public Health Outcomes Framework Observatory*, http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044, 2013
[Raaschou-Nielson, 2013] Ole Raaschou-Nielsen et al., *Air pollution and lung cancer incidence in 17 European cohorts: prospective analyses from the European Study of Cohorts for Air Pollution Effects (ESCAPE)*, *The Lancet Oncology*, 1 August 2013, Vol. 14, Issue 9, Pages 813-822, DOI: 10.1016/S1470-2045(13)70279-1
[Shah et al, 2013] Anoop S V Shah et al, *Global association of air pollution and heart failure: a systematic review and meta-analysis*, *The Lancet*, 21 September 2013, Vol. 382, Issue 9897, pp 1039-1048, DOI: 10.1016/S0140-6736(13)60898-3
[WHO, 2013] World Health Organisation: *Review of Evidence of the Health Aspects of Air Pollution* - Technical Report
[White, 2013] M. White, I. Alcock, B. Wheeler, M. Depledge, *Would You Be Happier Living in a Greener Urban Area? A Fixed-Effects Analysis of Panel Data*, Psychological Science, June 2013, 24, pp. 920-928, doi:10.1177/0956797612464659

Appendix 1 - Detailed policies supporting action on air pollution

This report comments on the main policies within City of London strategies that can provide support for action on air pollution. As stated within the report, there are numerous other policies contained within City of London strategies that can be utilised to justify specific actions. This appendix will list the most important of these, comprising:

- Further Key Priority Policy from the Corporate Plan
- Policy DM15.6 of the Local Plan, which covers air quality from a development control perspective
- Further policies from the City of London LIP for the Mayor's Transport Strategy

Corporate Plan

Further support for undertaking action on poor air quality can be found within the Corporate Plan's key policy priority 1:

- Supporting and promoting the international and domestic financial and business sector

In particular, we note that air pollution regulations are much tighter in the USA, and air pollution measurements are much lower near Wall St in New York.

Local Plan

Policy DM 15.6 Air quality
1) Developers will be required to consider the impact of their proposals on air quality and, where appropriate, provide an Air Quality Impact Assessment
2) Development that would result in deterioration of the City's nitrogen dioxide or PM_{10} pollution levels will be resisted
3) Major developments will be required to achieve maximum points for the pollution section of the BREEAM, or Code for Sustainable Homes assessment relating to NOx emissions
4) Developers will be encouraged to install non-combustion low- and zero-carbon energy technology. A detailed air quality impact assessment will be required for combustion-based low- and zero-carbon technologies, such as CHP plant and biomass or biofuel boilers, and necessary mitigation must be approved by the City Corporation
5) Demolition, construction and the transport of construction materials and waste must be carried out in such a way as to minimise air quality impacts
6) Air intake points should be located away from existing and potential pollution sources (eg busy roads and chimneys). All chimneys should terminate above the roof height of the tallest building in the development in order to ensure maximum dispersion of pollutants.

Local Implementation Plan

There are further LIP objectives which can be used to justify action to tackle poor air quality:

> LIP 2011.2: To reduce the contribution of transport in the City to climate change and improve the resilience of the City's transport to its effects
>
> LIP 2011.5: To increase permeability, connectivity and accessibility in the City.
>
> LIP 2011.6: To smooth traffic flow and reduce journey-time variability and traffic congestion in the City
>
> LIP 2011.7: To facilitate the efficient and economic construction of Crossrail and other major public transport improvements, while minimising the disruption and environmental impacts that this construction will cause in the City, including on traffic movement
>
> LIP 2011.8: To plan for a City with an operational Crossrail, a significantly increased total public transport capacity and significantly increased numbers of pedestrians and cyclists

Many of the actions identified in section 2 of this report can be framed under these LIP objectives and would also improve air quality.

As the LIP identifies, these objectives have a significant role to play in reducing poor air quality and meeting the targets established in the City of London Air Quality Strategy 2011-2015. The LIP also identifies work towards these objectives which contributes to the 'improving air quality' challenge identified in the Central London Sub-Regional Plan of the Mayor's Transport Strategy.

Appendix 2 - Possible improvements to air quality from planned urban realm improvements

This appendix details which urban realm enhancements from the many listed within the Tower & Aldgate Area Enhancement Strategy can help to reduce air pollution and its effects.

Area	AES	Suggested improvements	Effect on AQ	Comment
The Minories	Aldgate & Tower	Widen footpath, add greenery, install side road entry treatments, consider loading and waiting requirements, consider table and chair licenses, possibility for two-way traffic, consider adding elements of play and public art	Potentially positive - along a street with a resident population	As an area with a resident population there should be an effort to reduce emissions and exposure to emissions. Widening the footpath would be the most desirable policy, whilst any attempts to add greenery should look at the location and species of any planting to maximise the positive impact.
Crutched Friars & Jewry Street	Aldgate & Tower	Widen footways, tree planting, insert parking and waiting, seating on street, raised entry treatments to reduce speed	Potentially positive	Widening footways will increase the distance of the majority of pedestrian foot flow from source of emissions. Similarly, improvements aimed at reducing the speed of vehicles along the thoroughfare could reduce the TBW and exhaust emissions.
Little Somerset Street	Aldgate & Tower	Rebalance the carriageway and footway to match the function, planting trees, approach third parties about installing green walls, ensure adequate lighting, improve access at northern end for pedestrians, add elements of play and public art	Potentially positive - along a street connecting Aldgate tube with the Mansell Street Estate	Improving pedestrian access should be encouraged.

Area	AES	Suggested improvements	Effect on AQ	Comment
Vine Street & Crescent Green	Aldgate & Tower	Create space that encourages people to spend time, consider planting, consider art, provide seating, introduce green walls, consider reopening-up of the southern end of the Crescent to change footfall between the underground and the Tower of London	Generally positive	Further work to 'reduce traffic volumes and encourage cycling and walking' should be implemented - tying into the priorities developed in other strategies. Any proposal that changes the flow of pedestrians away from the traffic, such as reopening the Crescent, will reduce exposure. It would be worthwhile to make this an integral part of any future enhancement plans for this area. Consideration should be given to the exposure of individuals in newly created public spaces - these should not increase an individual's exposure to air pollution due to proximity to emission sources. Additional planting at America Square will reduce pollution somewhat.
Aldgate Gyratory	Aldgate & Tower	Create green public space, remove barriers to pedestrian movement, increase cycling provision, plant the area, introduce sustainable urban drainage, provide seating and a pleasurable environment, two-way traffic provision, bus services retained, improve signage, improve the high street spine	Overall extremely positive - air quality modelling of the effects of this project have been undertaken	Provides a pedestrian link from the Aldgate transport hub to the residential areas of the Mansell Street Estate and beyond, reduces traffic flow, increases the distance between the Sir John Cass School and the emission sources. All of this will reduce overall emissions in the area and reduce the exposure of residents and schoolchildren as well.

Committee(s):	Date(s):
Health and Wellbeing Board Health and Social Care Scrutiny Sub Committee	31 Jan 2014 4 Feb 2014
Subject: Healthwatch City of London Update	**Public**
Report of: Chair Healthwatch City of London	**For Information**

Summary

The following is Healthwatch City of London's first regular update report to the Health and Wellbeing Board as agreed from the last Board meeting in November 2013. It was agreed that the report would cover updates on recent activities and member feedback.

This report covers the following points:

- Healthwatch City of London response to the Call for Action consultation
- Barts Health Trust
- Healthwatch City of London GP survey
- Outcomes and Impact assessment of Healthwatch City of London.

Recommendation(s)

Members are asked to:

- Note this report, which is for information only

Main Report

Background

1. Healthwatch City of London was established on 1st April 2013. In the nine months to date, the organisation has established contacts with residents and developed a membership base. We have begun the process of establishing the areas of health and social care that local residents and the worker population have highlighted as being important to them.

Current Position

2. Healthwatch has begun establishing working relationships with the major health providers - Homerton University Hospital, and the hospitals comprising the Barts Health Trust, the East London Mental Health Trust, the City and Hackney Clinical Commissioning Group (CCG) and UCL Health Partners, as well as having planned visits to University College Hospital this year. The Corporation of London has been very helpful in assisting with access and representation on committees such as on the Adult Advisory Group and Safeguarding Group, and their support has been appreciated by the staff team.

3. Regular meetings are planned for 2014, between Healthwatch members, residents and workers in the City of London, as well as with the Homerton and Barts Trust.

4. Detailed below are some activities and member feedback from the last three months.

- **Healthwatch City of London response to the Call for Action consultation**

  The Call for Action consultation was brought to the attention of the Health and Wellbeing Board in 2013. Healthwatch City of London consulted its membership and after consultation with our members Healthwatch City of London has identified the important features for service users and included these in the attached report as well as summarising the below:

  - Patients want better access to primary care and fuller weekend services as well as access to more joined-up care.
  - Any changes can only be implemented though close cooperation with patients.
  - A greater focus is needed on preventing ill-health both for public benefit and for cost-effectiveness.
  - London is a leader in mental health innovation which should be a priority in provision of resources.
  - Patients want 7 day access to services provided near their homes and places of work. This is especially important for Healthwatch City of London bearing in mind the working population of upwards of 400,000, who also work at weekends. Pharmacies are also an important element.
  - A growing and ageing population with increasing long term will require better primary care and more integrated care.
  - Only about 12% of patients with long-term conditions have been told they have a care plan.
  - Research and education need to be better integrated.
  - More resources need to dedicate to health education.
  - Individuals need support, instruction and consideration to enable them to take more responsibility for their own health.
  - Greater support and instruction in the use of technology is needs to enable people to book online and use online facilities.
  - Ease of appointments, effective treatments and considerate aftercare are the areas that make the biggest difference to improving patient experience.
  - Improved training for hospital staff is needed.

- **Barts Health Trust**

  Along with the other Healthwatch organisations in areas that geographically aligned with Barts Health Trust, Healthwatch City of London has been pressing for clarity on future services for residents of the City of London. In particular we have focused on how the financial pressures will impact on local delivery.We continue to have a regular meetings and correspondence with Barts Health Trust

  The responses to these are included in the main report which is attached.

- **GP Survey**

This survey was conducted in October and November 2013 and the results will be fed back to NHS England and local services. There were 16 responses to the survey in total.

  - 30% of responses were from workers in the City of London
  - 60% of responses were from residents in the City of London
  - 10% of responses were from parents who did not indicate that they were either workers or residents in the City.
  - With regards to the location of the GP practices under discussion, 63% were in the City of London and 37% were located outside the City of London.

  Key Findings

  - The overall level of satisfaction was far higher for the practice within the City of London rather than for those located outside the City with 90% of City residents/workers commenting that their practice was either "Very Good" or "Good". Practices outside the City did not receive any "Very Good" results but a third of respondents commented that their practice was "Good". This is a good indication of satisfaction of the services provided within the City of London.
  - The 111 service is being greatly underused with none of the City practice respondents saying they had used it for the health conditions featured in the survey and only 10% of respondents from practices outside the City said they had used it for 'choking, chest pain or blacking out' with 40% for that question still calling 999.
  - Those registered at practices outside the City were more likely to use the 111 service with 40% having used it at some point compared to 20% from those registered within the City.
  - People registered at the City practice use their practice much more with 80% having visited their GP in the last 6 months compared to 66% outside the City. This is reflected in the generally higher levels of satisfaction for the City practice which means that people are more likely to visit the surgery.

- Appointments at the City practice were booked using a variety of methods such as on the phone, in person or online whilst 100% of those booking at practices outside the City used the phone. Again, this is a positive sign that the City practice is finding a variety of ways to encourage bookings which is resulting on greater use of the services and higher levels of satisfaction. 70% of those booking at the City practices said they found it either Very Easy or Easy to get an appointment compared with only 16.5% of those outside the City saying it was Easy to book and no respondents saying it was Very Easy.

General Comments

- Reception staff often encourage patients to call on the day to book an urgent appointment rather than waiting for a particular doctor to be available. Some doctors are very popular and difficult to see.
- The Neaman practice is described as outstanding by one respondent.
- One City resident described their GP, team and reception staff as understanding, professional and dedicated. Another said that the City GP practice had excellent doctors, staff and receptionists.
- There were requests for more slots outside working hours from some City residents and a request that doors should not be shut during the lunch break. It was also mentioned that reminders about flu jabs would be useful. Evening and weekend clinics were described as insufficient.
- The Hoxton surgery was described as satisfactory with a personal and reassuring service and trustworthy relationship between patients and doctors. Interaction between patients who attend PPG meetings indicates equal levels of satisfaction.
- A complaint was made from a resident outside the City that reception staff were unhelpful to those with English as a second language and could offer better advice on the services rather than referring patients to A&E or the walk in centre.

- **Survey Conclusion**

- This survey indicates the high satisfaction of patients for the Neaman Practice based in the City and the high attendance could be due to the fact that the practice is the main source of services for the City. Further investigation is required to identify the GP practices outside the City boundary and to work with the appropriate borough Healthwatch in raising the satisfaction level for patients using those facilities.
- The 111 service is still not being accessed to its full extent but this is not a problem just within the City of London. This is a problem throughout the London Boroughs and the country.

- Future work will include Community Services – what is available, who uses them and what are the gaps to ensure that patients in the City have an accessible and seamless service in spite of many services being based outside the City boundaries.

- **Outcomes and Impact Development**

  The outcomes and monitoring framework has been agreed with the Corporation of London. This will be used to demonstrate the progress that Healthwatch City of London is making in terms of its role as the consumer champion for Health and Social Care. The framework is included in the attached report. The Healthwatch City of London mission is summarised below:

Healthwatch City of London understands its purpose and external stakeholders understand the purpose of Healthwatch City of London.	Healthwatch City of London mission statement developed with involvement of stakeholders through consultation with local communities.	Local communities can understand the purpose of Healthwatch City of London and know how to contact it reflected through annual survey of needs identification and numbers of appropriate referrals to Healthwatch by phone, email, letter, social media, newsletter entries or website visits and .personal referrals when giving talks and presentations.

Conclusion

5. This is the first report to the Health and Wellbeing Board. The draft priorities for 2014 will be agreed at the Healthwatch Board Development day in January and circulated for consultation in February. After input from members the priorities will be finalised in February 2014. The future reports will identify progress on the priorities agreed by the membership of Healthwatch City of London, and any urgent items that are identified as part of the routine work of the organisation.

Appendices

- Appendix 1 - Report to the City of London Health and Wellbeing Board on Healthwatch City of London recent activities

Samantha Mauger
Chair of Healthwatch City of London

T: 020 7820 6770
E: smauger@ageuklondon.org.uk

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Report to Health and Wellbeing Board January 2014

This report is for information and will cover four areas:-

1. Healthwatch City of London response to the Call for Action consultation
2. Barts Health Trust
3. Healthwatch City of London GP survey
4. Outcomes and Impact assessment of Healthwatch City of London.

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1. Healthwatch City of London response to the Call for Action consultation

After consultation with our members, Healthwatch City of London has identified the following important features for service users:

- Patients want better access to primary care and fuller weekend services as well as access to more joined-up care.
- Any changes can only be implemented though close cooperation with patients.
- A greater focus is needed on preventing ill-health both for public benefit and for cost-effectiveness.
- London is a leader in mental health innovation which should be a priority in provision of resources.
- Patients want 7 day access to services provided near their homes and places of work. This is especially important for Healthwatch City of London bearing in mind the working population of upwards of 400,000, who also work at weekends. Pharmacies are also an important element.
- A growing and ageing population with increasing long term will require better primary care and more integrated care.

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- Only about 12% of patients with long-term conditions have been told they have a care plan.
- Research and education need to be better integrated.
- More resources need to dedicate to health education.
- Individuals need support, instruction and consideration to enable them to take more responsibility for their own health.
- Greater support and instruction in the use of technology is needs to enable people to book online and use online facilities.
- Ease of appointments, effective treatments and considerate aftercare are the areas that make the biggest difference to improving patient experience.
- Improved training for hospital staff is needed.

Some challenges to the document London – A Call to Action

- Incremental changes at service user level can be even more effective than great organisational changes, which are stressed too much in this document. A "bottom-up" rather than "top-down" approach is recommended.
- Pollution is not highlighted sufficiently, air, noise, light.
- Low-level mental health problems are increasingly more prevalent among City workers and this is a hidden time bomb; work stress is a major contributor - economic circumstances and management bullying.
- Traffic congestion in the square mile and its environs can impede access for ambulances, especially if there is more centralization of acute specialist services.
- Good nutrition and help with food for patients is all part of "dignity and respect", as well as an important ingredient in recovery.
- Discharge arrangements in London hospitals need to be improved.

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- Increased use of digital technology is encouraging but many technical aspects need to be looked at and the difficulties faced by some patients who are unable to access the internet need to be addressed.

- There is no mention of public transport to hospitals in the document. We recommend transport availability 24hours 7 days a week. If units are being closed there needs to be transport provision for people to travel to further away units.

- There is no mention of 'walk in' clinics which are supposed to be used instead of A & E. A section on this would be useful to encourage people to use the clinics rather than A&E.

- There is little focus on young people as an age bracket in the document – young people often have distinct requirements that need to be addressed.

2. Barts Health Trust

Along with the other Healthwatch organisations in areas that geographically aligned with Barts Health Trust, Healthwatch City of London has been pressing for clarity on future services for residents of the City of London. In particular we have focused on how the financial pressures will impact on local delivery.

Specifically we have raised the following questions in Bold below and the answers from Barts Health Trust below:-

<u>Progress on the financial position</u>

Can you give us a better understanding of what you mean by "recover the income due to us under our payment by results contract and avoid contract penalties?"

For 2013/14, Barts Health moved into a Payment by Results (PbR) contract with our commissioners. The PbR contract is based on the amount of attendances, admissions and treatments we provide. Moving to this contract, which applies to most trusts in the NHS, requires significant improvements in ensuring our activity is accurately recorded so we are paid in full for the work we do. Since June, we have placed a huge amount of effort on improving our processes, ensuring that we report accurately - such as timely recording of patients who have attended our outpatients departments or were discharged promptly - as well as reviewing and implementing accurate clinical coding across all our services.

Contractual fines and penalties from commissioners are inherent in a PbR contract if we do not deliver against key performance indicators – for example national operating standards (i.e. 18 weeks, 31 cancer waiting times, A&E waiting times and mixed sex accommodation occurrences). The Trust is working hard to consistently meet NHS performance targets, not just to avoid contractual fines but also to make a real difference to the quality and timeliness of the care that our patients receive.

When you advise we need to make these changes at a greater pace, do you mean a greater pace than advised earlier in the year?

By working at a greater pace, we were just highlighting that more will and can be done as we get closer to our year end position, and that we will sustain the pace of change we were seeing when we first moved ourselves into turnaround.

Where do you envisage the £16million savings being found in current year with less than six months to go?

Financially, our turnaround programme is about eliminating our underlying deficit within two years, by accelerating the development and delivery of safe cost improvements and meeting our income goals.

This year we aim to stabilise our finances, and will continue to address the above shortfall by identifying further cost improvement schemes and delivering on current identified schemes, resolving our budget overspends, delivering on planned elective activity, avoiding contractual fines and securing payments under agreed CQUIN (Commissioning for Quality and Innovation) schemes.

Developing clinical site strategies

Can you give us your view as to what an ideal patient focused pathway would look like?

Good patient pathways involve colleagues in all disciplines and departments working together so that each patient receives the right treatment in the right place at the right time. An example of this is in cancer, where regular multi-disciplinary team meetings are held, involving a wide range of clinical staff, at which every patient with a particular type of cancer is reviewed and plans are agreed for their on-going treatment. For the patient, a good pathway should mean that they move smoothly through the system, they know when and where each appointment is taking place and what it is for, and the clinical teams they meet at each appointment have all the patient's records and medical details available to them so that decisions and treatment can take place as planned. The example in the

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briefing of the changes we are making to our colorectal service shows how, by working better together, different teams can ensure the patient pathway is smooth and takes the patient's needs fully into account. We will be able to provide more examples in future briefings and presentations.

How are the Trust managing the potential conflict between an ideal patient pathway in clinical terms with the desire to maintain strong local services?

Each of our hospitals have a vital role to play in caring for local people and we should shortly be able to describe with our CCG colleagues some of the fixed points for future services at our local hospitals, and in so doing allay many of the concerns that local people have. Any significant changes we propose at any time will be based on safety and risk, meeting clinical standards, improving clinical outcomes and service quality.

Workforce consultation

Can you give us details of how this consultation will impact on staff numbers and whether it will have any impact on the 1:7 average staff to patient ratio. Will the consultation result in losing more experienced long serving staff?

The workforce consultation review was an essential part of making sure our structures and processes are fit for purpose and to ensure that we have the right blend of experience and resources and the same commonly applied standards at all our hospitals, so that we can provide our patients with excellent, safe care wherever they are treated. This included clarifying reporting lines and ensuring that senior supervisory support is available on all wards and in all clinical areas.

Following the consultation, and the changes made to the proposals as a direct result of staff feedback, there will be 161 fewer nursing posts – less than 3% of the total number of nursing posts across the Trust - and 59 fewer administrative, clerical and management posts. It is extremely important to point out that these are posts not people, and every effort will be made to re-deploy staff whose position is lost to vacant roles. This may mean that roles previously filled by agency staff will now be filled permanently by staff members whose current position has become redundant in the review. We cannot comment specifically if long serving staff will be affected by the review; but we are doing everything possible to support our staff during what is understandably an anxious and unsettling time and have a dedicated team in place to work proactively with affected staff.

We will need to adopt a flexible approach which will allow us to ensure that staffing levels are appropriate for every ward at any one time. The 'Safe Staffing Alliance' study and recommendations found that patient safety is compromised at a ratio of 1:8 and therefore we have chosen to staff at a 1:7 average ratio across non-specialist adult areas. The RCN (2012) Guidance on safe nurse staffing levels in the UK recommended a registered to unregistered ratio of 65:35 and we will continue to remain slightly above this ratio. The proposals in the workforce consultation are reflective of this. However the implementation of 1:7 ratio of registered nurse to patient in non-specialist adult areas is an average, and the ratio will always be safe and appropriate to each individual service. Specialist areas

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such as intensive care, hyper acute stroke care, critical care and neonatal care require specialist skills and different levels of nursing input, which can include ratios of 1:1 or 1:2. It is also important to note that the 1:7 ratio is specific to registered nurses and does not include additional staffing resources and senior support on the wards.

<u>**Proposals for changes to cardiovascular and cancer care**</u>

How will the change of location of London Chest and The Heart Hospital be managed so that the service at St Bartholomew's is not affected in terms of standards?

Through these changes we want to ensure that we build on existing successful practices and working cultures from all our hospitals. If the proposals are agreed, the new heart centre at St Bartholomew's would fall under the management of Barts Health and we would want to continue to provide the high level of standards patients have come to expect. There is also an independent governance structure being established for the Integrated Cardiovascular System (ICVS), which would include a board with an independent chair. This board would oversee progress across UCLPartners towards the achievement of world class services and prevention to ensure the most rapid delivery of benefits to patients.

We would like to get local people involved in the public engagement, and would welcome details of who to contact

NHS England is leading this work and, in conjunction with local CCGs, will be the decision makers on any proposed changes following the development of a business case. Further information about the proposals, including a case for change and supporting documents, is available on NHS England's website. You can contact them directly by:

- Emailing: cancerandcardiovascular@nelcsu.nhs.uk
- Writing to: Cancer and cardiovascular programmes, c/o North and East London Commissioning Support Unit Clifton House, 75-77 Worship Street, London EC2A 2DU
- Calling: 020 3688 1086

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Investment in Whipps Cross Hospital

In terms of the Emergency Department, is the department meeting time limits during the busy periods, and is there any impact following the removal of the walk in clinic, with regard to unneeded attendances at the Emergency department

All patients who attend the Emergency Department at Whipps Cross on foot are assessed at the front door of the Urgent Care Centre, where they are then streamed appropriately into the correct area for their needs – this will either be to see a GP or to be seen in the Emergency Department. This therefore limits inappropriate admissions. There has been no removal of a 'walk in clinic' as there has never been a walk-in clinic for GP services at Whipps Cross or in the local area.

We have put a number of measures in place across our three Emergency Departments (Whipps Cross, Newham and The Royal London) to ensure that patients are seen, treated and either admitted or discharged within the four hour standard. These changes include additional medical and nursing support in the Emergency Departments and assessment areas. At Whipps Cross, we have introduced to a team in the Emergency Department to support discharge for patients with care needs who do not need bed based medical care. This team has had a positive impact on elderly patients who present to the Emergency Department and who previously may have been admitted. At the Royal London, changes to the bed configuration of the Acute Assessment Unit has created 8 additional assessment beds to support the high demand for short stay admissions. Weekend plans at all three sites have increased the level of senior decision making and clinical support service access and this has improved performance across the weekend. In October, provisional data shows that all three Emergency Departments met the four-hour standard for all patient categories.

Getting Ready for Winter

Please can you keep us updated with how the funding of £12.8 million will be used by the Trust

As mentioned in the briefing, we are working with our commissioners and local providers to agree how best to make use of the funds. There are three workstreams which are covering activity in hospitals and in the community - admissions avoidance and effective discharge; assessment capacity; and inpatient processes. For Whipps Cross and its local area, there is a particular focus on frail elderly people and the high numbers of acutely ill patients who attend the A&E department. We will continue to keep you and our other stakeholders up to date as plans progress.

We continue to have a regular meetings and correspondence with Barts Health Trust

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3. **GP Survey**

REPORT ON HEALTHWATCH CITY OF LONDON GP SURVEY

This survey was conducted in October and November 2013 and the results will be fed back to NHS England and local services. 16 responses were received.

30% of responses were from workers in the City of London

60% of responses were from residents in the City of London

10% of responses were from parents who did not indicate that they were either workers or residents in the City.

With regards to the location of the GP practices under discussion, 63% were in the City of London and 37% were located outside the City of London.

Key Findings

- The overall level of satisfaction was far higher for the practice within the City of London rather than for those located outside the City with 90% of City residents/workers commenting that their practice was either Very good or Good. Practices outside the City received no Very Good results and a third of respondents commented that their practice was Good. This is a good indication of satisfaction within the City of London although could be due to the population of the area who are maybe more likely to have less serious health complaints.
- The 111 service is being greatly underused with none of the City practice respondents saying they had used it for the health conditions featured in the survey and only 10% of respondents from practices outside the City said they had used it for 'choking, chest pain or blacking out' with 40% for that question still calling 999.
- Those registered at practices outside the City were more likely to use the 111 service with 40% having used it at some point compared to 20% from those registered within the City.
- People registered at the City practice use their practice much more with 80% having visited their GP in the last 6 months compared to 66% outside the City. This is reflected in the generally higher levels of satisfaction for City practices which means that people are more likely to visit the surgery.
- Appointments at the City practice were booked using a variety of methods such as on the phone, in person or online whilst 100% of those booking at practices outside the City used the phone. Again, this is a positive sign that the City practice is finding a variety of ways to encourage bookings which is

resulting on greater use of the services and higher levels of satisfaction. 70% of those booking at the City practice said they found it either Very easy or Easy to get an appointment compared with only 16.5% of those outside the City saying it was easy to book and no respondents saying it was Very easy.

General Comments

- Reception staff often encourage patients to call on the day to book an urgent appointment rather than waiting for a particular doctor to be available. Some doctors are very popular and difficult to see.
- The Neaman practice is described as outstanding by one respondent.
- One City resident described their GP, team and reception staff as understanding, professional and dedicated. Another said that the GP practices had excellent doctors, staff and receptionists.
- There were requests for more slots outside working hours from some City residents and a request that doors should not be shut during the lunch break. It was also mentioned that reminders about flu jabs would be useful. Evening and weekend clinics were described as insufficient.
- The Hoxton surgery was described as satisfactory with a personal and reassuring service and trustworthy relationship between patients and doctors. Interaction between patients who attend PPG meetings indicates equal levels of satisfaction.
- A complaint was made from a resident outside the City that reception staff were unhelpful to those with English as a second language and could offer better advice on the services rather than referring patients to A&E or the walk in centre.

Overall rating of GP service in the last six months

	Very good	Good	Satisfactory	Unsatisfactory	Not contacted in last 6 months
Registered within the City of London	60%	30%			10%
Outside the City of London		33%	33%		33%

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For the following section of the report we have divided the results between practices within the City and those outside

Practice within the City of London

What would you normally do if you had a health problem like….	Self care	Visit a pharmacy	Call my GP	Visit my GP	Visit a walk in centre	Call NHS 111	Call 999	Visit A&E
A cough or sore throat	70%	30%						
Vomiting, ear pain, stomach ache	25%	25%	40%					10%
Diarrhoea, painful cough, runny nose	50%	15%	10%	25%				
Sprains, cuts, rashes	50%	15%	15%	20%				
Choking, chest pain, blacking out	10%		15%	10%	10%		40%	15%

Use of Services	Yes	No	No response
Have you visited/tried to visit your GP	80%	10%	10%

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within the last month?			
Are you aware of the NHS 111 service?	80%	20%	
If yes, have you used the NHS 111 service	20%	60%	20%

How did you try to get an appointment?	In person	Over the phone	Have not tried	Other
	20%	60%	10%	10% Online

How easy was it to get an appointment?	Very easy	Easy	Neither easy or hard	Hard	Very hard	Have not tried
	30%	40%				10%

How long between GP contact and appointment date?	Same day, non emergency	Next day, non emergency	Up to 5 days, non emergency	Within fortnight	Not contacted
	30%	10%	40%	10%	10%

How was request assessed by	Booked straight away no questions	Asked if was urgent	Asked for details of patient/condition	Made the decision whether	Not contact GP	Other

receptionist?	asked			urgent or not		
	50%	10%		10%	10%	20% simply requested an apt for a date in following month Online

General rating of the 111 service	Very good	Good	Unsatisfactory	Satisfactory	I have not used the service	No response
How would you rate your experience?			10%	10%	60%	20%

Practices outside the City of London

What would you normally do if you had a health problem like….	Self care	Visit a pharmacy	Call my GP	Visit my GP	Visit a walk in centre	Call NHS 111	Call 999	Visit A&E
A cough or sore throat	60%	40%						
Vomiting, ear pain, stomach ache	50%	40%	10%					

Diarrhoea, painful cough, runny nose	50%	50%						
Sprains, cuts, rashes	25%	25%	10%	25%	15%			
Choking, chest pain, blacking out	10%		10%	10%		10%	40%	20%

Use of Services	Yes	No	No response/haven't hear of it
Have you visited/tried to visit your GP within the last month?	66%	33%	
Are you aware of the NHS 111 service?	66%	33%	
If yes, have you used the NHS 111 service	40%	40%	20%

How did you try to get an appointment?	In person	Over the phone	Have not tried	Other
		100%		

How easy was it to get an appointment?	Very easy	Easy	Neither easy or hard	Hard	Very hard	Have not tried
		16.5%	66%		16.57%	

How long between GP contact and appointment date?	Same day, emergency	Same day, non emergency	Next day, an emergency	Next day, non emergency	Up to 5 days, non emergency	Within fortnight	Not contacted
	33%	16.5%	16.5%		33%		

How was request assessed by receptionist?	Booked straight away no questions asked	Asked if was urgent	Asked for details of patient/condition	Made the decision whether urgent or not	Not contact GP	Other
	20%	20%	20%	20%		20% – they didn't ask about condition

General rating of the 111 service	Very good	Good	Unsatisfactory	Satisfactory	I have not used the service	No response

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How would you rate your experience?		16%	16%	16%	50%	

4. Outcomes and Impact Development.

Governance

OUTCOMES	ACHIEVEMENT	SUCCESS
MISSION		
Healthwatch City of London understands its purpose and external stakeholders understand the purpose of Healthwatch City of London.	Healthwatch City of London mission statement developed with involvement of stakeholders through consultation with local communities.	Local communities can understand the purpose of Healthwatch City of London and know how to contact it reflected through annual survey of needs identification and numbers of appropriate referrals to Healthwatch by phone, email, letter, social media, newsletter entries or website visits and .personal referrals when giving talks and presentations.
FOCUS ON PRIORITIES		
Healthwatch City of London is seen as a credible and effective organisation in being able to reflect the consumer views in establishing local priorities by partners in local	Healthwatch City of London gives regular informed feedback to health and social care partners and community groups at meetings and by letter.	Stakeholders are aware of the local communities health and social care priorities, through written and verbal contributions made by Healthwatch City of London and these are included in

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authorities, the NHS and other statutory and voluntary organisations.		decision making.
BOARD SKILLS AND KNOWLEDGE		
Healthwatch City of London has the skill and ability in its governance function to meet its legal and financial and statutory responsibilities to effectively act.	A board role description is produced, and board members are required to meet the requirements of the role. A skills audit record is maintained. Training and development is incorporated into the governance calendar.	 Results of skills audit demonstrate the board is effective and has the required skills and knowledge. Training feedback forms demonstrate that board members are kept up to date with the required knowledge and skill..
INVOLVING LOCAL COMMUNITIES		
Healthwatch City of London has effective links in the resident and worker	An engagement strategy and work plan exists to recruit involvement in health and	The engagement strategy demonstrates involvement of both City workers and

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community across all age groups and ethnicities.	social care in the City of London	residents and reflects the local community.
ROLE OF VOLUNTEERS		
Volunteers are used to bring a wide range of skills and time to Healthwatch City of London.	All volunteers have a training, induction and supervision plan	A range of volunteers roles are developed and maintained that are filled by skilled volunteers..
Volunteers feel valued by the organisation.	Regular oversight, support and celebration of volunteers take place. Volunteers involved in training sessions with staff.	Retention of volunteers Volunteer appraisals demonstrate volunteers feel supported

Finance

OUTCOMES	ACHIEVEMENT	SUCCESS
TRANSPARENCY AND HONESTY		
Healthwatch City of London's statutory financial information is accessible to the public and other interested parties.	The board has effective financial control in place within its accounting mechanism. The Healthwatch accounts are scrutinised by an independent auditor. Financial reports are given to the Healthwatch Board at Board meetings,	Annual accounts are approved in line with regulations covering the Healthwatch City of London organisation. Statutory annual accounts are publicly available on the website when approved by the board.

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Operations

OUTCOMES	ACHIEVEMENT	SUCCESS
EASE OF ACCESS		
Healthwatch City of London is accessible to its community in terms of communication and, inclusion in influencing health and social care practise and priorities. .	There is a programme of outreach sessions across the area, including libraries, residents meeting rooms, places of worship and leisure facilities. These sessions are held at times and in locations that are accessible to the local community.	Record and evaluate community outreach sessions through participant feedback, this will include views on the content of the sessions, the location of the sessions and the willingness to participate in future sessions.
INFLUENCING HEALTH AND WELLBEING BOARD		
Healthwatch City of London is a respected voice and participant on the Health and Wellbeing Board and Health and Wellbeing Board members have a greater understanding of consumers'/service	Develop clear procedures for feeding into and back from the Health and Wellbeing Board.	Evidence of raised awareness through for example minutes of meetings among Health and wellbeing Board members about the importance of engaging with communities and the expertise and value that Voluntary and Community Organisations can bring to discussion and decision

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users' experiences of local health and social care services.	Information to feed into the Health and Wellbeing Board should include data that has been collected, recorded, analysed about users' experiences of health and social care with co-operation of providers out of borough, identifying gaps in intelligence and influencing the system to fill them.	making. Health and Wellbeing Board regularly uses data from Healthwatch City of London to inform discussions and decisions.
Healthwatch City of London uses innovative engagement strategies that are recognised as being of value in terms of intelligence to inform decision making with Health and Wellbeing Board	Health and Wellbeing Board is kept updated with engagement strategy for the City of London, and what is successful in gathering intelligence.	Health and Wellbeing Boards development days are provided with current data collected by Healthwatch City of London
REPRESENTATION and ENGAGEMENT		
Healthwatch City of London provides	Links on website to qualitative information	Monitor enquiries and advice on access and choice to ensure that

information on Health and Social care and Public Health services to the community.	about providers of health and social care services (e.g. to CQC reports, surveys and reviews).	a wide range of contacts have been made.
Healthwatch City of London has a programme that systematically seeks the views the whole community on key health and social care issues and services.	A definitive engagement programme is developed and implemented	Health and Wellbeing Board and commissioners respond to views presented by Healthwatch City of London in developing JSNA, JHWS and commissioning plans.
There are clear arrangements for capturing views and data for diverse and under represented communities.	Under represented communities are targeted through specific actions and links to influential individuals within the communities	Health and Wellbeing Board and commissioners seek advice of local Healthwatch and Voluntary and Community partners on improving their own community engagement.
Community priorities are presented to commissioners and service providers to influence their approach.	Effective and robust community-based and data collection is undertaken.	Data collection evidence is fed into decision makers such at the Health and Wellbeing Board
		Local consumers can understand

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Healthwatch City of London shows people that it values their views and feeds back on how it uses the information they provide and what impact it has had.	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.	the difference their involvement has made through newsletters and updates
CONCERNS AND COMPLAINTS AND BEST PRACTICE		
Patterns of complaints and issues raised by individuals and groups influence services for the better.	Analyse the use made of statistics collected by local Healthwatch.	Services are reviewed in response to concerns, complaints and best practice which are to be shared.

Relationships

OUTCOMES	ACHIEVEMENT	SUCCESS
CONSUMERS AND COMMUNITY		
Healthwatch City of London is fully embedded in the community and is recognised	Representative of the local community including diverse groups are involved at	Information about Healthwatch City of London reaches people from a range

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as a key element in the voluntary and community sector infrastructure. Healthwatch City of London is trusted by and engaged with the diversity of people living and working in CoL to put forward their experiences, views, concerns and ideas in relation to improving health and wellbeing in the local community.	different levels of engagement in work of Healthwatch City of London across the full range of its activities. Priorities and work programme driven by input from service users and communities.	of channels. There is a diverse profile of volunteers involved engagement and reporting activities, including outreach to seldom heard groups. Evidence from use of website and social media by consumers/service users/ the evidence from events/meetings Annual report shows a wide range of engagement across all user groups.

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Healthwatch City of London uses local knowledge and intelligence to influence practise and decision making	Case Studies Stories from individuals and groups are used are used for influencing purposes with agencies involved in health and social care.	The JSNA, JHWS, commissioning and delivery contains information gathered and presented by Healthwatch City of London relating to service users' experiences and community views.
CHILDREN AND YOUNG PEOPLE		
Children and young people are actively involved in the development of Healthwatch City of London priorities and practise. Healthwatch City of London has channels of communication with	The local Healthwatch skills and experience enable it to actively engage with local organisations already engaged with children and young people. . A sub-group of Board is established to focus on children and young people and their priorities. Young volunteers are recruited and supported for engagement and	Outreach services are used by young people to gain information about Healthwatch City of London Young People's health and wellbeing issues are evidenced and reported to relevant committees, decision makers to influence policy and practise. Commissioners and providers are provided with briefings regarding their understanding of needs and

Commissioners, and service providers of children and young people's services and is supporting increased engagement of young people in in commissioning and design of services.	communication roles. To enable young people to communicate with the city of London about their Health and Social care needs.	wishes of young people
OLDER PEOPLE		
Healthwatch City of London has channels of communication with Commissioners, and service providers of older people services and is being more responsive to the needs and wishes of older people . Greater integration across health, care and other services (e.g. education, leisure) for older people because of Healthwatch City of London's involvement.	Greater awareness among commissioners and providers of experiences needs and wishes of older people as a result of Healthwatch engagement programme. Older users are engaged in the health and social care integration agenda, giving their views and perceptions of planned service integration across the health and social care economy.	Commissioners and providers are provided with briefings about their understanding of needs and wishes of older people, issues of dignity and respect and the role Healthwatch City of London has played. Case studies highlighting the older peoples influence on the integrated health and social care agenda are presented to the CCG and Health and Wellbeing Board

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More support for older carers and co-carers because of Healthwatch City of London involvement.	Healthwatch City of London has a specific engagement strategy with older carers and co-carers to identify key challenges, risks and service needs of this group within the community.	Local older Carers feed into local health and social care plans.
SAFEGUARDING		
Healthwatch City of London understand safeguarding issues both for Children and Young People and for Adults and are aware of local arrangements and how to report concerns	Local training on safeguarding procedures and an understanding of safeguarding issues written into the Appraisal process	Healthwatch City of London staff and volunteers raise and report safeguarding issues to appropriate partner organisations where safeguarding matters are found.
Healthwatch is seen as the champion and community voice on safeguarding issues.	With relevant partners, follow up Healthwatch City of London enter and view visits, reports and recommendations with a safeguarding component. If necessary, report to the Adult Safeguarding Sub-Committee or the City and Hackney Children's	Healthwatch makes reports and recommendations to influence partners to make improvements in relation to safeguarding issues where they have access to safeguarding information/cases/data

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	Safeguarding Board.	
Dignity and respect are seen as key components of safeguarding and of engagement.	Assess impact of local Healthwatch information concerning safeguarding component. Overall local prioritisation of dignity and respect.	Representations are made to ensure service users dignity and respect is recognised in partners' vision statements and work programmes.
CORPORATION		
Corporation as **commissioner of public health and social care services**	Make presentations to the Corporation Departmental Leadership Team and other meetings. Local Healthwatch demonstrates it can contribute to improving Corporation's own objective of meaningful engagement with service users, carers and communities. Corporation social care representatives involved in Healthwatch City of London training for board, staff and volunteers.	Social Care Services and other departments ask for Healthwatch City of London's assistance in developing and deepening their public engagement activities.

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CLINICAL COMMISSIONING GROUPS		
CCG(s)' public and patient engagement strategy is developed and implemented to include a stronger focus on CoL with intelligence from Healthwatch City of London	Assist CCG(s) to develop public engagement strategy. Work with CCG(s) to develop innovative forms of engagement.	Healthwatch City of London invited to participate in development of CCG commissioning strategies.
HEALTHWATCH ENGLAND AND CARE QUALITY COMMISSION		
There is mutual trust between Healthwatch City of London and CQC representatives.	Healthwatch City of London and CQC work collaboratively on their activities. Good working relationship with neighbouring local Healthwatch to aggregate and share information are established Information is regularly uploaded to Healthwatch Information Hub.	Healthwatch City of London reports back to CQC on areas of mutual activity Meetings with local Healthwatch organisations are evidenced Contributions from Healthwatch City of London Appear on the Hub
HEALTH AND SOCIAL CARE		

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PROVIDERS		
Concerns about services or good practise in service delivery highlighted through engagement activities with users and Enter and View are addressed by providers.	Well-planned, evidence-based engagement activities and intelligence gathering are in place, Enter and View visits, reports and recommendations on services users' experiences are undertaken by suitably trained and skilled City of London Healthwatch representatives and volunteers.	Timely and positive response by providers to reports provided by Healthwatch resulting in and implementation of Healthwatch City of London recommendations.

Committee(s):	Date(s):
Health and Wellbeing Board	31st January 2014
Subject: **Better Care Fund**	**Public**
Report of: Assistant Director People	**For Decision**

Summary

The Government has announced an Integration Transformation Fund, known as the Better Care Fund, which will give £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. This fund pulls together some existing monies from various grants and gives a small additional pot to develop a more seamless approach between Health and Adult Social Care.

Funding must be used to support adult social care services in each local authority, which also has a health benefit and it will be a condition of the funding to demonstrate how it will make a positive difference to social care services.

Another condition of the funding is that the local authority agrees with its local health partners how it 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.

A plan proforma must be drafted between the local authority and the CCGs that will be party to the plan. A draft plan must be submitted by the Health and Wellbeing Board to the Local Government Association (LGA) and NHS England by the 15th February 2014 with a final submission at the beginning of April.

A consultation event was held with Healthwatch on the 12th December on the areas where we think we need to concentrate in delivering services in the future. The plans that will be drawn up will directly reflect the views of our service users, partners and providers taken from the consultation event.

The four key areas are:

- Care in the right place at the right time
  - Looking at 24/7 care, reablement and other local services
- Joined up care
  - Looking at how we work better with partners to make a seamless service for our users
- Quality of life
  - Looking at how we can make things better for people who live in the City
- Caring for Carers

- Looking at how we can support the carers to continue in their caring roles

The City of London will receive an initial allocation of funding to support the transformation in 2014/15 of £41k, with £819k to be allocated in 2015/16. The £819k comprises £775k of BCF funding, £17k Disabled Facilities Grant funding and £27k Social Care Capital Grant funding. Most of this money comes from existing allocations that we would receive for Social Care, however at this point in time we are awaiting clarity from the Government.

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

This report sets out progress in creating that plan.

Recommendation(s)

Members are asked to:

- Note the report
- Note the timescales for delivering the plans
- Consider whether there are any further aspects that the Health and Wellbeing Board would want to be included in the plan for Better Care
- Comment and make suggestions about the priorities
- Agree to a consultation workshop for members of the Health and Wellbeing Board on the Better Care Fund in early March

Main Report

Background

1. The Better Care Fund announced by the Government in June 2013 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. During 2014/15 an additional £200m will be transferred from the NHS to social care, in addition to the £900m transfer already planned.
2. The fund will be created using £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system, composed of:
    - £130m Carer's Breaks funding
    - £300m CCG reablement funding
    - £354m capital funding (including c. £220m of Disabled Facilities Grant)
    - £1.1bn existing transfer from health to social care

3. The City of London will receive an initial allocation of funding to support the transformation in 2014/15 of £41k, with £819k to be allocated in 2015/16. The £819k comprises £775k of BCF funding, £17k Disabled Facilities Grant funding and £27k Social Care Capital Grant funding. Most of this money comes from existing allocations that we would receive for Social Care; however at this point in time we are awaiting clarity from the Government.

4. In a letter sent to CCG Clinical Leads, Health and Wellbeing Board Chairs, Chief Executives and Directors of Adult Social Services dated 17th October 2013, the following advice was given:

5. "When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.

6. "In 2014/15 the existing £900m s.256 transfer to local authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.

7. "The Health and Wellbeing Board will receive a notification of its share of the pooled fund for 2014/15 and 2015/16 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/15 and in part on achieving specified goals in 2015/16." At present we are still awaiting guidance on the pay-for-performance element, specifically whether this is included in the allocation or in addition to it.

8. Each Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCG(s). Whilst the specific priorities and performance goals are a matter to be determined locally, the government has specified that the information be presented in a similar format to enable the aggregation of information; to achieve a clear idea of the ambitions; to provide assurance that the national conditions have been achieved; and to understand the performance goals and payment regimes that have been agreed in each area.

9. A plan proforma must be drafted between the local authority and the CCGs that will be party to the plan. A draft plan must be submitted by the Health and Wellbeing Board to the LGA and NHS England by the 15th February 2014 with a final submission at the beginning of April to coincide with the planning cycle for the NHS.

10. There are six national conditions that must be met:
    - Plans to be jointly agreed;
    - Protection for social care services (not spending);
    - As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
    - Better data sharing between health and social care, based on the NHS number;
    - Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional; and
    - Agreement on the consequential impact of changes in the acute sector.

Current Position

11. In order to develop the plan, a consultation process was established with providers and service users, whilst senior officers met with colleagues in provider hospitals and the CCG to outline our proposals.

12. A consultation event, facilitated by the City and Healthwatch on the 12th December 2013, invited local residents and providers to ascertain what they want to be achieved locally.

13. Four key areas were considered as part of the consultation:
    - Care in the right place at the right time
        - Looking at 24/7 care, reablement and other local services
    - Joined up care
        - Looking at how we work better with partners to make a seamless service for our users
    - Quality of life
        - Looking at how we can make things better for people who live in the City
    - Caring for Carers
        - Looking at how we can support the carers to continue in their caring roles

14. A summary of the consultation is attached at Appendix 1 and the key points helped to develop our strategic intentions

15. The key strategic intentions include developing a closer working relationship with the CCGs in Tower Hamlets and Islington as well as the City and Hackney CCG. This is in order to ensure that we have the wellbeing of all of our residents at the heart of the programme and not just those registered with the Neaman Practice.

16. Secondly, we need to have a clear picture of the data relating to our residents in order to determine need and provision and ensure that our JSNA is reflective of the needs of all residents, whether they are registered with a GP in the City or elsewhere. We will therefore want to deliver services that meet those needs and not always just be an add-on to the schemes delivered in Hackney.

17. Thirdly, we want to be able to share information between Health and Social Care effectively and efficiently.

18. Fourthly, where we can achieve it, we want services to our residents that are easily accessible, easily signposted and delivered locally in a way that is convenient to our residents.

19. Officers met with the CCG on the 8th January 2014 to discuss the outcomes of the consultation and to discuss the priorities that would need to be included in the plan.

20. It was clear that data and information sharing would be crucial within the City and the CCG have agreed to undertake an exercise with their counterparts within Tower Hamlets and Islington to extrapolate data in relation to City residents registered with GPs in other areas. This may require ongoing performance and data analysis work jointly funded by the City and the CCGs.

21. The CCG have also commissioned Tricordant to look at IT systems across health services and the City in order to facilitate information sharing using the NHS number, as this organisation been doing a similar project for Hackney.

22. One of the key points raised in this meeting was the access, or lack of it, to certain community services depending on which GP surgery the resident was registered with, particularly community nursing services. Currently, this is provided at the Hub at the Homerton, but may not be as easily accessed if the resident is registered with a GP outside of the City. This will therefore be a crucial project to ensure that residents are able to access a whole range of services including incontinence services, dementia services and respiratory clinics, etc. The CCG agreed an undertaking to review how the community nursing services are provided for the City.

23. Further to the proposal agreed by the Health and Wellbeing Board in November 2013, two posts have been agreed that will liaise between the hospitals, social care and the GP practices for our residents, in order to reduce the occurrence of delayed discharges. These posts will also provide our residents with a central contact who can navigate them through the arrangements within social care and the NHS in relation to their discharge from hospital.

24. LB Hackney has been using the services of Tricordant for some time, which has helped to develop Hackney's approach to integrated care and further progressed this. We will be using their existing knowledge of the City and Hackney CCG to help us progress in our integration, particularly in relation to governance, data sharing and systems.

25. Further work will need to be undertaken to develop protocols with the GP surgeries in Tower Hamlets and Islington and to consider the impact; the benefits of personal health budgets; and to improve information for residents by possibly working with health colleagues to include health supplier information in the service directory.

26. The current timeline for this work includes attending the Adult Advisory Group on the 5th February. The draft plan will be submitted on the 14th February and the final plan will come back to Health and Wellbeing Board on the 1st April, before the final submission on the 4th April. It is proposed that a workshop session may be useful for members of the Health and Wellbeing Board in early March in order to review the proposals and to enable a fuller contribution of members to the process.

27. It is proposed that the draft plan is submitted whilst more detailed proposals, including the financial details with the CCGs, are finalised.

Corporate & Strategic Implications

28. This report will fit with the Corporate Plan under the Key Priorities KPP2 and KPP3

    KPP2: Maintaining the quality of our public services whilst reducing our expenditure and improving our efficiency

29. The government's agenda of closely integrating Health and Social Care is intended not only to deliver cost efficiencies, but to maximise opportunity for innovation and creating a new culture within Health and Social Care that will deliver services fit for the 21st Century.

    KPP3: Engaging with London and national government on key issues of concern to our communities including policing, welfare reform and changes to the NHS

30. Integrated care will require us to work closely with the CCGs with whom our service users engage, and with London as a whole, in order to develop our approaches.

31. It is anticipated that we will work innovatively with our CCG colleagues to deliver the right services in the right place at the right time for our service users in a way that is convenient to them.

Implications

32. There will be a number of implications arising from this fund and the proposals that will emerge. Principally, it will change the funding streams to Adult Social Care with the creation of one fund that comprises the Carers Grant, Disabled Facilities Grant, CCG reablement funding and transformation funding.

33. The intention from the Government is that CCGs and local authorities will create pooled budgets in order to facilitate integration. Given that our population is so small, having separate pooled budgets for each integration project would likely not be viable, however there is the possibility of combining the whole fund into one pooled budget to have a City-specific pooled budget with the CCG. This would require careful management, negotiation and legal advice and would need to be one of the projects during the transition phase to test the viability.

34. If there are any joint funded posts as a result of the fund, this would also require HR advice on management arrangements.

35. There may be a risk due to our low volumes that the City could miss out on the performance related element of the funding available as it will be difficult to demonstrate much improvement (e.g. there have been no delayed discharges, so demonstrating an improvement in this area would not be possible).

Conclusion

36. As the plan is in draft form at this stage, there is still some time in which to negotiate with the CCGs and in which to consolidate our approach. It is anticipated that the changes brought about by the Better Care Fund will put us in the position of being able to provide locally delivered services that meet the needs of our residents.

Appendices

- Appendix 1 – Summary of Consultation event held with Healthwatch

Background papers

- **Health and Wellbeing Board report 6th November 2013:** Proposal to seek funding from NHS England for two posts to support Health and Social Care Integration

Chris Pelham
Assistant Director People

T: 020 7332 1636
E: chris.pelham@cityoflondon.gov.uk

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Appendix 1

The Better Care Fund - consultation feedback

Introduction

On 12 December 2013 Healthwatch City of London organised an event to bring together City residents, users of social care and health services and staff from local care and advice services with staff from the City. The aim was to get people sharing their views and experiences of social care services, and suggest how these could get better, and work more closely with health services.

Forty people attended, and the information we gathered will help us improve our services, and help develop our bid to the Government's Better Care Fund – a pot of money aimed at driving local improvements in the delivery of health and social care services.

Current Adult Social Care services in the City

What you think works well?

- social care assessments are good and carried out well
- care and equipment needs are met quickly
- GPs, the police and housing staff have good awareness of people's social care needs and of those that are vulnerable, and they have good links with Adult Social Care services
- there are good events promoting healthier lifestyles
- the Adult Social Care Services Directory is very useful, and
- specialist services such as foot care are good.

What doesn't work well? What could we do be better?

- you want more information about where to get help and what help is available – especially in an emergency
- our information should be more widely available and available to those who might be partially sighted, or for those who may need information in other languages

- both residents and agencies want more opportunities to share information and to help shape our services
- you want services that are close to where you live, and more freedom to the choose which hospital you use
- where we provide equipment, you want us to check if your needs have changed or if better equipment might have become available
- you told us hospital discharge can be delayed and the timing can make it difficult to arrange care, and
- you want support for those with dementia to be delivered at an earlier stage.

Your priorities for the Better Care Fund

Joining up health and social care services to provide you with better care is a priority for you and for the City. To make sure you experience this better care in future you would like:

- seamless services without gaps in provision or in the knowledge of people's issues, or delays in providing support or equipment
- a single named professional to help co-ordinate your care at home or on discharge from hospital, and to help you navigate your way through services
- your information and records to be readily available to, and shared between, health and social care professionals
- better communication between services such as GPs and hospitals – especially when you are being discharged home
- more individualised support, advice and information for carers - such as helplines, support groups, respite breaks and practical help
- services available around the clock
- a "well-being MOT" to assess your needs and the support you need to stay well
- support to avoid and tackle social isolation, and
- hospital discharge that is timely, has care in place whatever the day or time you leave hospital, and is not delayed by waits for medication or transport.

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You provided lots of practical suggestions of how we might deliver this that will help us design what we do now and in the future, and will help shape our bid to the Better Care Fund.

How we are responding to your priorities

What we are doing now

Our plans for the Better Care Fund will take time to develop and put in place, but we want to start making a difference now. For that reason we are making changes to respond to your priorities and suggestions now. To do that we are:

- creating two new posts in our Adult Social Care team that will work flexibly with the hospitals and GPs that City residents use to co-ordinate and link-up services and improve the process of hospital discharge
- reviewing the work and role of the community based groups we commission to make sure they are meeting your needs and helping us tackle social isolation and deliver better, and more timely, care and support
- reviewing the support and advice we give to carers to make sure it meets their needs
- mapping the systems that hold your health and care information so that we can improve the processes of communication and data sharing, and
- mapping the “care pathways” that City residents to make sure all of them deliver a better patient experience and better outcomes.

We have also listened to your concerns about community nursing services and have asked the local Clinical Commissioning Group to undertake a review of how these are delivered in the City.

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Our Better Care Fund bid

We will develop a joint plan between the City of London Corporation and the City and Hackney Clinical Commissioning Group that will form our bid to the Better Care Fund.

The aim of our Better Care Fund Plan will be to meet your needs and priorities, and to build on the work that we have already begun. Our plan will deliver some key outcomes which include:

- delivering care, reablement and other services seven days a week around the clock
- a better experience and better outcomes for patients
- information systems that can efficiently and effectively share data between health and care services
- services that are easily accessible, easily signposted and delivered locally in a way that is convenient to our residents
- hospital discharge that is safe, co-ordinated and without delay.

These outcomes cannot just be what we hope to achieve. We will set targets in our plan, and the future funding we receive will depend on us meeting those targets.

What next?

Our proposed Better Care Fund Plan will be agreed by the City of London Health and Wellbeing Board and submitted to the Government in April 2014.

The plan will set out our actions and planned outcomes for two financial years – 2014/15 and 2015/16. Some of the funding allocated to us will be linked to achieving the outcomes our plan sets out.

Implementation will begin from April of this year. Some of our plans will be challenging and complex to deliver, and so it may take some time for them to impact. However, by acting now, we believe City residents accessing health and care services will start feeling the benefit of improvements immediately.

Committee(s):	Date(s):
Health and Wellbeing Board Community and Children's Services Committee	31 January 2014 14 February 2014
Subject: Public Health Contracts	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

This report presents the proposals for the commissioning of public health services for 2014/15, setting out the level of funding the City of London Corporation (CoLC) will receive in 2014/15. The report advises members on the results of an initial review of the public health services that were commissioned for 2013/14 and the proposals for members to consider as a consequence of this.

The proposals are:

- A full review of the Substance Misuse Partnership;
- A full review of the sexual health services;
- A full review of the community engagement role in the Portsoken Ward;
- A full review of the NHS Health Checks contracts and providers;
- A full review of mental health prevention and promotion services;
- The termination of some services under the LB Hackney SLA that are not performing for City residents or workers;
- The extension of all remaining contracts in order for redesign of service (where necessary) and procurement.

Recommendation(s)

Members are asked to:

- Approve the proposals to decommission the identified LB Hackney lead contracts.
- Approve the waivers to extend the identified contracts by one year, with three month break clauses for 2014/15.
- Approve the waiver for the Boots contract for 2013/14.
- Note the requirement to delegate authority to the Town Clerk and Chairman and Deputy Chairman of the Community and Children Service's Committee at paragraph 20.

Main Report

Background

1. From April 2013, public health functions and related funding transferred from Primary Care Trusts (PCTs) to local authorities. Local authorities now have a duty to take appropriate steps to improve the health of their population, funded through a ring-fenced grant, and have taken the lead for improving the health of their local population and reducing health inequalities.
2. The Healthwatch contract is not included within the public health grant as a conflict of interest was identified early on. The contract is a three year contract due to expire in March 2016, and is managed via a contract the Town Clerk's department has in place with a consultant. It will therefore not be discussed within this paper, but as part of the wider commissioning strategy.
3. The grant provided to CoLC for 2013/14 was £1,651,000.
4. For CoLC, public health functions were previously provided by City and Hackney PCT. As a result there was not sufficient information to fully disaggregate the services for commissioning purposes for 2013/14, and therefore it was agreed that there would be a split in commissioning into four strands, as set out in the paragraphs below.

Current Position

<u>LB Hackney only contracts</u>

5. These contracts are for services being delivered for specific communities or geographical areas in which CoLC has no identified responsibility, need or interest. LB Hackney has sole responsibility for funding and managing these services.

<u>LB Hackney 'Lead' contracts</u>

6. Contracts for these services are commissioned and managed by LB Hackney on behalf of CoLC. The majority of public health contracts were commissioned and delivered under this arrangement. CoLC transfers 5.3% of the full contract cost to LB Hackney for these services, and the 5% represents the relative size of the City's residential population. The total value of these contracts with the management fee is £657,084, and this is managed under a Service Level Agreement which is due to expire at the end of March 2014.

<u>CoLC only contracts</u>

7. These contracts are for services specific for City residents and workers only and delivered by CoLC or providers already known to and working in and for CoLC. This includes drug and alcohol misuse services provided by City Substance Misuse Partnership, the exercise on referral programme provided by Fusion, and the City Fair Start programme, run by Toynbee Hall in the Portsoken Ward, providing obesity reduction services. The total value of these contracts is £532,100.

Partnership Contracts

8. This strand includes services which required the development of a partnership arrangement between CoLC, the LB Hackney and a provider. These contracts are managed jointly by the City and LB Hackney, and include a specific smoking cessation programme aimed at City workers with Queen Mary's hospital. The total value of these contracts is £156,640. These are also governed by the SLA in place with LB Hackney.

Initial Review

9. All services underwent an initial review in 2013/14 in order to make recommendations for commissioning in 2014/15. This paper shows the results of this review and the resulting recommendations, along with the financial implications.

10. It is proposed that the commissioning of public health contracts is continued across the four strands identified earlier in the report, with a combination of LB Hackney lead contracts, City only contracts and Partnership contracts.

11. There are few changes to the commissioned services proposed, with just a few being decommissioned.

12. To ensure continuity of services it is proposed that for those services that we will be continuing to commission in some form next year, the contracts with the current providers are extended by a year with 3 month break clauses entered to these contracts

Proposals

13. Following the initial review of public health contracts it has been identified that there are some areas that need a full service review. It is therefore proposed that these services continue with the current funding while the reviews are completed. These are:

    a. Substance Misuse (drugs and alcohol). The full review is already underway but has been delayed awaiting the results of a LB Hackney review of the same area. It is intended that proposals for this be brought to the April Health and Wellbeing Board.

    b. Tobacco Control and Smoking Cessation. These services will be reviewed alongside substance misuse.

    c. Sexual Health Services. Providing sexual health services is a statutory duty for local authorities; however the current usage and charging systems remain unclear, and the Commissioning Support Unit is continuing to work with providers to reach an agreement on this on behalf of five local authorities, of which the CoLC is one. Once this is completed, COLC will be in a position to commission longer term services for three to five years.

    d. Mental Health Prevention and Promotion. Current contracts for this are LB Hackney lead. LB Hackney is developing a programme of revised mental health prevention and promotion services. Once the proposals for this are presented to the City, recommendations will be made to the

Health and Wellbeing Board as to whether the proposals fit with the needs of the City or whether an independent work programme should be developed.

e. Community Health Engagement Worker (Portsoken). This role is to be expanded as per the recommendations of the Portsoken review and potentially incorporate other adult social care contracts, with pooled budgets between public health and adult social care.

f. NHS Health Checks. On reviewing the contract data for NHS Health Checks from all three of the providers there is some variation in performance and space for service redesign. Once this is completed COLC will go out to tender for one provider in order to have a coordinated service for residents and workers.

14. The tables below set out the proposals for 2014/15 against the current commissioned services, and the costs of this.

Hackney Lead Contracts

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
LEAP	£7,069	£7,069	None	Extend by 1 year
School Nursing	£54,854	£54,854	None	Extend by 1 year
Commissioning Support Unit	£2,650	£2,650	None	Extend by 1 year
Hackney & The City Social Care Forum	£2,120	£2,120	None	Extend by 1 year
Clinical Effectiveness Group	£1,060	£1,060	None	Extend by 1 year
Dietetics	£2,120	£2,120	None	Extend by 1 year
Pan-London HIV Contracts	£27,363	£27,363	None	Extend by 1 year
Dental Public Health Consultant	£2,056	£2,056	None	Extend by 1 year
Dental Flouride Varnish Scheme	£6,169	£6,169	None	Extend by 1 year
Oral Health Promotion	£5,038	£5,038	None	Extend by 1 year
Shoreditch Trust Smoking Cessation	£5,797.92	£0	- £5,797.92	Decommission

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
Shoreditch Trust Food Skills	£2,549.57	£0	- £2,549.57	Decommission
City and Hackney MIND services	£19,408	£19,408	None	Full Mental Health Review
Peace of Mind Project	£5,234	£0	- £5,234	Decommission
GP NHS Health Checks	£20,564	£20,564	None	Full Health Check Review
Pharmacy NHS Health Checks	£5,141	£5,141	None	Full Health Check Review
Hepatitis C&B prevention	£617	£1500	+ £883	Commission directly with Pharmacies in area of highest need
Substance Misuse in GP Practices	£8,740	£8,740	None	Full Substance Misuse Review
Sexual Health (GUM) Services	£280,063	£280,063	None	Full Sexual Health Review
GP Sexual Health Screening and Contraception Services	£9,254	£9,254	None	Commission Neaman Practice Directly
Sexual Health Prescribing	£11,002	£11,002	None	Full Sexual Health Review
Open Doors TB Outreach Worker	£2,524	£2,524	None	Full Sexual Health Review
Clinical Counselling Psychologist	£3,239	£3,239	None	Full Sexual Health Review
Community Sexual Health (Ivy Centre)	£113,102	£113,102	None	Full Sexual Health Review
Condom Distribution Scheme	£7,437	£7,437	None	Full Sexual Health Review
Consultant Midwife	£1,851	£1,851	None	Full Sexual Health Review
TB DOT	£103	£103	None	Extend by 1 year
Healthy Start Programme	£5,192	£5,192	None	Extend by 1 year

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
Obesity Management Project (Prescribing)	£5,141	£5,141	None	Extend by 1 year
GP and Pharmacy Smoking Cessation	£28,066	£28,066	None	Full Tobacco Control Review
Domestic Violence in Primary Care	£4,935	£4,935	None	No Change
Obesity Tier 3	£6,625	£0	- £6,625	Decommission
Total	**£657,084.49**	**£637,761**	**£19,323.49** saving	

City Only Contracts

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
Substance Misuse Partnership	£264,000	£264,000	None	Full Substance Misuse Review
TLC NHS Health Checks	£25,000	£25,000	None	Full Health Check Review
Community Health Engagement (Portsoken)	£31,000	£31,000	None	Full Review
Exercise Referral	£37,000	£37,000	None	Extend then tender
City Health Contract (Boots)	£180,000 (estimated, payment by activity)	£180,000 (estimated, payment by activity)	None	Full Tobacco Control Review
Total	**£537,000**	**£537,000**	**£0**	

Partnership Contracts

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
Methodone Prescribing	£14,095	£14,095	None	Full Substance Misuse Review
Level 3 Smoking Cessation (Queen Mary's)	£58,454	£58,454	None	Full Tobacco Control Review
Tobacco Alliance	£82,091	£82,091	None	Full Tobacco Control Review

Service	2013/14 cost	2014/15 cost	Movement	Proposed Action
London Directors of Public Health Network	£1,000	£1,000	None	Extend by 1 year
National Directors of Public Health Network	£1,000	£1,000	None	Extend by 1 year
Total	**£156,640**	**£156,640**	**£0**	

Financial Implications

15. The above tables show a predicted overall spend on contracted public health services of £1,331,401 for 2014/15. In addition to this there are salary costs to be added on, and contingency for additional payments for some contracts which are payment by activity.

16. The ring-fenced public health grant awarded to the CoLC for 2014/15 has been confirmed as £1,698,000.

Corporate & Strategic Implications

17. The proposals listed within the report are in line with the high level public health commissioning intentions agreed by the Health and Wellbeing Board in May 2013.

Waivers

18. To ensure continuity of provision of public health services, extensions of contracts will need to be issued to those services that are to be continued or redesigned. In order to allow time for full reviews and procurement it is proposed that the contracts are extended by 1 year, with 3 month break clauses, with the exception of those specified above to be decommissioned. Waivers are therefore sought for all of these contracts. Once this is received negotiations can start with LB Hackney and directly commissioned providers.
19. The Boots City Health Contract for 2013/14 requires a waiver. It is of a value of £180,000 and is a sole provider contract and therefore did not need to go out to full procurement in accordance with Regulation 14 of the City's Procurement Regulations.

Implications

20. Members are asked to note that the Health and Wellbeing Board will need to seek permission from the Community and Children's Service Committee in accordance with standing order 41b, to delegate authority to the Town Clerk and Chairman and Deputy Chairman to enter in to contractual and other legal

arrangements as are necessary to implement these contractual arrangements from 1st April 2014.

Appendices

- None

Lorna Corbin
Commissioning and Performance Manager (Public Health)

T: 020 7332 1173
E: lorna.corbin@cityoflondon.gov.uk

Committee(s):	Date(s):
Health and Wellbeing Board	31st January 2014
Subject: Worker Health Update	**Non-Public/Public** Public
Report of: The Commissioning and Performance Manager	**For Information**

Summary

This report gives an analysis of new Census 2011 data on the workday population, as well as an update on current workplace health activities that are taking place within the City of London Corporation.

New Census data indicate that the workday population of the City of London is 56 times higher than the resident population, and aged mainly between 20 and 50 years of age, with a higher proportion of males than females. Having large numbers of young male workers may predict particular health issues in the City, particularly relating to alcohol usage and sexual health.

The majority of City workers either rent privately or own their own dwelling with a mortgage or loan. Many City workers are highly qualified. Around a third of City workers are migrants, and the population is relatively transient. Most City workers perceive themselves to be "in very good health"; however, their current health behaviours may be storing up problems for later life.

Recommendation(s)

Members are asked to:

- Note this report, which is for information.

Background

1. In October 2013 a new release of Census 2011 data estimated the population and characteristics of the workday population across England and Wales. This is different to the previously produced Census data, which profiled the residential population only. This alternative intelligence is the first of its kind as produced by the Census, and is of particular importance to the City of London, since the workday population represents a 56 fold increase from the usual resident size. The data can offer new insights into the profile of City workers, which will allow the Health and Wellbeing Board to plan suitable services, particularly health services. Previously, two independent reports offered some insights into the health needs of City Workers – *The Public Health and*

Primary Healthcare Needs of City Workers, and *Insights into City Drinkers*.[1,2] This report analyses the new Census 2011 demographic data of daytime workers in the City of London, focusing on new understanding, followed by a discussion of the health needs of the City workers.

2. In this 2011 Census release, the workday population of an area is defined as "all usual residents aged 16 and above who are in employment and whose workplace is in the area and, all other usual residents of any age who are not in employment but are resident in the area". Those excluded from this workday population are: 1) Those with a place of work in England and Wales but who are not usually resident in England and Wales, and 2) Short-term residents.[3]

Current Position

- **Analysis of New Demographic Data**

3. Population density in the City is 3,024 per km^2 with the usual residents and amounts to 1,242.6 per km^2 with the workday population, which is a substantial increase. A total of 360,075 people surveyed by Census 2011 gave a workday location within the City, of whom 359,455 represented those aged 16 and above.

- **Age and Sex**

4. City workers are mainly aged between 20 and 50 years of age, with the greatest proportion of women aged between the mid-20s to mid-30s, while men are aged between the mid-20s to mid-40s. There are over a third more male (220,265) than female (139,813) daytime City workers which is the reverse trend of that seen across London (Figure 1). The younger age and male dominant profile of City workers is consistent with findings from the previous independent reports, and is likely influenced by the male-dominant finance and insurance industry representing a large portion of the work force[4,5].

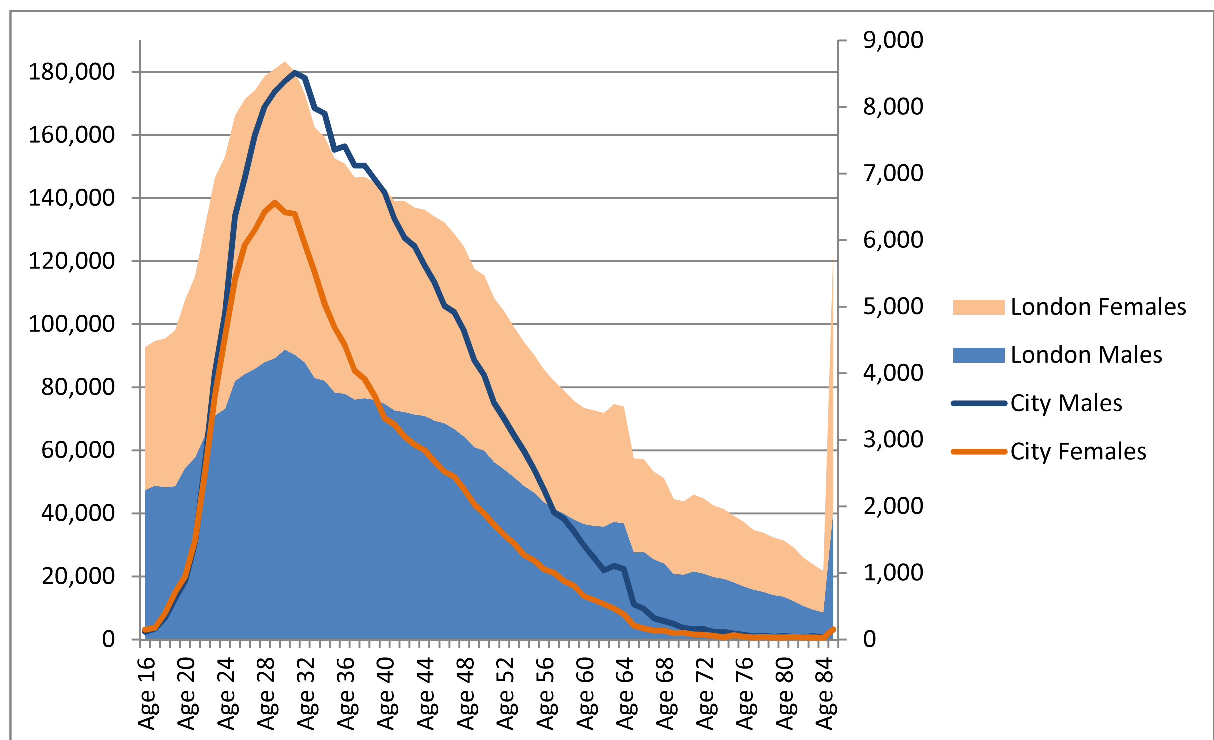
5. According to the WHO Life Course Approach, functional capacity peaks in early adulthood.[6] This means that City workers have an 'age-related average health advantage' relative to the general population. Rate of decline thereon after, is largely determined by factors related to adult lifestyle – such as smoking, alcohol consumption, levels of physical activity and diet.[7] Furthermore early adulthood is a critical period for intervention which can

[1] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[2] Insights into City Drinkers, 2012
[3] Office for National Statistics 2013, The Workday Population of England and Wales: An Alternative 2011 Census Output Base
[4] ibid
[5] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[6] A Life Course Approach to Health, WHO 2000
[7] ibid

have a springboard-effect to alter subsequent life-course trajectories, with implications for health in older life. [8] Therefore, healthcare needs in this group tend to relate to specific short-term issues, for example, flu symptoms, as well as services aimed at reducing the rate of decline by reducing unhealthy lifestyle behaviours. Maintaining functional capacity, for example through supportive working conditions and options for starting family-work life balance are equally important to this age group. [9]

6. Although female workers are proportionately less in numbers than male workers in the City, their health needs should not be overlooked and may be unique. For example, *Insights into City Drinkers* indicated that both female and male City workers drink higher amounts per instance than national averages, suggesting that women in the City may in part drink more because they have been influenced by a wider 'social norm' of heavy drinking in the City.[10] This may also apply to other health needs affecting female City workers surrounded by a male dominant working population.

Figure 1: Profile of City and London Workers by sex and age



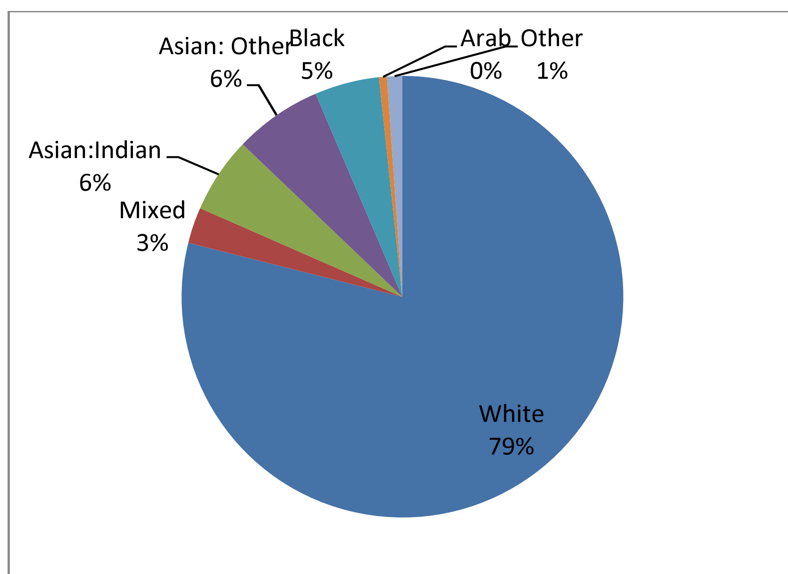
- **Ethnic Group**

7. The ethnic profile of City workers overall reflects the London profile – see figure 2. The majority are white (79%), a relatively large proportion of Asians are Indian (6%) while the remaining Asians represent another 6%. 5% are black, 3% mixed, and less than 1% are Arab. This is consistent with previous

[8] ibid
[9] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[10] Insights into City Drinkers, 2012

independent reports on City workers.[11][12] According to the Insight into City Drinkers, young white males are the predominant alcohol misusers, which remain the major ethnic group.

Figure 2: Ethnic Profile

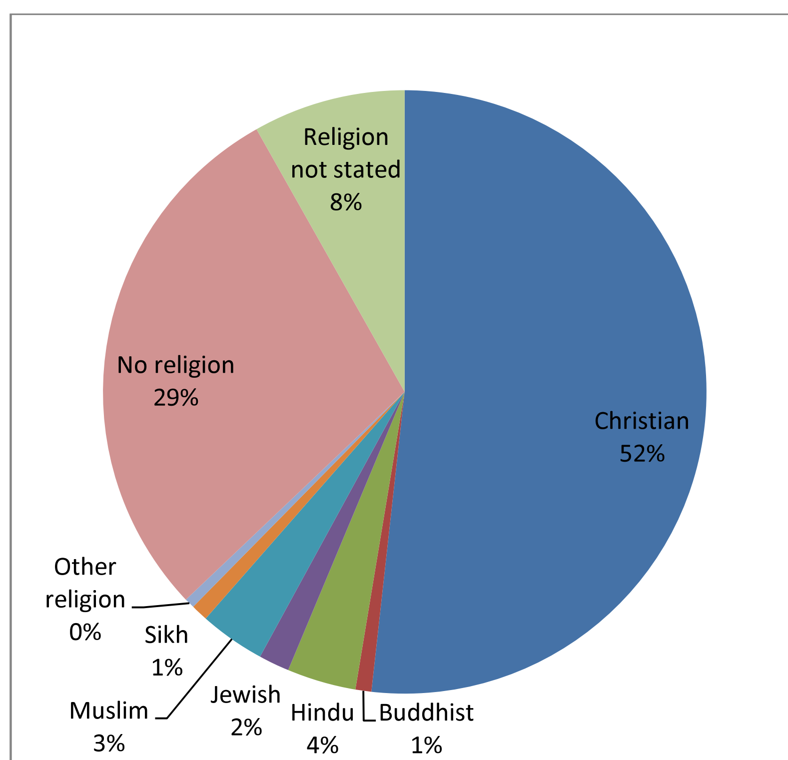


- **Religion**

8. The religious profile of City workers is broadly representative of that across London and England – see figure 3. Half of City workers are Christian while another third have no religion. 4% are Hindu, 3% are Muslim, and 2% are Jewish. Sikh and Buddhists represent 1% each. Nationally, there is a greater portion of Christians (59%), and across London there are more Muslims (12%) then seen amongst City workers.

[11] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[12] Insights into City Drinkers, 2012

Figure 3: Religious Affiliation



- **Housing Tenure**

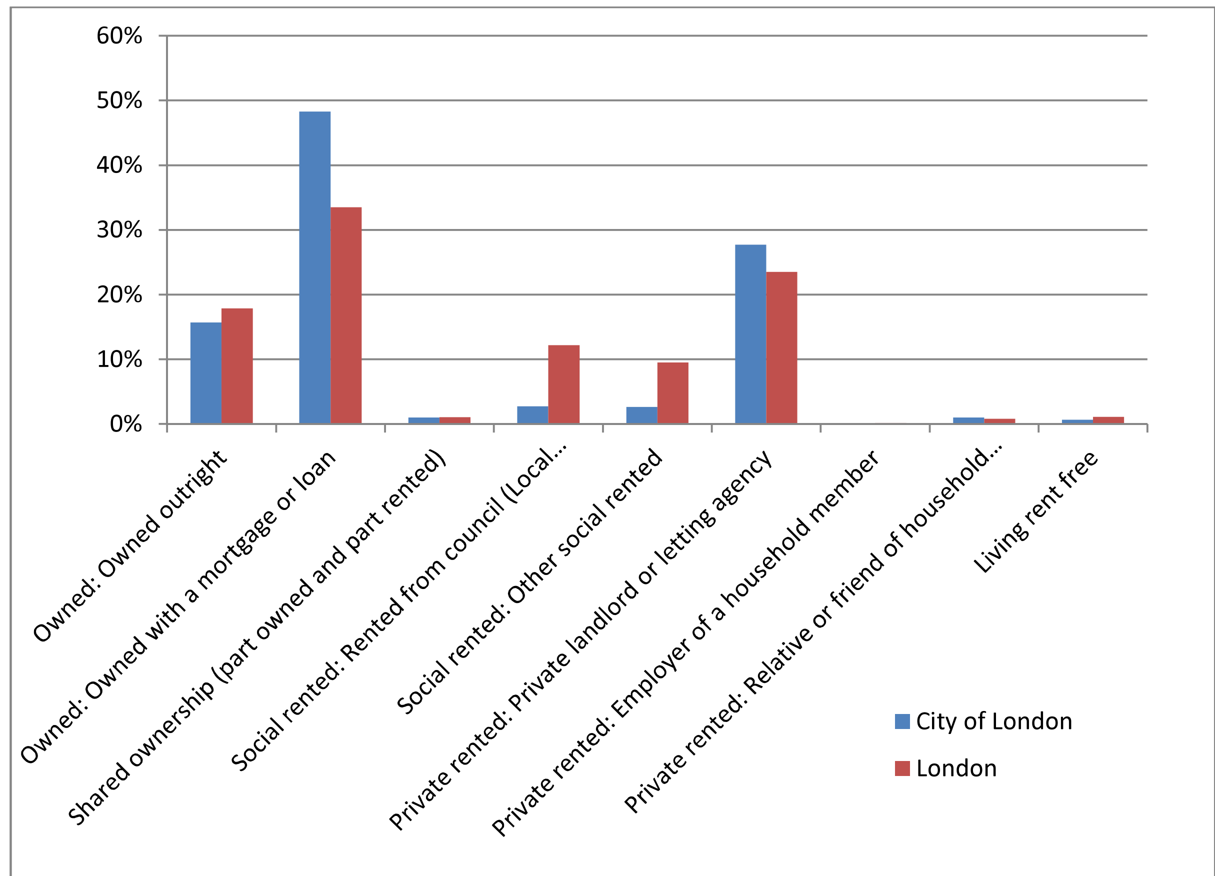
9. The new Census data has provided an opportunity to present the housing tenure amongst daytime City workers. It is important, as along with income can be associated to housing quality and ontological security, therefore predicting health and longevity.[13] 48% of City workers own property with a 'mortgage or loan' which is notably higher than the London average of 33%. Another 28% live in privately rented property, which is slightly higher than the London average. A very small proportion of City workers live in social rented homes (3% rented from council and another 3% from other social rented sources).

10. The pattern of housing tenure overall can be seen as consistent with the average income profile of City workers, that is, the City of London has the highest average weekly wage of all districts in the UK.[14] Thus, the low percentage of workers in social housing is to be expected. Although private renting can offer some of the poorest housing quality and overcrowding, in the City the proportion of renters affected by this may be diminished, since the majority would be able to afford better living standards amongst the rented options.[15] Despite this, there remain City workers not in the higher income profile, for example those working in retail which would also most likely feed into the 'private rented' category.

[13] Health Development Agency 2004, health inequalities: concepts, frameworks and policy
[14] BBC 2012, Average earnings rise by 1.4% by £26,500 by April says ONS
[15] Scottish Government 2010, Review of literature on the relationship between housing and health

11. The relatively large portion of ‘private renters’ may be reflective of the transient nature of the population. One’s health may be affected by this, by increasing the chance of gaps occurring in health records from moving GPs. Finally the large proportion of home owners with a ‘mortgage or loan’ is also predictable in this population who on average are earning high incomes early in their career.

Figure 4: Housing Tenure



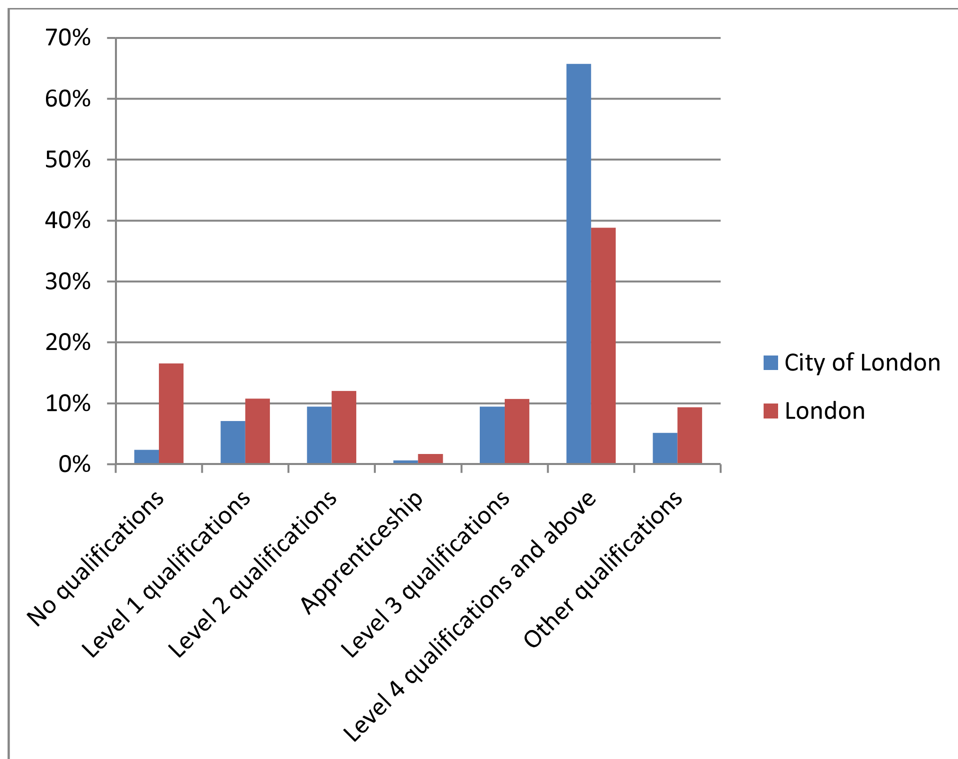
- **Qualifications**

12. Two thirds of City workers have at least a level 4 qualification which exceeds the London average by 27%. The qualifications levels are based on the Qualification and Credit Framework where level 4 and above is obtained at university level, and includes certificates of higher education through to doctorate degrees.[16] The greater proportion of level 4 qualifications is consistent with the representative work sectors traditionally seen in the City - that is, mainly of the financial and insurance sector (37%) and the associated professional services (18%), which require a level of higher education.[17] Education, along with income and housing tenure all have enduring associations with health, over time and across different diseases.[18] The

[16] Accredited Qualifications 2012
[17] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[18] Health Development Agency 2004, health inequalities: concepts, frameworks and policy

increased proportion of a highly educated working population is consistent with greater incomes and increased home ownership.

Figure 5: Highest Level of Qualification



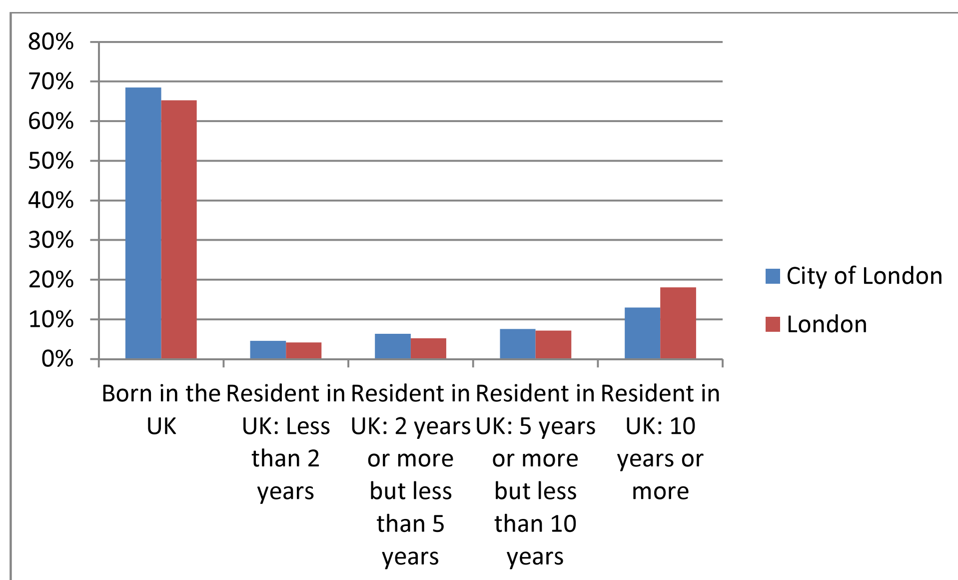
- **Residency**

13. The majority of City workers are born in the UK and otherwise are in short term residence, both of which are slightly higher than the London average. 68% of City Workers are UK born and a remaining 17% of City workers are short term residence of less than 10 years. This shows that there are a relative proportion of transient workers in the City, which is also consistent with the patterns in housing tenure. Taken together, a third of all City workers are migrants.

14. According to the WHO report on the health of migrants, most migrants are healthy, young people and some may even benefit from ‘the healthy migrant effect’ when they first arrive in their host country. Risk factors most relevant to City worker’s migrant health include language and cultural differences, stigma, discrimination, social exclusion, separation from family and socio-cultural norms, as well as administrative hurdles and legal status. Importantly however, the majority of migrants in the City are most likely those who have relocated to the UK out of free will in search of better opportunities, and not of those out of force due to conflict or disaster in their origin country. Still, migrants tend to travel with their health profiles, values and beliefs, reflecting the socio-economic and cultural background and the disease prevalence of their community of origin. Such profiles and beliefs can be different from those of the host community, and may have an impact on the health and related

services of the host community as well as on the health of and usage of health services by migrants.[19]

Figure 6: Residency



- **Passport Designation**

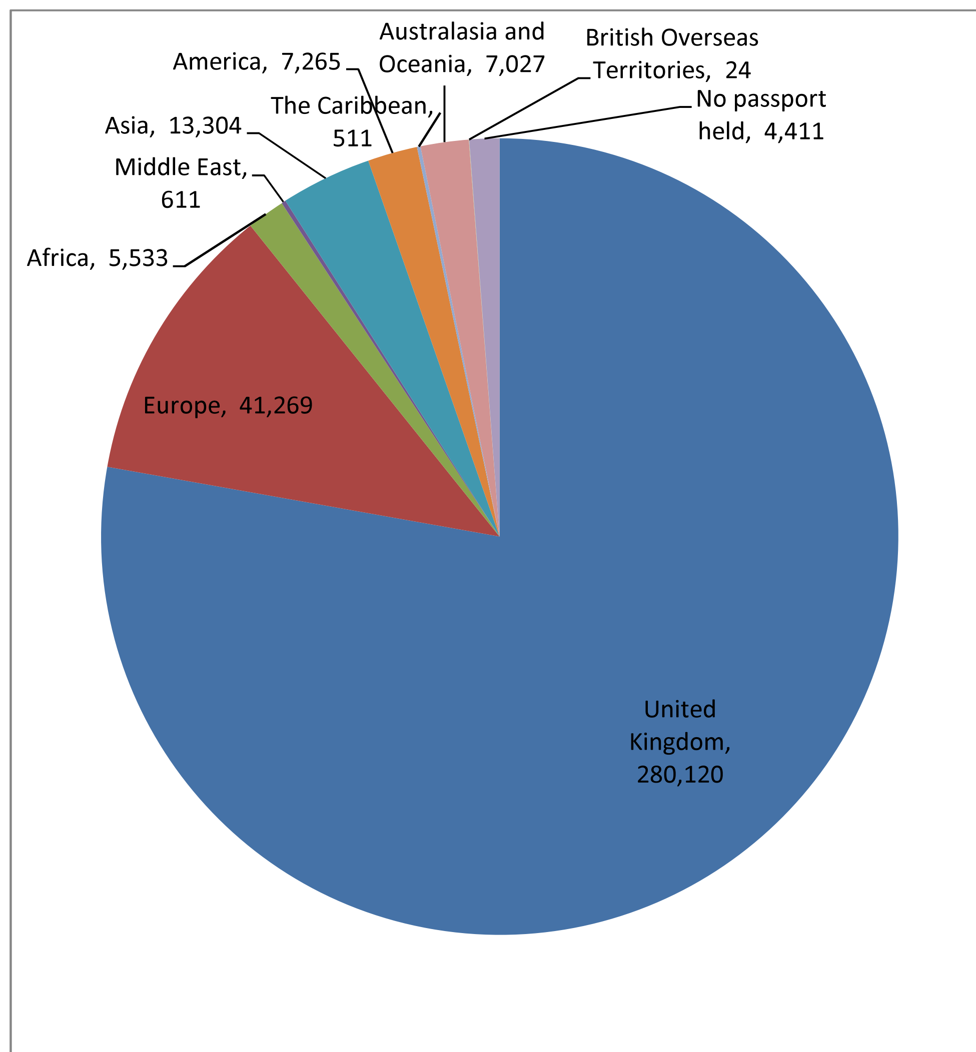
15. Of all passport types, 78% of City workers have UK passports. Of all non-UK passports, one third is from EU countries according to the March 2001 EU membership, (Germany, France, Italy, Portugal, Spain and others). 10% are from the EU accession countries that joined from April 2001 to March 2011 (Lithuania, Poland and Romania). Another 9% is represented from Southern Asia, Ireland and Australasia each. 7% is from North America. In terms of access and entitlement to free NHS treatment, it is dependent on the length and purpose of residence in the UK, and not one's nationality. However, in addition to the common health risks for migrant health detailed above, non-UK nationals encounter some reduced social security and protection, even as a resident in the UK.

16. For both UK citizens and non-UK citizens, NHS Hospital treatment is accessible and is free at the point of need for example at A&E, however charges apply to both groups where subsequent treatments are necessary and the patient has been admitted to the hospital. There is some discrepancy however in registering with a GP for non-UK citizens, as GP practices are not legally bound to accept non-UK citizens.[20] The decision is ultimately at the discretion of the practice, which may prove as a barrier to access. As well, even when registered with a GP non-UK citizens must pay out of pocket for dental treatments and prescription drugs.[21] Thus, non-UK citizens have some extra administrative barriers and fees than compared to UK nationals. Though it is worth noting, that a considerable portion of City employers offer private

[19] WHO 2010, Health of Migrants – the Way Forward
[20] Citizens Advice Bureau 2013, NHS charges for people from abroad
[21] Citizens Advice Bureau 2013, NHS charges for people from abroad

healthcare, which may fill some of these gaps in protection. Therefore those most at risk or being impacted are the low paid migrant workers who are not covered by private healthcare, and the low paid UK workers who are entitled to free NHS treatment but cannot access these services due to inconvenient work hours who may therefore tend to work until they 'drop out of the system'. [22]

Figure 7: Passport designation



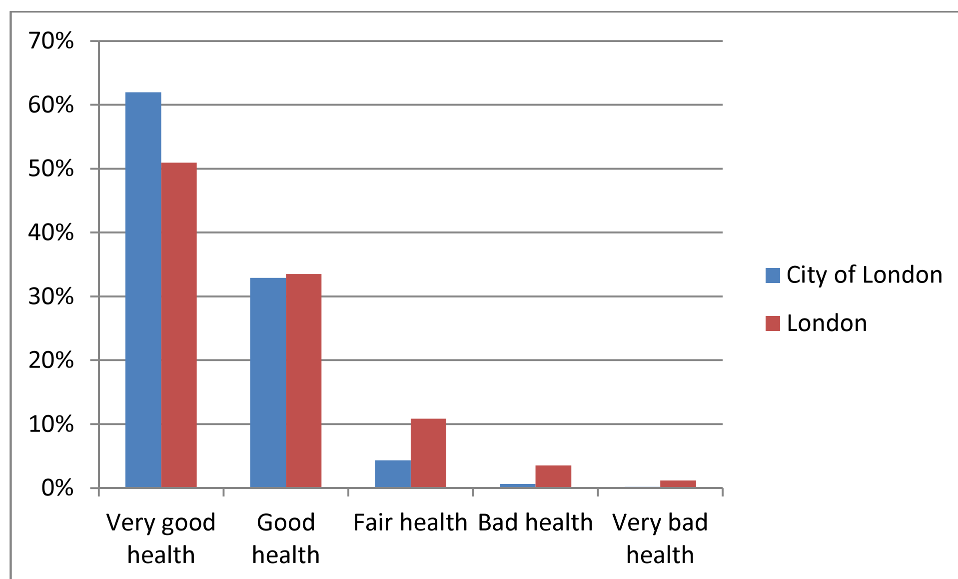
- **Overall Health**

17. Most City workers perceive themselves as having 'very good health' (62%) which is higher than the London average of 51%. However as the age profile of City workers is relatively young this is most likely associated to an age-related average health advantage as mentioned above. Additionally a combined tendency for being highly educated and earning a higher income is associated to better health outcomes. This perception is consistent with the findings from the 2012 independent survey on The Public Health and Primary

[22] The Public Health and Primary Healthcare Needs of City Workers, May 2012

Healthcare Needs of City Workers. [23] Despite this, there is strong evidence that amongst City workers, there is a culture of long working hours and feeling stressed for several months of the year, coupled with heavy alcohol consumption, which may lead to future health problems.[24]

Figure 8: Self perceived overall health



- **Discussion**

18. Overall, the findings from the Census 2011 working population in the City are consistent with previous independent reports. New insights from this release, not previously available, are the age and sex profile by year, religion, housing tenure, education, residency and passport designation.

19. Characteristic profile traits continue to be that of a young, predominantly white male, highly educated and high earning population, who perceive themselves to be in 'very good health'. This reinforces the view that City workers are generally healthier than the rest of the working population across London. However this is most likely related to their age and particular migrant profile, coupled with selection effects, such that the City offers demanding jobs that tend to attract healthy people.[25]

20. Despite this, the independent report has shown a combination of work related stress, drinking and smoking as the major risk factors for City worker's health, which affect those who reported 'bad to fair' health.[26] Specifically, work related stress and combined smoking being the strongest correlation to reporting poor health.[27] Meanwhile, the proportion of high-risk level drinking in the City is considerably higher than both the national and London average, of

[23] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[24] ibid
[25] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[26] ibid.
[27] ibid.

whom many are already experiencing alcohol-related harms and many have some level of alcohol dependency.[28]

21. The new data reveals that a third of workers are migrants of which more than half are transient, and relocate out of the UK under 10 years of residency. These migrants however are most likely those who have relocated to the UK out of free will in search of better opportunities, and not out of force due to conflict or disaster in their origin country, thus, more likely to fulfil the 'selection effects' and 'healthy migrant effect'.

22. 20% of workers are non-UK citizens, which add additional barriers to accessing NHS treatments, namely when registering with a GP and with dental and pharmaceutical drug fees that are paid out of pocket. The portion of employers in the City offering private healthcare however may be countering these challenges, thus leaving a smaller portion of non-UK nationals affected by this.[29] Most importantly, there are health implications for the lower paid migrant workers who do not have access to private health care and therefore have an increased financial burden both by the fees for treatment and the time taken away from work. Finally the lower paid UK workers are also at increased risk for poor health as although they are entitled to free NHS treatment, it remains inaccessible due to overworking, thus they may tend to work until they "drop-out" of the system without appropriate intervention.

Implications

23. These new findings will further help shape the workplace health programme that the City of London Corporation has already begun to implement.

24. Progress to date is as follows

- **City of London Corporation**

25. The City of London Corporation continues to improve its workplace health offer to Corporation employees, and has signed up to the London Healthy Workplace Charter process: a London-wide framework that provides a mechanism to support and recognise employers in London investing in health and well-being. The City Corporation has set the ambitious target of reaching the Excellence standard of the Charter.

- **Research**

26. The Research Team, with support from Community and Children's Services, commissioned in October a research piece to identify best practice

[28] Insights into City Drinkers, 2012
[29] The Public Health and Primary Healthcare Needs of City Workers, May 2012

characteristics and examples of long-term, embedded workplace health and well-being programmes, looking at both physical and mental health. The research will also assess these best practice examples in terms of their transferability to firms in the City and similar employers in UK cities, and across all levels of the workforce. Finally, through face-to-face interviews with City firms, the research will explore how these companies are implementing interventions to help support employee health and well-being, and in regards to the best practice standards identified previously.

27. Drawing on these analyses, recommendations for businesses on implementing effective workplace health interventions, and for local authorities to help support businesses, will be provided. The consultants appointed for the research are Cavill Associates Ltd, in collaboration with the University of Salford.

- **Conference**

28. The Mansion House has been booked as a venue; press releases and invites have been distributed; the website (www.businesshealthy.org.uk) is up and running; and social media is promoting the workplace health agenda in the City. The Chairman of the Health and Wellbeing Board will also host a special dinner prior to the conference, to further emphasise the City's commitment to workplace health and wellbeing.

29. Invitation cards have been sent from the Lord Mayor's office, to personally invite influential City business leaders. Because the event is being held at the Mansion House, numbers are restricted to a maximum of 150, so "open access" registration for those who have not received a personal invitation is limited. The event and website is being promoted through press and social media activity, which will encourage business leaders to apply for a place, as well as to sign up for the City circle of businesses, which will carry on the engagement with businesses.

30. The content of the conference is currently being formalised – the following speakers are confirmed: Duncan Selbie (PHE) Dame Carol Black (PHE) and the Lord Mayor, Fiona Woolf CBE. The conference will also feature a panel discussion session, for different kinds of businesses to speak about the benefits and issues around workplace health that they have encountered.

31. The team is working with the City Mental Health Alliance to identify how organisations can work in partnership for this event, as the CMHA has already launched, and has high-level support from several influential City firms. The team is liaising closely with Public Health England, and the Director of Public Health.

- **Continuing work**

32. Conference delegates will be asked to sign up to the City Circle, a business leader network, to continue their involvement in workplace health issues, and to help co-design workplace health support and initiatives for City businesses.

Conclusions

33. The new Census data provides a new source of intelligence about the characteristics of City workers, and will allow services to better respond to specific health needs.

34. As the local authority responsible for promoting the health and wellbeing of City workers, the City of London Corporation is proactively responding with a range of interventions to identify best practice, engage employers, and make the corporation itself an exemplar.

Maria Cheung

Health and Wellbeing Executive Support Officer

T: 020 7332 3223

E: maria.cheung@cityoflondon.gov.uk

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Committee(s):	Date(s):
Health and Wellbeing Board	31 Jan 2014
Subject: Information report	**Public**
Report of: Executive Support Officer	**For Information**

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Local updates
- CityAir App
- City of London Local Plan
- City Health and Wellbeing Library
- London Healthy Workplace Charter
- Fixed Penalty Notice (FPN) Stop Smoking Service Rebate Initiative
- Homelessness Strategy
- Late Night Levy
- Drinksmeter
- City and Hackney CCG Social Prescribing Pilot Project

Policy updates
- Events
- Health Services
- Social Care and Health inequalities
- Mental Health
- Sexual Health
- Environmental Health
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools
- Global Comparisons

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

LOCAL UPDATES

CityAir App

2. Central London has some of the worst air quality in the country due to its location and density of development. The amount of pollution in the air varies from day to day depending on the weather conditions. Air pollution can have a detrimental impact on health and, armed with the right information, there are simple steps that can be taken to minimise the amount of pollution that people are exposed to.

3. The City of London Corporation has teamed up with King's College London to produce an App that provides current levels of air pollution, not only for the Square Mile, but right across the capital. The App, which has been featured as one of the Best New Apps in the App store, sends alerts when pollution levels are high and provides information to help people to reduce their exposure. The App also acts as a route planner where lower pollution routes can be found when pollution levels are high.

4. Users can sign up for different messages, either as a jogger, pedestrian, cyclist, business or driver. Tailor-made messages will be sent to help reduce exposure and also encourage people to take simple action to help improve local air quality

5. The CityAir App is currently compatible with iPhone, iPad and iPod touch. An Android version will be available in spring 2014. Its development was part-funded by Defra, through the air quality grant programme.

6. The contact officer is Ruth Calderwood (020 7332 1162)

City of London Local Plan

7. The City Corporation is preparing a Local Plan, which sets out the strategy for planning the City. The Plan contains the policies by which planning decisions are made and ensures that these are aligned with other strategies operating in the City, including the Joint Health & Wellbeing Strategy. The Local Plan will update and replace the current plans for the City: the Core Strategy (adopted in 2011), and the Unitary Development Plan (2002).

8. Preparation of the Plan involves several stages of consultation. The most recent stage took place when public were consulted on a Draft Local Plan between January and March 2013. A presentation on the Draft Plan was

made to the Shadow Health & Wellbeing Board on 23rd January and the Board agreed a response to the consultation on 4th March 2013.

9. The Local Plan has now been revised in the light of the comments received and has been published for a final stage of consultation between 16th December 2013 and 17th February 2014. After the close of consultation, the Local Plan and any representations from the public will be considered by an independent planning inspector at a public examination. Following receipt of the inspector's report on the examination, it is expected that the Local Plan will be formally adopted in late 2014.

10. The contact officer is Derek Read (020 7332 1846)

City Health and Wellbeing Library

11. The City of London's library team has agreed to build a collection of health and wellbeing resources, to be made available for the public. The next steps include developing the scope of the material, purchasing, maintenance and cataloguing. Officers from DCCS are working together with the Principal librarian and the head of library services at the Barbican Library to progress this.

12. The contact officer is Neal Hounsell (020 7332 1638)

London Healthy Workplace Charter

13. In July 2013, the Board agreed to a three-tiered approach to a healthy workplace remit, which included improving workplace health within the City Corporation. It was agreed that the City should develop its own workplace health policies and practice, in order to ensure that efforts to improve practice across the City are perceived positively.

14. Coordinated by the GLA, the Healthy Workplace Charter is a framework to support employers to develop good practice to promote health within their organisation. The charter allows an organisation to self-assess their provision against the standard at three levels: Commitment, Achievement or Excellence.

15. The City Corporation has set itself the task of achieving the 'Excellence' level of the standard (see more about the charter below.) The benefit of achieving the standard is that it will result in better services and facilities for staff. Fortunately, The City Corporation is ahead of the curve in some areas of the standard and will use this opportunity to renew certain services to meet the standard. A target date of March 2014 has been set for achieving the accreditation.

16. A cross functional working group, made up of internal experts in the various areas covered by the standard, is collaborating on building a portfolio of evidence needed to achieve the standard.

17. As it stands, the City Corporation is meeting fully six out of eight standards at the ‘Achievement’ level. At the ‘Excellence’ level, it is fully or partially meeting five out of eight standards.

18. The contact officer is Oliver Sanandres (020 7332 3307).

Fixed Penalty Notice (FPN) Stop Smoking Service Rebate Initiative

19. As part of the work being undertaken by the Tobacco Control Alliance, through a partnership between the CoLC, Public Health and Boots, an initiative has been developed to address the concerns of smoking on health and wellbeing, environmental health and street cleanliness.

20. The FPN Stop Smoking Service Rebate Initiative launched on Monday 2nd December and will run for six months. It is available to anyone who is issued an FPN for dropping smoking-related material or smoking in a smokefree area. When offenders are issued with an FPN they are advised by the officer of the rebate initiative and also given a postcard, inviting them to attend a free six week Stop Smoking Clinic. If they pay their fine, attend the clinic and stop smoking for four consecutive weeks, they will receive up to £50 in Boots vouchers.

21. Clients can access the Stop Smoking Service at any Boots stores in the City and two weekly Specialist Stop Smoking Clinics.

22. The contact officer is Gillian Robinson (020 8356 2727)

Homelessness Strategy

23. The DCCS is currently revising the City’s Homelessness Strategy. The final strategy will incorporate the former Rough Sleeping Strategy in order to integrate the City’s response to this issue within its wider work on homelessness. The strategy will be structured around five key priorities:
    - 1) Preventing homelessness
    - 2) Ending rough sleeping
    - 3) Increasing the supply and access to accommodation
    - 4) Delivering outstanding integrated services
    - 5) Improving the health and wellbeing of homeless people

24. The strategy will be presented to the City’s Community and Children’s Services Committee in April 2014. Subject to approval of the final document, it will then be presented to the Health and Wellbeing Board, which will have a critical role in formulating an action plan to achieve priority 5, as well as in terms of improving integration under priority 4.

25. The contact officer is Simon Cribbens (020 7332 1210)

Late Night Levy

26. In October 2012, the Late Night Levy was agreed at the Licensing Committee with the first report setting out the statutory scheme, including a maximum income to the Police. A Late Night Levy would mean that an additional fee would be charged to the premises licensed to sell alcohol during a particular supply period, in this case late at night. This is made possible by The Police Reform and Social Responsibility Act 2011 (PRSR) amends and supplements the Licensing Act 2003, allowing local authorities to charge a levy to persons who are licensed to sell alcohol late at night in the authority's area, as a means of raising a contribution towards the cost of 'policing' the late-night economy.

27. A second report has since been produced in January 2013 in preparation for consultation. Two responses from Licensing Solicitors challenged the consultation process requiring further information from the City Police and legal advice before proceeding.

28. The results from consultation for legal advice will be reported back to the Grand Committee and Court and, subject to the results of the Consultation and subsequent decisions by Members, if adopted, implementation of an LNL would be deferred from July to October 2014.

29. The contact officer is Steve Blake (020 7332 1604)

Drinksmeter

30. The Drinksmeter app was developed by the same team (Global Drug Survey) that produced Drugsmeter. The latter is now the biggest survey of its kind and has attracted considerable media interest. Both apps provide feedback to individuals in relation to their own, personally-reported use of alcohol or drugs. The apps provide advice on reducing the risks associated with their use and links to treatment and other services.

31. The London Drug and Alcohol Policy Forum's Policy Advisor has provided advice on the development of the Drinksmeter app and, alongside the Substance Misuse Partnership, has promoted it within the City of London and neighbouring boroughs. Currently there are ongoing discussion between Public Health England and Global Drugs Survey (the company that runs the Apps) about utilising Drinks Meter within businesses and how its use might be recognised in awarding the Workplace Charter.

32. A previous report generated by Drugsmeter on self- reported use in the City of London highlighted problems in respondents claiming to be City residents or visitors when in fact they were not. We hope this issue is now resolved and hope to receive a City of London Drinksmeter report early in February which will be distributed amongst partners

33. The contact officer is David Mackintosh (020 7332 3084)

City and Hackney CCG social prescribing pilot project

34. From February 3rd 2014 social prescribing co-ordinators will start working in selected GP practices within City and Hackney's CCG area, providing a service to patients that are referred by their GPs.

35. The contracted provider of this service is Family Action, and a social prescribing coordinator has been assigned to the Neaman Practice. Operational arrangements are currently being worked out, and publicity materials are in the process of being distributed.

36. The contact officer is Sandra Carter (020 7683 3695)

POLICY UPDATES

Events

37. **Effective working of health and wellbeing boards: getting to the next level**
February 2014, Manchester and London
This series of events aims to enable HWBs to discuss real world issues, work through the challenges and address the priorities facing their boards now, and in the future. The events cover the facilitation of shared ownership; working across boundaries; and the future of system leadership.

- Link: http://www.nhsconfed.org/Events/Pages/HealthandWellbeingevents.aspx

38. **Annual public health conference 2014**
4th February 2014, Birmingham
This conference offers an opportunity to analyse the implications for local government and public health since transition. It will highlight the innovative work already being undertaken by councils and public health teams, with their partners and communities, and look at how to build on existing best practice to identify and tackle the challenges and opportunities of this new public health landscape.

- Link: http://www.local.gov.uk/events/-/journal_content/56/10180/5463978/EVENT
- *Attending: Dr Penny Bavin, Revd Dr Martin Dudley*

39. **Improving and protecting public health: 2nd annual national public health conference**
18th March 2014, London
This conference will examine the changing shape of public health provision and service delivery. It will take stock of the last 12 months and examine how the public health landscape has changed, what the effects have been to service delivery, whilst highlighting how local authorities have adapted to the new role.

- Link: http://www.nationalcareforum.org.uk/viewNews.asp?news_id=1093

Health Services

28. **CCG funding allocations**
The funding allocations that CCGs will receive over the next two years (2014/15 and 2015/16) have been published. It follows a decision by the NHS England board to adopt a new funding formula for local health commissioners that will more accurately reflect population changes and include a specific deprivation measure.

- Link: http://www.england.nhs.uk/wp-content/uploads/2013/12/allocation-summary.pdf

29. **Health and care integration: making the case from a public health perspective**
The aim of this document is to help local areas, in particular health and wellbeing boards, make the case for integration focused on individuals' health and wellbeing as well as their quality of life if they become sick.

- Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268181/Health_and_care_integration.pdf

30. **NHS services, seven days a week - costing seven day services**
This report looks at the financial implications of seven day services for acute emergency and urgent services and supporting diagnostics.

- Link: http://www.nhsiq.nhs.uk/resource-search/publications/every-day-counts-seven-day-services.aspx
- *This report is particularly relevant as City workers have expressed an interest in seven-day-services.*

31. **Getting behind the curve? Is the new NHS ready for pandemic 'flu?**
This report finds that reforms made to the NHS following the Health and Social Care Act of 2012 have impacted upon its ability to deal effectively with a possible 'flu pandemic. It highlights potential problems which the new NHS now faces in dealing with a possible pandemic

- Link: http://chpi.org.uk/wp-content/uploads/2014/01/CHPI-report-GettingBehindCurve-Dec-2013.pdf
- *This report may be of particular relevance as the high population of City commuters transiting through on a weekday basis, and thus the increased potential for being a hub to transmit the 'flu.*

32. **New evidence on management and leadership**
This paper presents a digest of recent research and evidence on healthcare management and leadership. The studies discussed aim to help organisations and individuals to understand better the ways in which effective managers improve services for patients.

- Link: http://www.nets.nihr.ac.uk/programmes/hsdr/New-Evidence-on-Management-and-Leadership.pdf

33. **Options appraisal on the measurement of people's experiences of integrated care**
This report recommends that integrated care should be measured in a way that combines information from existing national health and social care data sets with feedback directly from patients, service users and carers.

- Link: http://www.pickereurope.org/assets/content/pdf/Project_Reports/P2636_Integrated%20care%20report_post%20final%20edits_v7%200.pdf

34. **High-impact leadership: improve care, improve the health of populations, and reduce costs**
This white paper presents three interdependent dimensions of leadership that together define high-impact leadership in health care: new mental models; high-impact leadership behaviours; and IHI high-impact leadership framework.

Please note that free registration is required to access this publication.

- Link: http://www.ihi.org/knowledge/Pages/IHIWhitePapers/HighImpactLeadership.aspx

35. **NHS co-payments: how popular are they among healthcare users?**
This report discusses the results of a survey of patients and their opinions on the use of co-payments and top-up fees in the NHS.

- Link: http://www.patients-association.org.uk/Portals/0/NHS%20Co-Payments%20How%20popular%20are%20they%20among%20healthcare%20users.pdf
- *This report is particularly relevant for City workers who have expressed a need for changes in accessing health services.*

36. **A management and leadership health-check: a diagnosis of management and leadership development needs in the health and social care sector**
This report looks at why good leadership and management is essential, the link between leadership and engagement, management and leadership development practice, and effective investment in management and

leadership. *Please note that free registration is required to download this report.*

- Link: http://www.managers.org.uk/news/almost-half-health-sector-senior-managers-deemed-%E2%80%98ineffective%E2%80%99-0

Social Care and Health Inequalities

37. **Better Care Fund guidance**
The Better Care Fund will provide £3.8 billion to local services to give elderly and vulnerable an improved health and social system. This guidance provides local areas with the detail they need to complete plans for how they will use their portion of the fund to join up health and care services around the needs of patients, so that people can stay at home more and be in hospital less.

- Link: http://www.local.gov.uk/documents/10180/12193/Developing+plans+for+better+care+fund+guidance.pdf/734c155e-7820-4761-976a-6c56053c0e78

38. **Improving access to health care for gypsies and travellers, homeless people and sex workers: an evidence-based commissioning guide for clinical commissioning groups and health and wellbeing boards**
This guidance argues that radical changes are needed to meet the healthcare needs of vulnerable groups. It makes recommendations towards more communication and joined up working between health, social care and voluntary services targeted at marginalised groups; and greater integration between health and housing services to identify and treat health problems associated with poor living conditions.

- Link: http://www.rcgp.org.uk/news/2013/december/~/media/Files/Policy/A-Z-policy/RCGP-Social-Inclusion-Commissioning-Guide.ashx
- *This may be particularly relevant to the Board as homelessness and rough sleeping remains a challenge in the City.*

39. **Care Bill - second reading briefing**
The Care Bill was debated for the first time by MPs on the 16th December 2013. This briefing outlines Carers UK's key concerns for carers in the bill and highlights some of the positive elements in the bill for carers.

- Link: http://www.carersuk.org/media/k2/attachments/Care_Bill_-_Second_Reading_Briefing_Dec_2013_1.pdf

40. **Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis**
This systematic review examines the evidence on whether community engagement helps to reduce health inequalities

- Link: http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/94281/FullReport-phr01040.pdf

Mental Health

41. **Still ignoring the risks? An interim review of health and wellbeing boards**
Earlier this year, the Campaign to End Loneliness published *Ignoring the health risks?*, which tracked whether the newly established health and wellbeing boards across England had prioritised the public health issues of loneliness and isolation within their strategies. This review updates the research and finds that more than half of boards have included some reference to loneliness or isolation in their strategies.

- Link: http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2013/11/FINAL-Still-ignoring-the-health-risks-an-update-to-our-June-2013-review-of-HWBs4.pdf

42. **Welfare advice for people who use mental health services: developing the business case**
This report calls for every mental health service to secure specialist welfare advice to help to support recovery and to intervene early when difficulties emerge. It recommends that health and social care commissioners should ensure that their plans include welfare advice provision and that the government should consider including welfare advice in its outcomes frameworks for the NHS, social care and public health.

- Link: http://www.centreformentalhealth.org.uk/pdfs/Welfare_advice_MH_services.pdf
- *This report would be of particular relevance to the Board, as tackling mental health issues is a priority.*

Sexual Health

43. **Commissioning regional and local sexual health services**
This page brings together guidance and resources which support the commissioning of local sexual health services. It also signposts other websites and organisations which provide additional information and guidance to inform the commissioning of sexual health services.

- Link: https://www.gov.uk/commissioning-regional-and-local-sexual-health-services
- *This report may be relevant to the City worker population whose majority age group would require sexual health services*

Environmental Health

44. **Public health and landscape: creating healthy places**
This position statement details how landscape architecture can create healthy places and therefore improve public health. It introduces five principles of healthy places and outlines various case studies to illustrate these.

- Link: http://www.landscapeinstitute.org/PDF/Contribute/PublicHealthandLandscape_CreatingHealthyPlaces_FINAL.pdf

Public Health Framework/Tools

45. **The Francis report (report of the Mid-Staffordshire NHS Foundation Trust public inquiry) and the government's response**
This briefing provides background to the public inquiry led by Robert Francis QC, established to examine why serious failures in care at Mid-Staffordshire NHS Foundation Trust before 2009 were not acted on sooner by the various responsible organisations.

Link: http://www.parliament.uk/briefing-papers/SN06690/the-francis-report-report-of-the-midstaffordshire-nhs-foundation-trust-public-inquiry-and-the-governments-response

46. **NHS public health functions agreement 2014 to 2015: public health functions to be exercised by NHS England**
This document sets out how NHS England is accountable for the delivery of certain public health services and describes expert support from Public Health England. The accompanying service specifications provide details of the public health evidence and advice needed to support effective commissioning

- Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256502/nhs_public_health_functions_agreement_2014-15.pdf

47. **Care.data**
Care.data is a system being introduced by NHS England and the Health and Social Care Information Centre to extract and link large amounts of patient data collected as part of NHS care in order to improve the delivery of healthcare and to benefit researchers inside and outside the NHS. This note provides information on how data can be used, and how patients' can opt out of having information from their medical records shared, through care.data.

- Link: http://www.parliament.uk/briefing-papers/SN06781/caredata

48. **Rebalancing the books: how to make the 2015 spending review work for all of Britain**
This report looks at the impact of public spending cuts on the economy and how this affects each of the English regions. It also studies the 2015 spending review and argues for a more strategic spending review process that can unlock growth and drive public service reform.

- Link: http://www.ippr.org/images/media/files/publication/2013/12/rebalancing-the-books_spending-review-north_Jan2014_11674.pdf

49. **Children and young people's health outcomes framework**
This framework brings together and builds on health outcomes data from the *Public Health Outcomes Framework* and the *NHS Outcomes Framework*. It responds to the Children and Young People's Health Outcomes Forum's recommendation that a version of these frameworks be created which highlights areas of particular relevance to improving the health outcomes of children and young people.

- Link: http://fingertips.phe.org.uk/profile/cyphof

50. **Association of Directors of Public Health (ADPH) English transition 2013 '6 months on' survey – summary results**
This report takes an in-depth report on the opinions of directors of public health six months on from the transition into local authorities. It highlights the progress made, potential opportunities but also some areas where there is still work to be done.

- Link: http://www.adph.org.uk/wp-content/uploads/2014/01/Final-Summary-Transition-6-Months-On.pdf

51. **Integrated approach to improving the public's health**
These briefings discuss a range of issues connected to food, the environment, transport and obesity that demonstrate the importance of an integrated approach to improving people's health. They give an overview of key public health issues and make recommendations for action to tackle the issues they address.

- Link for built environment and physical activity: http://www.fph.org.uk/uploads/briefing%20statement%20-%20built%20environment%20and%20physical%20activity.pdf

- Link for obesity: http://www.fph.org.uk/uploads/Position%20statement%20-%20obesity.pdf

- Link for Transport and health: http://www.fph.org.uk/uploads/briefing%20statement%20transport%20V2.pdf

Health and Wellbeing Board Guidance

52. **Supporting influence on health and wellbeing boards: report from survey September 2013**
Regional Voices has published the results from a recent survey of the voluntary sector around engagement with health and wellbeing boards. 434 people responded sharing their experiences from across England.

- Link: http://www.regionalvoices.org/hwb-reps/survey

53. **Supporting influence on health and wellbeing boards: report from survey September 2013**
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54. **Public health grants to local authorities 2013 to 2014 and 2014 to 2015**
This local authority circular outlines the public health grants to local authorities. The ring fenced grants for 2013 to 2014 and 2014 to 2015 provide local authorities with £2.66 billion and £2.79 billion to spend on public health services for their local populations. The grant conditions and reporting arrangements that will apply to the grant from April 2013 have also been published.

- Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269464/local_authority_circular_dh_2013_3_a.pdf

55. **Improving the public's health: a resource for local authorities**
This report argues that investing in the right public health interventions provides an excellent return on investment for councils as well as improving the health and wellbeing of local communities. It brings together a wide range of evidence-based interventions about 'what works' in improving public health and reducing health inequalities. It presents the business case for different interventions and signposts the reader to further resources and case studies.

- Link: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

Global Comparisons/Guidance

56. **Health inequalities in the EU: final report of a consortium**
This report provides an outline of new evidence on health inequalities in the

European Union and the policy response at EU and national level to health inequalities since 2009.

- Link: http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

57. **Healthy dialogues: embedding public health in local government**
This research finds that councillors are preparing to transform the way public health services are delivered, but many of them are likely to be frustrated by inflexible ring-fenced budgets and locked-in contracts with the private sector. It also found that the wider determinants of public health and increasingly being considered as priorities for public health but this is not reflected in spending decisions.

- Link: http://www.nlgn.org.uk/public/wp-content/uploads/Healthy-Dialogues-061213.pdf

58. **Governance for health equity in the WHO European region**
This report analyses why policies and interventions to address the social determinants of health and health inequities succeed or fail. It also discusses important features of governance and systems for service delivery that increase the likelihood of success in reducing inequities.

- Link: http://www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf

59. **Prevention and control of noncommunicable diseases in the European region: a progress report**
Noncommunicable diseases continue to be the leading cause of morbidity and mortality in the European region. This report aims to demonstrate achievements made in the various proposed action areas, reporting the activities already undertaken and future plans.

- Link: http://www.euro.who.int/__data/assets/pdf_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf

60. **A comparison of alcohol sales and alcohol-related mortality in Scotland and Northern England**
This report assesses population levels of alcohol consumption based on retail sales data in Central Scotland, North West and North East England, comparing with levels of alcohol-related mortality. It was published as part of NHS Health Scotland’s commitment to monitoring and evaluating Scotland’s alcohol strategy

- Link: http://www.healthscotland.com/uploads/documents/22520-MESAS%20-%20Regional%20alcohol%20sales%20and%20mortality%20-%20Dec%202013.pdf

Maria Cheung
Health and Wellbeing Executive Support Officer

T: 020 7332 3223
E: maria.cheung@cityoflondon.gov.uk

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Agenda Item 16

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

Document is Restricted

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