Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 18 JULY 2014**

Time: **1.45 pm**

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

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averns
Dr Penny Bevan
Superintendent Norma Collicott
Dr Gary Marlowe
Simon Murrells
Sam Mauger
Vivienne Littlechild
Gareth Moore
Jeremy Simons

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**

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 - 10)

4. **PRESENTATION - FUTURE CITY: SMARTER CITY**
To receive a presentation from Paul Beckett (Policy & Performance Director)

For Information

5. **PRESENTATION: HEALTHY WORKPLACE CHARTER**
To receive a presentation from Laura Austin Croft (London Healthy Workplace Charter Project)

For Information

6. **COMMUNICATIONS STRATEGY UPDATE**
To receive a verbal update from Greg Williams (Public Relations Office)

For Information

7. **SAFER CITY PARTNERSHIP UPDATE**
To receive a verbal update from Doug Wilkinson (Assistant Director Street Scene and Strategy, Built Environment)

For Information

8. **APPOINTMENT OF CO-OPTED MEMBERS**
To consider the report of the Town Clerk

For Decision
(Pages 11 - 16)

9. **HEALTH AT THE HEART OF THE COMMUNITY**
To consider the report of the Director of Public Health

For Information
(Pages 17 - 50)

10. **PHARMACEUTICAL NEEDS ASSESSMENT DRAFT DELIVERY PLAN**
To consider the report of the Director of Public Health

For Decision
(Pages 51 - 56)

11. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2013/14**
To consider the report of the Chair of Healthwatch City of London.

For Information
(Pages 57 - 82)

12. **AIR QUALITY UPDATE**
To consider the report of the Director of Markets and Consumer Protection

For Decision
(Pages 83 - 92)

13. **CHILD POVERTY NEEDS ASSESSMENT**
To consider the report of the Director of Community and Children's Services

For Decision
(Pages 93 - 144)

14. **DEVELOPMENT DAY OUTCOME - JOINT HEALTH AND WELLBEING STRATEGY REFRESH**
To consider a report of the Policy Development Manager

For Decision
(Pages 145 - 156)

15. **INFORMATION REPORT**
To consider the report of the Policy Development Manager

For Information
(Pages 157 - 168)

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

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

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

For Decision

Part 2 - Non Public Reports

19. **NON PUBLIC MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 169 - 170)

20. **FIRE SAFETY REPORT**
To consider the report of the London Fire Brigade Borough Commander, City of London

For Information
(Pages 171 - 178)

21. **ANNUAL HEALTH & WELLBEING BOARD REPORT**
To consider the report of the Commissioning and Performance Manager (Public Health)

For Information
(Pages 179 - 190)

22. **SERVICE REVIEW OF DRUG, ALCOHOL AND TOBACCO CONTROL SERVICES**
To consider the report of the Director of Community and Children's Services

For Decision
(Pages 191 - 198)

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

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

HEALTH AND WELLBEING BOARD

Friday, 30 May 2014

Minutes of the meeting of the Health and Wellbeing Board held at on Friday, 30 May 2014 at 11.00 am

Present

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averns
Dr Penny Bevan
Dr Gary Marlowe
Sam Mauger
Vivienne Littlechild
Gareth Moore

In Attendance
Deputy Michael Welbank

Officers:

Natasha Dogra	Town Clerk's Department
Neal Hounsell	Community and Children's Services Department
Chris Pelham	Community and Children's Services Department
Farrah Hart	Community and Children's Services Department
Maria Cheung	Community and Children's Services Department
Doug Wilkinson	Built Environment
Derek Read	Built Environment
Lisa Russell	Built Environment
Gillian Robinson	City and Hackney Public Health Service

1. **APOLOGIES OF ABSENCE**
   Apologies had been received from Superintendent Norma Collicott.

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

3. **COURT ORDER**
   The Board noted the Order of the Court of Common Council.

4. **ELECTION OF CHAIRMAN**
   The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to stand was read and Dr Martin

Dudley being the only Member expressing a willingness to serve was declared to have been elected as Chairman of the Health and Wellbeing Board for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to stand was read and Deputy Joyce Nash being the only Member expressing a willingness to serve was declared to have been elected as Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

6. **MINUTES**

RESOLVED – That the minutes of the previous meeting be agreed as an accurate record.

7. **BUSINESS HEALTHY - CITY WORKER INITIATIVE**

The Board received the report informing Members of progress on the Business Healthy initiative and recommendations for its further development. Officers informed Members that the initiative had established a network, the Business Healthy Circle, as well as an online resource, the Business Healthy Lab. Initial feedback from businesses had been extremely positive, and there were clear opportunities to carry this work forward.

Officers informed Members that research would be undertaken into what the private healthcare market was offering in the City and how the City could work alongside it. Members noted that City workers may be discouraged from using occupational health facilities, as they would need a referral from their Human Resources department.

Members of the Board were reminded of the London Healthy Workplace Charter initiative, which the City is administering on behalf of the GLA. Members agreed that they would like a speaker from the London Healthy Workplace Charter to deliver a presentation at the next Board meeting regarding initiative. Members agreed that it was imperative to engage with small businesses in the Square Mile.

RESEOLVED: That Members endorsed the proposed approach to the work of the Business Healthy Circle and Business Healthy Lab.

8. **SERVICE REVIEW OF DRUG AND ALCOHOL SERVICES, UPDATE REPORT**

The Board received the report updating Members on the status of the City's drug and alcohol services review. The early stages of the review had included an examination of the evidence and policy surrounding substance misuse and analysis of the current spend on different elements of the service.

Officers informed the Board that the key outcomes of the review to date were as follows:

• There was a need to focus on prevention of drug and alcohol misuse as well as on treatment of entrenched users.

• There was potential to link the drug and alcohol misuse service with other addictions services, for example smoking and gambling.
• There was potential to link the drug and alcohol misuse service with other risk-taking behaviours, particularly for City workers.
• There were inherent links between drug and alcohol misuse and mental health services, and these should not be ignored. As such, it was necessary that the service should have a 'no wrong door' policy, and links across to mental health prevention and treatment services.
• The tobacco control programme review had been aligned to run in parallel to the drug and alcohol services review.

Members noted that while the City shared a Director of Public Health with the London Borough of Hackney, the medical needs of the two areas were very different with Hackney focussing on the residential population. Members also noted that there was a growing problem with addiction amongst the City population which needed to be addressed. Members noted that addiction could range from relying on painkillers to hard drugs. The Board noted that there were different levels of addiction and being labelled an 'addict' was still seen as taboo by the general public. Members agreed that the issue of addiction must be tackled sensitively.

9. **EXERCISE ON REFERRAL PROGRAMME**

The Board received the report informing Members that the Exercise on Referral Programmes' core aim was to provide individuals referred by their GP and other health professionals, with an introduction to the benefits of exercise with the aim of including more physical activity in their lifestyle.

Officers informed Members that participants with a variety of medical conditions, such as hypertension, diabetes, obesity, high cholesterol and depression, learn how to exercise safely and effectively, as well as how to achieve behavioural change. By re-educating and supervising participants we aim to empower them to continue exercising regularly and thus benefit from a more active lifestyle.

Members noted that since the pilot programme began the scheme had been offered to over 100 individuals. In year one of the full scheme, 73 participants were referred on to the exercise on referral programme, of these 62 attended an initial assessment (85%) and 24 completed the programme within the statuary 12 weeks. The remaining participants referred in April 2013 - March 2014 are due to complete the programme by the end of June 2014.

Members noted that 14 participants had been referred back to the doctor due to a variety of reasons; change in their medical circumstance; being too ill to take part at the present time; non-attendance. 1 participant has been referred back to the doctor as a result of being ineligible to participate on the programme. The total number of re-referrals has decreased since the pilot programme.

Members noted that the scheme has been very well received by partners and has continued to grow and develop new partnerships. The focus for year one has been to raise awareness of the scheme with partners, increase referrals and create new

partnerships. The programme is now actively receiving referrals from six different partners, with another three partners engaged and ready to refer.

Members agreed that this was an excellent programme, with good ongoing contact between the staff and participants to ensure they kept on track with their plan.

RESOLVED: That Members agreed the proposals for year two.

10. HEALTHWATCH CITY OF LONDON UPDATE

The Board received the report informing Members that Healthwatch were working on the annual report for the first year of Healthwatch City of London. Through the report Officers aimed to demonstrate the work to stakeholders in the community in terms of impact and how Officers had worked with local partners and groups in the City. The report would cover the following areas:

- How we have delivered against our statutory activities
- The impact of our work on the commissioning, provision and on the management of health and care services
- How local peoples' needs and experiences of health and care services have been obtained
- Work we have done to get the views of young and older people, disadvantaged or vulnerable people and people who are seldom heard
- How volunteers and lay people are engaged in our work and governance Structures.

Healthwatch Officers thanked the City Corporation for their ongoing support and enjoying being able to facilitate events with the City in venues such as the Artizan Street Centre. Members noted that the Dementia Awareness Day held on 26th May 2014 was well attended.

11. HOMELESSNESS STRATEGY 2014-2019

The Board received the report seeking approval from Members for the Homelessness Strategy 2014–2019. Members noted that the Homelessness Act 2002 required the City of London to review homelessness in its area and develop a local strategy every five years. This report introduced to Members the third City of London Homelessness Strategy developed in response to this legislative requirement.

Officers informed Members that the strategy identified five strategic priorities developed through consultation with Members, external and internal stakeholders, and users of homeless services in the City or supported by the City. These were:

- preventing homelessness
- ending rough sleeping
- increasing the supply of and access to accommodation
- delivering outstanding integrated services
- improving the health and wellbeing of homeless people.

Members noted that for each priority the strategy identified what would be done to address the key challenges of that priority. The nature and complexity of

homelessness was such that delivery of this strategy would require the commitment, response and resources of a number of partner agencies and City of London services – including policing, health providers, environmental services, voluntary sector providers and a range of services within the Department of Community and Children's Services.

Members noted that begging and homelessness in the City needed to be directly addressed with responsible bodies clearly defined. Social inclusion had not been investigated though Members agreed this was an important part of interacting with those who felt excluded.

RESOLVED: That Members approved the Homelessness Strategy.

12. JOINT HEALTH AND WELLBEING STRATEGY UPDATE

The Board received the report informing Members that in May 2013, the Health and Wellbeing Board approved the City of London's first Joint Health and Wellbeing Strategy (JHWS), which covered the three year period from 201213 to 2015/16.

Members noted Officers' proposal the next Health and Wellbeing Board Development Day be used as an opportunity for Health and Wellbeing Board members to revisit the strategy and its priorities. A full public consultation was not required for a strategy refresh, although local stakeholders should be asked for their views. Members agreed that this would be a useful activity for the Development Day on 18th June 2014 in Walbrook Wharf.

Members agree that the Board had an array of high level priorities and this strategy would reflect and promote the duties and responsibilities of the Board such as its dedication to tackling air quality.

RESOLVED: That Members endorsed this approach to refreshing the JHWS.

13. JSNA CITY SUPPLEMENT PUBLIC CONSULTATION

The Board received the report updating Members that in April 2014, Members of the Health and Wellbeing Board (HWB) agreed the proposal to initiate a period of public consultation for the new JSNA City Supplement.

Members noted the feedback from a community consultation event held with City of London Healthwatch on 1st May 2014, which had 21 attendees.

Generally, participants felt that the document was an accurate representation of the City and its needs, but also included a number of suggestions for further areas of investigation that could make it even more complete.

The report also noted new primary care data contained within the City Supplement which showed health inequalities in the City between Portsoken residents and residents registered with the Neaman Practice in smoking, obesity and hypertension.

RESOLVED: That Members approved the report and accepted the final draft of the JSNA City Supplement and agreed to grant the Chairman and Deputy Chairman delegated authority to sign off any minor changes or amendments to the supplement.

14. **INTEGRATED CARE REVIEW AND DEVELOPMENT OF ONE CITY MODEL**

The Board received the report informing Members that as part of the development work required to support improved integration between Adult Social Care, local health commissioners and providers, City Of London Community and Children Services commissioned Tricordant Ltd to carry out a review of current arrangements and invite them to make recommendations regarding the implementation of a proposed model.

Members noted that the review was carried out in 2 stages;
1. A stocktake of current activity, data, pathways and provision of care.
2. The development of a 'One City Model' involving the engagement of key partners and agencies in the development of this model.

Members noted that the headline recommendations were focused on the implementation of 3 specific work programmes;
o To conduct an options appraisal on the options for community health services and Integrated Care support to the Neaman Practice.
o Work with the neighbouring CCGs of Tower Hamlets and Islington on the commissioning of appropriate services and resolve cross-boundary issues creating risk of service or pathway interruption.
o Review and align arrangements within the Adult Social Care team to interface with all relevant provider partners.

RESOLVED: That Members agreed that Officers should progress the implementation of the recommendations.

15. **INTRODUCTION OF THE LATE NIGHT LEVY IN THE CITY OF LONDON**

The Board received the report informed Members that the Police Reform and Social Responsibility Act 2011 introduced the power for licensing authorities to impose a Late Night Levy. Within the legislation there was a requirement to consult on various matters relating to a proposed levy prior to its introduction. Members were informed of the proposed consultation process in a report to the Licensing Committee on 14 January 2013.

The City Corporation had now consulted on introducing such a levy with, amongst others, those persons licensed to sell alcohol after midnight, licensing solicitors/barristers, Members, all other premises licensed to sell alcohol and relevant trade associations.

16. **SMOKEFREE CHILDREN'S PLAYGROUND**

The Committee were informed of the proposal of implementing voluntary no smoking codes within children's playgrounds, for a trial period of six months, in four identified areas in the City:

- Middlesex Street estate
- Tower Hill Gardens
- Portsoken Street
- West Smithfield Rotunda Garden

Officers informed Members that the key aim of smokefree children's playgrounds was to deter children and young people from smoking. In response to a query, Members noted that the objectives included to:

- Reduce child exposure to smoking and help to decrease the number of young people starting to smoke.
- Decrease cigarette litter such as cigarette ends, empty packets and wrappers to playgrounds more pleasant and to protect wildlife.
- Reduce the risk of children putting toxic cigarettes ends into their mouths
- A consultation exercise has been carried out with the public and Friends of City
- Gardens, which evidenced support for this initiative.

In response to a query regarding enforcement, Members were informed that this was a voluntary scheme, but the success would be measured through visits to the areas at the start, middle and end of the trial.

Members noted that the proposal was for a six month trial, after which the results would be reported back to the Committee. Members also noted that there were now a range of places where people were either not allowed to smoke or encouraged not to smoke; therefore the City Corporation should act responsibly sympathetic. It was also noted that there were now a number of smoking cessation groups available within the City.

17. **INFORMATION REPORT**

The Board received the report giving Members an overview of key updates on subjects of interest to the Board as follows:

Local updates

- Barts Health NHS Trust Cleaner Air Project
- Transforming Services, Changing Lives in East London
- Safer City Partnership Review
- Better Care Fund update

Policy updates

- Events
- Health Inequalities
- Older People
- Children and Young People
- Smoking
- Alcohol
- Mental Health
- Carers
- Environmental Health
- Diet and Nutrition

• Communicable Diseases
• Health and Wellbeing Board Guidance

The Chairman informed the Board that this would be Maria Cheung's last Board meeting and final day with the City Corporation before she left for Canada. Members thanked Maria for her hard work in providing the Board with the necessary research and for her constant support, and wished her well for a successful future.

18. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The Board considered the report in relation to permitting Advertising Boards ('A' Boards) on the footway in the City and recommended that they were not permitted. In recommending this, regard had been given to the importance some traders place on 'A' Boards and therefore whether they could still be allowed in some locations.

Officers explained that in the recent past the City had not taken a rigid approach to enforcement in relation to 'A' Boards preferring instead a pragmatic view, balancing location, width of footway, numbers of pedestrians, and the desire for premises to market themselves.

Members noted that the City continued to receive a number of complaints every year regarding A' boards. These include complaints that the boards cause obstruction, complaints from traders in narrow streets that they are being disadvantaged by the City allowing 'A' boards in main/wider streets and most recently by GLA funded 'Travel Watch' who were promoting a zero tolerance to 'A' Boards on equality/ obstruction grounds (particularly related to those with visual impairment).

Members noted that the City must manage the street environment in a joined up holistic way. In doing so it seems logical that the conclusion and recommendation of this report would be to accept that an 'A' board placed on any footpath in the City constitutes an obstruction of the highway.

Members noted that the report would also be presented to Port Health and Environmental Services Committee and Walkways sub-committee for information and comment before being presented to Planning and Transportation Committee for decision.

20. **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 Part I of Schedule 12A of the Local Government Act.

21. **HEALTH AND WELLBEING BOARD PERFORMANCE REPORT**
The Board considered the report of the Director of Community and Children's Services.

22. **JOINT COMMISSIONING - ADULT SOCIAL CARE AND PUBLIC HEALTH**
The Board considered the report of the Director of Community and Children's Services.

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

24. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was one item of other business.

The meeting ended at 1.15 pm

Chairman

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

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Committee(s):	Date(s):
Health and Wellbeing Board	18 July 2014
Subject: **Health and Wellbeing Board** **Appointment of Co-opted Members**	Public
Report of: Town Clerk	For Decision

Summary

The constitutional arrangements for the Health and Wellbeing Board make provisions for the City Corporation to appoint up to two Co-opted Members to the Board.

This report is seeking to approve the appointment of two Co-opted Members. Under arrangements for appointing Co-opted Members, as agreed by the Court of Common Council in April 2014, the Health and Wellbeing Board has powers to make these appointments.

It is being proposed that Mr Paul Haigh (City and Hackney CCG) and Mr Neil Roberts (NHS England) be appointed to the Board for the remainder of the 2014/15 civic year.

Mr Paul Haigh:
"I am currently chief officer of City and Hackney CCG, and have been in post since the CCG was established. The CCG is responsible for commissioning health services for the patients registered with the Neaman practice. I led the creation and establishment of City and Hackney CCG and prior to that was chief executive of the practice based commissioning organisation which was set up by City and Hackney GPs in 2005 (ELIC - a social enterprise). I have therefore worked on commissioning with local GPs, providers and partners in the local area for 9 years. I have spent my whole career in the NHS, joining in 1978 in Blackpool. I have held various roles, in commissioning and provider management and have held posts as chief executive of a primary care group and a primary care trust in north west London. I am passionate about making a concrete and tangible difference for local people."

Mr Neil Roberts:
"Head of Primary Care, NHS England (London Region. North, Central & East)

Currently responsible for the commissioning and development of all primary care services (GP, pharmacy, dentistry and eye care) across North, Central & East London delivered via c2300 contracts with a combined value of c£0.8billion. Have a shared responsibility with the other national Regional Heads of Primary Care for national policy development.

34 years' experience in primary and community services commissioning / contract and performance management, 28 years of which has been at a senior level at or around Board level, mostly in NHS Organisations around SW and NW London. Detailed and expert knowledge of primary care issues and a

focus on achieving value for money. Considerable success in developing partnerships and multi-agency collaboration. Energy, enthusiasm, good humour and a demonstrable commitment to patient care and contributing to the community."

Recommendations

It is recommended that consideration be given to Mr Paul Haigh (City and Hackney CCG) and Mr Neil Roberts (NHS England) being appointed to the Board for the remainder of the 2014/15 year.

Appendix 1:

Health and Wellbeing Board Terms of Reference and Constitution

Contact:

Natasha Dogra | Natasha.Dogra@cityoflondon.gov.uk | 0207 332 1434

Appendix 1

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

(a) Introduction

In accordance with the Health and Social Care Act 2012 and any subsequent related legislation, the Health and Wellbeing Board will seek to improve the quality of life of the local population and provide high-level collaboration between the Common Council, NHS and other agencies to develop and oversee the strategy and commissioning of local health services.

The Board will operate as a Committee of the Court of Common Council in accordance with the City of London Corporation's Standing Orders, and such other legislation of codes that may apply.

(b) Membership

Statutory Members

A Non-Ward Committee consisting of,

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

Substitutes for Statutory Members

As with other Committees of the Court of Common Council, Elected Members are unable to appoint substitute Members. Other Statutory Members of the Board may nominate a single names individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

Co-opted Members

The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

Voting rights

Voting rights will apply to the following Statutory Members:

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

Quorum

The quorum consists of five Members, at least three of whom must be Members of the Court of Common Council or Officers representing the City of London Corporation.

Code of Conduct

All Members of the Health and Wellbeing Board will be bound by the Court of Common Council's Code of Conduct for Members, as adopted.

(c) Sub-Committees and Working Groups

The Board may establish and appoint to sub-committees and working groups. The Board may delegate any of its functions to sub-committees or working groups or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

Members of a sub-committee or working group may be a Statutory or Co-opted Member of the Board or any Elected Member of the Court of Common Council. Additional members of a sub-committee or working group will be agreed by the Board.

Sub-committees and working groups will cease to exist upon a decision by the Board.

(d) Terms of Reference

To be responsible for:-

a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-

i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and

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

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

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

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

(e) Influencing Powers

- The core non-discretionary statutory duties for a Health and Wellbeing Board relate to policy preparation and influencing for the purpose of advancing health and wellbeing.

- The delivery functions and responsibility for budgets allocated to delivering those services remain within the remit of the relevant service committees.

- As outlined in the terms of reference, the Health and Wellbeing Board does not have the power to direct the spending of the budget holding committees. The scope of the Health and Wellbeing Board is limited to "*its membership and…others which may be bound by its decisions*". The spending committees are not "*bound by…..decisions*" of the Health and Wellbeing Board under the Board's Terms of Reference, and therefore outside the scope of Terms of Reference.

- The Health and Wellbeing Board may seek to influence spending decisions particularly through setting policy direction in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

(f) Spending power and resourcing

- The Health and Wellbeing Board can influence decisions through Common Council and can suggest funding allocations be made from the public health budget to deliver the Health & Well-being Strategy (priorities & objectives). The Board itself is not a spending committee.

- The Director of Community and Children's Services is the budget holder for the Public health budget of £1.6 million and is the "accountable" officer.

- The Department of Community and Children's Services has spending powers of up to £250,000, and can consult with the Health and Wellbeing Board regarding budget expenditure.

- **Sub-Committees and Working Groups**

  The Board may establish and appoint to sub-committees and working groups. The Board may delegate any of its functions to sub-committees or working groups or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

  Members of a sub-committee or working group may be a Statutory or Co-opted Member of the Board or any Elected Member of the Court of Common Council. Additional members of a sub-committee or working group will be agreed by the Board. Sub-committees and working groups will cease to exist upon a decision by the Board.

Committee(s):		**Date(s):**
Health and Wellbeing Board	- For Information	18 July 2014
Subject: Annual Report of the Director of Public Health – Health at the Heart of the Community		**Public**
Report of: Director of Public Health		**For Information**

Summary

The Health and Social Care Act 2012 states that "the director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

The attached report *Health at the Heart of the Community* is the Annual Report of the Director of Public Health for Hackney and City of London 2013/14.

Recommendation(s)

Members are asked to:

- Note the Report of the Director of Public Health - *Health at the Heart of the Community.*

Main Report

Background

The Health and Social Care Act 2012 states that "the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

Current Position

Health at the Heart of the Community is the Annual Report of the Director of Public Health.

Alongside an introduction and overview of the local healthcare system, following the recent reforms, the report covers the following issues which reflect the priorities of the health and wellbeing boards in both local authorities.

- Tackling Health Inequality
- A Smokefree Future
- Healthy Weight
- Mental Health
- Dementia

- Air Quality

The Report also includes a chapter, *Delivering Local Public Health Services,* on the mandated services required by the Health and Social Care Act 2012 to be provided, or commissioned, by public health departments in local authorities.

Proposals

The report does not include any proposals, though it highlights some areas where health could be improved, e.g. stop smoking, reducing weight and increasing exercise.

Implications

There are no financial implications of this report.

Conclusion

Members are asked to note the Report of the Director of Public Health - *Health at the Heart of the Community*

Appendix

1. Health at the Heart of the Community – The Annual Report of the Director of Public Health for London Borough of Hackney and the City of London Corporation 2013/14

Background Papers:

None

Dr Penny Bevan

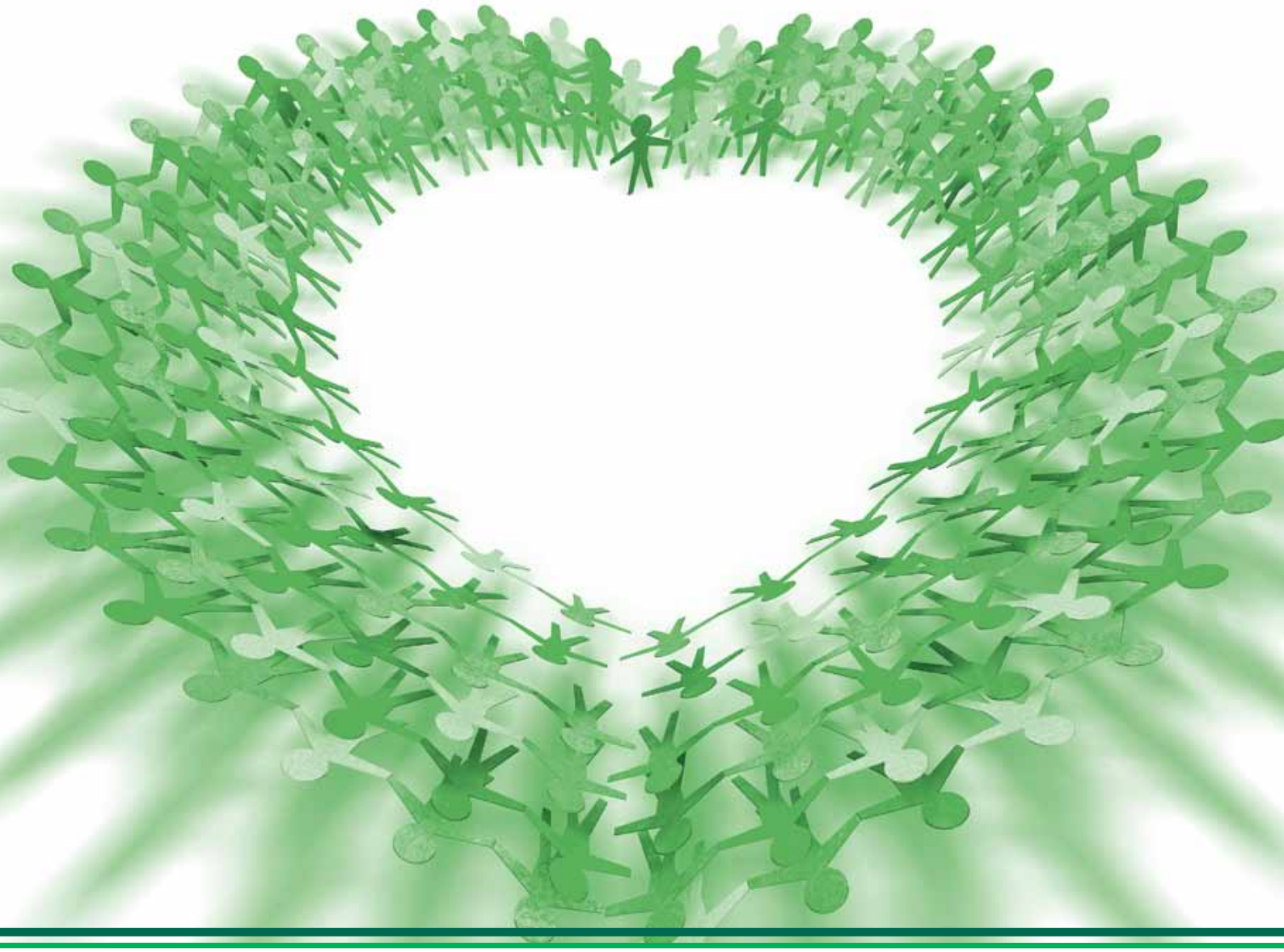
Director of Public Health for Hackney and City of London.

020 83564167
penny.bevan@hackney.gov.uk

Health

at the heart of our community

The Annual Report of the Director of Public Health for London Borough of Hackney and the City of London Corporation 2013/14



Hackney Town Hall

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The majority of statistics in this report are taken from the City and Hackney Health and Wellbeing Profile 2014 (Joint Strategic Needs Assessment) www.hackney.gov.uk/jsna

1. Introduction from Dr Penny Bevan, Director of Public Health

Good health is the foundation of a fair, prosperous and happy society. Improving the health and wellbeing of the population can be a catalyst for positive change in many areas of our lives. This report comes at a time of great change, great challenge and huge opportunity. It is an exciting time to be working in public health.

In April 2013, responsibility for public health moved from the NHS to Local Government so many decisions about how best to promote healthy lifestyles and prevent ill health are now taken by the Council. These changes to the way health services are managed and delivered have created an unparalleled opportunity for health objectives to be included in the work of other local services - such as libraries, leisure, planning, transport, housing and welfare.

Integration at the local level strengthens our ability to work together to tackle the underlying issues that lead to ill health. It is a credit to the London Borough of Hackney and the City of London Corporation that the public health function has been given such a warm welcome. The transition process has been complex and there is still much work to do, but we are seizing the opportunity to make a difference. I am confident that as the public health function settles into local authorities we will continue to strengthen our partnerships, improve the quality of our services and increase value for money.

The London Borough of Hackney has made huge improvements in the last few years. In a 2013 survey 71 per cent of residents agreed that Council services were good quality overall, which was a twenty point increase on 2005. Many of the indicators of good health are also improving. For example immunisation rates are steadily improving, TB incidence has halved since 2004, and rates of smoking, childhood obesity and adult obesity, although still high, are moving in the right direction.

Hackney's diversity is one of its most important assets – nine out of 10 of Hackney residents agree that people from different backgrounds get on well together. There is a strong sense of community engagement and the borough benefits from a vibrant civil society with many active, innovative voluntary organisations.

The City of London is a unique place with several population groups occupying one small area. As well as the 7,400 residents, over 360,000 people travel into the City of London every day to work. There are also large numbers of students, visitors and rough sleepers - each group has different needs and health issues.

I am pleased that we have kept the longstanding link in health services between Hackney and the City of London during the transition process. I am eager to take advantage of that strategic partnership to improve health outcomes in both areas.

The ability to innovate is a huge asset that both Hackney and the City of London have to offer. The location of these areas close to the heart London, the large number of young people and the high concentration of creative and technology industries gives us a unique context within which to work. We are striving to harness the passion and creativity in our communities and use that to help drive our work in new directions and help us to solve problems that had previously seemed intractable. At the same time, we face significant challenges to health and wellbeing. We are still living with huge economic uncertainty, reduced Central Government funding and pressure for councils to make savings.

At an individual and household level, people are feeling the impacts of welfare reform, and many people are struggling to make ends meet. We know that the lower a person's social and economic position and the more deprivation they experience, the worse his or her health will be. Tackling this health inequality – which is a result of deeply ingrained social inequalities – must be our top priority and requires action across many areas including employment, education, welfare and housing.

Health and Wellbeing Priorities

As well as the overarching equity challenge, the Health and Wellbeing Boards have established a number of priority health issues that, although not unique to the City and Hackney, are responsible for more than their fair share of our ill health.

Despite relatively low rates of excess weight in adults, Hackney has among the highest **childhood obesity** rates in the country. 26.3 per cent of children were overweight or obese by the time they reached reception class, aged just four or five years old. Obesity is a complex issue, but we know that talking to families and instilling the values and behaviours of a healthy lifestyle while a child is very young will make a huge difference later in life. It is the best way to tackle inequality.

Smoking is a huge challenge in both areas. In Hackney the number of people who smoke is 25 per cent higher than the national average and in some of the communities in the borough almost half of men smoke. As a result we have among the highest rates of death from lung cancer and heart disease in London.[1] In the City a large proportion of the workers coming into the area smoke and helping them to quit is a top priority.

Our new responsibilities as a public health team mean protecting **mental health** and wellbeing as much as physical health. The mental health needs of a population as diverse as the City and Hackney are extremely complex and it requires a joined-up approach to providing information, advice, services and treatment. Supporting residents who are at risk from stress, depression and anxiety and supporting those who are not coping is one of our most important priorities.

Our elderly residents, particularly those who are living with **dementia**, have specific needs. Enabling them to have a good quality of life and supporting their families and carers is a key element of our work in the City and Hackney.

As the City is a dense urban area located at the centre of London's transport network, it suffers from very poor **air quality.** Particulate matter and nitrogen dioxide levels are both high. Some areas of Hackney face the same problems. As a result, residents are at risk from conditions such as COPD and asthma, particularly those who are vulnerable such as the very old or very young.

These health priorities form the basis of the Health and Wellbeing Boards' strategies, and are the focus of our public health work. My objective is to work in partnership with health providers serving both local authorities' populations to drive significant improvements in health, and to engage and support as many of our residents as possible in making positive changes and to take responsibility for their own health and wellbeing.

This is my first annual report as Director of Public Health for City and Hackney. I'd like to take this opportunity to show my gratitude to the staff and partners who helped ensure the successful transition of public health and who will support the continuing programme of work.

I'd like to thank the public health teams in the London Borough of Hackney and the City of London Corporation, the City and Hackney Clinical Commissioning Group (CCG), the NHS East London Foundation Trust, the Homerton University Hospital Foundation Trust and Barts Health NHS Trust, the members of the Health and Wellbeing Boards and particularly their Chairs, Cllr Jonathan McShane in Hackney and The Revd Dr Martin Dudley in the City of London.

[1] Hackney's Standardised Mortality rate for Lung Cancer is 75.1 per 100,000. 5th worst in London. Standardised smoking Attributable Deaths from Heart Disease 40.7 per 100,000. 3rd worst in London. Source: Public Health England, Local Tobacco Profiles: www.tobaccoprofiles.info

2. Public Health in the City and Hackney back in local authority control

The last 12 months have seen significant changes in the way health services are delivered across the country. The Health and Social Care Act (2012) created new statutory organisations, new decision-making bodies and transferred public health functions to local authorities.

In Hackney and the City this means that there are changes to the way that decisions about health care are made and how health services are commissioned. The ultimate aim is to make significant improvements to health and to better integrate the provision of health and social care services. All the individuals and organisations involved in the changes continue to work hard together to improve the health of those who live, work or spend their leisure time in the City and Hackney.

The objectives of the NHS reforms that brought about these changes were two-fold. First, to give more decision-making power to GPs, who have the best understanding of local health needs, and second to change the focus from treating sickness to actively promoting good health. The creation of Clinical Commissioning Groups, which replace Primary Care Trusts, was the response to the first, and the transfer of public health to local authority control was the response to the second. The changes bring local leadership and accountability to the very heart of the new system.[2]

Hackney Council and the City of London Corporation now have a team of public health experts working on the wider determinants of health to promote health and prevent ill-health, headed by the joint Director of Public Health. Their responsibilities cover health issues that affect a large proportion of the population such as promoting healthy eating and exercise, tobacco control, promoting mental health, and reducing substance misuse. Local authorities now have statutory responsibility for improving sexual health, delivering school health, providing Health Check Assessments for eligible residents and running the National Child Measurement Programme.

The City and Hackney Clinical Commissioning Group (CCG)

The CCG is responsible for designing local health services on behalf of residents. It does this by planning and commissioning (choosing and buying) hospital services such as operations and A&E, management of long-term conditions like heart disease, and diabetes, community health services and mental health services. It aims to improve health care for Hackney and the City of London residents and ensure the health care system is affordable and high quality and that patients are satisfied with the care they receive.

The CCG works with patients and healthcare professionals and in partnership with local authorities. Its governing body is a board made up of GPs, nurses and members of the public. All of the 211 CCGs in England are overseen by NHS England, which ensures they have the capacity and capability to provide safe, effective, quality assured and patient-centred services that their population needs and can meet their financial responsibilities.

www.cityandhackneyccg.nhs.uk

[2] Further details of the NHS reform are available on the Kingsfund website as part of their 'The NHS at 65' project. www.kingsfund.org.uk/projects/nhs-65

NHS England

NHS England is an executive non-departmental public body that is a semi-independent part of the Department for Health. Its role is to look at the health system from a wider national perspective. It has many responsibilities but the main ones are to commission primary care services from GPs and from NHS dentists, pharmacists and optometrists. It commissions a large range of specialist health services for conditions that affect a relatively small number of people and thus are not provided in every hospital. They co-ordinate the provision of these services across larger areas of the country in order to ensure access is equitable.

The transfer of public health to Local Government represents a unique opportunity. It will mean local services can work together to tackle issues that are known to have considerable impact on our health and wellbeing, such as housing, education, employment and the environment. In short, it will allow Hackney Council and the City of London Corporation to integrate public health across all the services they provide, and will facilitate effective collaboration, not only within the local authority but also with partners and the community. Funding for the local authorities' public health work comes from a Central Government grant.

To coordinate this new structure and way of working, Health and Wellbeing Boards have been established in both the London Borough of Hackney and in the City of London. These are made up of members of the community and leaders from across the local authority - including public health, adult social care and children's services, the CCG and Healthwatch, the local health watchdog. The aim of this board is to improve the health and wellbeing outcomes of local residents and reduce health inequalities.

Who is on the Health and Wellbeing Board?

The Director of Public Health for the City of London Corporation and the London Borough of Hackney sits on the Health and Wellbeing Board for both local authorities.

Hackney's Health and Wellbeing Board is made up of representatives from CCG, East London Foundation Trust, Homerton University Hospital NHS Foundation Trust, Councillors, the local authority's Directors of Health and Community Services and Children's Services, Healthwatch Hackney and the City & Hackney Health and Social Care Forum. It is chaired by the Cabinet Member for Health, Social Care and Culture, Councillor Jonathan McShane. Health and Wellbeing Board meetings are open to the public.

The City's Health and Wellbeing Board involves representation from elected members of the City of London Corporation; Officers of the City of London Corporation, including the Director of Community and Children's Services; the Director of Port Health and Public Protection; and the Assistant Town Clerk; the CCG; Healthwatch City of London and The City of London Police. It is chaired by common councilman, The Reverend Dr Martin Dudley. Public meetings are held every two months at the Guildhall.

A key responsibility of each board is to publish a Health and Wellbeing Strategy setting out the framework for how local organisations can work together to improve the health of its residents, and for the City, the large daytime working population as well. The strategies are based on the findings of the Joint Strategic Needs Assessment (JSNA), which are an analysis of local health needs and priorities. This provides the evidence to inform decisions on which services are needed where, in order that the Council and other health care providers can commission the most effective mix of services. As well as looking at the data, each strategy was developed through extensive engagement with public, community and voluntary sector organisations and residents.

For more information and details of the health and wellbeing priorities in each local authority please visit the following websites.

- City and Hackney Health and Wellbeing Profile (Joint Strategic Needs Assessment) **www.hackney.gov.uk/jsna**
- Hackney's Health and Wellbeing Strategy **www.hackney.gov.uk/assets/documents/Joint-health-and-wellbeing-strategy.pdf**
- City of London Health and Wellbeing Strategy **www.cityoflondon.gov.uk/services/adult-health-wellbeing-and-social-care/doctors-dentists-and-hospitals/Documents/Health-and-Wellbeing-Strategy.pdf**

3. Tackling Health Inequality

Hackney is a diverse and dynamic borough. Its population continues to grow and change bringing a host of opportunities, while at the same time creating new health challenges and magnifying existing ones.

Hackney is one of the most vibrant areas of the capital and has seen a recent increase in its working age population, much of that being people moving into the borough from elsewhere in the UK. Yet it is the over 65 years age group that is expected to increase the fastest in the next 25 years, as a result of increasing life expectancy and people tending to have fewer children. It is anticipated that demand for adult social care services for the elderly will continue to increase until 2030.

At the same time, Hackney is one of the most deprived local authorities in the country. Recent figures on the social and economic factors that cause poor health showed that Hackney, at 10.8 per cent, has above average rates of unemployment for London. Unemployment is bad for health. Unemployed people, particularly those who have been unemployed for a long time, have a higher risk of poor physical and mental health. Unemployment is linked to unhealthy behaviours such as smoking and drinking alcohol and lower levels of physical exercise. The detrimental health effects of a long period of unemployment can last for years.

Hackney also has a high percentage of the population claiming housing and other benefits, so the impact of current welfare reform policies will be significant. Reductions in housing benefits will impact Londoners more than the rest of the UK due to higher rents and cost of living. These changes are beginning to bite and could push many more Hackney households beneath the minimum income they need for healthy living. This is defined as being unable to pay for "needs relating to nutrition, physical activity, housing, psychosocial interactions, transport, medical care and hygiene."[3] Households living on less than this are likely to suffer poorer health outcomes.

[3] Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010 (The Marmot Review). London: Marmot Review Team.

There are children living in poverty in every ward in the borough.[4] Children born into poverty have increased risk of developing physical and mental health problems both immediately and throughout their lives. They are also likely to live in deprived households and be exposed to inadequate housing, poor diet, parental smoking, poor environmental conditions, and lack of access to public services.[5]

Health inequalities are closely related to social and economic inequalities. There is great inequality between Hackney and the rest of London and the rest of the country. Healthy life expectancy in the borough is 58 years for men, compared to 63 for London as a whole and 63.2 for England. Healthy life expectancy for women in Hackney is 60.3, compared to the London average of 63.8 and England average of 64.2. There is also inequality in life expectancy and other health indicators within Hackney between different income groups and geographies, although the gaps tend to be narrower.[6]

Although the City is often regarded as a prosperous area, it has some deprived communities and vulnerable people living side-by-side with wealthier residents. Rough sleepers are a particularly vulnerable group, with the City attracting the sixth highest number of rough sleepers in London, despite its small size.

Although a low number of people overall are claiming out-of-work benefits, local data show that 7 per cent of households with children have no-one working, and that 10 per cent of children live in a workless household. On the City's social housing estates, four in 10 working age adults are either job seekers or not actively seeking work, including 16 per cent who are unable to work because of long-term sickness or disability.

[4] The English Indices of Deprivation 2010, Department for Communities and Local Government: 2011.

[5] Mercer SW, Watt GC. (2007). 'The inverse care law: clinical primary care encounters in deprived and affluent areas of Scotland'. Ann Fam Med. 2007 Nov-Dec;5(6):503-510.

[6] Public Health England, Understanding inequalities in London's life expectancy and healthy life expectancy, January 2014.

The phrase 'City worker' conjures up an image of a highly-paid finance professional, but those working in the City are extremely diverse. Alongside the bankers are minimum wage zero-hour contract baristas, cleaners and retail assistants, as well as receptionists, security guards and other support staff who endure long commutes to the City but do not benefit from the high salaries or private health insurance schemes. These individuals often find it hard to access primary care health services at home and cannot afford to access private health providers in the Square Mile.

Improving the health of the poorest fastest

There is much that Local Government can do to combat health inequality. At a local level, differences in health outcomes are exacerbated by the fact that those who most need medical care are least likely to ask for or receive it. We are tackling the problem head on by taking services which promote or support health, such as stop smoking clinics and health checks, closer to those who need them. At the same time we are making progress towards embedding public health considerations into all Council services to address the underlying causes of ill-health.

Health at the heart of the community

Hackney residents are set to get services to help them improve their health and their lifestyle much closer to home when Hackney Health Hubs are launched on four estates later this year. The health improvement services will be provided by health professionals and cover issues such as health checks, smoking cessation and sexual health. The four Hackney Health Hubs will be supported by a team of community health coaches - residents who will be trained to help people in their communities find ways of leading healthier lifestyles.

Integrated Care and the Better Care Fund

Public health and its partners in health and social care are formulating a joint Better Care Fund Plan. This will set out how the pooled Better Care Fund budget will be used to facilitate closer working between the different functions and deliver a system of care that spans physical health and wellbeing, mental health, social care and voluntary care.

Co-ordinated care and support that is centred on the individual needs of residents is at the heart of Hackney's health and wellbeing strategy. Our long-term vision for integrated care is for as many people as possible to benefit from planned system changes, but our immediate focus will be on those who need it most, particularly older people who are frail or have long-term conditions, people with mental health issues and people with dementia.

The key objectives for integrated care in Hackney are:

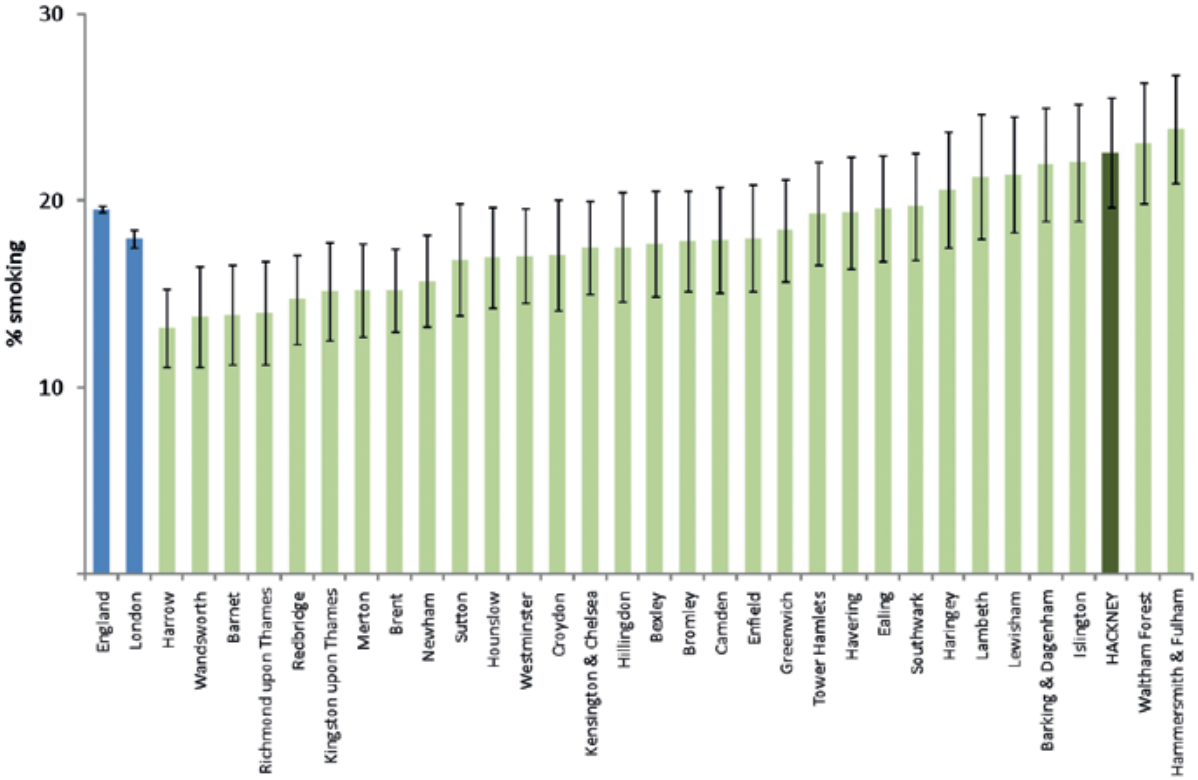
- Working together to design and develop services with local providers, community groups, users and carers.
- Promoting independence by redesigning co-ordinated services in a way that supports people to remain within their communities.
- Meeting patients' expectations by delivering care to high standards of quality and safety.
- Improving productivity by maximising opportunities and minimising waste through joint commissioning and delivery of services.

4. A Smokefree future for Hackney and the City

Smoking is the single greatest cause of preventable illness and death in Hackney. Reducing the number of people who smoke is the most important and effective thing we can do to improve the health of our residents. In 2012, 22.6 per cent of Hackney residents were smokers - the third highest figure of any London borough and three percentage points higher than the national average of 19.5 per cent.[7]

Between 2008 and 2010, there were 246 deaths per 100,000 residents every year that could be attributed to smoking. It is responsible for the majority of deaths from lung cancer, bronchitis and emphysema, and about 17 per cent of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking and it doubles the risk of stroke compared to non-smokers. Female smokers go through the menopause up to two years earlier and are at a greater risk of developing osteoporosis. It is a cause of impotence in men. As well as the cost to health and health services, the estimated cost of lost productivity from smoking related sick days in London is £356 million.

Fig 1: Smoking prevalence by borough 2012



Source: Tabacco Control Profiles

[7] Public Health England Tobacco Profiles - www.tobaccoprofiles.info

Two-thirds of all smokers say they want to quit, so we are making it as easy as possible to get support by providing user-friendly accessible stop-smoking services. We support national campaigns, such as No Smoking Day and Stoptober and ensure that those important messages reach our residents. We're also implementing policies to reduce risks from second hand smoke, to encourage businesses to go smokefree and are implementing a Smokefree policy for Council staff.

Accessible Stop-smoking Services

Petra Muzikova provides stop smoking advice at the Stop While You Shop clinic in Dalston Kingsland Shopping Centre

Last year, over 4,500 people in Hackney used our stop-smoking services to set a quit date and 35 per cent of them had successfully quit four weeks later. Residents who wish to give up smoking are offered a six week support service, followed by 12 weeks of either nicotine-replacement therapy, such as patches, gum, inhalers, sprays, or Champix, a drug which specifically helps people to stop smoking. This service is offered by practice nurses at GP surgeries and pharmacists. We also offer tailored stop-smoking services for pregnant women and a specialist health psychologist is available to help those with serious addictions who may also be suffering from mental health problems.

As well as the traditional setting of a GP surgery or pharmacy, we have brought stop smoking services to the more unusual settings of supermarkets and a shopping centre. The Stop While You Shop service has been running in Morrison's in Stamford Hill and Dalston Kingsland shopping centre twice a year in September/October and from January to March since 2012. This service put stop smoking advisors in the places people visit every day, removing any barriers that travelling to the GP surgery might create. Stop While You Shop services have shown excellent results - almost 500 people set a quit date in 2012/13 and 64 per cent of them were still not smoking four weeks later.[8]

Stop Smoking GP hubs increase access and efficiency

Small groups of neighbouring GP Practices have been working together to create two pilot Stop Smoking hubs in Hackney. Patients registered with a GP in any practice in the group can be referred to a weekly specialist Stop Smoking service offered by the hub clinic. The service is therefore available to a wider pool of potential quitters, offering a better quality, better value and more effective service overall. So far the GP hubs have seen a combined quit rate of 53 per cent, with 43 smokers using the service to set a quit date and 23 were still not smoking four weeks later.

[8] 474 people set a quit date in 12/13 and 302 had still quit at 4 weeks.

Quitting makes sense in any language

There is a clear need to tailor stop-smoking services to different communities. Research conducted with the Turkish community found smoking rates up to 46 per cent.[9] A survey conducted with the Vietnamese community showed that 83 per cent of smokers had tried to quit more than once, normally without help.[10] Working with our partners, Shoreditch Trust, we provide one-to-one appointments in four languages - Turkish, Somali (pictured), Vietnamese and Polish at various times and locations throughout the week. In 2012/13 a total of 375 people set a quit date with the help of Shoreditch Trust services and 190 (51 per cent) were still not smoking after four-weeks.

Enjoy the Outdoors Smokefree

Following the successful ban on smoking indoors in public places, an increasing number of authorities are introducing voluntary codes to establish smokefree areas outdoors, such as playgrounds, cafés and entertainment venues. This lowers the risk of second-hand smoke, particularly for children, reduces litter and fire risk and can help to shift public perceptions of smoking.

A voluntary smokefree ban has been implemented in all children's play areas located in Hackney's Green Flag parks. Five further areas of Clissold Park in Stoke Newington, which are heavily used by children, will be designated Smokefree in spring 2014. Further areas of parks, gardens and estates in the City and Hackney are also being identified to go smokefree in consultation with residents, users and stakeholders.

Hackney Council reinforces its own Smokefree policy

The Council has reviewed its Smoking and Tobacco policy to strengthen the rights of employees and service users to work and receive services in a smokefree environment. Employees are not permitted to smoke during work-time and while on duty, whether they are based in Council premises or principally work outdoors. Alongside the introduction of this new policy in April 2014, we are supporting Council employees to quit by bringing stop-smoking services to Council offices and offering ongoing support. The objective of this new policy is for the Council and its employees to set an example throughout the borough by leading the way in tackling the harm caused by smoking.

[9] Shoreditch Trust and Derman, Community Insight Into Turkish and Kurdish smoking related behaviour and attitudes in Hackney, October 2013

[10] Vietnam Laos Cambodia Community Centre, Community Insight Research in the Borough of Hackney, Smoking in the Vietnamese Community, October 2013.

Smoking in the City

There is no comprehensive data available on smoking prevalence among City residents but a study commissioned in 2009 of City workers' smoking habits found a strong relationship between smoking and stress.[11] A third of respondents said stress was the reason they smoked and 44 per cent said they smoked mainly at work. For these reasons City workers are a prime target for stop smoking support. Fewer people smoking would reduce unplanned absenteeism and increase productivity, as well reduce premiums for those firms that provide private health insurance.

The City Tobacco Control Alliance is delivering an effective and comprehensive tobacco control programme that includes a Healthy Workplace offer to support businesses to improve the health of their employees. The City is also rolling out many of the national Smokefree campaigns such as Stoptober and Smokefree homes and cars. Additionally, the City of London Corporation has started to pilot a Fixed Penalty Notice Referral Incentive initiative whereby smokers who drop cigarette butts on the street or who smoke in a smokefree area are fined but offered the opportunity for a refund, in the form of vouchers, by attending a stop smoking service and quitting.

[11] 2009 study commissioned by NHS City and Hackney to investigate City workers' smoking habits and their views of the stop smoking services

5. Healthy Weight

The number of people in Hackney who are overweight or obese is a serious cause for concern. Almost half of the adult population is carrying excess weight and one in four children are overweight by the time they reach the age of just four or five years old. The causes of obesity are multiple and complex – as well as diet and activity levels, everything from age, gender, education, stress, media consumption, peer pressure, travel options and personal safety have an impact. Reducing obesity is a vitally important challenge. We are working together with organisations like the Hackney Council for Voluntary Service and the Hackney Learning Trust and other areas of the Council to better understand and tackle the problem.

Healthy, Active Children

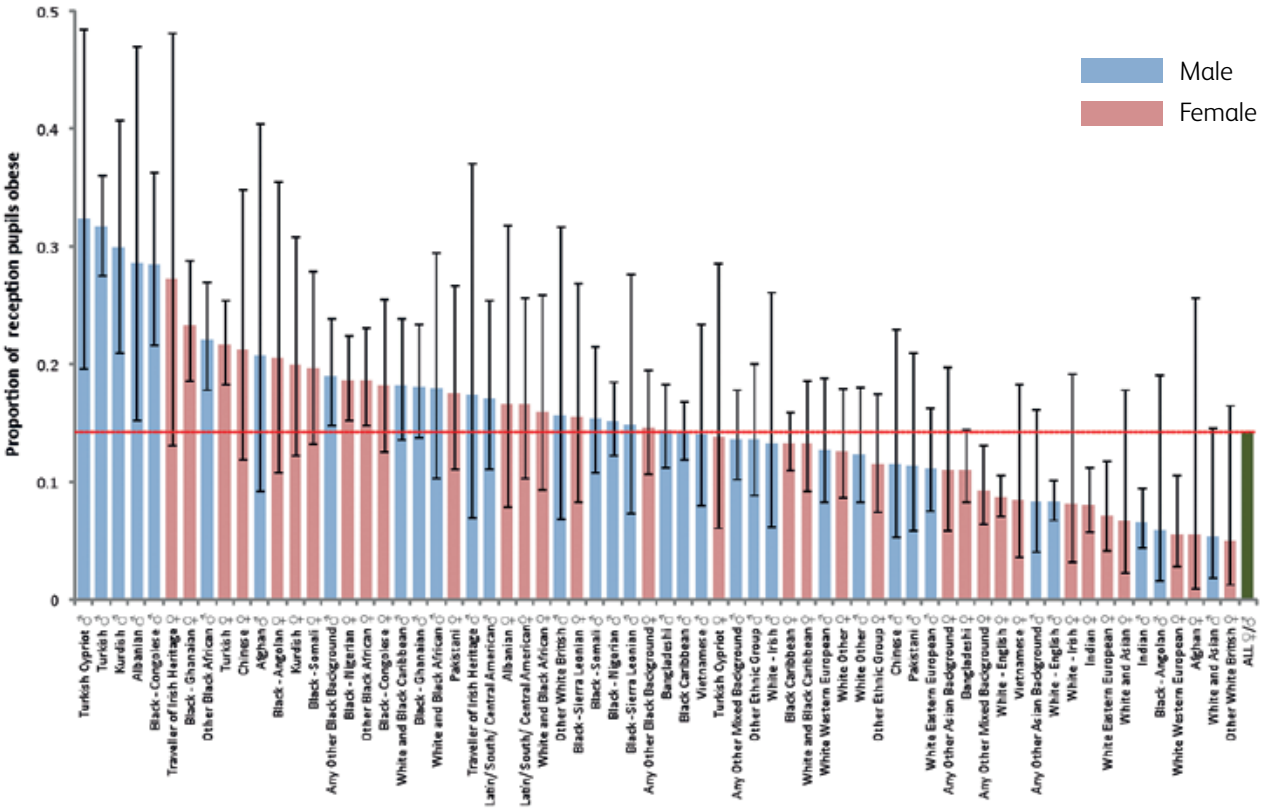
The latest results of the National Child Measurement Programme (NCMP), which tracks the height and weight of children in reception and year six, showed a small decline in the proportion of overweight children in Hackney and the City but this remains well above the average for London and England

In 2012-13, 26.3 per cent of children in reception year were overweight or obese, down from 28.1 per cent in 2010-11 but still above the 23 per cent average for London and 22.2 per cent average in England. Among those children in Year 6, aged 10 or 11 years old, 41.2 per cent of the children measured were overweight or obese. The comparative figure was 37.4 per cent for London and 33.3 per cent for England. The NCMP data also reveals that boys had higher levels of obesity than girls. Turkish Cypriot and Turkish boys had the highest rates of obesity. When looking at both genders Black ethnic groups consistently had the highest rates of obesity and Asian ethnic groups the lowest, though within these broad categories, there is also considerable variation. Figure two overleaf shows the breakdown in greater detail.

The NCMP has its limitations. Only those attending state maintained schools currently have their height and weight recorded. In Hackney it is estimated that around 31 per cent of Hackney's school age population, including the majority of Charedi children, attend independent schools so their data is not captured.[12] In order to get a truer picture, the next time the NCMP is run we will be expanding the coverage and piloting the programme in six independent schools.

[12] NHS City and Hackney National Child Measurement Programme (NCMP) Report, City and Hackney PCT: 2012 (unpublished).

Figure 2: Proportion of children in reception class who are obese by ethnicity and gender



Source: National Child Measurement Programme Combined data from 06/07 to 11/12

Obesity rates linked to deprivation

There is a clear relationship between the prevalence of child obesity and deprivation in both age groups across the country and across the local authority area.[13] The NCMP results show that children identified as obese are more likely to live in the poorest areas in Hackney. It's vital that every child gets the best start in life and the effects of child poverty on childhood obesity can be seen as early as pre-school years. We are targeting our resources on the youngest children with the aim of preventing them from becoming obese between reception year and year six. As well as diet and exercise, our response to childhood obesity incorporates behavioural and social factors, including parents being overweight and smoking during pregnancy, which leads to an increased risk of being overweight at age 4.5 years.[14]

[13] As classified using HMRC proportion of children in low income families for Middle Super Output Areas (MSOAs)

[14] Dubois L, Girard M. Early determinants of overweight at 4.5 years in a population-based study. Int J Obes (Lond) 2006 Apr;30(4):610-617.

Figure 3.1: Obesity in Reception (aged 4-5 years)

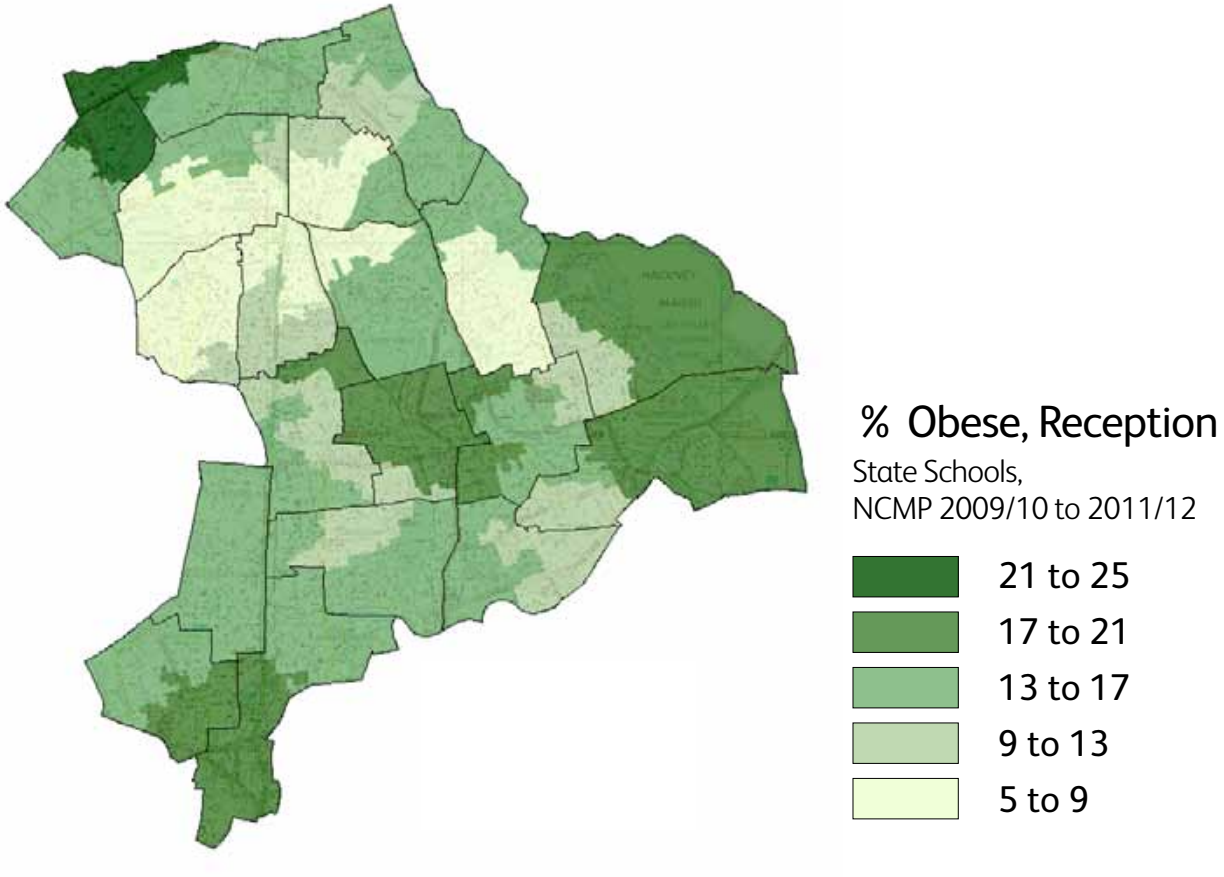
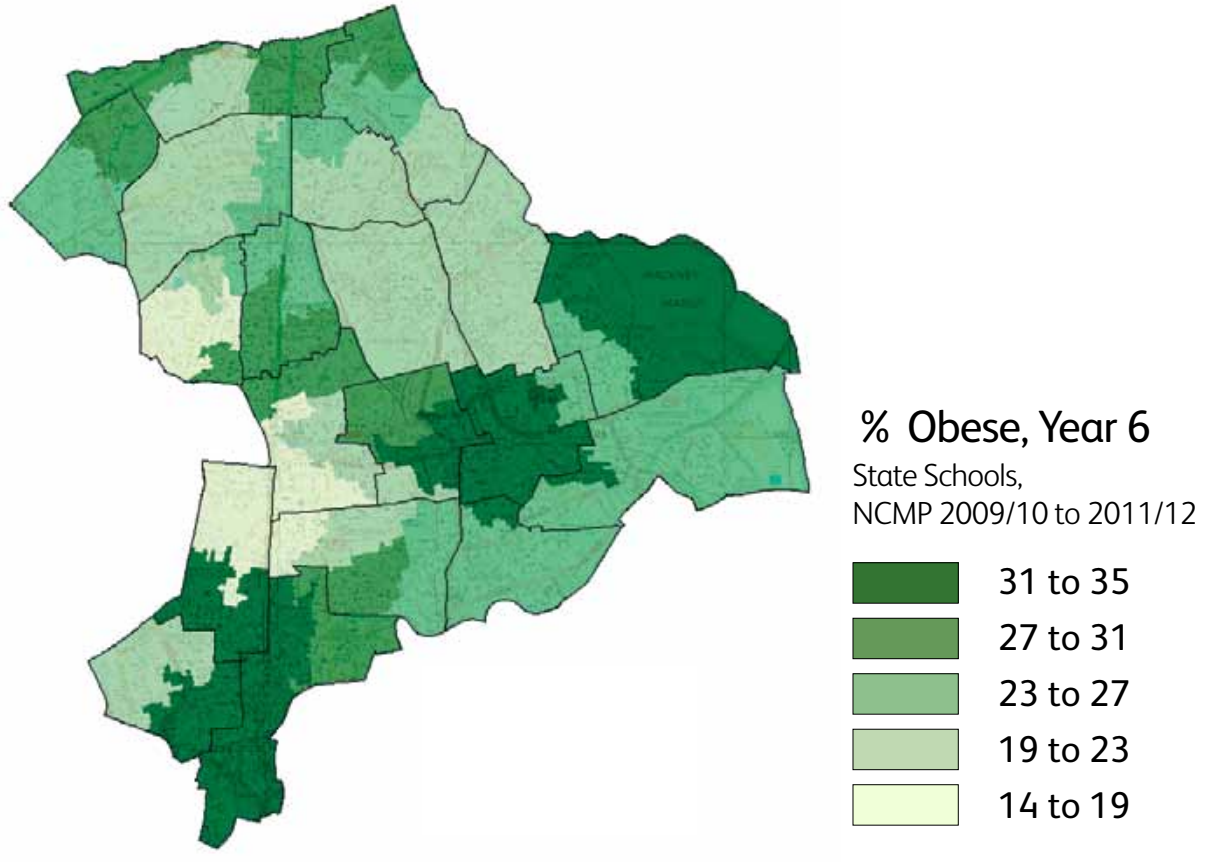


Figure 3.2: Obesity in year 6 (aged 10-11 years)



Source: National Child Measurement Programme

Giving Every Child the Best Start in Life

Establishing healthy eating and lifestyle patterns early in a child's life is crucial - what happens in pregnancy and the early years can lay positive foundations for lifelong health and wellbeing. Evidence suggests that working with parents in the pre-natal period and until their child is two years old is effective in reducing obesity.[15]

The Get Hackney Healthy project, which brings in partners from the Hackney Learning Trust, Homerton University Hospital and the CCG, is a co-ordinated childhood obesity intervention tackling the direct and underlying causes of excess weight at the same time. At a strategic level it has seen the development of a framework for reducing childhood obesity and promoting healthy lifestyles that will guide service delivery across the Council. It puts the objective of increasing healthy eating and physical activity among children, young people and families at the heart of the Council's work.

Meanwhile we have introduced specialised training for health and education practitioners who work with young children and parents in the borough. Get Hackney Healthy incorporates a number of specific programmes including the Health Heroes schools programme, the Health and Nutrition for the Really Young (HENRY) programme (see boxes on page 20 and 21) and expansion of the Playstreets initiative, which sees roads closed to traffic to allow children to play safely. These direct interventions are accompanied by a borough-wide communications campaign and programme of activities to encourage residents to join the Change4Life movement and help create a healthier Hackney.

A Healthy Start for All

Good nutrition is another vital element of giving children the best start in life, which is why the national Healthy Start vitamins scheme has been extended free-of-charge to every pregnant woman, every new mum and every child under four years old in City and Hackney. The scheme has been re-launched and registrations are now backed by a new database that will enable better monitoring and targeting for increasing take-up of the scheme. The ultimate aim is that every eligible mother and child in the area will receive the health benefits of better nutrition.

[15] Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial. Li Ming Wen, Louise A Baur, Judy M Simpson, Karen Wardle, Victoria M Flood. BMJ 2012;344:e3732 doi: 0.1136/bmj.e3732. (Published 26 June 2012).

Health Heroes

The Health Heroes programme was introduced in seven schools to address the interconnected challenges of boosting physical activity levels, increasing use of green spaces, reducing the amount of time children spent on 'screen time' and encouraging active travel. This has meant the introduction of new breakfast, lunchtime and after-school sports sessions, training more teachers to deliver PE activities, and providing opportunities to do gardening. There is also a focus on healthy eating by working with catering staff, introducing fresh fruit and vegetable stalls, food co-ops and healthy cooking classes for parents.

Chantal Minzan and her daughter Shalom, 8, shopping at the food co-op at Saint Dominic's, which was established as part of the Health Heroes project.

Breastfeeding

Breastfeeding is the best form of nutrition for infants to ensure a good start in life. Initiation rates in Hackney and the City are very high; 91.3 per cent of mothers initiated breastfeeding compared to 86.8 per cent for London and 73.9 per cent for England. At six to eight weeks, City and Hackney has the highest number of mothers still breastfeeding in England at 83.3 per cent (51.5 per cent exclusively and 31.8 per cent partially). This compares to the national average of 47.2 per cent of women breastfeeding (32.2 per cent exclusively and 15 per cent partially).

breastfeeding welcome scheme

To encourage and help mothers to breastfeed, there are nine weekly drop-in breastfeeding groups, delivered by Homerton University Hospital, which run across the borough in children's centres and other easy-to-reach locations. The service is looking for ways to access hard to reach mothers and hoping to give breastfeeding training to volunteers from ethnic minority communities.

Hackney is a strong supporter of the Breastfeeding Welcome scheme which helps public venues to be more welcoming to breastfeeding mums. There are currently 90 locations in the borough that are accredited or in the process of doing so - including cafes and restaurants, a travel agent, a photography studio, libraries and Hackney City Farm. A Facebook page and a Twitter account (@HackneyBFW) were launched in October 2012, to recruit new volunteers and encourage new venues and businesses to sign up.

Health Exercise Nutrition for the Really Young (HENRY)

The HENRY programme is based on the principle that physical activity and eating habits are shaped early in life. It is an eight-week programme for small groups of parents and carers of children aged up to five years. It provides them with information and skills to create a healthy family lifestyle, covering topics such as healthy eating, portion sizes, reading labels, activity ideas and parenting skills.

HENRY classes have been run all over the country and are having great results. HENRY not only deals with obesity but helps to tackle inequalities, supports and empowers families and provides a healthy start for children. There are 17 trained staff that are able to run HENRY parent groups in Hackney, including a Turkish speaker. Ten groups were delivered last year – reaching almost 100 parents or carers - and six more will run in the first half of 2014.

Tackling Adult Obesity

New figures released in February showed that Hackney, at 48.7 per cent, had the fourth lowest percentage of overweight or obese adults in England. But this still means that almost half of adults in Hackney are over their healthy weight and have an increased risk of developing type 2 diabetes, heart disease, arthritis, hypertension and certain cancers.

The Council takes its responsibility for protecting residents' health very seriously. As well as providing parks, leisure facilities and cycle routes to help people stay active outdoors, we offer a range of services including walking, swimming and sports activities and an exercise on referral scheme.

Healthwise - Exercise on Referral

In partnership with the leisure provider, Better (GLL), Hackney is delivering an exercise referral scheme called Healthwise. Residents are eligible if they have developed or are at risk of conditions such as heart disease, hypertension, diabetes, depression or obesity.

Those referred by a doctor or health professional are given access to high quality, affordable leisure facilities and advice on nutrition and healthy lifestyles. It takes place at the Britannia, Kings Hall and Clissold Leisure centres and over 1,200 residents have already started a personalised programme. A similar scheme operates in the City of London, delivered by Fusion Lifestyle and taking place at the Golden Lane Sport and Fitness Centre.

Well London

Woodberry Down Estate, North Hackney

Well London is supporting residents of Hackney's biggest estate, Woodberry Down, to improve their health and well-being. Delivered by Manor House Development Trust, Well London has worked with residents to develop and deliver activities including healthy eating classes, a community garden, walking groups, cycling classes, stress management sessions and creative art workshops. Volunteering to help deliver the project has improved residents' confidence and practical skills.

Community Kitchens

As part of a drive to make the most of existing assets to improve health, Hackney is developing the Community Kitchens programme. A number of community centres on estates already had refurbished kitchens for all residents to use, so a series of healthy cooking classes has been introduced to use them to their full potential. The Friends Who Do Lunch classes, aimed at over 50 year olds, are at the heart of the most disadvantaged communities and are easy and free for residents to attend.

Participants are taught about nutrition and cooking skills, and are shown how to make their budget go further by using alternative, cheaper ingredients and cooking for the freezer.

Local resident Elif Bakici (left) and her translator Nevin Vessey, join the Friends Who Do Lunch cooking club at New Kingshold Community Centre.

6. Mental Health

Mental health is as important as physical health in promoting wellbeing. Hackney and the City of London have disproportionately high numbers of people with serious mental health needs. Younger people, those of Black-Caribbean or Pakistani origin, migrant groups, refugees and asylum-seekers are more likely to suffer from mental illness. There are also strong associations between poor housing and mental health problems and higher rates of psychiatric admissions and suicides are seen in areas of high deprivation and unemployment. All of these factors and at-risk groups feature strongly in Hackney's demographic make-up and contribute to a high level of need amongst residents in relation to their mental health and use of drugs and alcohol.

Responsibility for mental health services is shared between the local authority, the CCG and the East London Foundation Trust, along with service providers and voluntary sector organisations. There are different needs at different levels of the population.

Members of the Health and Wellbeing Boards have prioritised mental health and outlined the need for a new innovative approach to providing mental health and substance misuse services. Work to assess the mental health needs of residents and to understand that need in the context of the latest academic evidence has been commissioned. As this report went to press, the outcome of the assessment was being compiled and will be used to design and commission the most effective combination of mental health and substance misuse services for the population.

The needs assessment will include the findings of a series of 56 face to face and telephone interviews with a representative group of stakeholders. It goes beyond identifying gaps, deficits and problems to identify the assets, skills, strengths, social capital and knowledge of individuals and communities. The report and recommendations will be finalised in early summer 2014.

Integrated Mental Health Network

The Council's mental health service provision is based on in-depth engagement with current providers and service users. It will support adults with mental health problems and those at risk of developing them through an Integrated Mental Health Network managed by a lead provider.

The prevention component of the service will work pro-actively with people with common mental illness and mild to moderate needs for up to one year. It will offer early intervention and a range of services to promote mental wellbeing, including talking therapies, and prevent individuals from developing the need to access more intensive support. There will also be a recovery and social inclusion component for people with serious or enduring mental health conditions to promote recovery. Support and activities will be offered for up to two years to help service users to access employment, education and training services.

Children and Adolescent Mental Health Service (CAMHS)

Local organisations have reported an increase in young people aged 11- 25 years to requiring mental health support to deal with issues such as family and relationship breakdowns, depression, anxiety and stress. The aim of our work is that all children and young people in Hackney and the City enjoy good mental health and are resilient enough to deal with changes and difficulties in their lives.

Child and Adolescent Mental Health Services are commissioned as a partnership between City and Hackney CCG and Hackney Council's Children and Young People's Services department. Services are delivered using a range of providers working in an integrated way, and supported by specialist provision where needed. The arrangement is underpinned by a framework that outlines the key principles of accessibility, responsiveness, early intervention, value for money and working together.

For further details see: **www.hackney.gov.uk/Assets/Documents/CAMHS_Framework_2013_-_2015.pdf**

Substance Misuse

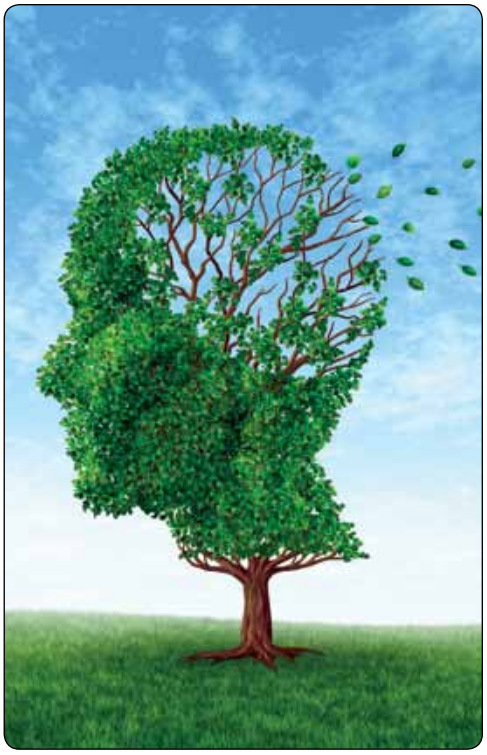
The Hackney Drug and Alcohol Action Team (DAAT) is responsible for commissioning and coordinating drug and alcohol treatment services across Hackney. It works with partners to reduce the harm caused by substance misuse to individuals, their families and communities. The latest data showed that there were around 1,300 drug users in structured treatment in Hackney in 2011/12, of which four fifths were heroin or crack cocaine users. Nearly all clients (97 per cent) were able to get treatment within three weeks.

Local data on alcohol consumption is limited but population estimates indicated a relatively high rate of abstinence and that binge drinking was lower than the England average, but higher than London average. There were 476 people being treated for alcohol misuse in Hackney in 2011/12. Over half (54 per cent) were parents or carers for children under 18 years.

DAAT's support is available by telephone, online or through drop in sessions at locations around the borough. The DAAT team offer an extensive range of services including advice and information, counselling, a service for young people, benefits and housing advice, assessment for treatment, needle exchange, health support, complementary therapies, blood borne virus testing from a specialist nurse.

More details are available at **www.hackneydaat.org.uk**

7. Dementia



Around one in three people over the age of 65 years will get dementia. Dementia has been prioritised by Central Government and there is a national strategy in place to improve awareness and understanding of the condition and deliver a step-change in the provision of care so that people with dementia can live well for longer. In Hackney and the City our strategy is to increase the number of cases that are diagnosed early and provide a high quality intervention for all.

Services for older residents, including those with dementia, are delivered by Adult Social Care. The Public Health team works closely with our colleagues to ensure all the health needs of our older residents are met. Hackney Council has signed up to the Manifesto for a Dementia Friendly London and last year developed a health and social care pathway for people with dementia. The Council's dementia work will expand during 2014/15 including support for the national 'Dementia Friends' programme and training of cultural services staff.

The Alzheimer's Society is active in Hackney and the City and was supported during 2013/14 with increased funding from the CCG to enable the development of the Dementia Adviser service linked to GP clusters. Alzheimer's Society staff helped to develop two Dementia Friendly Environment projects in Hackney.

Adult Social Care has ensured that, where applicable, those with dementia have care packages and access to telecare products to enhance their independence. Support to their carers takes place through respite care and access to carer assessments and short breaks.

More detail is available in the Adult Social Care commitment statement available here: **www.hackney.gov.uk/Assets/Documents/Adult-Social-Care-Services-commitment-statement.pdf**

The City of London is set to publish its 'A Dementia Friendly City' strategy that details its delivery of dementia services until 2015. The strategy aims to improve diagnosis and support for those with dementia, as well as to create a 'Dementia-Friendly City', where residents and business will show understanding and awareness of the disease and offer support in a respectful and meaningful way.

8. Air Quality

Air pollution can have serious consequences for the health of people and the environment. The main source of air-borne chemicals and particles affecting people in our areas is exhaust fumes, particularly from diesel vehicles and standing traffic, but emissions from boilers, homes and businesses are also significant.

In the City and Hackney, concentrations of nitrogen dioxide remain above national maximum targets.[16] There is growing evidence that high levels of air pollution can cause damage to the airways and lungs, trigger asthma attacks, cause heart attacks, and lead to premature death for people who are already ill. This is a significant problem, given the areas' high rates of illness and hospital admissions due to respiratory problems. Long term exposure can increase the risk of cancer.

As pollution particles pass into the blood and travel through the body they may cause inflammation in many organs, and they are also associated 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 existing heart and respiratory disease. There is particular concern for children and babies in prams who breathe air at the level of exhaust pipes. In the City, 9 per cent of deaths can be attributed to long-term exposure to PM2.5, fine particles in the air that can be inhaled deep into the lungs. In Hackney that figure is 7.8 per cent.

A co-ordinated response across the local authority

In 2011, the City of London published a new air quality strategy for the Square Mile. This included taking steps to reduce emissions and pollutants from its own buildings and vehicles and encouraging businesses to do the same via the CityAir project.[17] The City runs two award schemes to encourage best practice - the Sustainable City Award for Air Quality and the Considerate Contractor's Environment Award.

The City considers air quality when making decisions in many areas of public policy including traffic management, planning, and construction/demolition. It is considering using parking policy to influence the type of vehicles coming into the Square Mile and is reducing emissions from taxis by improving the design and usage of taxi ranks. From January 2012, drivers of any vehicle who fail to turn off their engines when waiting or parked are issued a Fixed Penalty Notice in a bid to reduce emissions from idling vehicles. Figure 4 clearly shows high levels of nitrogen dioxide (NO2) in relation to the main traffic routes in the City of London.

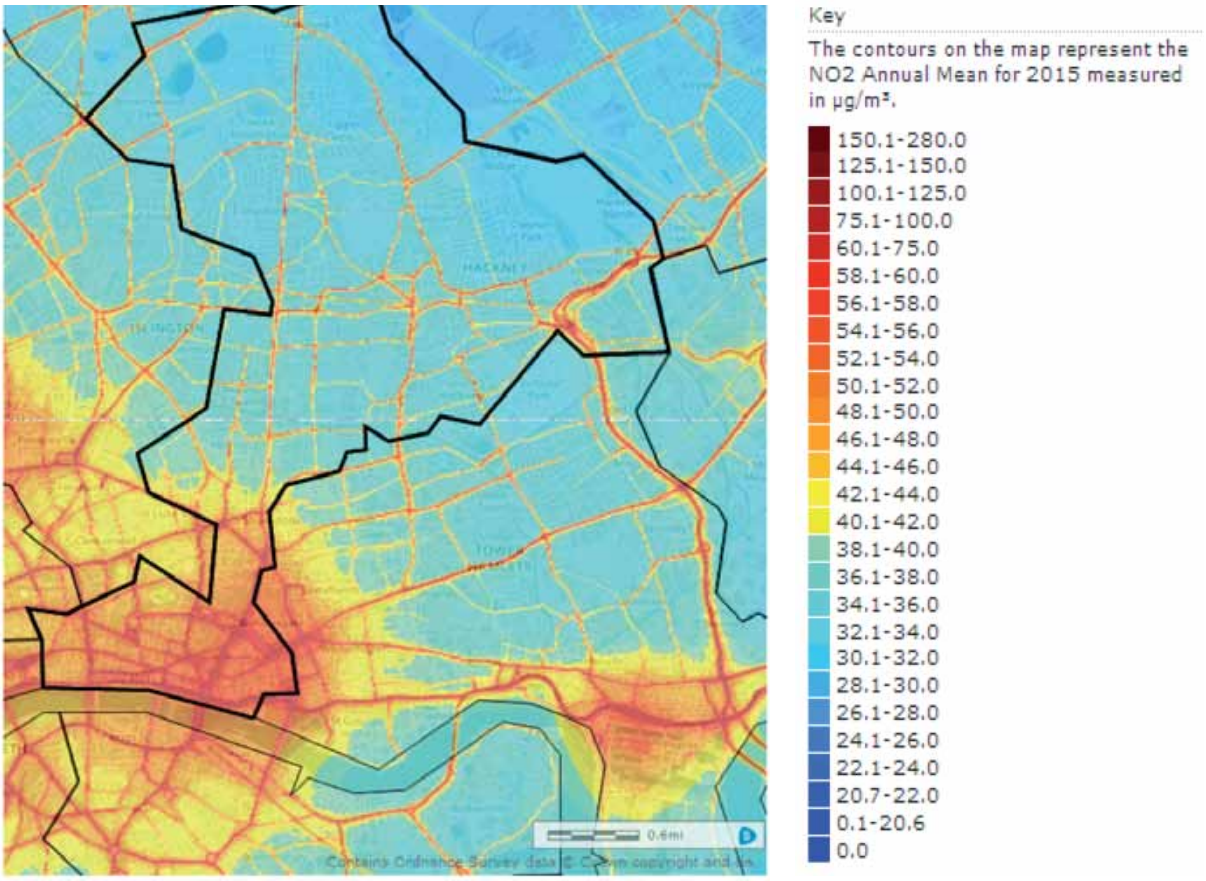
Hackney Council published its first action plan to improve air quality in 2006 and is updating it this year. Two areas are getting particular attention – the Green Action Zone South project along defined transport routes and the Zero Emissions Network in Shoreditch, an initiative that supports businesses to improve air quality. The action plan includes particular focus on working with schools near busy roads.

Air quality is a London-wide issue, so both Hackney and the City of London are working closely with the Mayor of London, other London Boroughs and the Government to make improvements across the capital.

[16] For details of Air quality monitoring results please see – 2013 Air Quality Progress Report for City of London Corporation, April 2013, and Local Air Quality Management: 2011 Air Quality Progress Report, London Borough of Hackney, 2011

[17] City of London Air Quality Strategy 2011-2015

Figure 4: Nitrogen dioxide levels are highest along main transport routes



Nitrogen dioxide modelling for 2015, Environmental Research Group, Kings College London.

Cycling: The health benefits of active travel

Cycling is a healthy, low cost and environmentally friendly way to travel. Hackney prides itself on being a cycling-friendly borough – it has the highest number of people cycling to work in London and has joined up its public health and transport strategy. As well as providing cycle routes throughout the borough, the Council offers free cycle training and holds an annual cycling conference. Hackney was recently awarded transport borough of the year in the 2014 London Transport Awards in recognition of cycling innovation including cycle parking and monitoring progress through cycle counters and apps.

Evidence suggests that for the average individual, the health benefits of cycling were significantly larger than the risks relative to car driving – taking both air pollution and traffic accidents into account.[18] Walking and taking the train have lower levels of exposure to pollutants but less benefit from exercise. Sitting in a bus or car has the same exposure as cycling whilst some areas of the underground are up to three times higher.

[18] Johan de Hartog, et al Do the Health Benefits of Cycling Outweigh the Risks?Environ Health Perspect. 2010 August; 118(8): 1109–1116. Oja et al. Health benefits of cycling: a systematic review www.ncbi.nlm.nih.gov/pubmed/21496106

9. Delivering Local Public Health Services

Local authorities have considerable freedom to allocate their public health grant in whatever way will best suit the needs of the local population but there are certain services that must be delivered according to a government mandate. These legally mandated services are those that are critical to the running of an effective local health system or that require a uniform service to be provided across the country. They include the annual production of a Joint Strategic Needs Assessment (see page eight) the National Child Measurement Programme (see page 16), appropriate access to sexual health services and the provision of NHS Health Check assessment, which are outlined below.

Although not part of the portfolio of mandated services, responsibility for health services such as school health and dental checks have now also transferred to the Council as part of the reforms. This offers an opportunity to align and integrate these services with the rest of the public health work as outlined below.

Sexual Health

Hackney Council commissions a range of sexual health services across the borough for adults and young people. This includes family planning and contraception, screening for HIV and Sexually Transmitted Infections, emergency hormonal contraception from community pharmacies and comprehensive sexual and reproductive drop-in health services. These are available from a choice of locations including GPs, pharmacies, specialist sexual health clinics and teenage-only health clinics. Sexual health services are free, confidential and, in some cases, those who visit can use them anonymously.

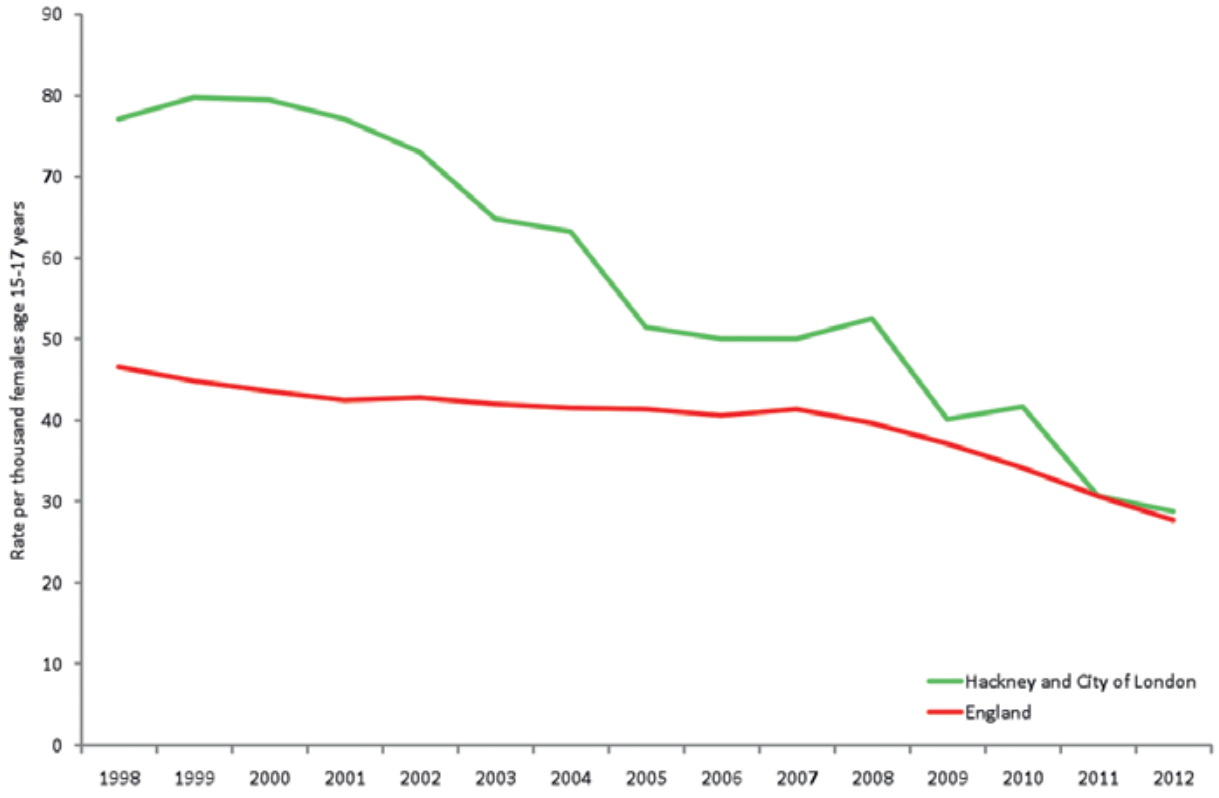
Hackney works with young people to promote good sexual health and reduce teenage pregnancy. Our work includes supporting schools to improve their sex and relationships education, dedicated clinical services for teenagers and safer sex advice with free condoms via pharmacies, youth services and clinics. City and Hackney Young People's Service (CHYPS+) provides a weekday walk-in advice service for teenagers and runs a weekly clinic at a number of youth hubs. This work is showing good results. The rate of teenage pregnancies in Hackney is continuing to fall – it dropped 6.2 per cent during 2012, and has fallen by 63.8 per cent since the national teenage pregnancy strategy was launched in 2000.

Come Correct

Hackney is part of the London-wide condom distribution scheme for young people called "Come Correct" which provides access to free condoms in a variety of outlets, such as pharmacies, youth clubs and colleges across the borough.

Over the last 12 months, more than 80,000 free condoms have been provided to under-25s in the borough. Once a young person has registered they can collect free condoms or get advice from any participating outlet displaying the Come Correct logo. Outlets are all listed on **www.comecorrect.org.uk** and an app with the same information will be available soon.

Figure 5: Rates of conceptions in women under 18 years old, 1998–2012



Source: Public Health England

Health Checks

The NHS Health Check programme aims to keep people healthier for longer by helping them to avoid, reduce or manage their risk of heart disease and strokes - the most common causes of death in England and Wales. The check involves a brief medical history, a review of key personal details and lifestyle questions about smoking and alcohol use. There are also tests for cholesterol, blood pressure, Body Mass Index (BMI) and a diabetes risk assessment. The results will provide health professionals with a clearer picture of residents' health and their risk of developing diseases.

NHS Health Checks are aimed at everyone between the age of 40 and 74 years who have not been previously diagnosed with heart disease, hypertension, stroke, diabetes or kidney disease. The test is likely to be carried out by a practice nurse, healthcare assistant or local pharmacy. Those taking the test may be given advice on a healthier lifestyle or medical treatment by their GP.

It is anticipated that GP practices in Hackney will achieve the annual target of inviting 20 per cent of eligible residents to attend a Health Check. However there is some variability in performance between different GP practices, which could be masking a widening of inequality. As the Health Checks programme expands we will be seeking ways to address this potential disparity.

Dental Checks

Good oral health is a key part of a child's health and is one of the Government's public health priorities. Poor oral health can cause pain and disease and can lead to difficulties in eating, sleeping, concentrating and socialising as well as school absence and time off work for parents.

The latest figures in Hackney show an increase in the percentage of five year old children who experienced tooth decay from 29.7 per cent in 2008 to 31.4 per cent in 2012. In December 2013, 44 per cent of children and young people had been seen by a dentist in the previous 24 months, similar to the rate for the previous year. Attendance has improved over the last six years but is still below the London average of 62 per cent.

Hackney is implementing oral health improvement initiatives including a fluoride varnish programme which has reached 3,200 children aged three to six years old in 57 nurseries and primary schools, a 'brushing for life' programme for children aged one to two years old and an oral health promotion programme in schools and children's centres. We are training health, education and voluntary sector professionals in oral health and working with the orthodox Jewish community on an oral health programme.

School health

Responsibility for health in schools has moved to the local authority, providing an important opportunity to improve the health of pupils across the borough. The Council will closely align school health work with other key services for children and young people – including schools, children's centres, children's social care, the virtual school for Looked After Children and integrated youth provision.

In close consultation with partners, including head teachers, we have designed a suite of new services that focus on getting the basics of school health right - the safeguarding elements, the health offer for looked after children, delivery of the National Child Measurement Programme, school entry health checks and a robust school health service for disabled children and those with additional needs.

We are in the process of commissioning the first of these – the brand new Safeguarding School Health Service, and a new Looked After Children's Health Service. Over the next year we will be creating a new Children and Young People's Health Service, consolidating the basics with a holistic offer to support the wider health needs of our City and Hackney children and young people.

Guildhall, City of London

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Committee(s):		Date(s):
Health and Wellbeing Board	- For Information	18 July 2014
Subject: Pharmaceutical Needs Assessment draft delivery plan		**Public**
Report of: Director of Public Health		**For Information**

Summary

- The Health & Wellbeing Board has a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015.
- A PNA contains information about local need, current community pharmacy services and gaps in provision.
- The PNA will be used by NHS England to commission future pharmacy services in the borough. The information contained in the PNA will also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.
- The process involves a statutory public consultation period of 60 days.
- This paper proposes a plan for delivery of the PNA within the prescribed timeframe.

Recommendation(s)

Members are asked to:

- approve the draft delivery plan

Main Report

Background

1. Pharmaceutical Needs Assessments (PNAs) are used by the NHS, Clinical Commissioning Groups and local authorities to commission community pharmacy and related services. NHS England is responsible for making decisions on applications to open new pharmacies and dispensing appliance contractor premises; the PNA document informs these decisions at local level.

2. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for producing PNAs.[1]

[11] http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations

3. Hackney and the City's Health and Wellbeing Boards (HWBBs) have a statutory responsibility to produce a revised Pharmaceutical Needs Assessment (PNA) for the local area by 1 April 2015. The last PNA was produced by the former PCT in April 2011.

4. Each HWB is required to produce its own individual PNA: therefore, the process will be conducted jointly with Hackney (as much of the work will be similar for both areas) but separate assessments for each area will be carried out and presented side-by-side.

5. This paper outlines the requirements for the production of a revised PNA and a proposed plan for delivery.

Proposed Delivery Plan

Information requirements

6. The PNA will collate and analyse the following information in order to assess the adequacy of existing services and identify any gaps to meet current and future need:
   - socio-demographic characteristics of the local population (current and forecast)
   - geographical mapping of pharmacies across localities
   - description of existing pharmacy services
     - nationally commissioned (by NHS England) services – 'essential' (dispensing, health advice, self-care support), 'advanced' (e.g. Medicines Use Reviews) and 'enhanced' services (e.g. out-of-hours services)
     - locally commissioned services, including public health services (e.g. smoking cessation and weight management)
   - description of other relevant services that may impact on local need (e.g. GP dispensing, services in neighbouring HWBB areas).

7. Feedback from individual community pharmacists and the public (residents and workers) is also essential in determining the effectiveness of current provision in meeting local health and wellbeing needs.

8. It is important that the PNA is aligned with and informed by other local plans, strategies and needs analysis, including City & Hackney's Health and Wellbeing Profile (the local Joint Strategic Needs Assessment) and the JSNA City Supplement.

Stakeholders

9. The Regulations set out the key stakeholders that must be consulted with as part of the PNA process. These include:

- City & Hackney (and neighbouring) Local Pharmaceutical Committee
- City & Hackney (and neighbouring) Local Medical Committee
- City & Hackney CCG
- NHS England and Area Team
- Individual pharmacists (including Boots the Chemist)
- City of London Healthwatch and Hackney Healthwatch and other public/patient representative groups
- NHS Trusts and Foundation Trusts – including Barts Health NHS Trust, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust

10. Other relevant partners will also be consulted to inform the assessment of future need for pharmacy services - including housing, town planning, economic development and social care services. In the City, pharmacies are often used for health advice by City workers who are unable to see their home GPs. Changes in provision to GP services will therefore also have an impact on pharmacy use within the Square Mile.

Implementation

11. Production of the 2015 PNA will be led by a Task and Finish Group, chaired by City and Hackney Public Health, the proposed membership of which is set out below.

Core Member	**Function**
C&H Public Health Consultant	Chair and quality assurance
City of London Health and Wellbeing Policy Manager	City of London representative and consultation implementation
Project Manager (LB Hackney)	Coordination and operational delivery
C&H Public Health Intelligence team leader/analyst	Data analysis and mapping
LB Hackney communications/consultation team	Consultation design and implementation
C&H Public Health Strategist	Report writing

12. It is proposed that the Task & Finish Group be supported by a 'virtual' Steering Group, members of which will be sent regular update reports by email and invited to comment on the action plan, consultation materials and the draft PNA document. The virtual Steering Group will consist of the following members:

- City & Hackney CCG
- City & Hackney Local Medical Committee
- City & Hackney Local Pharmacy Committee
- City of London and Hackney Healthwatch

- NHS England

13. NHS England will be a key partner in providing access to data on commissioned services.

14. We will also draw on the expertise of an independent pharmacy specialist who was commissioned to develop City & Hackney's previous PNA, primarily at the action-planning and report-writing stage.

15. The HWBBs will provide an oversight and governance function. The HWBB sponsor will be Dr Penny Bevan, Director of Public Health.

Process of review

16. The PNA will be reviewed on a regular basis, with a full revision every three years, in line with statutory guidelines.

Draft timetable

17. The Task and Finish Group will meet monthly to monitor progress and ensure timely delivery of all aspects of the PNA, as set out below.

Action	**Date(s)**	**Lead responsibility**
Agree delivery plan	July 2014	Hackney HWBB City of London HWBB
Review 2011 PNA and develop action plan	July 2014	Task & Finish Group
Analysis of related local needs analysis, plans and strategies	July-August 2014	City & Hackney Public Health
Socio-demographic data analysis and geographical mapping of community pharmacists	July-August 2014	City & Hackney Public Health
Descriptive analysis of current and planned pharmacy services	July-August 2014	City & Hackney Public Health
Stakeholder feedback surveys* - design	July-August 2014	City & Hackney Public Health (with LB Hackney comms/consultation team)
Stakeholder feedback surveys* – implementation & data processing	August-September 2014	LB Hackney comms/consultation team (with City & Hackney Public Health) CoL Health and Wellbeing Policy Manager

Gap analysis and writing draft report	August-October 2014	City & Hackney Public Health
Formal consultation on draft report (all stakeholders)	October-December 2014	City & Hackney Public Health
Post consultation amendments	January 2015	City & Hackney Public Health
HWBB sign off final PNA	February/March 2015	Hackney HWBB City of London HWBB
Publication and launch of PNA	March 2015	LB Hackney comms CoL Health and Wellbeing Policy Manager

*To include surveys of individual pharmacists and local residents

Engagement and Involvement

18. Outline engagement and consultation arrangements are described in this document. A detailed engagement and consultation plan will be developed by the Task & Finish Group as part of the broader PNA action plan.

Financial Considerations

19. The independent pharmacy advisor may require payment on a consultancy basis. A small communications and marketing budget will also be required for consultation purposes. Financial outlay will not exceed £10,000 and will be met out of the existing public health budgets.

Legal Considerations

20. NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the statutory requirements for Health and Wellbeing Boards to produce a PNA for the local area by 1 April 2015. Failure to produce a PNA by this date will lead to legal challenge.

Equality Impact Assessment

21. Equality in access to services will be considered as part of the PNA.

Background Papers:

None

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Committee(s):		Date(s):
Health and Wellbeing Board	- For Information	18 July 2014
Subject: Healthwatch City of London Annual Report 2013/14		**Public**
Report of: Healthwatch City of London		**For Information**

Summary

The attached report Healthwatch City of London Annual Report 2013/14 provides an overview of the activities of Healthwatch during its first year.

Recommendation(s)

Members are asked to:

- Note the Healthwatch City of London Annual Report 2013/14

Main Report

Background

The Secretary of state requires that local Healthwatch organisations must each publish an annual report that covers the following areas:

- Contact details
- Involvement of the community and volunteers in Healthwatch activities, including the diversity of local views sought as part of Healthwatch activities
- Finances
- Impact on local health services
- Any submissions made to the CQC, information requests, or involvement in local inspections
- Health and wellbeing board involvement

Current Position

The attached report Healthwatch City of London Annual Report 2013/14 provides an overview of the activities of Healthwatch during its first year.

Proposals

The report does not include any proposals.

Implications

There are no financial implications of this report.

Conclusion

Members are asked to note the Healthwatch City of London Annual Report 2013/14

Appendix

1. Healthwatch City of London Annual Report 2013/14

Background Papers:

None

Sam Mauger

Chair of Healthwatch City of London

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healthwatch
City of London

Healthwatch City of London
Annual Report 2013/14

Any enquiries regarding this publication should be sent to us at Healthwatchcityoflondon@ageuklondon.org.uk

You can download this publication from www.healthwatchcityoflondon.org.uk

Contents

Summary

Healthwatch is the new consumer champion for health and social care in England. It gives local people a voice on the issues that affect them.

Healthwatch makes sure these views and experiences are heard by those who run, plan, deliver and regulate all aspects of health and social care. This covers hospitals, GP services, dental services, pharmacies, optical and hearing services, podiatry, public health and any service which impacts on people's health and wellbeing.

Healthwatch City of London was established in April 2013 with the aim to help local people get the best out of their local health and care services.

We are all about City residents', students' and workers' voices being able to influence the design and delivery of local services. We want to make sure the views and experiences of all people who use services are gathered, analysed and acted upon to make services better now and in the future. This includes people who sometimes struggle to be heard, not just those who shout the loudest.

Healthwatch City of London:

- Provides people with information, about local health and care services. We signpost people to enable them to access and make choices about their local services.
- Gathers and represent the views and experiences of people in the City of London on how services are delivered. We use this evidence to influence the way services are designed and delivered to meet the needs of local people.

Summary

> We want to make a real difference to the people of the City of London's lives through championing the health and wellbeing of its residents and workers.
>
> **Samantha Mauger**, Chair of Healthwatch City of London

- Has a seat on the City of London Health and Wellbeing Board, and works closely with the City and Hackney Clinical Commissioning Group (CCG), the City of London Corporation and statutory and voluntary agencies to influence how services are set up and commissioned.
- Reports information and any concerns about the quality of health and social care to Healthwatch England, which can then recommend that the Care Quality Commission (CQC) take action.

Healthwatch City of London is hosted by Age UK London. Its work is informed by local residents, workers, students and health and social care professionals. As part of our work during this first year we have also established an experienced Board of Trustees who will drive and oversee the work of Healthwatch City of London.

Statutory activities

Statutory activities

Healthwatch City of London has had a very busy and exciting first year establishing itself as the new consumer champion for the square mile.

During the first few months we established our place as part of the local Clinical Commissioning Group and Health and Wellbeing Board, where we have been representing the views of residents, workers and other local people to inform decision making.

Our work on these Boards has already started, and we were recently able to influence the Health and Wellbeing Board to include depression as a strategic priority - something which City residents have told us is extremely important to them. It also falls within one of Healthwatch City of London's priorities, which have been developed from feedback provided by City workers and residents. As a result of this input we are planning to focus on improving services around dementia, mental health issues, community services and integrated care during 2014/15.

We have made sure we are represented on some of the key decision making boards in the City such as the Joint Strategic Needs Assessment (JSNA) working group and the Adult Advisory Group, paving the way to enable the views of local people and workers to be represented and crucially, for decisions that affect City people to be fed back to them. This work will be increasingly important as Healthwatch City of London enters its second year and we are able to measure the impact our involvement is having in the longer term.

We are also excited about being part of the Excellence in Older People's Care programme at Barts Health NHS Trust. This is one of the major healthcare providers for older City residents needing hospital care and we look forward to representing their views and helping to get these incorporated into service design and delivery.

Although only a year into our activities, Healthwatch City of London has already had considerable impact, through our work connecting with City residents and workers. In December we held a joint event with the City of London Corporation, the outcomes of which were agreed as:

- Creation of two new posts in the City of London Adult Social Care team that will work flexibly with hospitals and GP surgeries used by City residents to co-ordinate and link-up services and improve the process of hospital discharge.

Statutory activities

- Review of the work and role of community based groups commissioned by the City to make sure they are meeting residents' needs and are helping the City to tackle social isolation and deliver better, more timely, care and support.
- Review of the support and advice given to carers to make sure it meets their needs.
- Mapping of the City's health and care information systems so that we can improve the process of communications and data sharing.
- Mapping of the care pathways for City residents and workers to make sure that they all deliver a better patient experience and better outcomes.

Our work to date has also focused directly on some of the services used by City residents.

A recent example arose from a visit to Newham University Hospital where we noted a lack of mental stimulation in the wards for older people. We worked with Healthwatch Newham to make a request that the hospital address this. Subsequently, our views have been incorporated into the recommended improvements put to the hospital Board and we are awaiting confirmation that the hospital will install televisions and provide additional forms of stimulation.

The work of Healthwatch City of London is highlighted on the dedicated website we have established (which has generated over 5000 unique visits in year one) and in quarterly newsletters. This allows people to hear directly from decision making Boards and have access to the information to make choices about their own healthcare.

88% of all City residents consider themselves to be in good or very good health. However, around 1 in 8 households have a disability or suffer long term health problems[1].

Engaging with people

Engaging with people

Healthwatch City of London has been extremely busy meeting with statutory organisations, voluntary groups, schools and residents groups in accessible venues all across the square mile to gather the views and experiences of a wide range of people living and working in the City.

We have been able to introduce people to Healthwatch City of London and let them know what we are all about and how we are relevant to them at a number of information events, open days, residents' days and community venues. Information stands, discussion groups, talks at existing group meetings, workshops and focus groups have all been used to make sure we reach as many people as possible. During this first year we have focused on engaging with a number of different groups, which are 'seldom heard', for example, older people and ethnic minority groups.

We are working to enable the views of people at both ends of the age spectrum to be fully represented in our work and we are part of both the Adults' and Children's Safeguarding Boards in the City.

Our partnership with Crossroads Care Central and North London is helping us to reach younger people in City schools. So far we have made links with four schools with plans underway to talk to students about Healthwatch and what it means for them.

We have established a partnership with City Gateway, who run youth services for the City of London and we are always looking for locations and events in the city that will help us connect with younger people and get their views and experiences. A key aim for 2014/15 is to develop a Youth Forum to feed into our work.

We meet with older peoples' groups, including the Barbican, Golden Lane and Middlesex Street Estate residents' groups,

which represent a number of the older people resident in the City. This enables us to represent their views and also feedback on the outcomes of discussions with commissioners and service providers.

The CQC inspection of Barts Health NHS Trust has led us to challenge them about care and dignity on the wards. As a result we are now working with them to promote the care of older people in hospital wards and consulting with these older residents about their priorities.

Portsoken ward is one of the most deprived wards in the City and home to a large number of non-English speakers. We work closely with the community worker who acts as an interpreter to reach out to this Bangladeshi community.

Already our work has identified issues with a large proportion of women reluctant to use the GP surgery because of a lack of translating services and male healthcare workers. Consequently, we are investigating the possibility of block health screening with female healthcare workers and translators.

We are currently in the process of finalising our formal engagement strategy and are planning to further extend our reach in year two by focusing on engaging workers in the City of London. Early work on this has established a partnership with Bank of America Merrill Lynch and we now have a permanent information stand in their staff canteen. In 2014 we are aiming to develop staff champions to disseminate information about Healthwatch throughout the organisation.

The role of volunteers and lay people

The role of volunteers and lay people

Healthwatch City of London is very fortunate to benefit from the involvement of a growing number of volunteers who have been enrolled through our ongoing recruitment programme.

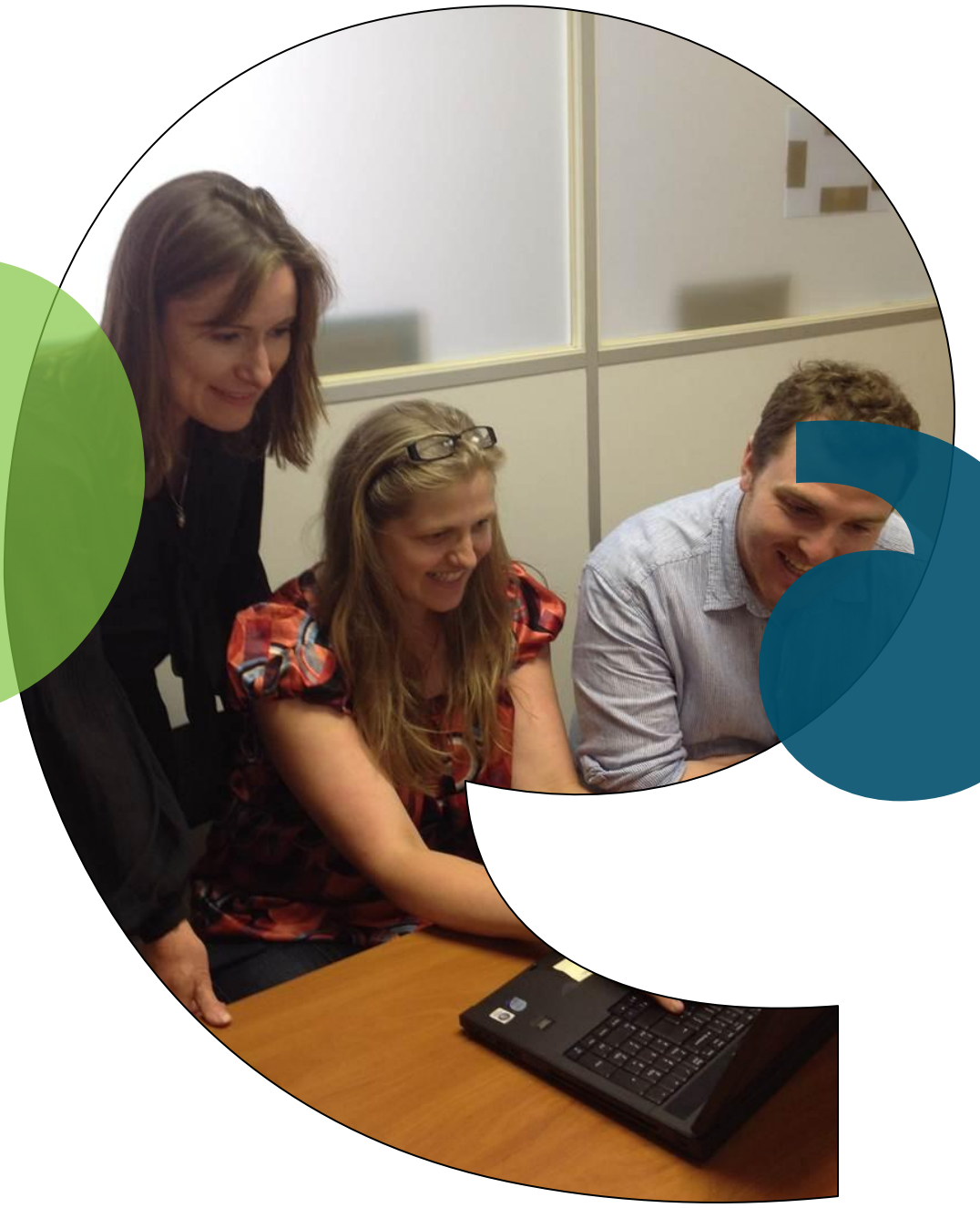
Volunteers have played a substantial role on behalf of Healthwatch City of London, representing the views and priorities of local residents and workers at events and meetings across the square mile, as well as feeding back the outcomes of our work. This includes representing Healthwatch City of London on the City and Hackney CCG Patient and Public Involvement Group, making sure that City people's views are heard and incorporated.

We have also recruited a volunteer to pioneer our use of social media and all things digital, including updating and expanding our website. This is helping us promote Healthwatch to residents and workers all over the City, and encouraging people to get involved.

Another Healthwatch City of London volunteer is part of a Knowledge Transfer Partnership between the City of London and Goldsmiths College and provides the City person's view in response to consultations and statutory plans.

Healthwatch City of London is governed by a Board who are all volunteers and donate their time to help us. The Board receives the comments and views from City people and has used this to develop our Mission Statement and priorities for 2014/15.

We have also developed good relationships with various community workers who have interpreted for events with non-English speaking groups in the East of the City. We rely on the feedback from members of the public living and working in the City to tell us the good, the bad and what needs to change in relation to health and social care in the City. We work to collect and interpret views and to identify how, when and where we can feed them into the health and social care structures we are a part of, in order to make a difference.



Use of statutory powers

Use of statutory powers

The majority of health and social care facilities for City residents are outside the City of London.

However, we always promote and attend the Care Quality Commission (CQC) listening events for health and social care services used by residents just outside the borders. For example, we have submitted comments on services at the Homerton hospital to the CQC as part of their listening process and always ensure our staff and volunteers represent the views and comments of City residents.

We also recently undertook a survey in respect of acute services at the Royal London Hospital and outpatient services at St Bartholomew's and Whipps Cross University Hospital, to feed responses to the CQC for their inspection of Barts Health NHS Trust. This was useful in identifying specific areas where improvements could be made and concerns identified for the CQC to examine on their visit.

Enter and View is undertaken for specific reasons relating to information received. As there are few facilities within the City boundaries there were no Enter and View visits undertaken during this first year of project activity. We have not received any requests from neighbouring Healthwatch organisations either, although all Board members have received training on Enter and View and Safeguarding Adults.

We have joined the Health and Social Care Scrutiny Committee and the Quality Surveillance Group, giving us opportunities to raise any relevant issues.

Over 20%

of City workers report suffering from depression, anxiety or other mental health conditions[1]

Use of statutory powers

We meet regularly with Barts Health NHS Trust and other relevant local Healthwatch to discuss the resolution of the CQC inspection reports and finances. However, no recommendations were made to Healthwatch England to advise the CQC to undertake reviews or investigations.

We are continually gathering the views of people who live and work in the City through our range of consultation workshops and listening events, so that we can use them to bring about real change.

Being effective on our Health and Wellbeing Board

Being effective on our Health and Wellbeing Board

> We want to hear more about the services that are available for residents!
>
> Female City resident

Healthwatch City of London has established a credible and active role as part of the local Health and Wellbeing Board during this first year.

Our Chair is the Healthwatch member of the Health and Wellbeing Board and input from Healthwatch City of London a standing item on the agenda.

The Chair has been supported through the Peer Network meetings for Health and Wellbeing Board representatives and also by being part of the Health and Wellbeing Board development programme.

The Chair receives information and reports from the Corporation, voluntary and statutory meetings, reports on quarterly activity and regular staff update meetings to inform and support her at these meetings. Additionally, members of City of London Healthwatch are able to support the Chair in her role through their regular governance meetings.

360,000 people work in the City.

But only 7,600 live there (8770 including people with second homes[1].

Contact and financial information

Table heading showing statement of activities for the year ending 31 March 2014

	Restricted 2013/14 £	Unrestricted 2013/14 £	Total 2013/14 £	Total 2012/13 £
Income				
City of London Corporation	64,678	00000	64,678	00000
Interest receivable	00000	00000	00000	00000
Total Income	64,678	00000	64,678	00000
Expenditure				
Charitable activities:	44,063	00000	44,063	00000
Crossroads Care Central and North London	10,000	00000	10,000	00000
Overheads	10,709	00000	10,709	00000
Total costs	64,772	00000	64,772	00000
Net income/(expenditure) for the year	(94)	00000	(94)	00000
Fund balances brought forward	00000	00000	00000	00000
Fund balances carried forward	(94)	00000	(94)	00000

Balance sheet as at 31 March 2014

	2013/14 £	2012/13 £
Fixed Assets		
Tangible assets	00000	00000
Current Assets	00000	00000
Debtors		
Cash at bank and in hand	00000	00000
Total current assets	00000	00000
Creditors (amounts falling due within one year)	00000	00000
Net current assets	00000	00000
Total assets less current liabilities	00000	00000
Provisions for liabilities and charges	00000	00000
Net assets	00000	00000
	00000	00000
Unrestricted funds	00000	00000
General income funds	00000	00000
Designated income funds	00000	00000
Total charity funds	00000	00000

Contact and financial information

Notes

The contract to provide services to Healthwatch City of London is in the name of Age UK London and is incorporated in their accounts.

The company Healthwatch City of London does not trade and has no assets or liabilities of its own.

The amounts shown in the statement of activities for the year on the attached schedule have been extracted from the accounts for Age UK London.

The role of Crossroads Care Central and North London is to engage with individuals and groups in the City, focusing on those aged under 21. They are to contracted to gather and represent their views and priorities to Healthwatch City of London and ensure outcomes from commissioners and service providers are fed back to them.

Contact details

Healthwatch City of London is registered at 21 St Georges Road, London SE1 6ES. We can be contacted on 020 7820 6787 and healthwatchcityoflondon@ageuklondon.org.uk.

Crossroads Care Central and North London is registered at 6-8 York Mews, London NW5 2UJ and can be contacted on 020 7485 7416 and sarah@crossroadscarecnl.org.

References

[1]City of London Corporation Health and Wellbeing Profile (City Supplement) Joint Strategic Needs Assessment 2014.

Photos provided by Cliff Chester.

This Healthwatch City of London Annual Report is available to download from http://www.healthwatchcityoflondon.org.uk.

It will also be distributed at venues and events throughout the City. A copy will be sent to the Artizan Library within the City, and to the British Library.

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Committee(s):	Date(s):
Port Health & Environmental Services Health and Wellbeing Board	15 July 2014 19 July 2014
Subject: Air quality update	**Public**
Report of: Director of Markets and Consumer Protection	**For Decision**

Summary

This report outlines future key policy areas for the City Corporation in relation to air quality. The suggested policy areas relate to taxis, the proposed Ultra Low Emission Zone, traffic management, local energy generation and public health. These will be developed further, together with additional measures, and the City's Air Quality Strategy will be revised accordingly.

Reference is also made to the Annual report that has been submitted to the Department of Environment, Food and Rural Affairs and an update is also provided on the current projects being undertaken in the City.

Two events in relation to air quality are being planned, the first of which is a reception at Mansion House on 29 July hosted the Lord Mayor, with the Mayor of London also attending.

A range of other developments have led to a Parliamentary Environmental Audit Committee Inquiry, and the response on behalf of the City Corporation is attached at Appendix 1.

Recommendation

Members are asked to endorse the actions being taken to address poor air quality in the City and the five key areas (paragraph 3) that have been identified for inclusion in the revised Air Quality Strategy.

Main Report

Background

1. At the December 2013 meeting of the Supporting London Senior Officers' group, a presentation was given on the problems associated with poor air quality in London, and what the City is doing to tackle the issue. It was agreed that the City Corporation has a role to play on a London-wide basis, and that a further paper should be submitted within six months to outline key policy areas, and to identify events that the City could lead on to improve air quality in London. This report updates your Committee on these issues.

2. There have been a number of other recent developments. The European Commission published 'Clean Air Policy Package' proposals in December 2013, which includes possible new air quality targets. In February 2014 the Commission also announced its decision to start financial penalty action against the UK. In April there was a well-publicised smog over London and Public Health England published data on increased mortality from air pollution — these have led to a new Parliamentary Select Committee Inquiry – see paragraph 25 below.

Current Position

3. The City Air Quality Strategy 2011 – 2105 is under review and five key areas have been identified that will be included in the new document. These will all be developed further, together with a range of additional measures, and be included in the revised strategy, the first draft of which will be prepared and submitted to your Committee by November 2014.

I. **Taxis** are the general responsibility of TfL, but we propose to consider what additional action can be taken to reduce emissions from taxis, and how we can support and encourage the take up of low and zero emission taxis in London.

II. The proposed **Ultra Low Emission Zone** (ULEZ) for central London: we propose to liaise with the Mayor of London to ensure the proposals for the ULEZ will be sufficient to meet the air quality limits in the city and consider what action the City can take to support the implementation of an effective ULEZ. It is possible that adjoining local authorities will seek to extend the boundaries of the ULEZ and the implications of any such proposal on the City would need to be assessed.

III.

IV. **Traffic management**: we propose to consider what additional action can be taken to reduce and restrict the amount and type of vehicles in the Square Mile and what additional action can be taken to further increase the number of trips taken by cycle or by walking.

V. **Local energy generation**: we propose to develop a policy on the use of standby generators to produce non-emergency electricity and develop a position on the use of combined heat and power and alternative fuels such as biofuel and biomass.

VI. **Public health:** we propose to incorporate air quality improvements and reducing public exposure into key plans and policies, and ensure that the joint Health and Wellbeing Profile, and the City Supplement, adequately reflect the recent evidence about the severity of poor air quality as a public health issue.

Annual Report

4. Each year, the City Corporation must submit a report to the Department of the Environment Food and Rural Affairs detailing current levels of pollution and progress in taking action to reduce levels of pollution, as detailed in the City of London Air Quality Strategy. The full report is available on the City Corporation web site at: http://www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/air-quality/Pages/air-quality-reports.aspx.

5. The report details pollution levels during 2013, and compares this to previous years. Nitrogen dioxide levels continue to be high in the City, with the annual mean objective during 2013 being exceeded at all automatic monitoring sites. Particularly high levels were seen at Walbrook Wharf and Beech Street roadside sites, with exceedences of the hourly mean objective. Both the annual mean and 24-hour mean objectives for PM_{10} were breached at Upper Thames Street. This location has not met the 24-hour mean objective since monitoring started in 2008 and has been close to the annual objective during this time. Beech Street saw a decrease in the number of days the 24-hr average PM_{10} objective was exceeded.

Update on current projects

6. The City Corporation continues to make good progress with actions contained within the air quality strategy, in addition to a number of other actions which have been added since the strategy was published in 2011.

7. Following the success of a trial of additional street washing in Beech Street to reduce the concentration of PM_{10} levels, a programme of additional washing was implemented during 2013. The result was to reduce the number of days that PM_{10} levels did not meet the 24 hour objective and as a consequence, air quality in Beech Street complied with both the annual average and 24 hour average limit value for 2013. The 24 hour objective had not been met at this location in 2012 or 2011. The reduction in number of days that did not meet the limit value was not reflected at other sites, so it is likely to be as a direct result of the additional washing.

8. The City Corporation is collaborating with Sir John Cass primary school to improve both local air quality and work with the school children to raise awareness. Over 150 air quality plants have been installed, as well as green ivy screens. Detailed monitoring is underway around the school and an entire school engagement programme has commenced. This is part of the Greater London Authority Schools Clean Air Zones Programme.

9. The City Corporation is leading on an air quality engagement project with Bart's Health NHS Trust to improve local air quality, reduce emissions associated with Bart's activity and raise awareness amongst vulnerable people.

10. The City Corporation continues to engage with the business community to get their help for improving air quality and raising public awareness through the CityAir programme. 18 City businesses attended a lunchtime event to receive

certificates outlining their commitment to taking action. The event was hosted by Nomura International plc and your Chairman presented the certificates.

11. The City Corporation is installing new and improved taxi ranks in consultation with the taxi trade to help to reduce the amount of plying for hire by taxis in the Square Mile. The ranks will be publicised locally and taxi drivers encouraged to use them.

12. The City Corporation will be assessing the impact on air quality of local 'timed closure zones' and will roll out if successful.

13. The City Corporation continues to take action to deal with idling vehicle engines. Areas that have a problem with delivery vehicles leaving engines on have been targeted by delivering letters by hand to all businesses in the area asking them to ensure drivers of delivery vehicles turn their engines off. Other drivers are approached as officers see them as they walk around the City. Signs asking drivers to turn engines off have been erected in various areas of concern in the City. Civil Enforcement Officers speak to drivers with their engines running and ask them to turn the engine off.

14. The City Corporation runs a national annual Sustainable City air quality award to recognise organisations that have taken action to improve air quality. The City Corporation also runs an annual Considerate Contractors Environment award to encourage innovation in the construction and demolition industry. In addition to the two awards above, 2013 saw the first Clean City award for air quality awarded to City businesses that are taking action to reduce emissions of air pollutants. This will be an annual award.

15. The City Corporation is working closely with Sir Robert McAlpine's to establish what more can be done within the construction and demolition industry to reduce emissions associated with development, in particular controls over emissions from non-road mobile machinery.

16. An analysis has been undertaken of how the Health and Wellbeing Board can assist in improving air quality and reducing public exposure. A report was presented to the Board in January 2014 and recommendations are being implemented. These include running workshops for staff, which have been completed, carrying out a rapid health impact assessment of the Local Implementation Plan and incorporating public health into the revised Air Quality Strategy.

17. The City Corporation has its own Smart Phone App 'CityAir', which provides advice to users when pollution levels are high. It also recommends action to reduce personal exposure and has a function to guide users along low pollution routes.

18. The City Corporation has been working with a network of residents to monitor local air quality around the Barbican. Over 70 residents are involved in the scheme and they are monitoring nitrogen dioxide, PM2.5 personal exposure and ozone. A similar scheme has commenced with the residents in Mansell Street.

Events

Joint air quality event at Mansion House with the GLA, 29 July

19. The Lord May and the Mayor of London will host an early evening air quality event at Mansion House on 29th July. The purpose is to:

    I. Launch the Greater London Authority Cleaner Air Boroughs programme and highlight some of the action being taken across London to improve air quality.

    II. Raise awareness about air pollution

    III. Highlight City activity in dealing with air pollution and improving public health, and complementary London wide measures.

20. Senior Members and all those from the Port Health & Environmental Services Committee, and Health & Wellbeing Board will be invited. External guests are likely to include Ministers, London politicians, and European stakeholders.

Autumn air quality conference

21. The City Corporation intends to hold an air quality conference in mid-October for London borough portfolio holders with responsibility for air quality. The event has 'in-principle' backing from London Councils and through them, the Mayor. It will be organised and funded by the City Corporation, but co-branded with London Councils.

22. The conference would be held at Guildhall as a breakfast/early morning meeting. It is anticipated that in addition to speeches by key politicians there would be presentations on the public health significance or air pollution, the impact of transport, and policy issues.

23. The outcome of the conference will be written up in early November by a pan-London officer group, outlining a map of options on air quality re: health impacts, financial and legal impacts, and transport technology.

24. A further report will be made to seek funding from the Policy Initiatives Fund for this event.

House of Commons Environmental Audit Committee Inquiry

25. This Inquiry was announced in May with a call for written evidence to be submitted by 5 June. It will provide an opportunity to identify the latest evidence on the health impacts of air pollution. The Committee has written to the Mayor of London requesting him to appear and give evidence to the inquiry.

26. The Committee will re-examine Action on air quality, to identify the state of progress on the recommendations from its 2011 report on Air Quality. That report focussed on a need for action in six areas:

    I. the priority and targets on air quality in Defra's planning,
    II. strategy and inter-departmental co-ordination, including on transport and planning matters,

III. support for local authorities in tackling air pollution, and how any European Commission fines might fall on them,
IV. the implications of local authorities' enhanced responsibilities for public health,
V. Low Emissions Zones and vehicle emissions limits, and
VI. Public awareness campaigns

27. It will also examine the role that might be played by new environmental technologies, and the scope for wider transport policies — for example on public transport and cycling and walking — to contribute to cutting air pollution.

28. A submission was has been compiled by the Environmental Policy Officer and the Remembrancer that takes into account comments from relevant departments and Members, and can be found as Appendix 1. The City Corporation has also contributed to the submission made by London Councils.

Proposal

29. The above information is provided to update your Committee on current issues relating to air pollution, but Members are requested to endorse the action being taken to address poor air quality in the City and the five key areas (paragraph 3) that have been identified for inclusion in the revised Air Quality Strategy.

Corporate & Strategic Implications

30. The work on air quality sits within key policy priority 3 of the Corporate Plan: 'Engaging with London and national government on key issues of concern to our communities….' Working with the Mayor of London on air quality is specifically mentioned as an example.

Conclusion

31. There is a wide range of activity being undertaken by the City Corporation to address air pollution, and key policy areas have been identified for inclusion in a revised City Air Quality Strategy.

Appendices

- Appendix 1 – House of Commons Environmental Audit Committee: Inquiry into Air Quality

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HOUSE OF COMMONS ENVIRONMENTAL AUDIT COMMITTEE: INQUIRY INTO AIR QUALITY

Memorandum from the City of London Corporation
Submitted by the Office of the City Remembrancer

1. The City of London Corporation has a strong history of taking action to improve air quality in London. The City Corporation was the first local government authority to introduce a smokeless zone, and later the first authority to obtain powers to stop the burning of sulphurous fuel, achieved through private parliamentary acts passed in 1954 and 1971, respectively. Nevertheless, owing to its central London location and the density of development, poor air quality continues to be an issue for the City. Like other central London boroughs which surround it, the City of London suffers from higher than average levels of air pollution. As a result, the City does not meet health based targets for nitrogen dioxide and fine particles (PM_{10}). Although over 90% of those working in the City travel to and from work by public transport, road traffic is the main source of pollution, supplemented by commercial and domestic heating. Construction and demolition activities are also a significant source.

2. With its central London location, the City is heavily affected by pollution generated in neighbouring authorities, and across London as a whole. As with other areas in the southeast of England, the City is affected by pollutants (notably fine particulates) thought to originate from continental Europe. The contribution of sources within the boundary of the Square Mile to the NO_x concentrations measured at background sites is around 30%. At the busiest, most polluted roadside sites it can reach 85%. For PM_{10}, emissions from outside the Square Mile are more dominant. Emissions that originate within the City boundary contribute to just 8% of concentrations of PM_{10} at background sites, and up to 37% of the concentrations measured at the busiest roadside sites.[1]

Joined Up Policy

3. In 2011 the City Corporation adopted an Air Quality strategy, which sets the strategic direction for air quality policy in the City up to 2015. The Corporation aims to ensure that all corporate policies and action plans reflect the importance that the City Corporation has placed on improving air quality in the Square Mile. Workshops have recently been held for the staff responsible for corporate policy across all areas to ensure that the aims and objectives set out in corporate policy contribute to improved air quality, and to prevent conflicts arising.

4. The City Corporation uses its position as a planning authority to improve air quality. The City's planning policies include requirements for:

    - Low NO_x boilers;
    - Low NO_x combined heat and power technology;
    - Limited car parking spaces;
    - Energy efficient buildings;

[1] These figures are based on the Greater London Authority's London Atmospheric Emissions Inventory 2008.

- Chimneys that terminate above roof height to aid dispersion of pollutants; and
- Tight control over emissions during demolition and construction.

The use of biomass and biofuels is also deterred, and the Corporation actively works with the construction and demolition industry to minimise emissions associated with development. In addition, air quality is an important consideration in the design of the urban realm, with the aim of reducing local emissions and the public's exposure.

5. Improving air quality is a key component of the City's Local Implementation Plan, which outlines how the Mayor of London's Transport Strategy will be implemented in the City. The plan includes commitments to reduce levels of air pollution caused by transport in the City, and to reduce the adverse health effects of transport in the City on health, particularly those related to poor air quality.

6. In addition to ensuring its own action on air quality is coherent and joined up, the City Corporation aims to work in partnership with other organisations to help shape national and regional air quality policy. For example, the City Corporation provides the chair for the London Air Quality Steering Group, and is an active member of the central London air quality cluster group. The Corporation also works closely with King's College London and University College London on research and air quality improvement projects. In addition, in July the Lord Mayor of the City of London Fiona Woolf will jointly host an event on air quality with the Mayor of London. The event will showcase the work being done on air quality across London, and provide a forum for stakeholders and policy makers to develop the pan-London and national responses on air quality.

Support for local authorities

7. As much of the air pollution in the City originates from outside of the Square Mile, the City Corporation alone cannot reduce air pollution in the Square Mile to within limit values by the target year of 2020. This requires a more strategic approach, with action at regional and national levels. For example, the City would benefit from pan-London policies such as a requirement to install low NO_x boilers in urban areas, and national policies to discourage the uptake of diesel vehicles in urban areas.

8. The City Corporation's own response on air quality is also hampered by very limited regulatory powers. Those that are available are not fit for purpose. For example, while the City Corporation is committed to issuing Fixed Penalty Notices for unnecessary idling of vehicle engines, the regulations have so far proved ineffective in dealing with the problem. The response to air pollution would be greatly improved with enhanced powers in this area through an updated Clean Air Act to provide for the effective control of emissions from fuels and technology in use today.

European Commission fines

9. The UK Government is responsible for ensuring compliance with EU air quality obligations. Local authorities have a statutory obligation under the Environment Act 1995 to 'work towards' air quality objectives. Where local authorities can clearly demonstrate that they have been active in trying to improve local air quality, and much of the pollution does not originate within their boundary, they should not be

held responsible for failure to meet European Union limits. Nor should they be required to shoulder any subsequent fine.

Implications of public health responsibilities

10. Poor air quality can harm human health and increase the incidence of cardiovascular and lung disease. The City of London Health and Wellbeing Board has prioritised action on air pollution in its Joint Health and Wellbeing Strategy. To complement this, the City Corporation has commissioned analysis of how the Health and Wellbeing Board could improve air quality and reduce public exposure. The resultant report was presented to the Board in January 2014, and recommendations are currently being implemented. These include running workshops for staff, carrying out a Rapid Health Impact Assessment of the Local Implementation Plan, and incorporating public health into a revised Air Quality Strategy, which is due to be published this year.

11. Given the importance of air quality to public health, greater clarity and guidance on local authorities' responsibilities in this area would be beneficial. In the public health indicators compiled by the Department of Health, the air pollution measure is based on exposure to $PM_{2.5}$. However, this does not cohere with local authority obligations under the Environment Act 1995, which places no statutory obligations on local authorities in respect of $PM_{2.5}$. The obligation is for PM_{10}. Local authorities are no longer implementing measures to reduce PM_{10} as compliance with the limit value has been achieved, yet reducing PM_{10} concentrations further would have the benefit of reducing concentrations of $PM_{2.5}$.

Low emission zones and vehicle emission limits

12. To date, low emission zones have been based on vehicle Euro Standards. However, it is widely accepted that Euro Standards for NO_x produced by diesel vehicles have not worked. It is anticipated that Euro VI, which is being introduced from 2014, will be more effective, but this is not guaranteed. Low emission zones should therefore be implemented to encourage alternative fuels and forms of transport. This should be complemented by other measures to reduce vehicle emissions such as pedestrianisation, timed road closures and other forms of traffic restriction. Consideration should also be given to widening the remit of low emission zones beyond restricting access by certain vehicles.

Public Awareness Campaigns

13. Increasing public awareness and understanding of air pollution is an important part of the City Corporation's Air Quality Strategy. It is also key to helping people reduce their own exposure to air pollution. As a result, the City Corporation has introduced a number of measures to raise public awareness of air quality, including:

    - Running two large Citizen Science programmes in which residents are measuring air pollution on a micro scale in their locality to improve their understanding of how pollution varies in an urban environment;
    - Working with Barts Health NHS Trust to provide advice to the groups most vulnerable to the negative health effects associated with poor air quality on how to reduce their exposure;

- Engaging with the City's primary school on air quality and implementing measures around the school to reduce the exposure of the children;
- Working with King's College London, to develop a free smart phone app, 'CityAir'. The app provides targeted messages on days of high pollution and generates low pollution travel routes allowing users to avoid the most polluted areas; and
- Running a business engagement programme intended to raise the profile of air pollution with City workers, and enlist the help of businesses to improve local air quality. The engagement programme has revealed that businesses see air pollution as an important issue for the health and wellbeing of their staff, as well as for their own Corporate Responsibility agendas. The City Corporation held an event in March 2014 to mark the efforts of air quality champions, which included major banks, law firms, property companies, food outlets and hotels.

14. Notwithstanding these actions and the recent publicity surrounding the Saharan dust episodes in April 2014, the pubic appear largely unaware of the impact of London's air quality on health. A national campaign to raise awareness of air quality as an issue and how to reduce exposure would assist local campaigns that have already begun.

Public transport, cycling and walking

15. Encouraging people to walk or cycle is unlikely to have a significant impact on air quality in the City. Over 90% of City workers already commute to work using public transport, and only a very small proportion of emissions of pollutants in the City are from private cars. As a result, any additional take-up in cycling or walking is likely to be by those who use public transport, rather than a car. Changes to infrastructure to reduce the number of vehicles on the road would be more effective.

16. Local air quality could be improved if more individuals walked or cycled for short journeys instead of using taxis. The City Corporation is promoting these alternatives through its business engagement programme. The Corporation is also attempting to reduce the number of empty taxis driving around looking for a fare by improving rank provision, and ensuring ranks are used by taxi drivers and the public.

June 2014

Committee:	**Date:**
Health and Wellbeing Board Community and Children's Services Committee	18th July 2014 12th September 2014
Subject: Child Poverty Needs Assessment	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

In October 2013, the Community and Children's Services Committee approved the proposal to prepare a Child Poverty Needs Assessment, which resulted from initial briefings on child poverty beginning in July 2013.

A needs assessment has now been compiled by reviewing and collating data from the Census 2011, existing research reports, and information gathered from eight key informant interviews with service providers for the City of London Corporation. The assessment is attached as Appendix 1 to this report

The needs assessment establishes the nature and extent of need in the City, and recommends the appropriate response (next steps) to the current situation.

Recommendation

Members are asked to:

- Note the contents of the Child Poverty Needs Assessment
- Endorse the formation of an officer working group to carry out "next steps" identified, and report back to committee in six months' time.

Main Report

Background

1. In October 2013, the Community and Children's Services Committee approved the proposal to prepare a Child Poverty Needs Assessment, which resulted from initial briefings on child poverty beginning in July 2013.

2. The City of London has a statutory duty to prepare and publish a Child Poverty Needs Assessment under the Child Poverty Act 2010.

3. The City of London's Health and Wellbeing Board has identified child poverty as a priority, and has included it in the Joint Health and Wellbeing Strategy. It was also recently highlighted as a departmental priority for the Department of

Community and Children's Services. Additionally, child poverty is a Public Health Outcomes Framework indicator, which will be used by the Government to measure the City of London's success in meeting its local authority duties to promote the health and wellbeing of its population.

4. A needs assessment has been compiled by reviewing and collating data from the Census 2011, existing research reports, and information gathered from key informant interviews with eight service providers for the City of London Corporation. The assessment is attached as Appendix 1 to this report.

5. The needs assessment establishes the nature and extent of need in the City, as well as recommending the appropriate response (next steps) to the current situation. It builds on the recent findings from the Resident Insight Database, and includes factors such as comparative data between the City and the rest of London and the UK; characteristics of children and families at risk of poverty; distribution of child poverty within the City; current interventions; and potential to change our approach.

Proposals

6. It is recommended that an officer working group be formed to take forward the next steps identified, and report findings back to committee in six months' time.

Corporate & Strategic Implications

7. Reducing child poverty supports the Joint Health and Wellbeing Strategy, priority number two:

    - *Ensure that more people in the City have jobs: more children grow up with economic resources.*

8. It supports the following aims in the Children and Young People's Plan 2012-2015:

    - *Continue to close the gap in attainment and skills between disadvantaged groups and their peers.*
    - *Focus on helping young people adopt a healthy lifestyle and be aware of the resources available in the City*

9. It also supports the following strategic aims in the Housing Strategy 2014-2019:

    - *Continue to manage the demand for social housing fairly and transparently, giving priority to those in greatest need and making efficient use of our housing by tackling overcrowding and under-occupation.*
    - *Reduce inequalities in our more deprived areas through a targeted, area-based approach to earlier intervention.*

- *Build better, safer and more sustainable neighbourhoods through improvements to security, access, outdoor spaces and community facilities on our estates, and tackling anti-social behaviour;*
- *Preventing homelessness through closer partnership working, addressing the impact of welfare reform and improving access to support;*

Conclusion

10. The City of London Corporation has a number of strategies, policies and activities currently in place to help to reduce child poverty amongst City residents. There are a number of additional actions that can be taken to both improve services already in place and to investigate other interventions which address the unique challenges our families face and improve our efforts to lift them out of poverty.

Appendices

- Appendix 1 – Child Poverty Needs Assessment

Background papers

- Child Poverty Update (11 October 2013) *Community and Children's Services Committee*
- Child Poverty Initial Briefing Report (12 July 2013) *Community and Children's Services Committee*

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2014

City of London Corporation

[Child Poverty Needs Assessment]

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Document Control

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Revisions

Version No.	Author	Description of amendment	Date approved
0.6	Maria Cheung	Initial draft to DLT	13 May 2014
1.0	Maria Cheung	Amendments following DLT	
2.0	Farrah Hart	Revised draft for Health and Wellbeing Board	8th July 2014

Contents

Foreword

The City of London has a statutory duty to prepare and publish a Child Poverty Needs Assessment under the Child Poverty Act 2010.

The City of London's Health and Wellbeing Board has identified child poverty as a priority, and has included it in the Joint Health and Wellbeing Strategy. It was also recently highlighted as a departmental priority for the Department of Community and Children's Services, and will be one of the issues tackled by the Department's new programme board. Additionally, child poverty is a Public Health Outcomes Framework indicator, which will be used by the Government to measure the City of London's success in meeting its local authority duties to promote the health and wellbeing of its population.

This report aims to establish the nature and extent of need in the City, as well as to recommend the appropriate response to the current situation. This report builds on the recent findings from the Resident Insight Database, and includes factors such as comparative data between the City and the rest of London and the UK; characteristics of children and families at risk of poverty; distribution of child poverty within the City; current interventions; and potential to change our approach.

Analysis and supporting evidence can be found in the following appendices;

- Appendix A – Key Informant Interview: presents the questions asked to key informants which included front line workers (local authority staff, providers and researchers)
- Appendix B – Activity Mapping: provides an overview of current services and support available to tackle child poverty in the City

The following documents have also helped to inform this review:

- JSNA City Supplement draft 2014
- Joint Health and Wellbeing Strategy
- Children and Young People's Plan 2001-2015
- Children's Centres reports 2013
- Primary Education report 2013
- Resident Insight Database 2013
- Portsoken All Age Early Intervention Review 2013
- City Advice performance 2013/14
- Census 2011, NOMIS and ONS Neighbourhood Statistics
- Housing Strategy 2014-2019

We would like to thank those that have provided information and insight and taken part in various discussions and interviews during the course of the review.

Executive Summary

Background

- Nationally, child poverty is monitored under the Children in Low-income Families Measure, previously known as the Revised Local Child Poverty Measure or National Indicators 116. This is a measure of relative poverty based on the proportion of children living in households below 60 per cent of the national median income.
- Other accepted measures of child poverty include absolute poverty and persistent poverty. Poverty is considered to be falling when all indicators are all moving toward the downward direction.
- Children living in poverty have decreased life chances. In addition to poverty of income, they will also experience material poverty, poverty of opportunity and poverty of aspiration.
- Poverty is often passed on across generations and results in a cycle of disadvantage. Children living in poverty are at greater risk of low educational attainment, poorer health outcomes, becoming unemployed and becoming poor as an adult.
- The Frank Field and Graham Allen Review are landmark reports, which recommend that tackling child poverty requires intervention with children and families in early years and in ways that are beyond addressing income.
- This needs assessment was compiled by reviewing and collating data from the ONS, existing research reports, and information gathered from key service providers and officers for the City of London Corporation.

Key findings

State of child poverty in the City

- Child poverty remains an issue in the City; however according to official figures the overall trend since 2008 seems to be decreasing. Key informants feel that numbers are too small to say whether it is getting better or worse.
- There remain major differences in deprivation between geographical areas (Portsoken is much more deprived than the area around the Barbican) which may be impacting overall child poverty rates.
- National and local trends show increasing pressures on families, which could make it very challenging for the City to achieve the aim of reducing child poverty.
- In the City there is increasing concern for families in low pay. Key informants suspect that there are unreported cases of low pay and unreported poverty that are being missed, which would have implications for service delivery.
- There is particular concern that poverty in families in the north of the City may be under reported. Families in the east are better understood.

What does child poverty look like in the City?

- The small numbers of families in poverty known to our services face a diverse range of challenges and barriers.
- These families are both workless and working. Employment tends to be part-time and on zero-hour contracts, having further potential impacts on childcare, income and benefits.
- Families who are the most deprived are more likely to have been poor for generations. This has been observed as a particular issue among the Bangladeshi community, some of whom are also living in overcrowded accommodation.
- Key informants reported that families in poverty have come from Golden Lane, Middlesex Street and Mansell Street estates, the latter being of most concern.
- Key informants feel that digital exclusion is still an issue for families in poverty.
- City children perform really well at primary school; however key informants feel that the children from poorer families do not aspire to the wealth and opportunities the City has to offer.

What causes child poverty

- Of the families already engaging with services, key informants, including front-line workers (both local authority staff and providers) know the profile of their vulnerable families very well.
- These families tend to live in social housing (both from council and housing associations), many have been in persistent poverty over generations and many are from BME backgrounds. Most come from lone parent households, or households where one parent is working.
- The high cost of living in the City, especially private housing costs, make private renting an impossible option. As parents are both income-poor and time-poor, affording and scheduling childcare is a challenge.
- As well as the ongoing welfare reforms, some families have experienced a halt in their benefits, which has caused short-term severe poverty.
- There is a very strong social network, particularly amongst poorer families in the Portsoken ward. In order to break the cycle of persistent poverty, interventions targeted at the next generation in adolescence could be effective.

What are current services like?

- There are a plethora of different activities and interventions available for the small number of families who are in need. Overall the City provides quality services for those currently engaged. There are, however uncoordinated services, which may be confusing for families to navigate.
- Tracking children in the City beyond age 11 is difficult, as the City does not have a secondary school. The Corporation is currently developing work to improve tracking. Youth provision could take a bigger role in providing quality support for City youth beyond primary school age.
- Key informants felt that the apprenticeship scheme could help to improve youth aspirations.
- Key informants also mentioned the importance of adult learning courses and the impact it has on parents living in poverty.

- There was a spilt in the responses around the need for a child poverty strategy. Most key informants felt that efforts around child poverty need to be pulled together.
- Recommendations for the best approach in the City included localised priorities by ward or by LSOA, due to the very localised issues.

Statutory and Policy Framework

- The Child Poverty Act 2010 requires local authorities in England, and their named partners, to co-operate to reduce and to mitigate the effects of child poverty.
- The Coalition Government made clear its ambition to end child poverty by 2020 and in Spring 2011 published the first national child poverty strategy.
- Locally, the City's Health and Wellbeing Board has already made child poverty a priority of the City in its Joint Health and Wellbeing Strategy. Priority number two for the Health and Wellbeing Board is: *"Ensure that more people in the City have jobs: more children grow up with economic resources".*
- The City's current Children and Young People's Plan, JSNA City Supplement, Housing and Homelessness Strategies have evidence and aims which are also closely aligned in efforts to tackle child poverty.
- Other approaches to tackling child poverty that are considered good practice in London and may be relevant to the issues the City faces include Brent's Navigator Service and the InComE Project.

Conclusion and Recommendations

Recommendations

- Investigate mechanisms for "pulling" together of efforts, based on the needs of individual estates in the City.
- Review current Housing strategies, to establish to what extent they continue to support families in need living in City Estates when they move to out-of-borough estates.
- Investigate means to improve tracking of young people entering secondary schools (age 11 and up)
- Investigate whether the City can improve support to older children through youth provision and better uptake of the apprenticeship scheme.
- Investigate how the City can improve navigation/update the many services we offer reviewing the Brent experience as a potential model.
- Work with housing to consider potential options for helping the next generation aspire higher and address overcrowding – using InComE Project best practice as a potential example.

1. Definition of Child Poverty

Broadly speaking, child poverty refers to growing up in a low-income household. Nationally, child poverty is currently monitored under the Children in Low-income Families Measure, previously known as the Revised Local Child Poverty Measure or National Indicators 116[1]. It uses a relative poverty definition: *the proportion of children living in families in receipt of out of work benefits or tax credits with a reported income which is less than 60 per cent of the national median income.*

That is, each household's income, adjusted for family size, is compared to median income. (The median is the "middle income: half of people have more than the median and half have less.) Those with less than 60 per cent of median income are classified as poor. This 'poverty line' is also the agreed international measure used throughout the European Union.[2]

More specifically, this threshold (60 per cent less than the median national income) is calculated based on taxable incomes plus child tax credits and child benefits. It considers incomes before tax. Calculations are also made before housing costs (BHC), which is of particular importance in London.

The 60 per cent median income measure, though an international standard, is arbitrary in the sense that this does not necessarily reflect a threshold of minimum income acceptable to society. This would mean for example, that if there is a recession, the average household income figure could fall, thus fewer children are judged in poverty even though their circumstances have not changed. Despite this, relative low income is still the most commonly used indicator for measuring poverty.

1.1 Other measures of child poverty

It is worth noting however, that there are other accepted definitions for child poverty. In 2003, the Department for Work and Pensions established a tiered approach to defining and measuring child poverty in the UK. Children can be said to be in poverty if they fall into one or more of the four definitions[3,4]:

Relative poverty

- Children experiencing *relative low income* – as explained above, this measures whether the poorest families are keeping pace with the growth in incomes in the economy as a whole. The indicator measures the number of children living in households below 60% of median household income.
- Children experiencing *material deprivation and relative low income combined* - this indicator provides a wider measure of people's living standards. It measures the

[1] Children in Low-income Families Local Measure 2011, HMRC.
[2] Joseph Rowntree Foundation – What is meant by 'poverty'
[3] Child Poverty Act 2010
[4] Department of Work and Pensions, HBAI March 2010

number of children living in households that are both materially deprived and have an income below 70% of median household income.

Absolute poverty

- Children experiencing *absolute low income* - this indicator measures whether the poorest families are seeing their income rise in terms of the living standards it refers to. This poverty line represents a certain basic level of goods and services, and only rises with inflation to show how much it would cost to buy those goods and services.

Persistent poverty

- Children who grow up in *persistent poverty* – this means that the family has had its net income for the year at less than 60 per cent of median household income for at least three out of the last four years.

Measures of deprivation provide a wider picture than measures based solely on income - they provide an understanding of a standard of living. Deprivation is the result of a lack of income and other resources, which when taken together, can be seen as living in poverty. These include material indicators such as one's diet, clothing, fuel and light, housing and facilities, home amenities, and immediate environment of the home. However to be even more comprehensive, social indicators should also be taken into account, such as security of work, family support, recreation, education, as well as health and social relations.[5]

According to the approach set out in 'Measuring child poverty'[6] a report by the Department for Work and Pensions, poverty is falling when indicators in relative poverty and absolute poverty are all moving downwards.

1.2 Poverty and life chances

Currently 2.9 million children live in relative poverty in the UK: this is one of the highest figures in Europe[6]. In real terms "the poverty line" is £310 per week for a couple with two dependent children under 14 (before housing costs) i.e. what the household has available to spend on everything else it needs, from food and heating to travel; entertainment; school uniforms; and clothing[7]. Thus in addition to income poverty these children experience multiple disadvantages. In the UK, despite being the sixth wealthiest nation in 2010, children were still reported experiencing:

- Material poverty - children whose families' incomes are squeezed by debts, who go to school hungry and who live in houses too cold to do homework, play and sleep

[5] Poverty and Social Exclusion, Deprivation and Poverty http://www.poverty.ac.uk/definitions-poverty/deprivation-and-poverty

[6] 'Measuring Child Poverty', Department for Work and Pensions, December 2003

[7] GLA Economics. A Fairer London: 2013 Living Wage in London. Disposable income thresholds for different types of households (£ per week, 2011/12,). https://www.london.gov.uk/sites/default/files/living-wage-2013.pdf

well. 1.5 million children live in households where the adults say they cannot afford to keep the house warm.[8]

- Poverty of opportunity – children who have no access to books at home, fall behind at school, and can't afford to join in the school trips, sports and other activities which provide critical opportunities for children to learn. Five hundred thousand children live in households where the adults say they cannot afford to pay for their children to take part in school trips once a term.[9]

- Poverty of aspiration – there were 1.84 million (16%) children in workless households in 2011.[10] In addition to this, many children will never have known anyone who went onto higher education and, in some cases, they will have never been out of their immediate neighbourhood.

Thus poverty is often passed on across generations resulting in a cycle of disadvantage. Children who grow up in poverty are at greater risk of[11]:

- Low educational attainment: only one in three poor children (children who receive free school meals) achieved 5 A*-C at GCSE in 2010 compared with the national average of approximately 60 per cent.[12]

- Poorer health outcomes: Growing up in poverty is associated with poor health in later life. Children who have grown up in poor conditions are 50 per cent more likely to experience poor health in their 30s.[13]

- Becoming unemployed: children who grow up in poverty are up to seven per cent less likely to be employed when in their 30s.[14]

- Being poor as an adult: people who were poor teenagers in the 1980s are almost four times more likely than their better off peers to be poor as adults.[15]

[8] Department for Work and Pensions, (2012), Households Below Average Income
[9] Ibid.
[10] Household Labour Force Survey (Q2 2011)
[11] Department of Work and Pensions, Department for Education (2012) Child Poverty in the UK: The report on the 2010 target. London: The Stationery Office
[12] Department for Education, (2012), GCSE and Equivalent Attainment by Pupil Characteristics in England, 2010/11
[13] Adults at 33 years of age in the 1958 British national cohort study were 50 per cent more likely to report limiting illness if they had experienced disadvantage at seven and 11 years of age. Power, C. et al (2000) „A prospective study of limiting longstanding illness in early adulthood" International Journal of Epidemiology 29:131–139
[14] Blanden et al, (2008), The GDP cost of the lost earning potential of adults who grew up in poverty, Joseph Rowntree Foundation
[15] Blanden and Gibbons, (2006), The persistence of poverty across generations, Joseph Rowntree Foundation

1.3 Evidence of what works

Frank Field Review

In 2010, Prime Minster David Cameron commissioned Frank Field to conduct an independent review on poverty and life chances, entitled *The Foundation Years: Preventing poor children becoming poor adults*[16]. The review had a particular focus on generating a broader debate about the nature and extent of poverty in the UK and to re-examine poverty measures to include non-financial elements that influence children in poverty to become adults in poverty. It recommended that the government should give greater prominence to the early years from pregnancy to age five. Recommendations contained in the report were based on research that showed family background and children's outcomes to be closely linked. Both genetic inheritance and a child's emotional and physical environment are highly influential, in particular on children's development and their ability to build resilience to overcome disadvantage and risk factors. These were suggested as an important way of improving outcomes for individual children, as well as helping break down intergenerational poverty.

Key influences on future life chances identified in the report included:

- Role of parents and families
- Healthy pregnancy and strong emotional bond
- High quality childcare
- Family background and income
- Home learning environment, i.e. talking, reading, singing, play
- Father's interest and involvement in child's learning
- Relationship breakdown/ongoing conflict
- Parental mental health/psychological well-being
- Attendance at early education
- Well qualified and trained staff
- Teaching quality
- Mixing with children from different social/family backgrounds
- Parental employment
- High parental aspirations
- Narrowing gaps at early stage

Graham Allen Review

The *Graham Allen Review of Early Intervention*[17] report, published in January 2011, recommended 80 Early Intervention programmes with clearly identifiable benefits to be rolled out across the country. A second report, released later that summer, focused on the need to attract greater external investment into early intervention by developing new funding methods.

[16] The Foundation Years: Preventing poor children becoming poor adults
[17] Early Intervention: The Next Steps.
http://preventionaction.org/sites/all/files/Early%20intervention%20report.pdf

The key focus of the Graham Allen Report was on:

- The importance of early intervention schemes for the first three years of a child's life
- Proposals to establish an Early Intervention Foundation: a new non-government body to operate within 15 "early intervention places" to pioneer early intervention programmes
- 19 cost-effective early intervention programmes to be supported and expanded, to be reviewed and reassessed by the new Early Intervention Foundation before a 'living list' is evolved
- The recommendation for groups of local authorities to act as hubs for early intervention initiatives, to evaluate early intervention programmes, and to share information with other local authorities nationally

The Graham Allen Report suggested that programmes be structured as follows:

- **Readiness for school:** programmes provided from conception to entry to primary school
- **5–11: Readiness for secondary school:** programmes provided in the primary school years
- **11–18: Readiness for life:** programmes provided in the secondary school years

The UK Government has since provided start-up funding to develop the Early Intervention Foundation as an independent charity, which was established in 2013[18]. The objective of the Foundation is to act as a hub and to advocate for Early Intervention programmes. It aims to support and translate the evidence base to commissioners, funders and service providers to enable them to make the best choices possible for children, young people and families, based on available evidence.

[18] Early Intervention and the UK Government: Latest developments – Feb 2013, National Children's Bureau Northern Ireland

2. Needs Assessment

2.1 Methodology

This needs assessment was compiled by reviewing and collating data from the ONS, existing research reports, and information gathered from key service providers and officers for the City of London Corporation.

Interviews were conducted with 8 people representing some of the key service providers within the City including external agencies and Corporation Officers. These key informant interviews included questions regarding effective approaches and challenges, cost of living and welfare reform concerns, factors fuelling poverty, as well as strategies to reduce the rate of child poverty and the challenges faced by front-line workers.

2.2 Measuring child poverty in the City

National data

The Department for Work and Pensions released new figures in its publication Households below Average Income: An analysis of the income distribution 1994/95–2011/12[19], which suggested that child poverty has remained at approximately the same level.

In 2011–12, 2.3 million UK children (17%) lived in homes with substantially lower than average income. This rises to 27% (3.5 million) if measured after housing costs are paid.[19] However, there are two accepted ways of measuring poverty – relative and absolute (see section 1.1).

The measure of relative poverty is defined as when families have a net income that is below 60% of 'median net disposable income', which amounts to £310 a week or less at the moment.[20]

The absolute measure of poverty differs because it is adjusted for inflation. The number living in absolute poverty is higher, and on this measure one in five children (20%) in the UK lives in poverty: a total of 2.6 million in 2011–12.

[19] Department for Work and Pensions (2013) *Households Below Average Income: An analysis of the income distribution 1994/95–2011/12*, Table 4.1tr and 4.3tr. (Children living in poverty are defined as dependent children (under 16 years or in full-time education) living in a family receiving less than 60% of the median income after housing costs (relative poverty).)

[20] GLA Economics. A Fairer London: 2013 Living Wage in London. Disposable income thresholds for different types of households (£ per week, 2011/12,). https://www.london.gov.uk/sites/default/files/living-wage-2013.pdf

Where incomes are falling nationally, the relative measure of poverty will remain stable; however, the absolute measure will show increases, as the costs of living tend not to fall in line with incomes.

Local data

The Public Health Outcomes Framework Indicators 1.01i and 1.01ii report on dependent children under the age of 20, and 16 respectively, in a household with an income below 60 per cent of the median before housing costs[21].

The nationally derived figure for the City, for both indicators (14.3% and 13.9% respectively), is below both England (about 20%) and London figures (about 27%). This ranks the City as the third least deprived local authority in London in both cases. The reliability of the figures for the City however is questionable for two reasons: firstly, the confidence intervals range from 11.3-16.8, which puts the City within the five lowest ranking local authorities with reported child poverty. Secondly, the national calculation is based upon records of 790 children living in the City, which is considerably lower than the number derived from local data – 1,062.

National figures are calculated using the number of children living in families in receipt of Child Tax Credits, whose reported income is less than 60 per cent of the median income, or are in receipt of Income Support, or Income-Based Job Seekers Allowance, divided by the total number of children in the area. The total number of children in the area is produced using Child Benefit data held by HMRC, which covers around 96[22] per cent of children. Child Benefit data was used as it provides the most comprehensive assessment of the number of children nationally, although as shown above, there is significant undercounting within the City.

Many of the key informants consulted felt that there are relatively small numbers of families in the City affected by child poverty; however that child poverty does still exist. Key informants identified families in need as being found predominantly in the east in the Portsoken ward, with some families in the Cripplegate ward in the north. Some key informants have observed families resorting to food banks during critical periods, and one key informant has helped a family with the costs of school uniforms for their children. Those in the most visible forms of poverty are observed to be in generational poverty.

"…although the scale of the issue is really small, it's still quite a big impact to have this kind of poverty...in [terms of] relative poverty in comparison to perhaps other parts of the city".

[21] See http://www.phoutcomes.info/ for full list of indicators and definitions
[22] Child Benefit take-up rate taken from the HMRC Autumn Performance Report 2009 http://www.hmrc.gov.uk/about/autumn-report-2009.pdf

Geographical comparisons

By Borough

Using the indicator of children in poverty under the age of 16, about 21% of children in England live in poverty. Amongst neighbouring boroughs showing figures from mid-year estimates in 2011, child poverty figures compare to City figures as follows:

Table 2.1 Child poverty comparison with surrounding boroughs, 2011 mid-year estimates

Geography	Child Poverty 2011
England	21%
Tower Hamlets	44%
Hackney	35%
Westminster	35%
Islington	38%
Camden	33%
City of London	**14%**

The City of London is reported to have had the lowest average rate in child poverty in comparison to the surrounding boroughs. For changes in child poverty figures over the recent years see section 3.1.

By Lower Super Output Area (LSOA)

Figures were also produced according to Lower Super Output Areas (LSOAs). In 2010, there were 5 LSOAs in the City. City LSOAs were subsequently revised in February 2013, and there are now 6 LSOA areas. The LSOA 001D (rest of City) was split into 2 new LSOAs: 001F which covers Queenhithe and Carter Lane, and 001G which covers City West and the Temples

Figure 2.1 LSOAs in the City (2013)

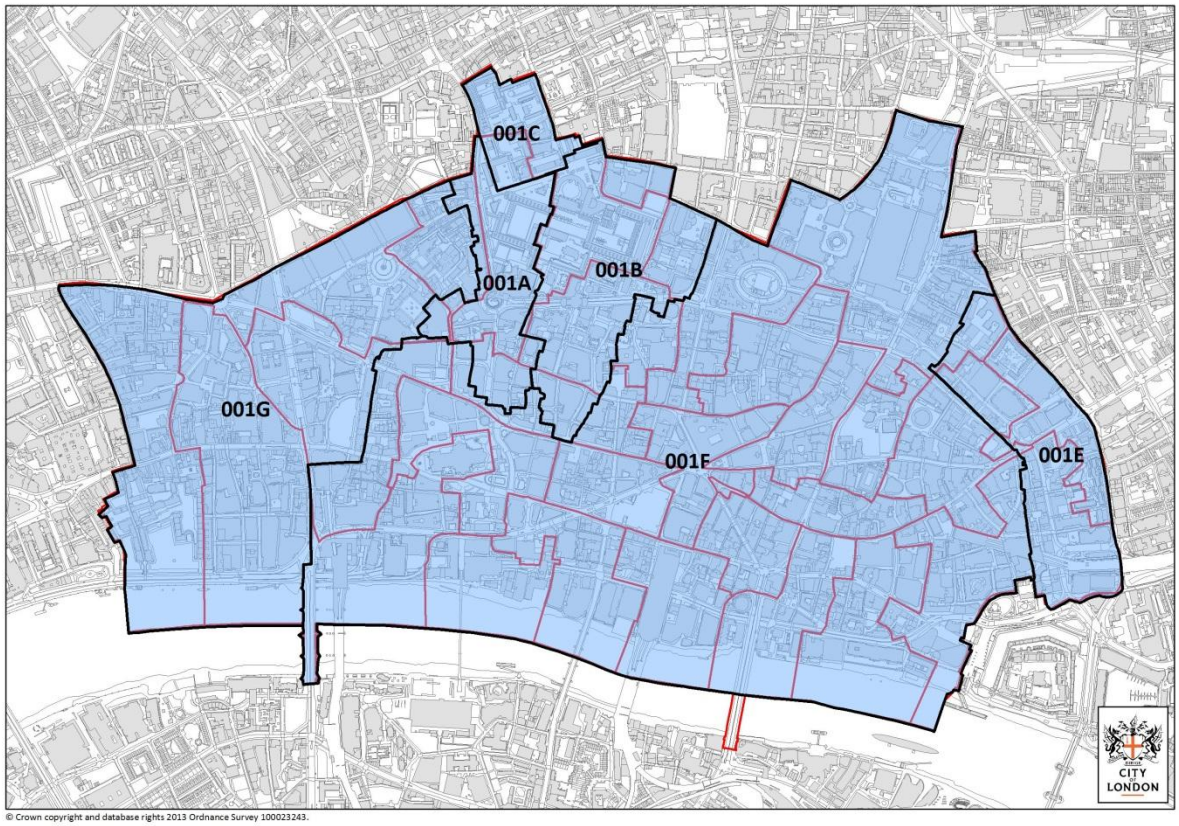


Table 2.2 City's LSOAs in 2013

LSOA	Broad electoral ward	Major populations
001A	Aldersgate	Barbican West
001B	Cripplegate, south	Barbican East
001C	Cripplegate, north	Golden Lane Estate
001E	Portsoken	Mansell Street and Middlesex Street Estates
001F	Rest of City	Queenhithe and Carter Lane
001G	East Farringdon and Castle Banyard	City West and the Temples

As at the 31st August 2011, the situation in the City of London was as follows:

- About 110 or 14% of children in the City were living in poverty.
- 59% of City children in poverty were in lone parent families.
- About 38% of all children living in poverty lived in Lower Super Output Area (LSOA) 001E, which covers Portsoken. These children tended to be in larger families with around half headed by a lone parent;

- 27% of all children living in poverty lived in LSOA 001C, which corresponds to Cripplegate north (Golden Lane Estate). These children were mostly in small families, with 80% headed by a lone parent.

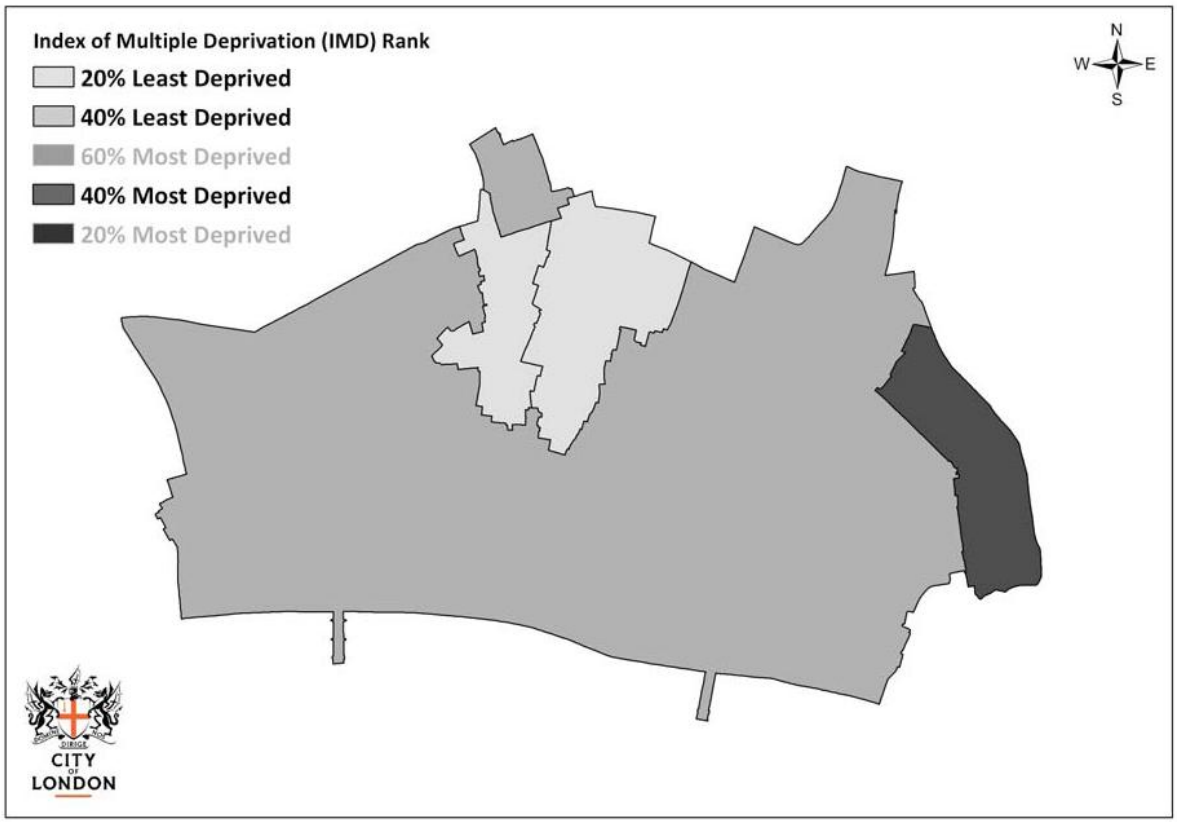
These figures tally with the real-life observations made by key informants (above).

Index of Multiple Deprivation (IMD)

The Index of Multiple Deprivation is a composite measure that attempts to combine a number of elements that contribute to deprivation. It aims to reflect the overall experience of individuals living in a small geographical area. The index ranks areas that are the most deprived (ranked lower) to the least deprived (ranked higher). Aspects of deprivation that are included in the measure are:

- Income
- Employment
- Health and disability
- Education
- Skills and training
- Housing
- Crime
- Living environment

Figure 2.2 Rank of IMD City of London (2010)



In 2010, the City of London was ranked 259 in the Rank of Average Scores out of 326 local authority areas in the country, which is within the 40% least deprived local authorities in England. However, there is considerable variation between LSOAs. For the Average Rank of IMD based on 2010 Lower Super Output Areas (where borders differ from that of 2013 LSOAs only for 001F and 001G), Portsoken (LSOA 001E) is the most deprived area in the City and ranks amongst the 40% most deprived areas in England. Whereas LSOA 001A and 001B, corresponding to the Barbican estate in Aldersgate and south Cripplegate, are two areas that are within the 20% least deprived areas in England. [23]

Local Database Comparisons

The City of London Resident Insight Database (RID) is an on-going research project that uses pooled intelligence from different service strands in the City to build up a picture of need. Because the City of London has a relatively small resident population, it is possible to triangulate levels of need, and to be reasonably certain that the data are accurate.

According to the latest national figures, 110 City children (14%) were living in poverty in 2011. This figure was calculated using the relative poverty measure (defined as the proportion of children living in families in receipt of out-of-work benefits or tax credits where their reported income is less than 60% of the median income).

In May 2014, the RID[24] identified a total of 1062 children living in the City of London, of whom 21% (218) were in low-income households (defined as living in a household with a low income supplemented by benefits), with 11% in workless households. Because the national indicator and the figure from the Resident Insight Database have different definitions, they are not directly comparable.

According to local figures, child poverty in the City is higher than the England rate and is comparable to, but lower than, surrounding boroughs. Key informants agree that families in poverty may be under reported in the national figure.

"We do weekly sessions on the Golden Lane Estate, and since the project has been going, we do see families there which do have some considerable need and I have in my mind that there are more families in considerable need that perhaps aren't utilising our services"

"It's whether people realise they're in poverty and whether they want to disclose that."

"I think there's an awful lot more [in poverty], where they're probably above the 16 or 17 thousand [pound income] threshold, but by not much. So I think there are a lot more that are in the relative poverty where it is an issue."

RID small area figures on child poverty between Portsoken and Cripplegate reflect the discrepancy reported in the 2010 Index of Multiple Deprivation. In May 2013, Portsoken reported large numbers of children in relative poverty compared to Cripplegate.

[23] City of London Resident Population Index of Deprivation 2010.
[24] City Resident Insight Database, 2013May 2014

In the Portsoken ward, there are 271 known children, which represent 26% of all known children in the City. Of these 163 (60%) were in low income households and 85 (31%) were in workless households.

In comparison, the Cripplegate ward has 406 known children. This represents 38% of all known children in the City. Of these children, 54 (14%) were in low income households while 32 (8%) were in workless households.

2.3 Risk Factors and Drivers

The previous section looked at the statistics relating to the number of children affected by poverty in the City, according to local and official figures for child poverty. This section focuses on identifying the potential extent of poverty in families based on risk factors, and the potential drivers of child poverty in the City.

Risk Factors

National studies show that some of the following groups can be at particular risk of living in poverty[25]:

- lone parent families;
- large families, with four or more children;
- families with complex needs
- children living with disabled adults, or adults with mental health problems;
- children with disabilities;
- teenage parents;
- children growing up in social housing;
- Black and minority ethnic children; and
- Gypsy and Traveller children.

Demographics of children and families in the City

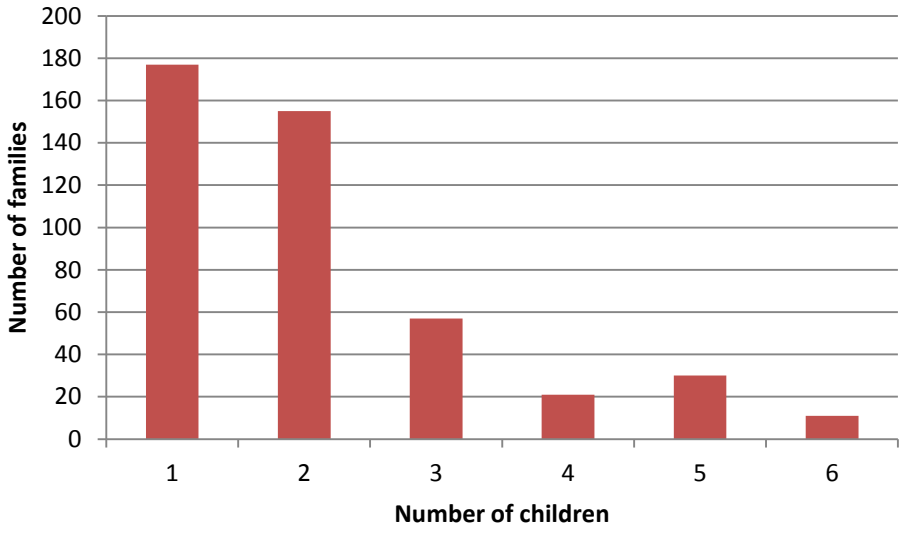
Families in poverty in the City are diverse and varied in their needs. It is also hard to generalise across all families due to the relatively small numbers identified and currently engaging in our services.

"Probably no one family's the same. They each have their own characteristics and because you're dealing with a very small population it's hard to sort of come up with anything strategic. It's a case-by-case basis."

The City's RID recorded that in May 2014, of the children with a known date of birth (1035), 360 (35%) were aged 0 – 4 years, 310 (29%) were aged 5 – 9 years, and 365 (35%) were aged

[25] Child Poverty toolkit

10-19 years. City-wide, there were 692 families. The average family size was 1.6, although some families were as large as 6 children[26,27].



Small area data shows that families in the Portsoken ward have larger average family sizes[28]. This is consistent with the Census and key informant feedback.[29]

"…at Mansell Street, we do have a high percentage of Bangladeshi families: families consisting of 2-5 children."

17% (175) of children lived in lone parent households in the City[30], which is more than the national figure of 11%[31]. Children of lone parents are at greater risk of living in poverty than children in couple families. Before housing costs, over a third, (35%, rising to 50% after housing costs) of children living in lone parent families are poor, compared with less than a fifth (18%) of children in couple families.[32]

Ethnicity and Language

ONS mid-year estimates for 2013 projected that there were 843 children and youth aged 0 - 19 years old living in the City[33], of whom 361 (43%) are from Black and minority ethnic (BME) backgrounds.[34]

[26] City Resident Insight Database, July 2013
[27] Table PHP01 2011 Census: Usual residents by resident type, and population density, number of households with at least one usual resident and average household size, wards in England and Wales
[28] City Resident Insight Database, July May 2014
[29] Table PHP01 2011 Census: Usual residents by resident type, and population density, number of households with at least one usual resident and average household size, wards in England and Wales
[30] City Resident Insight Database, July 2013
[31] UK households in 2013, ONS
[32] Child Poverty Toolkit
[33] ONS mid-year estimates for 2013
[34] Primary Education in the City of London, Annual Report 2013

In comparison, of those who reported their ethnicity (564), the RID showed that 249 (44%) children living in the City were of black or minority ethnicity in May 2014, which is a similar percentage but lower absolute number than the ONS figures. 119 children reported English as their second language; however for the majority of children, (827), first language data is unknown[35]. Thus local figures for ethnicity and English as a second language may be an incomplete picture, as this has been underreported.

Children living in households headed by someone from an ethnic minority are more likely to be living in a poor household. This is particularly the case for households headed by someone of Pakistani or Bangladeshi origin; where well over half of the children are living in poverty[36]. At Mansell Street estate, 43% of residents are Bangladeshi, and another 10% are African[37]. The tenancy profile provided by Guinness Trust however showed that only 11% of tenancy holders were Bangladeshi. Therefore this also confirms the view that the Bangladeshi community consists of larger families in this estate. The Middlesex Street estate on the other hand is most commonly White British or other White (combined total of 67%).

Interestingly and perhaps contrary to stereotypes associated to BME people as being relatively new immigrants, some key informants highlighted that the Bangladeshi families in the City may be deep-rooted locals of the area.

"The Bangladeshi families seem to have been there since the beginning. … Quite a lot of tenants reported 'I moved into my flat when they built it'. So they are not Bangladeshi families who have just come from Bangladesh. You are looking at well-established local people. "

Key informants felt that English as a second language does not tend to be a barrier for accessing services; however it is a challenge to be proficient enough to be competitive in employment.

"When it comes to accessing services, people are quite good with asking their friends or asking their children [to help translate]. When it comes to long term conditions, talking about employment, or ESOL, difficulties come from being job-ready and having that pressure [to use English in work]".

Disability and Looked-after-children

In 2013, there were fewer than 10 children and young people living with a disability and even fewer looked-after children known to the City. Though the number of looked-after children in the City has been declining, the City has a good record of caring for looked-after children. All looked-after children in the City have stable placements and accommodation.

[35] City Resident Insight Database, July 2013
[36] Child Poverty Toolkit
[37] Portsoken in Focus 2012

Very few key informants reported disability in children or looked-after children to be a particular issue amongst families in socioeconomic need.

Parental employment

According to RID, of the 218 children living in poverty, 117 were in workless households, with the remaining 101 children in working households. This is different from the national figures where the majority of all children growing up in poverty (63%) have at least one parent or carer who is in work.[38]

However many key informants reported that families struggling in the City tend to have at least one parent working part-time in low wages, and often on zero-hour contracts. This has severe impacts on financial stability as well as on scheduling with childcare and school. For example, one lone parent whose working days and hours fluctuate weekly had faced challenges securing a place in childcare, as the centre requires set days during the week in order to arrange the appropriate staffing-to-child ratio.

"Most of the cases [of child poverty] that we have now are people who are in work. Most people work part-time and most people work irregular hours, on zero hours contracts and on varied hours… people that work 2 hours here, 2 hours there..., flexible working arrangements."

"We are equally seeing quite a lot of two parent families. [for example] Young families who now live on Middlesex Street. Mostly with very young children, and maybe [have] only one or two children - Kind of new communities to the area, so also smaller families - often those families have both parents working. But they were struggling to pay for childcare, so they had opted for one parent to be working only after the second child 'cause they just couldn't afford to juggle it."

Although there is a discrepancy between local figures and key informant observations, it may be important to monitor this as the national trend for the first time shows that more people in poverty lived in a working family than a workless or retired family. Of the 13 million people in poverty in the UK, 1.8 million were in retired families, 4.4 million were in working-age workless families and the remaining 6.7 million were in families where at least one parent was in paid work.[39] This poses a challenge to service providers, firstly in the identification of poverty. This is because identification of people in poverty or deprived areas is largely based on the idea that workless families are at greatest risk. One such example is the Index for Multiple Deprivation, which uses out-of work benefits to rank poor areas. This may therefore risk missing areas where in-work poverty is the bigger problem. Secondly, there is more challenge around service delivery, as people in working poverty are money poor and time poor.

[38] Institute for Fiscal Studies (2013) Inequality and poverty spreadsheet, London: Institute for Fiscal Studies.
[39] Working poor now outnumber jobless poor. New Policy Institute

Free School Meals

In the City of London, 22% of primary school children were eligible for and claiming free school meals. This is lower than the level in London and inner London, but higher than the national average. This sample was taken from the one maintained primary school in the City. All who were eligible were claiming free school meals, which represented 16 out of 73 City children aged 3-11 at the school.

Table 2.3 Free school meals in state-funded primary schools

Location	% eligible for and claiming free school meals
City of London	22
Inner London	32
London	24
England	18

Free School Meals can be a good indicator for the level of families in socioeconomic need who may not be claiming benefits (neither income support nor benefits) but who are still in need. For example, these may be families who have low income but may be managing personal finances through informal lending between family members, which key informants have reported is common in Portsoken. Key informants report that some families in Portsoken help each other out by lending money between family members. This means they are able to manage their low incomes without becoming visible to services, but they may still be claiming free school meals.

"[At Portsoken] there's a lot of informal lending that goes on. And I think there are cultural issues around that. And it's important to be aware of that".

Place

Children growing up in social housing (either local authority or in associated housing) face a higher risk of being poor. 49% of children in local authority accommodation are poor before housing costs (rising to 58% after housing costs). Poor children in social housing are also a large portion of poor children. Though the numbers in private rented accommodation are smaller, these children also face a high risk of poverty.[40]

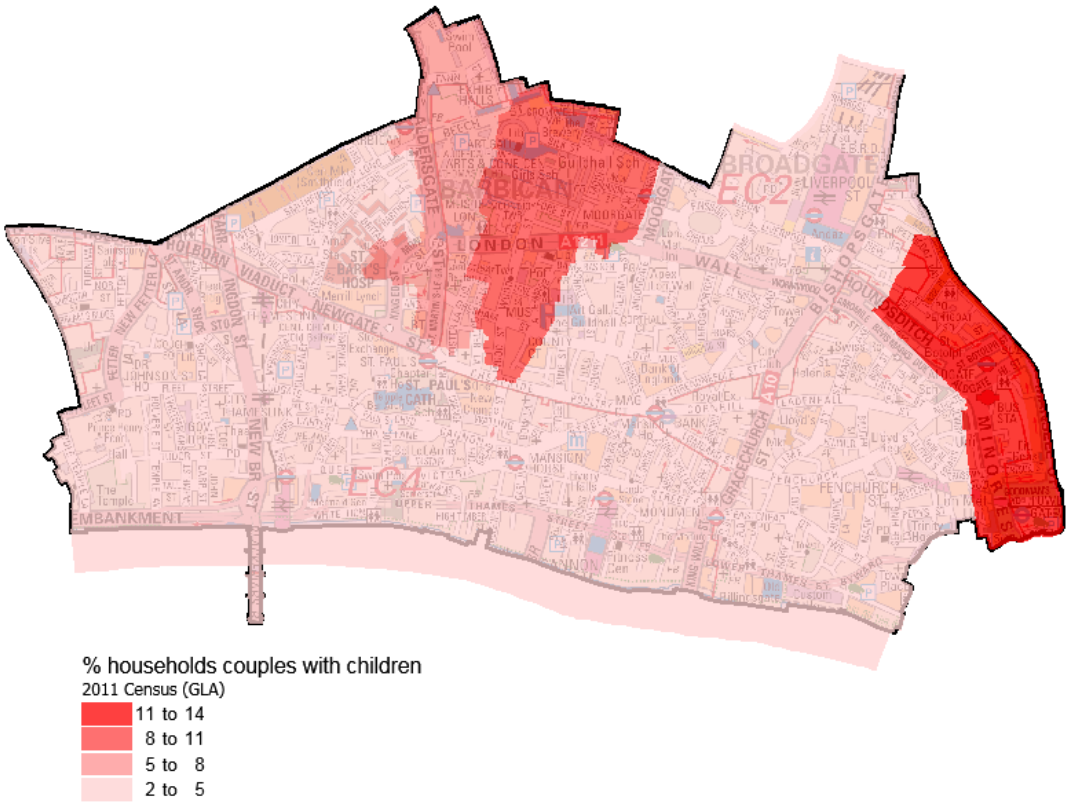
Overcrowding has implications for health and child development and impacts disproportionately on certain sectors of the population, such as black and minority ethnic households. Overcrowding can also contribute to family breakdown, noise nuisance and perceptions of anti-social behaviour, especially where people live in close proximity with neighbours.

[40] Child Poverty Toolkit

Housing, Housing Need and Overcrowding

Families or couples with children are mostly located in the east with some in the north (Figure 34). According to the RID, families in the City are particularly concentrated in the areas around Aldersgate (17%), Cripplegate (41%) and Portsoken (25%) wards.[41]

Figure 2.3 Household structure in the City: percentage of couples with children, Census 2011



Almost all children (98%) live in a residential dwelling or flat.[42] The Barbican and Golden Lane are both estates in Aldersgate and Cripplegate wards, while Middlesex Street and Mansell Street estates are in the Portsoken ward. The Mansell Street estate is managed by a housing association, while the other three are managed by the City of London Corporation.

Almost all key informants reported children in socioeconomic need. They were predominantly from those living in social housing, and have been observed in each of the above mentioned estates in the City. Although the RID does not identify particular concentrations of child poverty in the City, a recent review of the Portsoken ward suggests there is likely to be a greater number of families in poverty around Portsoken[43]. The majority of key informants also reported child poverty at Mansell Street and Middlesex

[41] Resident Insight Database July 2013
[42] Resident Insight Database July 2013
[43] Portsoken Review 2012

Street estates. On the estates of the Portsoken ward, there is also a higher number of Bengali and BME families as well as a tendency for larger sized families.[44]

"The vast majority of the people we deal with live on the Mansell Street estate, Middlesex Street estate, possibly Golden Lane, and Barbican, but if you had to pick one area – Mansell Street."

"A lot of the men in the Bengali families are the men and they work in the restaurant trade, working on Brick Lane. They'd come home in the morning- It's overcrowded, perhaps overcrowded by choice. Everyone would get woken up. So what was happening is children were going to school tired."

Some key informants also felt the physical condition of Mansell Street Estate to be of a lower standard than other estates in the City.

"In terms of quality of life, I would think that Guinness Court [Mansell Street] would be lower quality by far."

"You can see the difference… when you walk into flats you will see, the wall paper peeling. There are cracks in the walls. The plastering has come off"

Overcrowding is a challenge for the City. Around 1 in 3 of all households in the City live in accommodation lacking one or more rooms.[45] However in terms of demand for social housing, as of May 2014, only 24 applicants that were overcrowded in the City area were registered as in need of a larger property. 7 of these applicants were tenants of Mansell Street Estate.

Despite there being strong evidence for the negative impact on growing up in overcrowded accommodation, responses from key informants suggest that, at Mansell Street estate in particular, the prime location near work (some on Brick Lane) combined with a very strong and localised social network, built over generations, encourages these families to remain. For example, frontline staff reported having seen a family that had once been City residents move out of the Square Mile for better accommodation. This was followed by a loss of community support: in this case, the family became isolated and alone, which resulted in them having to go to food banks. Thus it made them want to move back to the seriously overcrowded conditions of their previous accommodation.

"Knowing that they were such a poor family, people would actually bring cooked meals for them, and as soon as she moved to better accommodation, she lost that. So it's a different sort of poverty... That's an awful decision for anyone to have to make with five children."

[45] Housing Strategy 2014-2019

Key informants identified that this seems to be a particular issue in the Mansell Street estate.

"When children move… they don't actually want to move out of Mansell Street. They move out of their parents' flat into another flat in the same estate. So we see families whose children move out of the original flat but not necessarily out of the estate."

"Despite the opportunity of being able to move out, to have better housing, families don't want to move out. Certainly at Mansell Street it's because of the village mentality that it has."

"It's because of the decisions they have to make: improving their life in one way may be detrimental in many others."

Economic factors contributing to child poverty

Cost of living in London

London Councils has identified that the cost of living and working in London is even higher than in the rest of the country[46]. Thus, children in the City are also at increased risk of poverty. For example, in London:

- Housing costs are over 50% higher than the national average.[47]
- Childcare costs are around 25% higher than the national average.[48]
- Transport in London costs on average £10 per week more than in other areas,[49] with fares in London 63% more expensive on average than in other metropolitan areas.
- Londoners face extra difficulties in moving into employment, with greater competition for entry-level jobs and higher in-work costs.[50]

The costs of buying or renting a home in the City of London are increasing, reflecting trends nationwide. Prices are amongst the highest in London. The average cost of renting a home is £1733 a month, third highest of all London local authorities.[51] Affordability in the City continues to worsen, as price rises outstrip growth in incomes. Even taking into account the above average earnings and incomes of City workers and residents, these costs are beyond the means of many lower and middle income households who might wish or need to live in the Square Mile.

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[46] London Councils (2011) *Welfare Reform Bill briefing*, February. www.londoncouncils.gov.uk/London%20Councils/LCBriefingWelfareReformBill.pdf

[47] See http://data.london.gov.uk/datastore/applications/focus-london-income-and-spending-home

[48] The highest childcare costs are found in London, with a nursery place for a child under two costing up to £275 per week in inner London, compared with the national average of £144 per week (Daycare Trust).

[49] 2006 Department for Transport analysis of train operating company fares.

[50] Reed in Partnership (2010) *Too Poor to Work.* www.reedinpartnership.co.uk/media/52956/too%20poor%20to%20work.pdf. In London, the move into work costs on average £639.40 over the first month (including childcare), over £150.00 more than in the rest of the UK.

[51] City of London Housing Strategy 2014-2019

It is important to note that relative poverty as a measure reports on income before cost of housing. Thus the differences in poverty before and after housing costs are greater in London than the UK, and even more in inner London than London overall. According to the Greater London Authority, 17% of working age adults living in inner London were in poverty in 2011, but after housing costs were taken into account the percentage rose to 32%.[52]

"The clients we are seeing from the City are experiencing many of the same problems as in other areas of London. High living-cost is common to most inner London areas. In fact, rents are even higher than say in Tower Hamlets, so the chance of someone being able to rent [privately] in the City is practically non-existent."

London Living Wage

The Living Wage is an hourly rate set independently and updated annually, which is different from the National Minimum Wage (NMW) set by the Government-funded Low Pay Commission. It is a wage which is widely considered a more acceptable standard of minimum income for an adequate standard of living.

The London Living Wage (LLW) is derived by the Greater London Authority and is calculated by combining both a "basic living cost" approach and the "income distribution approach", averaged between the two, with an added buffer. The basic living cost is defined as *a wage that achieves an adequate level of warmth and shelter, a healthy palatable diet, social integration and avoidance of chronic stress for earners and their dependents*. The income distribution approach follows the relative poverty threshold of below 60% of the median income.

Due to higher costs, Living Wage is higher in London than for the rest of the UK. In London, the LLW is currently set at £8.80 per hour compared to the NMW £6.31 per hour. Since 2005 LLW increased by 31.3% while NMW has increased only by 1.26%.[53]

As the LLW is not statutory, employers choose to pay the Living Wage on a voluntary basis which leaves room for many workers to be considered in 'low pay' or under the Living Wage, but above national minimum wage. For example research finds that[54]:

- In 2012, just under 600,000 jobs in London were low paid (paid less than the London Living Wage of £8.55 per hour). In 2007, 420,000 jobs were low paid (when the London Living Wage was £7.25 per hour).
- The percentage of jobs that paid less than the London Living Wage was around 13% between 2005 and 2010, but by 2012 it reached 17%. This reflects a trend seen across the earnings distribution: the cost of living is growing faster than earnings, so as prices increase, more jobs fall below the low pay threshold.

[52] GLA Intelligence, Poverty Figures for London 2011/12. https://www.london.gov.uk/sites/default/files/Update%2009-2013%20-%20Poverty%20Figures%202011-12.pdf

[53] Living Wage Foundation: The Calculation. http://www.livingwage.org.uk/calculation

[54] London's Poverty Profile: Low Pay. http://www.londonspovertyprofile.org.uk/indicators/topics/low-pay/

- In 2012, over 40% of part-time jobs in London were low paid compared with 10% of full-time jobs. A third of them were done by women working part-time, while a quarter were done by men working full-time. Jobs in retail, hotels and restaurants accounted for over 50% of all low paid jobs in London.
- Around 40% of employees of Pakistani and Bangladeshi origin in London were low paid, more than twice the rate for White British employees. Half of working 16 to 24 year olds were paid below the London living wage compared with 16% to 18% for all other age groups.
- Over 90% of the low-paid jobs in London were done by people who lived in the capital, compared with less than 80% of non-low paid jobs.

"Many are in low pay, sometimes zero hours contracts, which force people to have their income topped up with benefits, including tax credits, and housing benefit. This is barely enough to meet their basic needs, such as food, housing costs and clothing, and offers no wriggle room to pay for bigger items, large bills etc."

Welfare Reform

It is estimated that a further 200,000 children nationally will move into poverty following the Government's decision to increase certain family benefits by 1% each year for the next three years, rather than in line with the cost of living[55].

The Welfare Reform Act 2012 received royal assent on 8 March 2012, introducing national reforms to the support available to children, young people and their families. These changes included a benefits cap, and affected Universal Credit, Housing benefits, Disability Living Allowance, Social Fund, and Council tax benefit.

There were also changes in childcare support, reductions in lone-parent income support, abolition of Child Trust Funds and abolition of the Health in Pregnancy Grant, which are likely to have an impact on child poverty. In addition, changes to tuition fees and Education Maintenance Allowance will have a specific impact on young people from poorer backgrounds, as they will be less likely to be encouraged to pursue further education.

Thus recent trends nationally and across London mean that families are facing a decrease in household living standards due to increased inflation, flat-lining wages and benefits not increasing in line with inflation.

Key informants reported observing this trend amongst City residents. For example, parents in the part-time working scheme at the Children's Centre have recently asked for an increase in working hours per week, in order to meet a threshold sufficient to live off their low paid income, despite already being supplemented with income support and other benefits. This is one of the indications that benefits and minimum wage have not increased in line with the increase in the cost of living.

[55] Hansard 2013

"Demands to be job-ready and to look for work are being put on people who are nowhere near being adequately prepared or supported. As well as the bedroom tax and benefit cap, the most well-known changes, we are very worried about other aspects such as benefits rising by 1%, and changes to tax credits. We have also seen a huge increase in the use of sanctions, which when imposed are adding to the hardship of families."

Key informants reported that during a period where families were subjected to the change in benefit schemes, families who were in relative poverty, but surviving, were subsequently sent into absolute poverty due to a halt in their benefits. The knock-on effect of this short-term severe poverty has had long-term consequences in some families affected, such as in the parent's health, also compounding challenges to gaining or returning to employment.

"We have had some of our families where the benefits had been frozen while they investigate… what efforts they made to find employment. And so for a short period of time we've had a small number of families who have had to rely on food banks, or from their friends and family until their benefits kick in again. So there can be a very short period of 4-6 weeks of absolute poverty created by the system, which catches up afterwards. Then a number of our families then have gone on to sickness benefits where they have been unable to work."

3. City Achievements

Appendix 2 summarises some of the key services available in the City of London linked to tackling child poverty. Below are a few examples of such services or initiatives and the progress that has been made in tackling child poverty in the City.

Overall, the City seems to be providing quality services from a variety of schemes. For the families accessing services, workers seem to know the families and their unique needs well. However there are parts which are uncoordinated, and some key informants suggested that the overall approach may be unsustainable.

"At the moments it's not a …resilient community. If the City decided to pull the plug and decided it wasn't going to fund a lot of these services anymore, or we can't, the community would flounder because they don't have independent community activism going on, to the extent they will be able to cope with that change."

3.1 Progress on tackling child poverty

Change in Child Poverty Measure between 2010 and 2011

It is important to decipher that the official national relative child poverty measure used in 2010 and in 2011 differ in their calculation.[56] Therefore they are not precisely equivalent and cannot be directly compared to show change since the last reported figures in August 2010. However, the small figures involved in the City are also likely to contribute to large fluctuation year on year, despite already accounting for the changed methodology for calculating child poverty. Child poverty baseline data published by HMRC shows that in 2010, the mid-year estimate was 19% (145), while in 2011 it was 14% (110).

Looking at changes in the City's most deprived ward, Portsoken, previous figures showed an overall declining trend. From 2008 to 2009, the proportion of children considered in poverty fell from 47% to 41%.[57] From 2010 to 2011, these figures were 43% to 38% respectively (however again these may not be directly comparable, and they are based on very small numbers.)

There were mixed views from key informants on whether child poverty has in fact decreased. Overall, many didn't feel informed enough about the situation in the past to feel confident to compare. They have acknowledged the improvement in profiling families in recent years, however still having room for improvement.

"This community, [Portsoken] has not changed in 10 years."

[56] Children in Low-income Families Local Measure – 2011, HMRC
[57] City and Hackney JSNA Health and Wellbeing Profile 2012/13

"10 years ago we knew very little about what the situation was. In the last five years we've learnt a lot more formally. However we've known a lot informally."

"[Regarding the North of the City] we probably don't know enough about the City families to know whether they are being reached."

Tackling unemployment, worklessness and low pay

Child poverty cannot be reduced without addressing the problem of adult worklessness and employability. The City of London Corporation is currently concentrating efforts to tackle worklessness particularly in the wards of Portsoken and Cripplegate, which have the highest levels of unemployment in the Square Mile. An employability project part-funded by the City of London and the European Social Fund (ESF), City STEP, aims to place residents from these wards into sustained employment during 2014.

However, some key informants believe that the current employment climate means that even with such employability programmes, residents are disadvantaged.

"There are some children who have done really well. For example there's a young person who got a good education. Both parents unemployed. But he's now trapped. He's got a degree but he can't find a job."

Adult Learning

The City of London Adult Skills and Education Service aims to provide high quality, responsive lifelong learning opportunities to City residents and workers of all ages by facilitating a vibrant, world class, urban learning community at the heart of the capital. The Marmot Review identified lifelong learning as one of the key interventions to reduce health inequalities.

Many varied people participate in lifelong learning courses in the City of London each year, with more than fifty different subjects taught at locations across the whole Square Mile including community centres, libraries, primary schools, children's centres, a college as well as the Museum of London and Guildhall Art Gallery. There were over 2000 learners participating in 223 courses, including courses in managing personal finance, debt and others for employment readiness.

Key informants have been signposting parents to the necessary adult learning courses and recognise the importance adult learning plays in helping parents. They have reported that courses for English as a second language are useful.

"English as a second language is an important part. We do try to put people on a pathway where they will attain a decent level of English, where they can … get a qualification to move into employment."

"Through the adult learning, they also have opportunities to engage with other families [for example] instead of sitting at home and worrying about their children. So as much as it is important for them to mix with their own communities, they are now mixing with other communities as well."

Apprenticeships

The City of London Corporation provides a free apprenticeship placement service to support businesses in employing young people starting their careers. Unemployed school leavers aged 16-18 are eligible. This service gives candidates a first experience of the workplace whilst boosting employer performance. The programme supports apprenticeships within the Corporation, as well as with recognised names in banking, insurance, property and many other sectors. A small number of local residents have become apprentices through this scheme.

Although some key informants were aware of this and other employability schemes, there were differing views on how well young people in the City engaged with it.

"There is an Apprenticeship programme in the City but it's not that well utilised. I think that they're a lot more young people from Tower Hamlets accessing that than the young residents of City of London. Why is that?"

"In terms of looking at internships, peer support and mentoring. I think that's something that's missing in the City. The City of London, there's so much going on in terms of work and employment opportunities. But I'm not sure it's really impacting on the people who live in the City. I think it's too separate and I think there needs to be more work with employers to facilitate access and support to young people that live in the City of London."

Support for London Living Wage

The City of London Corporation pays all staff in line with the London Living Wage (LLW). In October 2013, the Corporation agreed to supplement existing corporate cleaning and catering services contracts to bring them in line with the LLW. This affected five cleaning contracts which cover sites including the Barbican, Guildhall School of Music & Drama, City of London Police, Guildhall and schools as well as the Central Criminal Court, Guildhall, City of London Police and schools.[58]

Maximising access to benefits

Advice

Toynbee Hall provides the City Advice Service, which provides information, advice and guidance to City residents and workers, as well as signposting to relevant health services. In addition to this, they have a wider remit to campaign and advocate and to inform policy relating to families in socioeconomic need. Their advisors offer help with a range of issues including: employment and tax credits, debt, benefits and financial matters, child care, domestic violence, and housing issues such as disrepair, rent arrears and homelessness. Informants feel that digital exclusion is a still an issue for vulnerable families and is a barrier for parents when applying for benefits and for work.

[58] City of London Corporation agrees London Living Wage boost for cleaners and caterers. http://www.cityoflondon.gov.uk/about-the-city/what-we-do/media-centre/news-releases/2013/Pages/city-of-london-corporation-agrees-london-living-wage-boost-for-cleaners-and-caterers.aspx

"We are assisting clients with claims to the crisis support provision, we continue to help clients maximise their income. We are involved in a new digital inclusion project with the City, which will help clients get job ready and better able to meet the demands being imposed on them."

In 2013/14, of all advice provided, 38% was related to welfare benefits. Another 16% was advice on housing, while 12% and 11% was advice on debt and employment respectively.[59] Additionally, most of the active users tend to be women rather than men who are willing to engage with the service for seeking help.

"Trying to get some of the men from Portsoken to participate in physical activities has been a huge challenge, whereas the women are far more enthusiastic. They will actually come up to me and say they want Zumba, aerobics or healthy cooking sessions, but participation from men has not been that forthcoming."

Maximising life chances: educational achievement

Early years support and primary school

The one maintained primary school is Sir John Cass's Foundation Primary School with Cass Child & Family Centre, the City's one children's centre. Primary-aged children attend Sir John Cass and a small number of schools in Islington, Camden and Westminster. Early years, particularly foundation years from age 0-5, as emphasised in the Frank Field report, are a crucial time to intervene with potential for the most impact with children and families in socioeconomic need. The City has an outstanding record for educational support for children age 0 to 5 through the Children's Centres and in primary school from age 6-11.

In the City, 75% of eligible children up to age five achieved at least 78 points across the Early Years Foundation Stage (2012). These results are the second highest in the country and the highest in London. The 2011 Ofsted inspection of City of London Corporation children's services found that all provision for early years' education and childcare was good or outstanding, and that for children under the age of five, provision for early years education was outstanding. Achievement at age five was found to be well above average and continues to improve far more quickly than it does nationally. Sir John Cass's Foundation Primary School's most recent Ofsted inspection was in April 2013, when it was deemed to be outstanding in all aspects.

"The achievement of the pupils is very high. We have little or no gaps in achievement to year five, which includes very vulnerable families to a very well-to do family. [For] any families in the poverty chart, the children would get a good deal education-wise."

However, beyond their educational remit, the primary school and Children's Centre play a big role in supporting families in need. They have programs to alleviate childcare pressures

[59] City Advice Performance Jan-Mar 2013-14

by operating extended hours, and a tight staffing team who know the families well and can offered tailored support, including support to build parenting and employment skills.

"If we have vulnerable families or families who are in need we will try to prioritise them …the teaching team would identify children who may need to be there because they may not be able to cope at home or can't afford the payment…Our team on the site are very good at knowing the families and knowing the children. If we know them, we know what kind of support to put in."

"Some of our families are quite isolated in that the rest of their family still lives overseas. So they haven't got that extended family support. And therefore they are very reliant on the local community and the school filling that gap."

Secondary school years and City Gateway

Tracking children in the City beyond age 11 is difficult, as there are no maintained secondary schools in the City; therefore these children attend secondary schools in other Local Authorities and some attend schools as far away as Essex. On average, about 32 children per year apply for primary school, however only about 20 children apply for secondary schools. The discrepancy is a result of children who go to private school instead or who move out of the City altogether.

The City of London funds three City Academies, providing secondary school provision in Islington, Southwark and Hackney. The quality of education at the City Academy Hackney is rated as Outstanding[60] and the quality of education at the City of London Academy Islington and City of London Academy Southwark are both improving; however, many City children choose to attend secondary schools elsewhere.

"As soon as they hit 11 they are sort of thrown to the four winds and it's very difficult to capture what is happening to those young children."

Key informants noted the extra challenges the City faces from not having a secondary school and highlighting the need to use alternative approaches to provide support for young people.

"Maybe the City has to work harder than some other local authorities…. Most Tower Hamlets young people go to a secondary school in Tower Hamlets, whereas if you're in state education, you don't go to school in the City of London. If you're in the City then everyone goes off to 101 different schools so it's really hard to harness that. So I think it needs to be harnessed but maybe in a less traditional way than another borough would."

City Gateway is a charity which delivers the City's youth provision. They provide a range of positive activities and support for young people aged 10-19 living in the Square Mile. This covers information, advice and guidance services for young people and targeted youth

[60] City of London, Hackney Academy Inspection Report January 2012

support. 91 young people in the City engaged with City Gateway in the first 9 months of 2013/14

Though key informants were aware of City Gateway's services, some believed that youth provision could take an even bigger role to continue providing quality support to youth in the City.

"I think the City of London could look more into [making] sure that [young people] have a place which is central for [them] to get access to opportunities … to continue what they are doing in the primary school…it's all about continuing that work and making sure they don't get lost…"

Maximising life chances: health outcomes

Numbers in the City for children and youth health outcomes are too low to report with accuracy; however primary care extracts for adults show discrepancies between the east and the west of the City. The one GP practice in the west, the Neaman Practice, can be compared with Portsoken residents registered in different practices in Tower Hamlets. The figures below are for adults, which may reflect the health of parents.

- Smoking: 11-15% at Neaman; 21% for Portsoken residents
- Obesity: 4-9%% for Neaman; 15% in Portsoken
- Hypertension: 8-10 % in Neaman; 16% in Portsoken

These figures are primary care extracts and therefore "experimental data" that the City will be looking into in more detail.

"We have a lot of health related issues from diabetes to heart related diseases to childhood obesity. These issues have been on-going for a few years and have had a huge impact on people's lives, preventing them from working and so forth."

"I think there is a lot of acute conditions. I would say more stress and mental health more than physical disability. And this is something I've seen on the increase, from women …there are high levels of depression and [it's] just that it's not being recognized. "

Key informants were also concerned that information about families may be missed for those not registered with the GP practice in the City. This may be more of an issue for those families in the east of the City

"If a vulnerable family was to come into the City, if they don't change their GP to a City GP, we don't know they're there."

In 2012, the City commissioned an in-depth needs assessment of the City's most deprived ward, Portsoken, resulting in the Portsoken All Age Early Intervention Review 2013. As a direct result of the review, a health and wellbeing coordinator based in Toynbee Hall has been funded specifically to cater to the Portsoken community, specifically at Mansell Street

and Middlesex Street Estates. The aim of this new role is to bring increased access, engagement and support to this community.

"A lot of the work of the health worker on that estate has been about opening up the trust and confidence of the communities on that estate. To make them be able to be more happy about disclosing issues and accessing support when they need it."

Troubled Families Team

The aim of this service is to identify and support families in danger of falling into extreme need. One of the criteria for targeting includes low income or benefits status. There are currently seven families accessing this service.

Social Care Provision

The number of City of London children and families requiring statutory social care interventions is low compared with other local authorities. Very few children (six) were subject to a child protection plan in the City of London in 2012/13.[61] The City of London children's services were rated as Excellent by Ofsted in the 2011.

In 2012/13, The City of London Corporation provided services to 224 people with a wide range of needs (though predominantly by older people than by families). 83% felt that the services they received made them feel safe and secure. 70% of users have found it easy to find information about services. Key informants felt the high level of support offered in the City may make it difficult for our families when they move to another borough with different thresholds.

"They would be moving from a high level of support and low accommodations to better accommodation and low levels of support. And that's a shock to the system".

Supply of Childcare

Worklessness amongst parents is a key determining factor for child poverty. To address worklessness, local projects need to provide parents with practical solutions to overcome the barriers that are stopping them from working. Securing affordable, quality childcare is of major concern to parents who want to work. Children's Centres and after-school activities are therefore central to effective local delivery and action towards tackling child poverty. City families attend the Cass Child and Family Centre (130 registrations) or Golden Lane Children's Centre (108 registrations).

The Cass Child & Family Centre provides full and part time day care for children aged between 12 weeks and 5 years. They are open 50 weeks a year from 8am to 6pm. Holiday activities are also offered in the Stay & Play, nursery and primary school to allow parents the option to maintain work.

[61] City of London Corporation, *Safeguarding Children Annual Report*, 2012/13

As of March 2014, there were 365 children aged 0 to four currently residing in the City of London, of whom 82% were registered with the Children's Centre System[62]. Very few vulnerable families from the City access the Golden Lane Children's Centre (Islington).

In total, 46 of the 365 children lived in a home with a low income: 83% of this group were registered with the children's centre system and 28 were regular users of the Cass Child and Family Centre or the Golden Lane Children's Centre (Islington).

28 of the 365 children live in a home where workless benefits are being claimed: 75% of this group are registered with the children's centre system and 14 are regular users of the Cass Child & Family Centre or the Golden Lane Children's Centre (Islington).

61 of the 365 children live in a home with a lone parent: 82% of these children are registered with the children's centre system and 23 are regular users of the Cass Child & Family Centre or the Golden Lane Children's Centre (Islington).

There were 3,899 visits by City families to the Cass Child and Family Centre in the period April to 31st March 2014. In the same period, 60 distinct families, both resident and non-resident) received targeted family support.[63]

[62] Children's Centres Report April 2013 to March 2014
[63] ibid

4. Statutory and Policy Framework

4.1 Central Government

The Child Poverty Act 2010 requires local authorities in England, and their named partners, to co-operate to reduce and mitigate the effects of child poverty.

The Coalition Government has made clear its ambition to end child poverty by 2020 and in Spring 2011 published the first national child poverty strategy. In April 2011, the Coalition Government published *A New Approach to Child Poverty: Tackling the causes of disadvantage and transforming families' lives*, which outlined its approach to eradicating child poverty. It also establishes decisions on content and delivery of needs assessments and strategies to local authorities and their partners. Proposals included:

- encouraging people to work
- supporting those unable to work
- help with money management
- supporting family life and children's life chances
- reforming funding structures
- supporting positive home environments
- supporting children's early years
- supporting children's school years
- improving transitions to adulthood
- reducing mental and physical health inequalities.

Reductions in local authority spending, an uncertain recovery from recession and government reforms of welfare benefits however, all have a profound impact on the tools available to local areas to tackle child poverty.

4.2 Local government

Joint Health and Wellbeing Strategy

The government's ambition for ending child poverty relies upon employment, a stable economy and increased job creation. The City of London's Joint Health and Wellbeing Strategy sets out the greatest health related issues the City faces, and its ambitions for everyone who lives, studies or visits the City of London. Priority number two for the Health and Wellbeing Board is: *"Ensure that more people in the City have jobs: more children grow up with economic resources".*

Children and Young People's Plan 2012-2015

The Children and Young People's Plan (CYPP) sets the vision and strategy for children and young people in the City of London. It aims to improve outcomes by strengthening services

for early intervention and prevention, and uses an integrated working approach to target the most vulnerable members of the community.

While recognising and responding to the needs of all children and young people, the CYPP emphasises the need to:

- Extend and further develop a long term shift towards greater prevention and a cohesive service offer at an early stage
- Continue to close the gap in attainment and skills between disadvantaged groups and their peers.
- Ensure that there are high standards for safeguarding and a seamless service for children and families
- Focus on helping young people adopt a healthy lifestyle and be aware of the resources available in the City

Other relating strategies and assessments

Tackling child poverty is a complex challenge and must be considered in the context of other local strategies. The City of London Corporation and its partners provide a wide range of services to children, young people and families that play a vital part in reducing the number of children living in poverty as well as finding ways to mitigate the impact of poverty on their lives.

In addition to the Health and Wellbeing priority, and the Children and Young People's Plan, there are other local strategies and assessments that are closely aligned to the child poverty agenda, namely

- Joint Strategic Needs Assessment, City Supplement
- Housing Strategy
- Homelessness Strategy

4.3 Other Approaches

Some LAs are already responding to child poverty in their areas with a number of different measures. Some of these include:

- increasing housing and benefits advice capacity to support vulnerable residents
- raising awareness of welfare reforms amongst practitioners, customers and partners, as well as monitoring the impact of welfare reforms
- providing early intervention and practical support to children, young people and families
- trying to encourage local services to be more family-oriented, and take into consideration the needs of low-income families, improving services to families, particularly childcare and parenting services
- trying to raise the aspirations and attainment of children, young people and their families, to prevent the perpetuation of intergenerational poverty
- Tackling health inequalities that impact upon child poverty, for example teenage pregnancy.

Examples of good practice in other boroughs

Brent's Navigator Service[64]

The Brent pilot navigator service, is aimed at engaging the most socially excluded households in Brent, and empowering them to access services, which will support them into work. An outreach team helps to bridge the gap between those households most affected by the benefit cap, and the often confusing services available to them. As services often work in silos, necessitated by the way they are funded, the Navigators work with the whole households to help them to navigate the system, and advocate on their behalf in order to achieve positive outcomes.

The team consists of six Navigators and one Navigator Manager. Referrals for meeting outreach targets were initially made by the housing team.

Outcomes are based on employment and secondary targets. Employment targets include working actively with a set number of households who are not currently engaging effectively with other services; with a further aim for at least one person in those households to enter employment and for a high proportion of those to sustain employment for six months.

Monitoring of secondary outcomes also takes place to improve the social inclusion of households that they are working with, such as participation in education or training for adults and children in the household; engaging with mainstream welfare to work provision; and improved debt management.

InComE Project

The InComE project stands for Independence, Accommodation and Employment and aims to provide residents with a route out of an overcrowded environment and into a new home. It is a service already running in a handful of LAs across London namely; Brent, Ealing, Haringey, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow Kensington and Chelsea, Tower Hamlets and in Westminster.

The Project helps anyone who is a non-dependent adult living in an overcrowded home and who is not the tenant. Anyone who is over 18 years of age, either already working, in studying or training, or willing to start, is eligible. The aim of the project is to offer an opportunity for anyone in an overcrowded home to move into their own short-term housing for up to two years while they build their career and salary in preparation to be truly independent and ready to move on by the end of the scheme. During this time, the individual is provided with expert advice for getting job-ready, as well as training and support in what they want to achieve.

[64] Introducing Brent's Navigators. http://www.cllrdenselow.com/introducing-brents-navigators/

5. Outcomes

5.1 Conclusion

The state of child poverty in the City

Child poverty remains an issue in the City; however according to official figures the overall trend since 2008 seems to be decreasing. Key informants agree that child poverty is an issue but that numbers are too small to say whether it is getting better or worse. There remain major differences in deprivation between wards which may be impacting child poverty rates. This is surprising as overall the City is amongst the 40% least deprived local authorities across England, and is amongst the five local authorities in London with the lowest rates of child poverty according to official figures. However the national and local trends show increasing pressures on families facing a decrease in household living standards, flat-lining wages and benefits not increasing in line with inflation, could continue to make it very challenging for the City to achieve the aim of reducing child poverty.

In the City there is also increasing concern for families in low pay. Key informants suspect that there are unreported cases of low pay and unreported poverty that are being missed. The increasing number of families in low pay has implications for identifying families in poverty, as well as particular challenges on service delivery, as people in working poverty are both money poor and time poor.

Key informants feel that profiling and tracking of families has improved overall but that there is still more work to be done. There is particular concern that poverty in families in the north of the City may be under reported. Vulnerable families from Golden Lane have been reported; however key informants generally feel they know less about the families in this area. Families in the east are better understood; however some key informants feel the lack of a City GP in the east is a barrier to understanding.

What does poverty look like in City families?

"It's about how we raise the aspirations of the communities that are there."

The small numbers of vulnerable families known to City of London services face a diverse range of challenges and barriers. However, families who are the most deprived are more likely to have been poor for generations. It has manifested in family members moving within the same estate from one unit to another, with little movement out of the estate. This has been observed as a particular issue among the Bangladeshi community, who are also living in overcrowded accommodation. Poverty has been observed in a variety of BME families, some of whom face challenges with English as a second language, though this is predominantly a challenge with having a level of English that is proficient for employment, rather than as a barrier to accessing services.

Key informants reported that vulnerable families have come from Golden Lane, Middlesex Street and Mansell Street estate, the latter being of most concern. Some of those who had previously been able to maintain payments, even if on benefits, have recently sought out food banks. These families are both workless and working, living on very tight budgets with no flexibility to cope with unexpectedly large bills or emergencies. This makes them vulnerable to short-term absolute poverty and its potential long term effects. Informants also feel that digital exclusion is still an issue for vulnerable families and is a barrier for parents when applying for benefits and for work.

While children perform really well at primary school, evidence of attainment to higher education is too small to make judgements about poverty of aspiration through educational figures. Key informants however feel that vulnerable families do not aspire to the wealth and opportunities the City has to offer, which is also reflected in pockets of generational poverty in certain estates.

What causes child poverty?

"So even if we can't be doing much with this generation, what can we be doing with the next generation?"

Of the families already engaging with services, key informants, including front-line workers (both local authority staff and providers) know the profile of their vulnerable families very well. The numbers of families currently known are small and therefore are very varied in their risks factors and drivers for poverty. However they tend to live in social housing (both from council and housing associations), many have been in persistent poverty over generations and many are from BME backgrounds. Most come from lone parent households, or households where one parent is working. Employment tends to be part-time and on zero-hour contracts, having further potential impacts on childcare, income and benefits.

Key informants feel that getting off benefits and into work, with enough income to stay off benefits is a major challenge for families. The high cost of living in the City especially private housing costs, make private renting an impossible option. As parents are both income-poor and time-poor, affording and scheduling childcare is a challenge. If parents were on full benefits, they would be guaranteed childcare, but once they are in work, they are no longer a priority. Thus families, especially lone parents, face the difficult choice to be in work and struggle for childcare, or to go onto benefits to be guaranteed childcare. The latter option imposes a big hit to family finances and has long term effects on parents' self-esteem and efforts to regain employment.

As well as the ongoing welfare reforms, some families have experienced a halt in their benefits, which has caused short-term severe poverty. This has had long-term consequences in some families affected, such as in the parents' health, compounding challenges to gain or regain employment.

There is a very strong social network particularly amongst vulnerable families in the Portsoken ward, potentially making them vulnerable to social exclusion if relocated. As a

result of the high level of support offered and strong local networks, families in need prefer to remain in the City despite opportunities to alleviate housing pressure. Due to local tailored services for vulnerable families and good quality services in the City, better health outcomes may be achieved in the long term for both children and parents when families in poverty remain a young family in the City. However in order to break the cycle of persistent poverty, interventions targeted at the next generation in adolescence could be effective.

What are current services like?

"Somehow there needs to be more of a gain to the residents, of living in the richest square mile in the UK... Kids born in the city should be the City workers of the future. No them and us: one community"

There are a plethora of different activities and interventions available for the small number of families who are in need. Overall the City provides quality services for those currently engaged. There are, however uncoordinated services, which may be confusing for families to navigate. The effectiveness of efforts to lift families out of poverty is questionable. And there is also speculation that uptake of services could be improved.

Tracking children in the City beyond age 11 is difficult, as the City does not have a secondary school and the Corporation is currently developing work to improve this. Key informants felt that this is a particular challenge in the City which makes it difficult support secondary school age children. Some believed that youth provision could take a bigger role in providing quality support for City youth beyond primary school age.

Key informants felt that the apprenticeship scheme could help to improve youth aspirations. Although informants were aware of this scheme, there were differing views on how well young people in the City engaged with it.

Key informants also mentioned the importance of adult learning courses and the impact adult learning has on vulnerable parents. Informants believe the courses improve social connectivity and counter social exclusion, as well as to improve English language skills with an aim to be job ready.

Many key informants believed that there could be better uptake of the many services available to help families in need, though the reason for this is unclear. This may be linked to concerns around not reaching all families potentially in need and the ongoing improvement needed to profile City residents. Some have also suggested that this is related to the complexity of services offered, resulting in a family with various needs being signposted from place to place, therefore being put off by the process or increasing the chances that the family falls off along the pathway.

Additionally, there is duplication of services all working to target and help manoeuvre vulnerable families through necessary services; namely the troubled families team in the people division of the Community and Children's Service Department; the tenancy support team in the housing division; the family support worker in Sir John Cass Centre and the health and wellbeing coordinator for Portsoken at Toynbee Hall. It could be, however, that

different families like to have different routes for seeking information and that the various avenues ensure this is possible. The weakness in this approach is the potential for variation in service delivery depending on the team accessed.

Although there was a spilt in the responses around the need for a child poverty strategy, most key informants felt that efforts around child poverty need to be pulled together. Recommendations for the best approach in the City included localised priorities by ward or by LSOA, due to the very localised issues.

"If you were looking at a child poverty strategy City-wide it would be quite difficult as, probably each estate would have its unique climate. I think that's the challenge. "

5.2 Next Steps

- Investigate mechanisms for "pulling" together of efforts, based on the needs of individual estates in the City.
- Review current Housing strategies, to establish to what extent they continue to support families in need living in City Estates when they move to out-of-borough estates.
- Investigate means to improve tracking of young people entering secondary schools (age 11 and up)
- Investigate whether the City can improve support to older children through youth provision and better uptake of the apprenticeship scheme.
- Investigate how the City can improve navigation/update the many services we offer reviewing the Brent experience as a potential model.
- Work with housing to consider potential options for helping the next generation aspire higher and address overcrowding – using InComE Project best practice as a potential example.

Appendix A – Key Informant Questions

City of London Child Poverty Needs Assessment– Key Informant Interview

Part 1

1. What does your organisation do? Who attends or uses your service?
2. What is your role in your organisation? How long have you been in this role?
3. What is your understanding of child poverty?
4. Do you come into contact with children and families living in poverty in your organisation/service?
    a. Is child poverty an issue in the City?
    b. If yes, do you know what proportion have been referred to social services or early intervention workers? Or how often would you say are these interventions required?
5. How would you describe these families in terms of:
    a. Where they live?
    b. What their family looks like?
    c. Working status of parents?
    d. Is there disability in these families?
    e. What is their ethnic background?
    f. English as an additional language?
    g. How else might you describe them?
6. How does poverty manifest in these families? For example, what challenges and barriers do see these children and families face?
        i. Do you think they are material in nature? In what way?
        ii. Do you think these children have set-backs in opportunities? In what way?
        iii. Do you think these children have set-backs in aspiration? In what way?
        iv. Do you think it is perpetual across generations? In what way?
        v. Do you think is it health related? Is there substance misuse involved? In what way?
        vi. Are there other additional impacts they are facing?
7. What do you think is driving these families into poverty?
8. Have you seen change in the numbers of families in poverty in the last 5-10 years?
9. (If relevant) How does child poverty of families from the City compare to other areas?
    a. Does it look different to other areas? If yes, how?
    b. About what proportion of these families would you say come from the City?

Part 2

10. Is your organisation/team addressing children and family in poverty? If yes, how?
    a. Please describe the program, service or approach that you use
    b. How do you measure its effectiveness?
11. What barriers does your organisation/team face in providing support to families in poverty?
    a. How does this affect the quality and extent of support/service you offer?

12. Do you believe that the welfare reform is positively or negatively impacting child poverty?
    a. How is this impact observed in your organisation?
    b. How does your organisation take this into account in your approach/service to these families?
13. Do you believe the higher living cost in London is having an impact on child poverty?
    a. If yes, how is this impact observed in your organisation?
    b. How does your organisation take this into account in your approach/service to these families?
14. If we came into additional but limited funding for child poverty, what would you suggest doing with it? What other approaches might you suggest
    a. If it was given to your organisation/team?
    b. If it were to be allocated elsewhere?
15. Could you describe any policies, strategies or initiatives in London, the UK, or elsewhere that have been effective in reducing the rate of child poverty i.e. helping to move families out of the poverty cycle?
    a. What about this approach do you think makes them so effective?
16. As well as your services, do you know what other services these families are accessing?
17. In the City's Health and Wellbeing Strategy, child poverty has already been made one of the priorities. Do you think the City needs a strategy around child poverty? Why? If yes, do you have any specific recommendations or suggested approaches for it?
18. Do you have any other comments or questions?
19. What interests would you and your organisation have in the findings and outcomes of this research project?

Thank you!

Appendix B – Child Poverty Activity Mapping

More Families in Work	Supporting Children to Thrive	Ensuring Poverty Does Not Translate into Poor Outcomes	Income and Tackling Financial Exclusion
• City STEP • National funded hours for 2, 3 and 4 year olds to access preschool provision • Low/no income families provision at Cass Child and Family Centre • National pupil premium • Sir John Cass primary school, provision of out of school activities • Youth Services, provision for 10 – 13's during school term and holiday activities • Sir John Cass family support worker • Community Fire Cadets • City Apprenticeship scheme • Adult Skills and Learning courses • Job Centre Plus	• Pre School (<5s) and Play provision (to 11yo/YR6) – weekday and holiday • Youth Services and City Youth Provision • Support for Unaccompanied Asylum Seeking children (UASC) • Time Credits within youth services • City Gateway (youth services 10-19) • Annual Youth Awards Ball (LAC and care leavers) • Resident Insight Database • Troubled Families service • Early Intervention • National Free School Meals offer • Youth partnership meetings • City & Hackney Safeguarding Board and the Health & Wellbeing Board • Prospects, City Education and Development Organisation, and Adult Skills and Learning work to keep Young People in Education, Training or Employment • Annual Youth Awards Ball (LAC and care leavers) • Primary expansion programme • Youth partnership meetings • Free to access sexual health services for young people	• Youth Services • City of London Scouts • Duke of Edinburgh's Award • Targeted Youth • Youth Participation • Troubled Families programme • Support given to Looked After Children and Unaccompanied Asylum Seeking Children • Team around the Child/multi agency working • Early Years and Education Team • Children's Social Care Services • Substance Misuse Partnership – City youth provision • Joint detached and outreach work by City Gateway, Prospects and/or the City • Sir John Cass primary school • Cass Children and Family Centre • Common Assessment Framework referral system • Early Intervention Service and Early Intervention Partnership (EIP) • Targeted Education group • Youth Offending services contracted from London Borough of Tower Hamlets	• City Advice • Housing Benefit • Council Tax Reduction Scheme • Benefits advice • Emergency Support Scheme • Discretionary Housing Payment • Credit Union partnership • Short Breaks Offer for disabled children in need • Resident Insight Database • Spice Time Credits • Tenancy Support team# • Tackling NEET – Prospects, Job Centre Plus notifications, CCIS, notifications to borough of residence when a YP drops out of school/college

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Committee(s):	Date(s):
Health and Wellbeing Board - For information	18 July 2014
Subject: Development Day Outcome – Joint Health and Wellbeing Strategy Refresh	**Public**
Report of: Health and Wellbeing Policy Development Manager	**For Decision**

Summary

On 18th June, the Health and Wellbeing Board attended a development day where they reviewed the current JHWS and proposed actions to take forward the board's strategic priorities

Recommendation(s)

Members are asked to:

- Endorse the approach to formulating a Strategic Action Plan for 2014/15

Main Report

Background

1. On 18th June, the Health and Wellbeing Board attended a Development Day, with the specific intention of revisiting the Joint Health and Wellbeing Strategy and reviewing its priorities in light of the past year's developments.
2. There was a good turnout from the board, with representation from elected members, officers, Healthwatch and NHS England, as well as the senior public health team.
3. The Board used this session to consider internal and external developments to the context in which the board operates (see appendix 1), as well as to review the new data contained within the JSNA Health and Wellbeing Profile and JSNA City Supplement.
4. The Board reviewed the rationale for the strategy refresh, and also re-considered the criteria that had previously been used to prioritise the strategy, to confirm that they were still valid.
5. The Board agreed that the guiding principles were still valid. These were:
    a. Can we do anything about it?
    b. Numbers of people affected
    c. Severity or impact of the issue
    d. Does it tie in with the City's corporate plan?

e. Will the City be a better place to live/work as a result?

f. Is there a current gap in provision or service identified?

g. Do we have (or can we get) resources to tackle this?

h. Was this identified as a priority in the JSNA or is there a strong consensus this is an issue for local people?

6. The board then split into two groups, and each group considered half of the priorities, scoring them against the criteria set out above. It was found that some of the priorities had changed: improvements in the City meant that some issues no longer affected as many people; and responsibility for some issues had moved to another body (for example, NHS England) and so the board was no longer in a position to strongly influence it.

Current Position

7. As a result of the development day, the Board re-scored the strategic priorities contained within the JHWS, and discussed potential actions to progress each of the highest-rated priorities.

8. These have been placed into a draft framework (appendix 2), and a timescale has been identified for each action. These actions have not been prioritised.

Proposals

9. It is proposed that members feedback their comments on how the actions should be prioritised, via email, by 1st September 2014.

10. Once comments have been received by email, the draft framework will be revised and prioritised and brought to the September 2014 meeting of the Health and Wellbeing Board, as a Strategic Action Plan for 2014/15 and to set the work programme for the Health and Wellbeing Board.

Appendices

- Appendix 1 – Development Day “brown paper” exercise
- Appendix 2 – Draft framework of priorities

Background Papers:

Joint Health and Wellbeing Strategy Update – 30th May 2014

Farrah Hart
Health and Wellbeing Policy Development Manager

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Health and Wellbeing Board Development Day

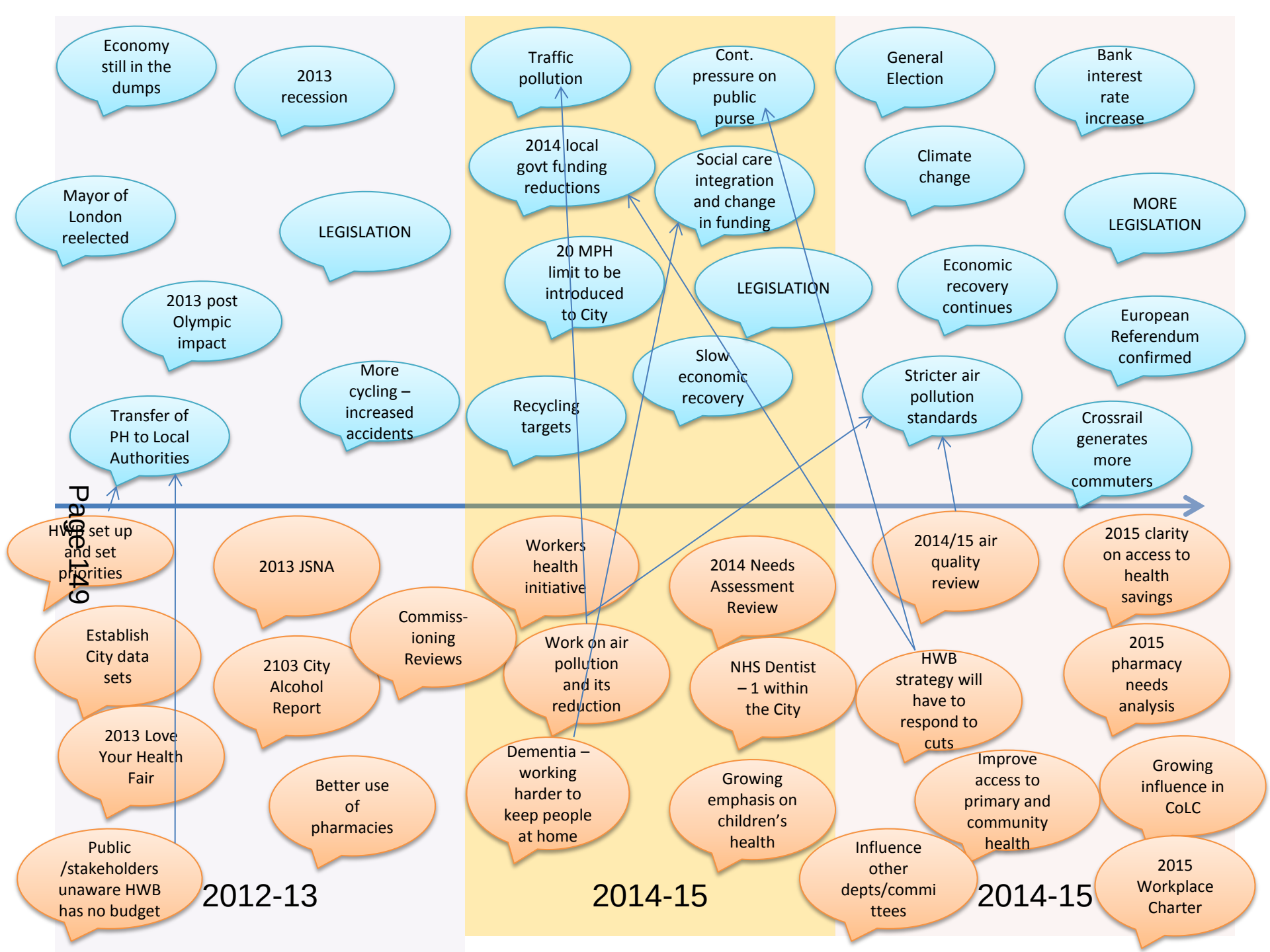
Wednesday
18th June 2014

The Joint HWB Strategy to Date

A "brown" paper exercise

- **What has happened in the last 12-18 months**
- **What have we achieved in the last 12 months?**
- **What can we anticipate in the next 12-18?**
- **What does this tell us?**

The Board were asked to consider a) the external environment (i.e. key political, social and economic issues) and plot these in the period 2013-15, and b) the work of the HWB over the same three year period. The output from this "brown paper" exercise is recorded in the next slide. Above the line are the P.E.S. factors and issues which have affect the Board's work; below the line are aspects of the Board's work – what has been done so far and what it needs to do in future.


Economy still in the dumps
2013 recession
Traffic pollution
Cont. pressure on public purse
General Election
Bank interest rate increase
2014 local govt funding reductions
Social care integration and change in funding
Climate change
Mayor of London reelected
LEGISLATION
20 MPH limit to be introduced to City
LEGISLATION
MORE LEGISLATION
Economic recovery continues
2013 post Olympic impact
European Referendum confirmed
More cycling – increased accidents
Slow economic recovery
Stricter air pollution standards
Recycling targets
Transfer of PH to Local Authorities
Crossrail generates more commuters
HWB set up and set priorities
2013 JSNA
Workers health initiative
2014 Needs Assessment Review
2014/15 air quality review
2015 clarity on access to health savings
Establish City data sets
Commiss-ioning Reviews
Work on air pollution and its reduction
NHS Dentist – 1 within the City
HWB strategy will have to respond to cuts
2015 pharmacy needs analysis
2103 City Alcohol Report
2013 Love Your Health Fair
Dementia – working harder to keep people at home
Growing emphasis on children's health
Improve access to primary and community health
Growing influence in CoLC
Better use of pharmacies
Public /stakeholders unaware HWB has no budget
Influence other depts/committees
2015 Workplace Charter
2012-13
2014-15
2014-15

The "brown paper" exercise - what does this tell us?

- The amount and degree of change around us – and the uncertainty this brings, making long-term planning difficult
- An apparent lack of connectivity between the big picture externalities and the work prioritised by HWB . . .
- The work/effectiveness of the HWB is based on the extent of its influence (i.e. it does not directly spend money) . . . and this has its limitations
- The growing understanding of the Board's role . . . But also the need for a Communications Plan to reinforce key messages (inc. refreshed priorities)
- The extent to which the City is physically changing, and very rapidly – buildings, transportation systems - and the impact this has on HWB work
- Recognition that some of our initial priorities have shifted (as reflected in the new JSNA) e.g. fuel poverty less significant
- 2011 Census has highlighted particular issues such as the levels of single occupancy (and social isolation?) in the City
- City of London supplement – highlighted the levels of obesity in Portsoken ward

Draft framework of priorities

Priority	What has been done	What are some potential activities for the future?	Timelines	Who else invests in this?	Assets
Residents and rough sleepers					
More people in the City are socially connected and know where to go for help	The City is a pilot area for the Social Prescribing project, with a specific focus on socially isolated individuals We have expanded the City advice service and will be retendering it in Autumn 2014 We will be expanding the role of the community engagement worker in the Portsoken area to build on the existing work and further engage elements of the community not currently engaging We are continuing to work with SPICE to encourage volunteering within the City	1. Map and promote local groups and activities 2. Ensure small local groups have adequate funding/sustainability 3. Work with frontline staff to raise awareness of social isolation 4. CSV bid for Local Area Agreement funding to address this issue 5. Research different patterns of isolation between different communities/estates in the City 6. Work more closely with local GPs – develop a LES (a payment-by-results contract with GPs for them to identify and refer isolated individuals) 7. Pop-up information centre in a vacant shop 8. Topic-based information and advice drop-in sessions/roadshows for residents	1. short-term 2. short-term 3. short-term 4. short-term 5. medium term 6. medium term 7. medium term 8. medium term	CCG Community & Children's Services	Older people's groups Community Engagement Worker Carers' service City Advice, Information and Advocacy Services GPs
More people in the City are physically active	We have commissioned a local exercise on referral scheme and are expanding it to Tower Hamlets GPs We are working with the planning and transportation department to review City signage We are working with Open Spaces to ensure the new Open Spaces Strategy takes account of health and wellbeing issues We have commissioned the community engagement worker to encourage women in the east of the City to be more physically active We are working with C&H CCG to			Planning and Transport	Golden Lane Leisure Centre City Sports Development team Community Engagement Worker Transport Planning Police

	develop a new T3 adult obesity service (for adults who are at risk of needing bariatric surgery), which will include a physical activity component and/or exit routes				
City air is healthier to breathe	New air quality strategy is being written Public awareness of this issue is much higher, and Corporation-wide support is growing Pan-London conference is being planned for late 2014	1. Contribute to refresh of air quality strategy 2. Working with additional partners (eg, taxis) to further raise awareness and support (take a proactive firm stance) 3. Measure hits/ sign-up to apps 4. Investigate what can be done to improve traffic management in the City 5. Commission research on impact on vulnerable groups 6. Influence built environment design	1. immediate 2. short-term 3. short-term 4. short-medium term 5. medium term 6. ongoing	Port Health and Public Protection GLA	Environmental Health, City Air Strategy Police
The City is a less noisy place	We have submitted comments to the City's local plan consultation We have been working with licensing on the new Safety Thirst scheme, which includes consideration of noise from the night time economy	1. Measure numbers of complaints 2. Work with highways on noise mitigation, particularly from large vehicles 3. Evaluate impact of late night levy 4. Evaluate impact of noise on health and wellbeing within the City	1. Immediate 2. medium-term 3. Medium-long term 4. Medium-long term	Port Health and Public Protection	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols
More people with mental health issues can find effective, joined up help	We have encouraged the CCG to recognise this as a priority area for City residents We have commissioned a mental health needs assessment for residents in the City of London Our new dementia strategy seeks to create a "dementia friendly City" and will be encouraging City frontline staff to become dementia friends	1. Promote healthy workplace initiative 2. Train City of London staff as dementia friends 3. Promote social interaction amongst residents, especially on estates 4. Promote assessment of mental health app 5. Link HWB app to social prescribing 6. "talk to your neighbour" campaign 7. Outreach Mental health nurse practitioner for rough sleepers 8. Outreach GP for rough sleepers 9. Measure interventions; 999 calls; prescriptions	1. immediate 2. short-medium term 3 medium term 4 medium term 5. medium term 6. medium term 7. medium term 8. medium-long term 9. medium-long term	CCG Community & Children's Services	GPs City Advice, Information and Advocacy Services Housing Service LB Hackney
More people in the City have jobs: more children grow up with economic resources (reduce child poverty)	Child poverty needs assessment Housing team and Information and Advice Service are working with vulnerable families Targeted services in the most deprived areas of the City (Portsoken)	1. Actions contained in needs assessment (to be agreed by HWB and CCS committee) 2. Service mapping activity to inform prevention and early intervention work 3. Greater provider-based identification of vulnerable families	1. Short-medium term 2. Short-medium term 3. Medium term	Economic Development Housing DWP/JC+	Jobcentre Plus Apprenticeships Adult Learning Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department
More people in the City are warm in the winter months	Fuel poverty is now amongst the lowest in London	Continue to monitor	Annually	Housing	Housing Service Community Groups City Libraries

More rough sleepers can get health care, including primary care, when they need it	Supporting TB find and treat mobile X-ray screening (also tests for other BBVs) Increase in GP registrations New rough sleeper strategy	Outreach GP for rough sleepers	Medium-long term	Housing (Community & Children's Services) CCG	Homelessness Outreach Service Homeless Health Provision
People in the City are screened for cancer at the national minimum rate	Responsibility for cancer screening has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	1. immediate	NHS England	GPs Community Groups Community Engagement Worker
Children in the City are fully vaccinated	Responsibility for childhood vaccinations has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	1. immediate	NHS England	GPs Community Engagement Worker

Priority	What have we done	What are some potential activities for the future?	Timelines	Who else invests in this?	Assets
City workers					
Fewer City workers live with stress, anxiety or depression	We commissioned research into best practice for companies investing in workplace health programmes We ran the Business Healthy conference in March 2014, and have set up a network of interested businesses	1. Work with GLA to promote the Healthy Workplace Charter 2. Work with partners such as CMHA, BITC 3. Campaign to raise awareness amongst businesses and de-stigmatise mental health issues 4. Work to establish services in faith buildings 5. Include worker health stipulations in local schemes (e.g. considerate contractors) 6. Put into contracts as a condition: Expectation that contractors sign up to the Healthy Workplace Charter. 7. Softer interventions: a. Built environment b. Open spaces c. Sports and leisure	1.immediate 2. immediate 3. medium term 4. medium term 5 medium-long term 6. medium-long term 7. medium-long term	Community & Children's Services	City businesses, HSE standards, Livery Companies Environmental Health,
More City workers have healthy attitudes to alcohol and City drinking	We are expanding our work with employers to encourage healthy attitudes. We are working with local pubs, bars and clubs to educate and support workers, through the Safety Thirst scheme	1. Set up a new service that takes a preventative approach to smoking, drinking and drug-taking, as agreed at last HWBB 2. Engage with licensing committee 3. Educate on impact on long-term health	1. short term 2. short-term 3 medium term	City of London Police Safer City Partnership	Substance Misuse Partnership City of London Police Safety Thirst London Ambulance Service DH alcohol strategy
More City workers quit or cut down smoking	We have worked with the Cleansing team and Boots to set up the Fixed Penalty Notice scheme We are piloting novel approaches to quitting using e-cigarettes	1. Extending Smoke Free Open Spaces in the City 2. Highlight Internal (corporation) and external resources available to help quit	1. short-term 2. short-term		Pharmacists GPs Employers City Street Cleansing Team

Service area	What have we done	What are some potential activities for the future?	Who else invests in this?	Assets
Mandatory services				
Sexual health	Commissioned services through LB Hackney. Barts Health running a pilot walk-in sexual health service with Boots from Liverpool Street Station		LB Hackney	Barts GUM clinic Boots and other pharmacy
NHS Health Checks	We have commissioned TLC to conduct health checks with harder-to-reach communities GP and pharmacy health checks We will be recomissioning the delivery of health checks more holistically from 2015	More targeted activities in Portsoken	LB Hackney	Community centres and events Libraries GPs Community Groups Community Engagement Worker
National Child Measurement Programme	Commissioned school nursing services through LB Hackney		LB Hackney	Schools
PH advice to CCG	Worked with C&H CCG to agree PH inputs Supporting the Mental Health Programme Board Ad hoc advice, information and intelligence provided to CCG in conjunction with LB Hackney Supporting the CCG with public engagement events	To be agreed with C&H CCG Possibility of working more closely with TH CCG and other neighbouring areas	LB Hackney	
Health protection planning	Supporting TB outreach, screening and TB DOT Set up local health protection forum Multiagency work with Public Health England, NHS England , LAS and LFB Contributed to excess deaths; pandemic flu; mass evacuation; and mass shelter frameworks for London Contributed to review of heatwave arrangements for London	Reviewing multiagency response pandemic flu plan for the City – will include review of excess deaths arrangements Emergency planning with City businesses	Town Clerk's Department (Contingency Planning Team) Port Health and Public Protection Team Public Health Team Public Health England, NHS England , LAS and LFB	

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Committee(s):	**Date(s):**
Health and Wellbeing Board	18 July 2014
Subject: Information report	**Public**
Report of: Policy Development Manager	**For Information**

Summary

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

Local updates

- 20mph speed limit
- Draft Open Space Strategy
- Winterbourne View Review Update
- Business Healthy Update

Policy updates

- Events
- Health Inequalities
- Older People
- Smoking
- Alcohol
- Environmental Health
- Communicable Diseases
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools

Recommendation(s)

Members are asked to:

- Note the update report, which is for information

Main Report

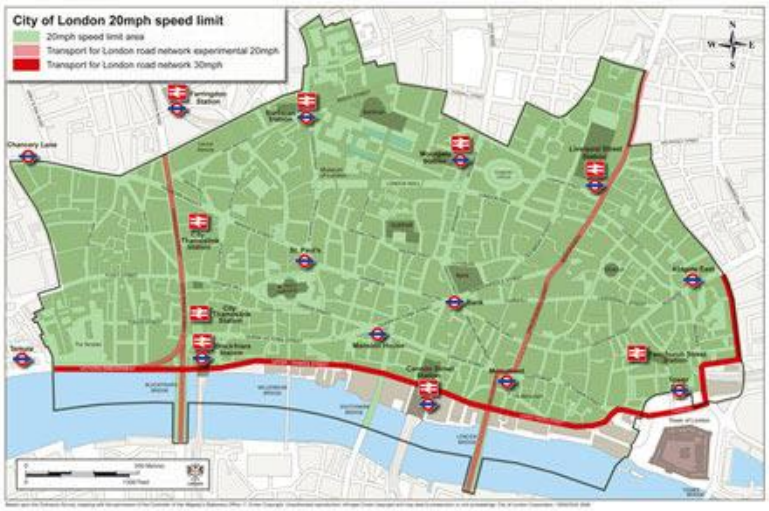
Background

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 are set out within each section as appropriate.

LOCAL UPDATES

20mph speed limit

2. The speed limit across most of the City of London will change from 30 mph to 20 mph on Sunday 20 July 2014. The area to have a 20 mph speed limit is shown on the map below. The whole of the City is included except for the A3211 between Victoria Embankment and Byward Street; the lanes and alleys between this red route and the River Thames; and the A1210 Mansell Street, Goodman's Yard and Minories. Transport for London will, in conjunction with the City's 20 mph speed limit, trial a 20 mph speed limit on two of the red routes through the City for which Transport for London is the local traffic authority, from Farringdon Street to Blackfriars Bridge and from Norton Folgate to London Bridge.



3. The City estimates that these measures, taken together, will reduce road traffic casualties by around 30 (or 7%) per annum. The analysis that produced this estimate reviewed those locations where and times when existing average traffic speeds were above 20 mph.

4. The new speed limit will be enforced by the City of London Police using their existing approach emphasizing compliance rather than penalties. Enforcement will be targeted at locations where average speeds remain above 20 mph.

5. The area of the new speed limit will be clearly communicated using traffic signs and road markings.

6. The new speed limit is an important part of the *City of London Road Danger Reduction Plan*

7. The contact officer is Craig Stansfield: 020 7332 1702

Draft Open Space Strategy

8. The Draft Open Space Strategy has been jointly prepared by the Built Environment and Open Spaces Departments to support the City's Core Strategy. The Strategy sets out how the Corporation intends to protect and enhance the City's gardens and other spaces. It explains how the number of open spaces will be increased to keep pace with the City's growing working population, ensuring that spaces are well managed, attractively designed, provide facilities for play and recreation, and support wildlife. The new strategy builds upon and updates the current Open Space Strategy, which was adopted in 2008.

9. The Draft Strategy was approved by the Open Spaces Committee on 2nd June and the Planning & Transportation Committee on 10th June. It has been issued for public consultation until 25th July 2014. The Strategy will be adopted in the autumn.

10. The Draft Strategy can be seen on the City's web site: www.cityoflondon.gov.uk/openspacestrategy; printed copies can be provided on request. It is accompanied by a number of supporting documents including a health impact assessment. Comments on the Draft Strategy are welcome.

11. Contact: Lisa Russell: 020 7332 1857 lisa.russell@cityoflondon.gov.uk

Winterbourne View Review update

12. The Adult Social Care Service (ASC) has 13 Service Users with a Learning Disability. 7 live within the City and receive support within their own homes and 6 are in placements outside the City. ASC continues to have funding responsibility for those placed outside the City, and to review each person 6-monthly.

13. None of the adults we work with currently would meet the criteria of an adult with challenging behaviour and complex Learning Disabilities as was the case for those adults who resided at Winterbourne View which was a health-funded assessment unit.

14. ASC undertook completion of the stocktake, previously circulated to the HWB, with the understanding that whilst we had no current service users who would meet the criteria, (as described above), we would use the guidance and principles set down which asked every local area to review each person in health-funded placements and seek to reassess them and bring them back in to their locality by June 2014.

15. ASC used the best practice principles to redefine our Statutory Review process for all adults in a care home setting, regardless of their Learning or Physical Disability, Mental Health or Age, and revised our review template to have a more focused and personalised support plan, that looked in more depth at medication and possible over-use of anti-psychotics.

16. New outcomes for the review were set out as follows:
    - The social worker will always seek to meet the key worker, home GP or home nurse to discuss medical needs.
    - To always invite family members and document relatives' views as well as the service users' wishes and feelings where ever possible.
    - To assess capacity at each review.

17. In many ways, our review documentation and established workforce already lent itself to this personalised approach to Care Home Reviews, but Winterbourne undoubtedly tightened up the importance of sound professional social work reports with an emphasis on reading medical notes and meeting as part of the multi-disciplinary team when holding the review, and making the home more accountable for its actions.

18. The main area that we have formalised is to raise the status of the review and designate a qualified social worker who has Care Home Reviews as her specialist area. Another important outcome has been having the confidence to carry out unannounced visits to placements where our service users are placed. This challenges providers to maintain high standards and transparency at all times, especially when service users do not have frequent visits from relatives. The Winterbourne Stocktake messages and lessons learnt have been demonstrated through the above custom and practice within Adult Social Care.

19. With the preparation and planning well underway for the Care Act in 2015, which will see Safeguarding Adults Boards being placed on a statutory footing, as well as the Supreme Court ruling on the Deprivation of Liberty Safeguards, it is felt that the principle contained within the Winterbourne review can now best be met within the ongoing work regarding Safeguarding Adults, the Care Act and the Mental Capacity Act.

20. A full report on the Care Act will be presented later in the year, which encompasses in legislation all the best practice principles and makes them a Duty of Adult Social Care, rather than a Power.

21. The contact officer is Marion Willicome Lang: 020 7332 1216

Business Healthy Update

A poster presentation on the Business Healthy initiative was presented at the Faculty of Public Health's annual conference on July 3rd 2014.

Delivering public health to a working population

- tackling the "work hard, play hard" culture

Farrah Hart MFPH

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Introduction

The City of London presents a common public health conundrum on a unique scale. Hundreds of thousands of people spend the majority of their waking hours within the area, but are not entitled to access local health services.

How do public health professionals in urban areas work in partnership with businesses to promote health in their commuter populations?

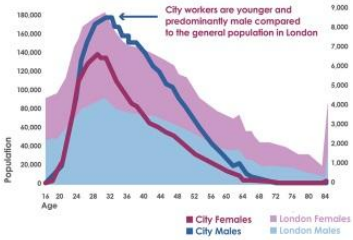
The Square Mile is a financial district with a distinct "work hard, play hard" culture that poses multiple risks and opportunities for public health. Local firms have traditionally been resistant to external attempts to effect change in working practices.

Needs assessment

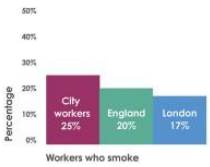
Needs assessment has identified a young, risk-taking population with specific issues around mental health (stress, depression and anxiety), which impact upon their use of alcohol, tobacco and other substances.

33.3% of City workers report that their job causes them to be regularly stressed
(sample size 2,728)

Age and sex profile of City workers

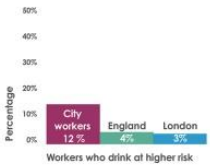


City workers who smoke
(sample size 2,728)[i]



Alcohol (sample size 740)[ii]
Increasing risk = Not yet necessarily experiencing alcohol-related harms, but increasing their risk of health and social problems.

Alcohol
Higher risk = Higher risk drinkers are already experiencing alcohol-related harms and many have some level of alcohol dependency.



Research on best practice

We commissioned a literature review on best practice in workplace health interventions relevant to the City, and interviews with City firms on their current practice, to see where the gaps were.

- We also developed a website to act as a repository of information about workplace health best practice, to inform City firms.

The research found that many firms were aware that staff health and wellbeing links to the bottom line:

- For example, they were aware of the links between staff engagement and productivity, CSR enhancing global brand profiles, organisational culture and employee retention and recruitment.

Despite this, the research found that current interventions were not always needs-led

- Many employers focussed on interventions that were easy to administer and monitor (for example, gym memberships); whereas some firms felt uncomfortable about tackling mental health issues, feeling worried about taboo or stigmatisation of individuals

The research found that firms could go further by drawing upon the latest evidence, and taking more holistic, systematic and employee-led approaches.[v]

Engagement with key partners

National

PHE – Priority 5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

City of London

City of London Corporation – local authority responsibility to promote the health and wellbeing of people who live or work in the City

London

GLA – Responsible for administering the London Healthy Workplace Charter (which the City of London was a pilot area for)

Business in the Community – national coalition of businesses committed to improving workplace health

City Mental Health Alliance – a coalition of City-based employers who aim to break down the stigma attached to mental health and to create a culture where mental wellbeing is nurtured as part of good business practice in the City of London.

Engagement with businesses

We held a conference at the Mansion House, hosted by the Lord Mayor, inviting Chairmen and Chief Executives from City firms of all sizes, ranging from huge multinationals to SMEs.

- Speakers included **Duncan Selbie, Dame Carol Black, Stephen Bevan**, and **Steve Boorman**, as well as representatives from **BITC, Bupa, KPMG** and the **City Mental Health Alliance**.
- We received media sponsorship from the **Financial Times**
- We developed the **Business Healthy Circle** – a networking group for City businesses to share best practice, be kept informed about workplace health initiatives, and to help shape the City of London's support offer to local firms.
- Over 40 firms have joined the Business Healthy Circle to date, representing both large and SME organisations from a range of different sectors.

Conclusions

Local firms are becoming increasingly receptive to the business case for workplace wellbeing, and are beginning to engage with the co-production of interventions and sharing of best practice.

Work with local businesses has shown that top-level engagement is essential for getting organisational buy-in, as is engaging key partners who are also working in this space.

This programme has already informed work in neighbouring authorities, and will be used to develop co-funded models of workplace wellbeing with employers, as well as to influence local health service development, particularly in light of recent GP contract changes.

References

[i] Public Health Action Support Team (2012) The Public Health and Primary Healthcare Needs of City Workers. City of London Corporation.

[ii] ibid

[iii] Alcohol Academy (2012) Insight into City drinkers. City of London Corporation.

[iv] Cavill Associates Ltd in association with the University of Salford (2014) Best practice in promoting employee health and wellbeing in the City of London. City of London Corporation.

Acknowledgements

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CITY OF LONDON

BUSINESS HEALTHY

POLICY UPDATES

Events

22. **Supporting health and wellbeing board chairs: a sector-led approach to improving local leadership**
14 –15 October 2014
This is an opportunity for Chairs and Vice-Chairs of health and wellbeing boards to come together to have space to think and reflect, share experiences, network and actively learn from each other. The session will be led by Local Government Association (LGA) peers who are health and wellbeing board Chairs as well as input from national partners.
http://www.local.gov.uk/documents/10180/6204572/Supporting+health+and+wellbeing+boards/ab125429-9a64-4702-aa19-b61f2b284af5

Health Inequalities

23. **I am more than one thing**
This report builds on existing evidence to highlight women's experiences of poor mental health and wellbeing and their interactions with the mental health system. It also aims to identify support needs or barriers that women encounter in the process of seeking support across the voluntary and statutory sector. http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2014/05/I-am-more-than-one-thing-Full-Report.pdf

24. **The importance of promoting mental health in children and young people from black and minority ethnic communities**
This briefing looks at the policy framework for mental health service provision and provides examples of existing practice which promote mental health for BME children and young people. It also highlights the impact of poor or incomplete data on commissioning and provision of mental health services for BME children and young people. It looks at specific factors that put children and young people from BME communities at risk of developing mental health problems as well as protective factors that can help build resilience.
http://better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2033(2).pdf

25. **Tackling health inequalities: the case for investment in the wider public health workforce**
This report calls for greater investment and better understanding of the impact of the wider public health workforce - people who are not professionally qualified public health practitioners, but have the ability or opportunity to positively impact public health in their community. This includes health trainers, health champions, and non-health professionals. It argues that this "wider workforce" could be instrumental in reducing the burden of health inequalities – the financial cost of which was last estimated at close to £60bn.
http://www.rsph.org.uk/download.cfm?docid=3DC0A455-BB28-4ECB-9E9C0486403EC56A

Older people

26. **Looking forward to later life: taking an early action approach to ageing in our society**
This report calls for an early action approach to preventative action and argues that this would result in a 'triple dividend' of improved lives, costing less, contributing more.
http://www.community-links.org/uploads/documents/LATER_LIFE_web.pdf

28. **What is the evidence on the economic impacts of integrated care?**
This policy summary reviews the existing evidence on the economic impact of integrated care approaches. Whereas it is generally accepted that integrated care models have a positive effect on the quality of care, health outcomes and patient satisfaction, it is less clear how cost effective they are. The authors found that the evidence base in this field was not strong enough to thoroughly assess the cost-effectiveness of integrated care and that a readjustment of expectations in terms of its assessment was therefore required.
http://www.euro.who.int/__data/assets/pdf_file/0019/251434/What-is-the-evidence-on-the-economic-impacts-of-integrated-care.pdf

29. **Care Act 2014: launch of care and support consultation**
This consultation seeks views on how local authorities should deliver the care and support reforms in the 2014 Care Act. The draft regulations and guidance have been developed by working with expert groups, including users of care and support, local authority staff, voluntary sector organisations, social workers, and national representative bodies including those drawn from local government. The consultation is open until Friday 15th August 2014. A further consultation on the reforms that come into effect from April 2016 - which include the cap on care costs - will take place this autumn.
http://careandsupportregs.dh.gov.uk

30. **Care Act 2014 Part 1: factsheets**
The Care Act received Royal Assent on 14th May 2014. These factsheets have been produced to accompany Part One of the Act and provide an overview and the duties and powers that local authorities will have in the future.
https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

31. **Best practice in the design of residential environments for people living with dementia and sight loss** This research reveals how clever design of living spaces can improve the lives of people who are living with two common conditions - dementia and sight loss. The evidence-based guidelines help make homes more accessible for people with both conditions and were developed after researchers gathered the views and experiences of people living with dementia and sight loss, their families and carers and a wide range of professionals.

http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/rf-42-design-for-dementia-and-sight-loss.pdf

Smoking

32. **Electronic cigarettes: reports commissioned by PHE**
These reports, commissioned by PHE, examine the evidence on risks and opportunities presented by electronic cigarettes. *Electronic cigarettes* takes a broad look at the issues relating to e-cigarettes including their role in tobacco harm reduction, potential hazards, potential benefits and regulation. *E-cigarette uptake and marketing* examines use of e-cigarettes by children and young people, the scale and nature of current marketing and its implications, in particular in relation to its potential appeal to young people.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311491/Ecigarette_uptake_and_marketing.pdf

Alcohol

33. **WHO Global status report on alcohol and health 2014**
This report provides country profiles for alcohol consumption in the 194 WHO Member States, as well as the impact on public health and policy responses. It found that worldwide, 3.3 million deaths in 2012 were due to harmful use of alcohol.
http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

34. **A measure of change: an evaluation of the impact of the public health transfer to local authorities on alcohol - interim report**
This report looks at local alcohol services and commissioning following the transfer of Public Health teams to local authorities. It is based on a survey of CCGs, Directors of Public Health and service providers in 30 local authority areas. It finds a greater focus on alcohol issues but expresses concerns over funding.
http://alcoholresearchuk.org/wp-content/uploads/2014/05/A-Measure-of-Change_Interim-Report1.pdf

Environmental Health

35. **Heatwave plan for England 2014**
The Heatwave Plan for England aims to prepare for, alert people to, and prevent, the major avoidable effects on health during periods of severe heat in

England. It recommends a series of steps to reduce the risks to health from prolonged exposure to severe heat.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310598/10087-2902315-TSO-Heatwave_Main_Plan_ACCESSIBLE.pdf

Communicable disease

36. **Making it work: a guide to whole system commissioning for sexual and reproductive health and HIV**
Commissioning responsibilities for sexual and reproductive health (SRH) and HIV have undergone changes over the past 18 months, now shared between NHS England, local authorities and CCGs. These changes have brought both new opportunities and new challenges. There are plans to develop a guide to whole system commissioning for SRH and HIV. The guide will consider all those involved in commissioning SRH and HIV services and recommend a flexible and adaptable approach, which meets the needs of local populations.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/313866/Guide_to_whole_system_sexual_and_reproductive_health_and_HIV_commissioning_FINAL_DRAFT_2.pdf

Public Health Framework/Tools

37. **Health and wellbeing board priorities across England**
This interactive map allows users to search the priorities of health and wellbeing boards across England, as well as view the health and wellbeing strategies for each area and explore data reports containing key measures of health and wellbeing at local authority and ward levels.
http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6111055/ARTICLE

38. **General practice in England**
This briefing note provides general background information on NHS primary medical services provided by GPs in England. It has been updated to include sections on specific elements of the new GP contract including the introduction of named GPs for over 75s and increased choice of GP practice, as well as background to extended opening hours, out-of-hours services and waiting times for appointments.
http://www.parliament.uk/briefing-papers/SN06906.pdf

39. **Department of Health corporate plan 2014-15**
The plan focuses on how the DH will support the Secretary of State to deliver his strategic objectives.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320698/DH_corporate_plan.pdf

40. **Who we are and what we do: our business plan for 2014 to 2015**
This business plan for 2014 and 2015 sets out Public Health England's (PHE) core functions, outlines the key steps and actions it will be the taking over the

next year to protect and improve the public's health and reduce inequalities, and highlights some of its achievements in its first year. The accompanying letter from Jane Ellison MP confirms the role the government expects PHE to play in the health and care system in 2014 to 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319696/Business_plan_11_June_pdf.pdf

41. **Knowledge strategy: harnessing the power of information to improve the public's health**
This document describes the strategic approach to information and knowledge that the public health system needs to take in order to improve and protect public health and reduce inequalities. The knowledge strategy was developed following an extended and open consultation process and incorporates responses from local government, national organisations and key partners.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320506/PHE_Knowledge_Strategy.pdf

Health and Wellbeing Board Guidance

42. **A councillor's guide to the health system in England**
This briefing provides an overview to the health system since the reforms which were introduced in the Health and Care Social Act 2012. It describes the different parts of the health system, how they work together and the wider role for local authorities in health and social care.
http://www.local.gov.uk/documents/10180/5854661/A+councillor's+guide+to+the+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f

43. **Municipal futures: how we might begin to think differently about local government**
This collection of essays discusses the future of local government. Amongst the issues discussed, it looks at the social responsibility and role of local authorities in relation to health and social care.
http://www.lgiu.org.uk/wp-content/uploads/2012/06/MUNICIPALFUTURES.pdf

44. **Functions of the local public health system**
This document sets out the public health functions of local authorities in England and is intended to replace the draft minimum standards for public health teams published by the Faculty of Public Health (FPH) in November 2013.
http://www.fph.org.uk/uploads/Functions%20of%20the%20local%20PH%20system%20FINAL%20200514.pdf

45. **Developing collective leadership for health care**
This paper argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. This paper explains the interaction between collective leadership and cultures that value

compassionate care, by drawing on wider literature and case studies of good organisational practice. It outlines the main characteristics of a collective leadership strategy and the process for developing this.
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/developing-collective-leadership-kingsfund-may14.pdf

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