



Health and Wellbeing Board

Date: FRIDAY, 28 NOVEMBER 2014
Time: 11.00 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL.

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

Co-opted Members: Paul Haigh
Neil Roberts

Enquiries: Natasha Dogra tel.no.: 020 7332 1434
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Lunch will be served in the Guildhall Club at the rising of the Board.
N.B. Part of this meeting could be the subject of audio video recording.

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 1 - 10)
4. **LONDON HEALTH COMMISSION REPORT: BETTER HEALTH FOR LONDON**
To receive a presentation from Dr Yvonne Doyle, London Regional Director Public Health England, regarding the Better Health for London report: what are the implications for the City of London and how can it shape the work of this Board.

For Discussion
(document circulated separately)
5. **EBOLA VIRUS DISEASE BRIEFING**
Report of the Director of Public Health.

For Information
(Pages 11 - 20)
6. **WORKPLACE HEALTH CENTRE**
Report of the Director of Community and Children's Services.

For Decision
(Pages 21 - 26)
7. **DRAFT CITY OF LONDON AIR QUALITY STRATEGY 2015 - 2020**
Report of the Director of Markets and Consumer Protection.

For Information
(Pages 27 - 82)
8. **CITY OF LONDON DEMENTIA STRATEGY UPDATE**
Report of the Director of Community and Children's Services.

For Information
(Pages 83 - 90)
9. **UPDATE REPORT**
Report of the Director of Community and Children's Services.

For Information
(Pages 91 - 102)

10. **HEALTHWATCH REPORT**
Report of the Chair of Healthwatch.

For Information
(Pages 103 - 106)

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

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

13. **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

14. **NON PUBLIC MINUTES**

To agree the minutes of the previous meeting.

For Decision
(Pages 107 - 108)

15. **BI-ANNUAL PERFORMANCE REPORT OF THE HEALTH & WELLBEING BOARD**

Report of the Commissioning and Performance Manager (Public Health).

For Information
(Pages 109 - 124)

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

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

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HEALTH AND WELLBEING BOARD

Tuesday, 30 September 2014

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 2 - 2nd Floor West Wing, Guildhall on Tuesday, 30 September 2014 at 1.45 pm

Present

Members:

Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averbs
Dr Penny Bevan
Superintendent Norma Collicott
Vivienne Littlechild
Dr Gary Marlowe
Sam Mauger
Simon Murrells
Gareth Moore
Jeremy Simons
Roberts

In Attendance

Natasha Dogra	Town Clerk's Department
Emma Sawers	Town Clerk's Department
Linda Cross	Town Clerk's Department
Alex Orme	Town Clerk's Department
Farrah Hart	Community and Children's Services 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
Sarah Thomas	Community and Children's Services Department
Doug Wilkinson	Department of the Built Environment
Tracey Jansen	Human Resources Department

1. APOLOGIES OF ABSENCE

Apologies were received from Dr Dudley and Paul Haigh.

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

There were no declarations.

3. MINUTES

Resolved: The minutes of the previous meeting were agreed as an accurate record.

4. **PRESENTATION: ACCESS TEAM, DEPARTMENT OF THE BUILT ENVIRONMENT**

The Board received a presentation from Rob Oakley and Pippa Jackson, Department of the Built Environment. Members noted the following:

- Originally within the Community and Children's Services Department, the Access Team transferred to the Department of the Built Environment in early 2012.
- Located within the Guildhall complex on the 6th floor North Wing, the Team shares office space with the City's planning officers. This arrangement works extremely well as approximately 97% of all planning applications received by the planning department are examined and commented upon by the Access Advisers.
- The Access Team promotes inclusive design principles to ensure that buildings and external environments meet the access needs of everyone, including disabled people.
- The Team provides reasonable and pragmatic advice on access adjustments and improvements to the City of London's public buildings, as well as the City's Streets and open spaces, some of which fall outside of the business district.

The work of the Team is wide-ranging and includes:

- Making comments and recommendations on the majority of all planning applications received by the City
- Responding to Committee reports pertaining to Street Enhancement projects
- Acting as a Consultee to Central Government communications
- Consultation and engagement with disabled people in the community
- Visiting various sites in the Square Mile and beyond to provide access advice
- Involvement in Streets & Highways issues
- Involvement in all public transport issues including TfL consultations
- Processing of Marriage licenses and Tables & Chairs applications.
- The City of London Access Group is made up of volunteers, most of who have a disability and live, work or regularly visit the City.
- Members of the Group give their time freely to provide personal input on access to the built environment. They meet bi-monthly to discuss national and local access issues as well as news, updated legislation, publications and events that affect disabled people.

The Access Group's advice is sought by various departments on issues such as;

- Considerate Contractor Scheme Access Award
- Major planning applications e.g. Smithfield Quarter and the new Bank station entrance
- Planning policies
- Transport issues
- St Paul's Cathedral Access Group.

In response to a query from Members, Officers clarified that they were consulted by Transport for London regarding the design of the new route-master buses. The buses had three doors to allow easy and safe access for all users. Officers agreed to circulate a Transport for London bus consultation to Members who would like to submit a response.

Officers informed the Board that a Changing Places facility was open on the corner of Beech Street and Silk Street and noted that the facility could be better advertised across the City.

5. **G8 GLOBAL DEMENTIA SUMMIT: EVALUATION**

Members were informed that during the UK's Presidency of the G8 in 2013, tackling dementia was made a policy priority. As part of this commitment, the UK announced it would host a Global Dementia Summit in 2014, to focus on financing and social investment in dementia care and research.

The City of London Corporation agreed to host the Summit, which took place on 19

June 2014 in Guildhall. The Policy and Resources Committee agreed at its meeting

on 8 May 2014 to cover the cost of providing the Great Hall and Crypts for the event, with a contribution of £7,000 for the Policy Initiatives Fund for 2014/15.

The Summit provided an excellent opportunity for Members and Officers of the City

Corporation to discuss issues relating to dementia care and research with key practitioners and policy makers. HM Government was grateful for the provision of an

appropriate venue for an international summit.

The Board agreed that hosting the Summit provided a cost-effective way to engage on a major public health policy issue relevant to the communities which we serve.

6. **CITY AND HACKNEY HEALTH AND WELLBEING PROFILE (JSNA) PUBLIC CONSULTATION**

The Board were informed that following stakeholder engagement sessions on the use, format and accessibility of the City & Hackney Health and Wellbeing Profile (JSNA), a new approach had been set out to meet current and future needs of users. This approach recognised the diversity of users' requirements. The JSNA would be accessible online and in print, and would ensure that accurate, timely and clear data is presented in a variety of different ways, as no one format would meet all users' needs.

Officers recognised that users treat the JSNA in a variety of different ways. This included but was not limited to:

- Understanding the demographics and health needs of a specific group within Hackney and the City. This group might be defined by locality, ethnicity, age or many other characteristics and combinations of characteristics.
- Evaluating the need for (or building the case for) a specific service by looking at levels of need and what already exists to meet that need.

- Comparing the need for different services.
- Finding answers to specific questions.

Resolved: Members endorsed the approach set out to future format and presentation of the City & Hackney Health and Wellbeing Profile (JSNA)

7. **GP CONTRACT CHANGES - OUT OF AREA REGISTRATIONS**

The Board noted the summary of the report from NHS England, *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board*. The reports outlined the changes to GP contracts from October 2014. As a result of these changes, GP practices who choose to would be able to accept registrations from patients who were not resident in their practice area (“out of area patients”).

Officers informed Members that given the high number of people who work in the City but live elsewhere and were currently registered with GP practices in their home areas, if local GP practices opt to participate in this scheme it may not be possible to meet demand. The presentation from NHS England outlined the changes and the resulting challenges if this scheme was adopted locally.

NHS England area teams would be required to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These would provide access to a home visit when clinically needed,

or more likely, when an out of area patient was too unwell to be expected to travel to their registered practice area but could travel to a local provider for a consultation with a GP or other healthcare practitioner.

Discussions ensued regarding the legal challenge which GPs may face if they did not endorse the contract changes. Officers clarified that the legal aspects were still being discussed and had not yet been confirmed. Members noted that the City of London had a very high daytime population (mainly City workers) compared to a small resident population, meaning that demand from out of area patients to register with a GP in the City could be very high and it was unlikely that local GP practices could meet this demand. It would also be difficult to predict demand. A decision was yet to be taken about whether GP practices within the City and Hackney CCG area would opt to participate in the scheme.

8. **CARE ACT AND BETTER CARE FUND UPDATE**

The Board noted the update on the implementation of the new Care Act and the current position of the Better Care Fund.

Officers informed Members that the Care Act received Royal Assent in May 2014 and introduced wide-ranging and significant reform to the adult social care system. It aimed to create a modern system that could keep pace with the demands of a growing ageing population and was clear to people about what kind of care they can expect. It was designed to focus on people’s strengths and capabilities, supporting them to live independently for as long as possible.

The Act also introduced significant funding reform with the introduction of a cap on the amount people had to spend on their care, regardless of how much they had in savings or assets. Many of the provisions of the Act came into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.

Members noted that in June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level.

Integration aims to reduce the stress and resultant cost on acute health services and is a key element of the Care Act. The City of London submitted a bid to the fund in April this year and, following some recent changes to the fund, bids will now be resubmitted. The target date for implementation of the Better Care Fund plans was April 2015.

The Care Act had significant implications for local authorities around practice, finance and systems. A specific project to implement the Act had been set up to ensure that the City of London was compliant with the Act. An Implementation Group was meeting monthly to oversee this with the Adult Wellbeing Partnership, chaired by the Director of Community and Children's Services, being accountable for the project.

9. **HOUSING & HEALTH - A REPORT ON HEALTH-RELATED ACTIVITIES AND PLANS IN THE CITY'S SOCIAL HOUSING ESTATES**

The Board were provided with an overview of how good quality and well run social

housing can impact upon health outcomes for local communities, highlighting the key impact that housing, neighbourhoods and socio-economic inequalities in housing estates have on health and wellbeing.

Members noted some of the initiatives currently being developed in the City's housing estates from developing green spaces to promoting community initiatives to build community resilience and capacity. The City's new Housing Strategy also provided an important opportunity to further develop longer term strategic priorities.

Members agreed that the impact of health and housing was of particular relevance for the City. The City's housing strategy, for example, had outlined key challenges impacting on the health and wellbeing of City tenants. These included overcrowding, health inequalities in specific wards, demographic changes and meeting the challenges of an ageing population.

Members noted that health and wellbeing was strongly influenced by community and individual assets (social relationships, resilience, social support and networks, opportunities for voluntary work, life-long learning). There was growing evidence that people with stronger social networks were healthier and happier. Research had also shown that traditional risk based and targeted

programmes (smoking cessation, health eating encouraging physical activity) were not enough to bring about health and wellbeing in a community.

In response to a query from Members, Officers agreed to arrange a visit for Board Members to the City Corporation's Housing Estates.

Resolved: Members endorsed existing work being undertaken in the City's estates and future opportunities.

10. ADULT WELLBEING PARTNERSHIP AND CHILDREN'S EXECUTIVE BOARD

This report was withdrawn prior to the meeting with the permission of the Chairman.

11. JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN

Members noted that the Health and Wellbeing Board had developed an action plan to deliver the Joint Health and Wellbeing Strategy (JHWS) between now and 2016. Board Members had revisited the priorities set out in the original JHWS, first agreed

in 2013, and proposed an action plan to deliver them. Further views on the action plan had been sought via a public engagement event. This feedback had been taken into consideration and the final action plan had been created. Additional actions were also suggested, including the opportunity to link with other City campaigns when providing advice drop-in sessions/roadshows for residents and the need to feed health and wellbeing priorities into the Noise Strategy that was being redeveloped in 2014/15. These had been added to the action plan.

Members noted that around 30 people attended the local Healthwatch event, representing a good mixture of City residents and service providers. Attendees were asked to comment on the action plan and provide feedback on the actions they felt were the most important. Feedback focused on:

- The role of volunteering in the City to bring communities together, especially inter-generational activities
- Measures to increase levels of physical activity and tackle obesity
- Support for work on air quality and noise pollution, especially around traffic management in the City
- Promotion of community activities to decrease social isolation
- Need for effective early help for families and children
- Need for greater mental health support
- Engagement with City businesses central to meeting worker health needs and managing the impact of business on the local environment
- Need for education/health promotion activities around smoking
- Dementia as a key issue and the need for befriending services
- Potential for better communication of support and services available
- Need for effective data sharing between organisations
- Doubts around use of technology-based solutions (e.g. smartphone apps), so other methods of accessing information must be provided
- Support for ongoing improvements to green space

12. CITY OF LONDON CORPORATION WORKPLACE HEALTH & WELLBEING STRATEGY

The Board noted that workplace health had been highlighted as a national priority by Public Health England. City of London's Corporate HR Department was developing a strategy on workplace health and wellbeing. This aimed to improve practice within the Corporation as an employer and synergise with Health and Wellbeing Board's City-wide and national activities.

The work by the Health and Wellbeing Board had driven the agenda forward locally. Members agreed that it was important that the City of London Corporation reviews and improved its own workplace health policies and practice for its own staff to demonstrate best practice. Failure to do this may impact not only on the health and wellbeing of the workforce but also on the City's ability to lead and influence other organisations.

Resolved: Members supported the establishment of a Workplace Health and Wellbeing Strategy.

13. HEALTHWATCH CITY OF LONDON UPDATE

Members noted the regular update on Healthwatch City of London activities relevant to either the Health and Wellbeing Board, or to the Health and Social Care Scrutiny Board, who also received updates.

This update covered the following points:

- Work with Barts Health Trust to influence communications regarding transfer of cancer and cardiac services
- Workshop on Social Prescribing 8 July 2014
- Ageing Well in the City events
- Events taking place in September and October

Discussions ensued regarding the transfer of services to St Bartholomew's and University College Hospital. Members agreed that changes needed to be communicated effectively to service users, and Officers would raise this with the Barts Health Trust.

14. SAFER CITY PARTNERSHIP UPDATE

Members noted that it was a statutory requirement for local authorities to have a "Community Safety Partnership" under the Crime and Disorder Act 1998; the Safer City Partnership fulfils this function for the City of London Corporation. There was a requirement to have partnership plans, targets and action to address the issues highlighted in the plans. The Safer City Partnership Plan 2014 – 2017 stated that the City of London enjoyed low levels of crime in comparison to our neighbouring boroughs and highlighted the importance of working in partnership to tackle crime to maintain a safe environment for people to live work and visit.

The Board noted that the Safer City Partnership (SCP) had recently been through a review and had started on a journey to implement the recommendations of that review, as reported to the Health and Wellbeing Board previously. Some of the general principles of the recommendations were to re-invigorate the Community Safety Team (CST) and re-establish capacity in the team by filling vacant posts. This process was now nearly complete and there was now a Community Safety Manager in post with a team of three Officers supporting.

In his capacity as Chairman of the Domestic Violence, the Director of Community and Children's Services agreed to raise the point about communication between MARAC and other authorities such as GPs and City of London Police.

15. SMOKING HARM REDUCTION PILOT

The Board noted that following the release of the NICE Tobacco Control Harm Reduction Guidance in 2013 officers had developed a pilot programme to implement the recommendations within the guidance. The report describes to Members the

six month pilot programme, which included:

- a. The supervised use of electronic cigarettes within the specialist level III service
- b. Further research regarding the use of electronic cigarettes and other harm reduction methods that are emerging
- c. An extension to the current level II smoking cessation service (within pharmacies) for those finding it harder to quit, at advisor discretion, for a longer service than the standard 12 weeks
- d. Developing care pathways for a pilot harm reduction service to run from level II services that can work with the current commissioned service, including a "cut down" service, and the supervised use of electronic cigarettes.

16. UPDATE REPORT

The Board received key updates on subjects of interest to Members on topics as follows:

Local updates

- City of London Dementia Strategy
- City Business Library Health and Wellbeing Events
- Cleansing service campaigns: smoking related litter and chewing gum litter

Policy updates

- Events
- Public Health
- Integration Of Health And Social Care
- Voluntary Sector
- Mental Health
- Children And Young People
- Drugs, Alcohol And Smoking

17. **HEALTH AND WELLBEING BOARD DEVELOPMENT DAY DATES 2015**
Resolved: The Town Clerk would circulate some suitable dates to Members of the Board for consideration.
18. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.
19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no urgent business.
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 Paragraph 3 of Part I of Schedule 12A of the Local Government Act.
21. **NON PUBLIC MINUTES**
Resolved: That the minutes of the previous meeting be agreed as an accurate record.
22. **ADULT OBESITY SERVICES REVIEW**
The Board received 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 non-public 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 no urgent business.

The meeting ended at 2.50 pm

Chairman

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Committee(s):	Date(s):
Health and Wellbeing Board	28 November 2014
Subject: Ebola Virus Disease Briefing	Public
Report of: Director of Public Health	For Information
Summary	
<p>The attached briefing provides Health and Wellbeing Board Members with a briefing on the Ebola virus disease (EVD). The UN has declared the outbreak of EVD in West Africa an international public health emergency. This briefing explains what the symptoms are, who is at risk and how the virus is transmitted. It also describes the UK's response to the current outbreak, including the role of NHS services and local authorities.</p>	
Recommendation(s)	
Members are asked to:	
<ul style="list-style-type: none">• Note the report, which is for information.	

Appendices

- Appendix 1 - Ebola Virus Disease - Members' Briefing
- Appendix 2 – Poster for use in public health settings

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Ebola Virus Disease - Members' Briefing

1 What is Ebola?

Ebola virus disease (EBV), previously known as Ebola haemorrhagic fever, is a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries. The virus is initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids.

As of today there have been over 4,500 confirmed deaths and over 9000 confirmed, probable and suspected cases of Ebola recorded in seven countries, although widespread transmission is confined to Liberia, Sierra Leone and Guinea. This number is doubling every three to four weeks. This is the world's most serious outbreak to date.

The UN has declared the outbreak of Ebola Virus Disease [EVD] in West Africa an international public health emergency.

2 What are the symptoms?

An infected person will typically develop a fever, headache, joint and muscle pain, sore throat, and intense muscle weakness. These symptoms start suddenly, between 2 and 21 days after becoming infected, but usually after 5-7 days.

Diarrhoea, vomiting, a rash, stomach pain and impaired kidney and liver function follow. The patient then bleeds internally, and may also bleed from the ears, eyes, nose or mouth. Ebola virus disease is fatal in 50-90% of cases. The sooner a person is given care, the better the chances that they will survive.

3 Who is at risk?

Anyone who cares for an infected person or handles their blood or fluid samples or handles their body is at risk of becoming infected. Hospital workers, laboratory workers and family members are at greatest risk. Strict infection control procedures and wearing protective clothing minimises this risk.

4 Can you catch Ebola by touching the skin of someone who was symptomatic?

Even with a symptomatic person, direct contact with blood or body fluids is the only way Ebola is transmitted. Once symptomatic, all body fluids such as blood, urine, stool, vomit, sweat, saliva and semen are infectious. Ebola virus disease is **not** spread through ordinary social contact, such as shaking hands, travelling on public transport or sitting beside someone who is infected and does not have any symptoms.

5 Can you catch Ebola from someone without symptoms?

No. People infected with Ebola can only spread the virus to other people once they have developed symptoms, such as a fever. Even if someone has symptoms, it's important to remember that the virus is only transmitted by direct contact with the blood or body fluids of an infected person.

6 Is there a treatment for Ebola?

There is no specific vaccine or medicine that has yet been proven to be effective against Ebola. There is no cure for this disease, and antibiotics are not effective. In some instances, clinicians treating individuals with Ebola may source and decide to use an experimental drug, such as Zmapp. Severely ill patients require intensive supportive care, which may include rehydration with intravenous fluids.

7 Are people in the UK at risk of Ebola?

The overall risk to the general UK population continues to be low. The virus is only transmitted by direct contact with the blood or body fluids (such as blood, saliva or vomit) of an infected person. There are no cases identified in the UK at present so there is no risk of contracting the disease in the UK.

8 Are we going to see an outbreak of Ebola in the UK?

While the UK might see cases of imported Ebola, there is minimal risk of it spreading to the general population. England has a world class health care system with robust infection control systems and processes and disease control systems which have a proven record of dealing with imported infectious diseases. Ebola causes most harm in countries with less developed healthcare facilities and public health capacity.

9 Is there a public health risk from a person with Ebola coming into the country?

The incubation period of Ebola ranges from 2 to 21 days, and it is possible that a person infected in Guinea, Liberia or Sierra Leone could arrive in the UK. An individual infected with Ebola may arrive in the UK with symptoms which began prior to departure or with symptoms that developed in transit, or they may arrive before developing any symptoms.

10 How can you be sure that the UK is ready for an Ebola case?

Locally, Public Health England (PHE) is working with NHS England and local authority Directors of Public Health through the Local Health Resilience Partnerships (LHRPs) to ensure that plans are as robust as possible. PHE has existing strong partnership arrangements with the NHS, local authorities and ports covering all aspects of public health and infection control. Additional arrangements have been set up alongside these to ensure all information and guidance relating to Ebola is shared widely among partners, including setting up workshops and planning exercises.

11 What if someone thinks they might have Ebola?

Unless you've come into contact with the blood or bodily fluid of an infected person (for example by providing healthcare for a person with Ebola or handling the dead body of someone who died from Ebola), there is little chance of being infected. The advice is that if anyone is worried about symptoms (such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash) within 21 days of coming back from Guinea, Liberia or Sierra Leone, they should stay at home and immediately telephone 111 or 999 and explain they have recently visited West Africa. If necessary, they would be taken by ambulance to hospital where they would be isolated and seen by healthcare staff wearing PPE. If required, blood samples would be taken for testing. If confirmed, there are arrangements for the patient to be

transferred safely to the high security infectious disease unit at the Royal Free Hospital, London.

12 Travel advice

The UK advises against all but essential travel to Sierra Leone, Guinea and Liberia due to the ongoing Ebola outbreak and the impact this is having on commercial flights and medical facilities. There are no direct flights from Sierra Leone, Guinea and Liberia to UK at present. Passengers are having to travel via Paris or Brussels.

13 Ebola planning and preparation

Screening

There are arrangements now in place to screen people returning to the UK from West Africa via key ports of entry, with a clear concern about the possibility of identifying an imported case within the NHS in England.

Public Health England has started to screen UK-bound passengers arriving at some airports and at the Eurostar terminal. This will allow potential cases arriving in the UK to be identified quickly and receive access to expert health advice.

Passengers will have their temperature taken and complete a questionnaire asking about their current health, recent travel history and whether they might be at potential risk through contact with Ebola patients. They will also be required to provide contact details.

If neither the questionnaire nor the temperature reading raises any concerns, passengers will be told how to make contact with the NHS should they develop Ebola symptoms within the 21 day incubation period, and allowed to continue on their journey. It is important to stress that a person with Ebola is only infectious if they are displaying symptoms.

Any passenger who reports recent exposure to people who may have Ebola, or symptoms, or who has a raised temperature will undergo a clinical assessment and, if necessary, will be transferred to hospital.

Passengers identified as having any level of increased risk of Ebola, but without any symptoms, will be given a PHE contact number to call should they develop any symptoms consistent with Ebola within the 21 day incubation period.

Higher risk individuals will be contacted on a daily basis by Public Health England. Should they develop symptoms, they will have the reassurance of knowing this system will get them timely medical care and the best possible chance of survival.

No screening procedure will be able to identify 100% of the people arriving from Ebola-affected countries, not least because not all passengers leaving the countries will immediately take connecting routes to the UK, so highly visible information is being displayed at all entry points to the UK asking passengers to identify themselves to staff if they have travelled to the affected region in the last 21 days.

NHS Services

NHS England (London) has been working closely with partners, including PHE, to support the preparations across London. This includes:

- Ensuring that updated viral haemorrhagic fever (VHF) algorithm and associated information is cascaded appropriately
- Engaging in multi-agency preparations
- Participation in a national exercise at Hillingdon Hospital and Urgent Care Centre, 12 October 2014
- Participation in multi-agency Gold level Strategic Coordinating Group (SCG) workshop, 15 October 2014
- Invitation to formal Strategic Control Group [SCG] on 22 October 2014 to agree an Ebola strategy for London
- Development of Regional NHS level exercises for both primary and secondary care providers
- Development of multi-agency patch level exercises to test local preparations

There is now a role for Local Health Resilience Partnerships to be assured that their organisations have developed local plans and arrangements to deal with suspected Ebola cases, whether they present through Emergency Departments or Urgent Care Centres.

NHS organisations have been asked to assure that they are prepared against the following headings:

- Personal protective equipment (PPE) stock and resupply mechanisms
- Training of staff in the correct use of PPE and any processes in place
- The mechanism and process for identification and isolation of a suspected case
- The use of transfer protocols
- The alerting mechanism – both internally and externally to NHS England (London)

Separate work is being undertaken within primary care.

Local Authorities

Workshops for all 33 Borough Resilience Fora (BRF) have been arranged for Wednesday 22nd October 2014. The aim of the training is to explore the local response to a confirmed case of Ebola identified from within the local community.

If a case is identified in the UK then there may be family and friends who need to be quarantined at home for up to 21 days. In this case local councils will need to support those people in their homes, ensuring the provision of food, utilities, phone card top-ups, Skype connections etc. All this can be undertaken with no physical contact.

The experience with people isolated because of the risk of SARS in Canada showed that it was important to remember and celebrate birthdays and anniversaries [if relevant] with cards, cakes and presents etc.

In the case of a death from EBV the coroner would have to investigate the case and ideally the body should be cremated. The body should be handled by staff in full PPE.

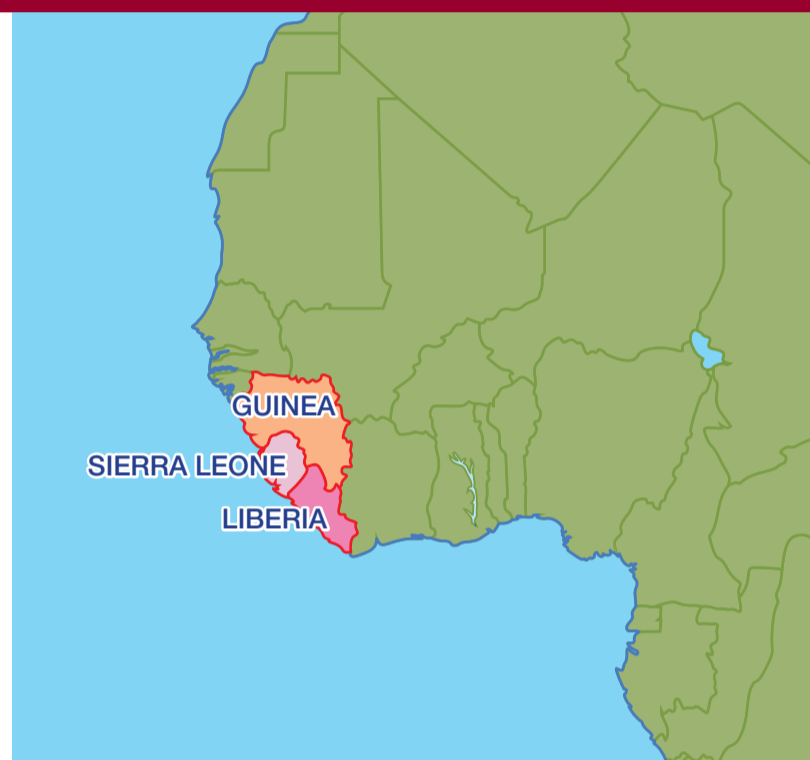
Dr Penny Bevan
20th October 2014

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Ebola in West Africa

If you have returned
from **Guinea, Liberia**
or **Sierra Leone** or
cared for someone
with **Ebola** in the
past **21 days**



and

You have a **fever**
or **feel unwell**



Without touching anyone,
tell a member of staff or call **111**

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Committees:	Dates:
Community and Children's Services Health and Wellbeing Board	12 October 2014 28 November 2014
Subject: Workplace Health Centre – Middlesex Street	Public
Report of: Director of Community and Children's Services	For Decision

Summary

The research carried out by the City of London Corporation and NHS East London and the City in 2013 entitled 'The Public Health and Primary Healthcare Needs of City Workers' demonstrated that there is a significant need and demand by City workers for health services that address issues such as stress, smoking and alcohol.

Tobacco control, substance misuse and health checks are already being provided for workers at a number of diverse locations in the City, but to bring them together with other preventative services such as stress counselling, physiotherapy, inoculations, minor injuries and sexual health services in a single, well publicised location is an opportunity to deliver a wider range of services more efficiently and effectively.

The Middlesex Street Estate has a redundant mezzanine car park of 894 square metres, access to which is via two ramps. The ramps are due to be removed in October 2014. The car park adjoins the existing Artisan Street Library and Community Centre which already provides a number of health and fitness services, so it is a potentially ideal location for a workplace health centre.

The Projects Sub Committee and the Corporate Projects Board have considered and approved a project proposal recommending further exploration into the possibility of incorporating a healthcare facility and fitness centre within the Middlesex Street Estate, for use by City workers and local residents.

Recommendations

Members are asked to:

- Note the project proposal and agree the next steps:
 1. Conduct space planning, cost assessment and a building survey to clarify the potential of the mezzanine as a workplace health centre and to enable a viability appraisal to be undertaken.
 2. Take the proposal to the next stage (report to Gateway 3/4 – Options Appraisal) including consideration of the proposal alongside a commercial redevelopment option.

Main Report

Background

1. The research carried out by the City of London Corporation and NHS East London and the City in 2013 entitled 'The Public Health and Primary Healthcare Needs of City Workers' demonstrated that there is a significant need and demand by City workers for health services that address issues such as stress, smoking and alcohol. Although a number of workers in higher paid jobs are able to use these services in the City through facilities at their own companies or through private health insurance, a majority of workers only have access to these services at home. In April 2013 the City of London Corporation took over the responsibility for public health in the Square Mile and committed to use the funding to improve services for workers as well as residents.
2. Tobacco control, substance misuse and health checks are already being provided for workers at a number of diverse locations in the City, but to bring them together with other preventative services is an opportunity to deliver a wider range of services more efficiently and effectively in a single well publicised location. Examples of other medical services that could also be delivered in such a location are: mental health counselling, travel vaccination, primary medical services covering minor injuries, occupational health and sexual health services. The benefits for workers and for London as a whole are immediately improved health and a reduction in developing more debilitating illnesses later in life. The benefits for businesses include reduced time off for workers to attend health appointments in the areas they reside in and reduced absences.
3. The proposed model for financing the revenue costs of the centre would be a combination of public health funding from the City of London, subscriptions from City businesses that do not provide health facilities for their workers and City businesses that provide facilities for only some of their workforce, and individual payments from higher paid workers who wish to use services in the City. This should allow us to cross-subsidise free or much reduced charges for low paid City workers and City residents. In order to make sure that the centre would bring in sufficient income it would also need to provide a fitness centre, partly because exercise on referral and other fitness programmes are already part of a public health programme and partly because membership of the fitness centre would produce an additional income stream.
4. In order to establish the viability of the proposed model, further research has been jointly commissioned by DCCS and EDO to map current healthcare provision in the City of London. The research will be carried out for the City by BDRC Continental and will be complete by January 2015. The research will establish both the level of private and NHS provision in and around the City and its current cost to the user. This will enable us to confirm that there are areas of the current health market that are underprovided for in terms of both coverage and price.

5. The space requirements of a centre like this are quite considerable – approximately 450 square metres for a gymnasium, 200 square metres for studios/multi-purpose rooms and a reception, 200 square metres for medical consultancy rooms, and 110 square metres for office and circulation areas.
6. The preferred location for the centre is in the Liverpool Street/Aldgate area because:
 - it contains the greatest concentration of City workers and we have evidence that the NHS Walk-in Centre in Liverpool Street was well used by them before its closure in 2010
 - it is close to the Portsoken Ward which has the highest levels of residential health needs and poor access to the existing GP practice in the City and the minor injuries unit at the Bart's site. There is also the greatest potential to impact on the children and families living in the Portsoken ward through preventative health programmes, thereby impacting on life expectancy in our most deprived community.
7. The Middlesex Street Estate is a mixed use site that combines 260 residential units, 37 ground floor retailers, and a library and community centre. There is a redundant mezzanine car park at the Estate of 894 square metres, access to which is via two ramps. The ramps are due to be removed in October 2014. The car park adjoins the existing Artisan Street Library and Community Centre which already provides a number of health and fitness services, so it is a potentially ideal location for a workplace health centre.

Current position

8. The Projects Sub Committee and the Corporate Projects Board have considered a project proposal, outlined below, recommending further exploration into the possibility of incorporating a healthcare facility and fitness centre within the Middlesex Street Estate, for use by Portsoken residents and City workers.
9. The proposal was approved by the Corporate Projects Board on 1 August 2014 and by the Projects Sub Committee on 2 September 2014.

Options

10. The following options have been identified:
 - To agree a project to establish the feasibility of a workplace health centre in the Middlesex Street mezzanine car park.
 - To consider this alongside a project to commercially redevelop the retail units at Gateway 3/4 stage.
 - If the option to establish the health centre at Middlesex Street is not taken forward, to investigate other potential locations appropriate for a workplace health centre in the City.

Project proposal

11. It is proposed to explore the physical potential to make use of the mezzanine level to incorporate a healthcare facility and fitness centre for use by both the Portsoken residential community and by City workers.
12. If the project is not approved, the mezzanine may continue to be used inefficiently with associated maintenance and repair costs as no alternative use has yet been identified. Although this is the prime location for the workplace health centre, other alternative locations in the City can be investigated if this is not suitable.
13. The following success criteria have been identified:
 - Enhancing the site by redeveloping redundant space within the Estate.
 - Creating an innovative income-generating workplace health facility for the City of London that can be adopted by other city areas with large working populations.
 - Linking with the existing library facilities to develop a community hub for the east of the City.
14. The following governance arrangements have been proposed:
 - Spending Committee: Community and Children's Services Committee
 - Senior Responsible Officer: Director of Community and Children's Services
 - Formation of a Project Board.

Resource implications

15. The estimated overall cost of the project at this stage is around £2.5 million. The resource requirements to reach the next stage are set out below.

Item	Reason	Cost	Funding source
Quantity surveyor	Assess cost	£5,000	DCCS
Staff time		£10,000	City Surveyor
Total		£15,000	

- The initial space planning and building surveyor assessment will be carried out utilising internal City Surveyor's Department resources. In liaison with the CLPS, it is proposed to appoint consultants to carry out a quantity surveyor's cost assessment. The results of this will be used to clarify the potential of the site which will enable officers to carry out a cost and viability appraisal.
- Funding of these initial requirements can be met from DCCS budgets. Further clarification of the level of Public Health (managed by DCCS) and CIL funding will be required when a recommendation is made.
- The mezzanine car park is now redundant and therefore incurring costs with no revenue being generated. The workplace health centre and fitness facility will generate a financial return which will be less than a

full commercial rent. The level of return will be dependent on the level of cross-subsidy agreed between higher paid workers and businesses paying full prices and lower paid workers and residents paying concessionary prices. There may be potential adverse VAT implications and these will need to be kept under review.

Legal implications

16. There are no legal implications at this time.

Corporate property implications

17. No alternative use for the mezzanine floor has yet been identified following removal of the ramps; linkage to the library and community centre should be considered and may result in efficiency savings through joint management.
18. Formal consultation with residents will be required as this is an HRA property.

Sustainability and energy implications

19. The proposal represents an opportunity to enhance the energy performance of the mezzanine area and make more efficient use of an underutilised asset.

Key stakeholders

20. The following stakeholders and consultees have been identified:
 - Middlesex Street residents and business tenants.
 - Barts Health, City and Hackney Clinical Commissioning Group, and Tower Hamlets Clinical Commissioning Group.
21. Meetings have taken place with Barts Health and will commence with other stakeholders in October 2014.

Corporate and strategic implications

22. This proposal links to the strategic aim “to provide modern, efficient and high quality local services and policing within the Square Mile for workers, residents and visitors with a view to delivering sustainable outcomes”.
23. This proposal supports the priorities set out in the Joint Health and Wellbeing Strategy to improve resident and worker health outcomes.
24. There are also links to existing programmes and projects:
 - Middlesex Street Phase III to incorporate maintenance and repair and enhanced environmental credentials including newly clad exterior
 - Ramps Removal Project

- Proposal for commercial redevelopment of the existing retail units.

Conclusion

25. Incorporating a healthcare facility and fitness centre within the Middlesex Street Estate for use by City workers and local residents will support the City to deliver its agreed health and wellbeing aims.
26. Members are therefore asked to note the proposal and agree the steps to take the project to the next stage.

Appendices

- None

Background paper

'Workplace Health Centre – Middlesex Street – Project Proposal – Gateway 2',
Projects Sub (Policy and Resources) Committee, 2 September 2014.

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Committee(s):	Date(s):	Item no.
Port Health and Environmental Services	18 November 2014	
Health and Wellbeing Board	28 November 2014	
Subject: Draft City of London Air Quality Strategy 2015 - 2020	Public	
Report of: Director of Markets and Consumer Protection	For Decision (PHES) For information (HWB)	
Summary		
<p>The City of London Corporation published an Air Quality Strategy in 2011. The Strategy, approved by the Port Health and Environmental Services Committee in March 2011, expires in 2015.</p> <p>A draft air quality strategy for 2015 through to 2020 has been produced and is appended to this report. It contains 59 actions grouped into 10 key policy areas for improving air quality and reducing the impact of air pollution on public health.</p> <p>The strategy fulfils the City of London’s statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM₁₀). It also reflects the high priority placed on reducing the impact of air pollution on the health of residents and workers as detailed in the City and Hackney Joint Strategic Needs Assessment.</p> <p style="text-align: center;">Recommendations</p> <p>I recommend that your Committee approves the attached draft air quality strategy (Appendix 1) for consultation until 31 January 2105, subject to any comments received at your meeting.</p>		

Main Report

Background

1. At high levels, air pollution can have both short-term and long-term effects on health. It is responsible for the premature death of over 4,000 Londoners each year and is associated with cardiovascular and cardiopulmonary disease, lung cancer and respiratory disease. Children and the elderly are the most vulnerable.

2. Air quality targets are defined in European legislation as Limit Values. The UK Government has a duty to ensure that air quality in the UK meets the Limit Values.
3. The Limit Values have been adopted into domestic legislation by the UK government as air quality objectives. The City of London has a statutory duty to work towards the objectives. The Mayor of London has a legal obligation to ensure that the air quality objectives are met across London.
4. Despite a wide range of action taken to improve air quality, the objectives, and consequently Limit Values, for nitrogen dioxide continue to be breached across London. The European Commission (EC) has commenced legal proceedings against the UK for failing to comply with the nitrogen dioxide Limit Values by the prescribed date and failing to submit a credible plan outlining how the Limit Values will be met. Compliance with the annual average Limit Value for nitrogen dioxide in London, particularly central London, is proving to be very challenging. This is principally due to exhaust fumes from diesel vehicles.
5. It has been suggested by DEFRA that, following the Localism Act 2013, fines for failing to comply with the European Limit Value could be passed on to local authorities, who have not fulfilled their obligation to work towards air quality objectives. It is important, therefore, that the City has robust policies in place.
6. Since April 2013, the City Corporation has had responsibilities for improving public health. This was introduced by Health and Social Care Act 2012. Public Health England (PHE) has conducted a Health Impact Assessment of the effects of fine particles (PM_{2.5}) on public health. They ranked air pollution as the 5th out of 12 causes of mortality risk across London.
7. Air pollution is a concern for City residents. During a public consultation event held by the City Corporation to identify issues which would form the priorities in the Joint Health and Wellbeing Strategy (JHWS), air quality was ranked as the third highest public health concern for City residents. As a consequence, the City of London JHWS has identified improving air quality as a key priority to improve the health and wellbeing of City residents and workers.

Key Policies and Proposals

8. The draft air quality strategy outlines air quality policy at the City from 2015 through to 2020. It builds upon actions contained within the 2011 air quality strategy. It fulfils the City Corporation's statutory responsibilities

in relation to Local Air Quality Management. The draft strategy also outlines proposals for reducing the health impact of air pollution on residents and workers.

9. There are 59 actions contained within the strategy that are divided into the following ten key policy areas:
 - Air quality monitoring
 - Political influence and commitment
 - Working with the Mayor of London
 - Working with other external organisations
 - Reducing emissions from transport
 - Reducing emissions from new developments
 - Leading by example
 - Recognising and rewarding good practice
 - Raising awareness
 - Air quality and public health
10. It is recognised that the City Corporation cannot take action in isolation to improve air quality to an acceptable level in the Square Mile. Many measures contained within the strategy, therefore, are about influencing action by other organisations, both locally and across London.

Proposals

11. I propose that, subject to comments received at your meeting, the attached draft air quality strategy is published for consultation until 31 January 2015. A further report will be presented to your April 2015 meeting to approve the new strategy.

Financial Implications

12. Project work contained within the strategy will be funded using the following sources: the Mayor's Air Quality Fund (MAQF), Department of Environment Food and Rural Affairs Air Quality Grant, Local Implementation Plan funding and Section 106. The City Corporation is in receipt of £280,000 over 3 years (2013 – 2016) for air quality improvement

work in the Square Mile and a further £100,000 over 3 years to work with Bart's Health NHS Trust.

Corporate and Strategic Implications

13. 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.

Consultees

14. The strategy will undergo full consultation until the 31 January 2015 and consultation comments will be incorporated into the final strategy where appropriate.

Conclusion

15. The City Corporation has produced an updated air quality strategy designed to reduce the impact of poor air quality on the health of City residents, workers and visitors. The strategy fulfils the City's statutory obligations to assist the Government in meeting air quality Limit Values for nitrogen dioxide and fine particles and responsibilities for improving public health. Subject to comments received at your meeting, the draft air quality strategy will be published for public consultation until 31 January 2015.

Background Papers:

The City of London Air Quality Strategy 2011 - 2015.

Appendix:

The City of London Draft Air Quality Strategy 2015 - 2020.

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City of London

Draft Air Quality Strategy

2015 – 2020



November 2014

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Foreword

The quality of air that we breathe in the Square Mile is at a level that is considered to be harmful to health. This is despite a wide range of actions in recent years to reduce levels of pollution. It is estimated that across London 4,000 people each year have their lives cut short by being exposed to London's air. Air quality targets, particularly for the pollutant nitrogen dioxide, are not being met.

This draft air quality strategy outlines steps that we will take at the City of London Corporation between 2015 and 2020 to improve air quality in the Square Mile. We welcome your comments on the contents before 31 January 2015. It builds on actions contained within the City of London Air Quality Strategy 2011.

This document details how we will continue to fulfil our obligations for air quality management and how we will monitor the effectiveness of policies and measures that are introduced to reduce levels pollution. It also outlines how we will take steps to reduce the impact of air pollution on public health until concentrations are at a level that are not considered to be harmful.

Being at the heart of London we do suffer from some of the worst air quality in the country, which is why much of this document outlines how we will work with neighbouring authorities and the Greater London Authority to make our air healthier to breathe. This strategy also details how we will reduce emissions from transport, ensure that new developments are clean and how we will continue to reduce emissions from our own activities.

Many residents and businesses share our concerns about air pollution. They are taking steps themselves to help to both improve air quality, and reduce their own exposure to pollution, through our Citizen Science and CityAir business engagement programmes.

We have a proud history of taking action to improve air quality at the City of London. In 1954 we were the first local authority to introduce a smokeless zone and in 1971 the first to obtain powers to stop the burning of sulphurous fuel. Improving air quality remains a very important issue for us and I hope that we can work together to achieve better air quality for residents, workers and visitors in the Square Mile.

Wendy Mead CC

Chairman of Port Health and Environmental Services Committee

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1. Introduction

In March 2011, the City of London Corporation (City Corporation) published its Air Quality Strategy¹ outlining action that would be taken to improve local air quality until 2015. This Strategy supplements the 2011 Strategy, detailing further measures that will be taken by the City Corporation from 2015 up to 2020.

The 2011 Air Quality Strategy focused on measures to reduce levels of air pollution and help the UK government and Mayor of London meet air quality Limit Values, which is a statutory requirement. However, since 2011, the City Corporation has taken on new responsibilities for public health and has placed air quality at the heart of improving the health and wellbeing of residents and workers. So in addition to measures to improve local air quality, this strategy also focuses on increasing public awareness and helping people to reduce their exposure to air pollution, thereby improving public health. It also provides an overview of some of the measures that have already been, and will continue to be implemented to improve air quality and raise public awareness in the Square Mile.

The aims of this Strategy are:

- To build upon actions already taken and continue to reduce the impact of poor air quality on the health of City residents, workers and visitors, particularly those most vulnerable
- To ensure that the City of London's key policies reflect the aims of improving air quality and reducing exposure to air pollution in the Square Mile
- To fulfil statutory obligations for Local Air Quality Management and public health, and assist the UK Government and Mayor of London in meeting air quality Limit Values by 2020
- To encourage and implement cost effective measures to reduce emissions of air pollutants in the Square Mile
- To build public awareness and understanding of air quality through the provision of accurate and timely information
- To recognise, reward and disseminate good practice
- To work in partnership with other organisations, to take a lead and help to shape national and regional air quality policy

¹ City of London Air Quality Strategy 2011 – 2015 available at www.cityoflondon.gov.uk/air

- To support air quality research and development

DRAFT

1.1 List of policies and actions

Key policies and actions that the City Corporation intends to progress are detailed below. Further information on each policy is included in the body of the document.

Policy 1: Air Quality Monitoring

The City Corporation will monitor air pollutants to assess compliance with air quality objectives, to evaluate the effectiveness of policies and to provide alerts when pollution levels are high.

Actions:

1. An annual report of air quality data will be published and placed on the City Corporation web site.
2. Current data from air quality monitors will be made available to the public on the London Air Quality Network web site.
3. The data will be used to generate pollution alerts and messages via the CityAir Smart Phone App and the CityAir App web site.
4. The City Corporation will install a background PM_{2.5} monitor during 2015 to further assist in assessing the impact of fine particles on public health.
5. The monitoring requirements of the City will be reviewed annually.

Policy 2: Political Influence and Commitment

The City Corporation will seek opportunities to influence air quality policy across London to secure lower levels of air pollution in the Square Mile.

Actions:

6. The City Corporation will explore further options for joint action with politicians in neighbouring authorities.
7. The City Corporation will continue to place air quality as an important political priority and support local and London-wide action through its Supporting London Group, Port Health and Environmental Service Committee and Health and Wellbeing Board.
8. The City Corporation will consider options for using local legislation to help improve local air quality.
9. The City Corporation will make resources available through S106 and LIP funding to improve local air quality.

Policy 3: Working with the Mayor of London

The City Corporation will work with the Mayor of London on air quality policy and action in order to improve air quality in both the Square Mile and across London.

Actions:

10. The City Corporation will continue to liaise with Greater London Authority and Transport for London over additional action to reduce emissions from buses and taxis.
11. The City Corporation will consider options for supporting the adoption of zero emission capable taxis across London.
12. The City Corporation will apply for further funding from the Mayor's Air Quality Fund as the opportunity arises.
13. The City Corporation will work with the GLA to ensure the proposed Ultra Low Emission Zone criteria are appropriate and cost effective.
14. The City Corporation will define local air quality focus areas, to complement the GLA air quality focus areas, and develop specific plans to improve air quality and reduce exposure in these areas.
15. Once the implications on air quality of the Mayor of London's key proposals are known, for example the ULEZ, the City Corporation will model air quality to 2020 to establish what additional action is required to meet the air quality Limit Values across the Square Mile.
16. The City Corporation will work with the Greater London Authority on a review of Local Air Quality Management (the local government air quality regulatory framework) for London.
17. The City Corporation will aim to become a Mayor of London designated Clean Air Borough as soon as possible.

Policy 4: Working with other external organisations

The City Corporation will work with a range of external organisations to encourage action to reduce emissions across the Square Mile and raise awareness of air quality and its potential impact on health.

Actions:

18. The City Corporation will continue to engage with businesses in the Square Mile under the CityAir programme. This will commence with businesses in the Barbican area with the support of local residents involved in the Citizen Science air quality monitoring programme.

19. The City Corporation will work with businesses in the Cheapside Business area to raise the profile of air quality and obtain support for action to reduce emissions associated with their activities.

20. The City Corporation will work with major City businesses to consider options for phasing out standby generators that run solely on diesel.

21. The City Corporation will work with Change London on their AirSensa project as a way of raising public awareness.

22. The City Corporation will continue to provide the Chair for the London Air Quality Steering Group and work with neighbouring boroughs as part of the Central London Air Quality Cluster Group.

23. The City Corporation will look for opportunities to support research into solutions for improving air quality and reducing exposure.

24. The City Corporation will further develop work with Bart's Health NHS Trust to:

- a. train clinical staff to advise vulnerable patients how to reduce their exposure to high levels of air pollution
- b. reduce emissions associated with the Trust fleet
- c. install greening designed to improve air quality and raise awareness at Bart's hospital sites

Policy 5: Reducing emissions from transport

The City Corporation will vigorously seek opportunities for significantly reducing emissions associated with road traffic in the Square Mile.

Actions:

25. The City Corporation will continue to support measures to encourage safe cycling in the Square Mile.

26. The City Corporation will continue to enforce its policy of no unnecessary vehicle engine idling in the Square Mile and erect street signs in areas of concern.

27. The City Corporation will encourage and implement measures that will lead to reduction in emissions from taxis, where practical. This will include support for the introduction of zero emission capable taxis in central London.

28. The City Corporation will look for opportunities to significantly reduce the impact of freight distribution on air quality across central London and specifically work with businesses and the construction and demolition industry to identify opportunities for a reduction in vehicle movements, freight consolidation, zero-emission and low emission last mile deliveries.

29. The City Corporation will ensure that proposed changes to road schemes will be assessed for impact on local air quality.

30. The City Corporation will assess the impact of the projected increased office space and associated traffic on future air quality in the Square Mile.

31. Option for significantly reducing impact on pedestrians of air pollution in Beech Street will be considered in the Barbican Area Strategy Review.

Policy 6: Reducing emissions from new developments

The City Corporation will ensure that new developments have a minimal impact on local air quality both during the development phase and when occupied.

Actions:

32. Through the City of London Local Plan, developments that will result in deterioration of the City's nitrogen dioxide or PM₁₀ levels will be resisted.
33. The City Corporation will require an air quality assessment for developments adjacent to sensitive premises such as residential properties, schools and St. Bartholomew's Hospital.
34. The City Corporation will discourage the use of biomass and biofuels as a form of energy in new developments.
35. All gas boilers in commercial developments will be required to have a NO_x rating of <40mgNO_x/kWh.
36. NO_x emissions from Combined Heat and Power (CHP) plant will be required to meet the emission limits in the GLA document 'Biomass and CHP emission standards' March 2013.
37. All new developments with > 1000m² floor space or >10 residential units will need to demonstrate that they are air quality neutral in line with the requirements of the London Plan. If the development is not air quality neutral, off-setting will be required. Guidance will be produced outlining suitable options for offsetting in the Square Mile.
38. The City Corporation will ensure that all boilers, generators and CHP plant are installed to ensure minimal impact on local air quality.
39. The City of London will develop a policy on the use of standby generators for generating energy other than when electricity supplies are interrupted.
40. The City will work with the construction and demolition industry to identify further opportunities of reducing emissions associated with building development.
41. The City will update its best practice guide on minimising emissions from construction and demolition annually in order to reflect best practice. All companies employed in demolition, construction and street works that work in the Square Mile will be required to adhere to it.

Policy 7: Leading by example

The City Corporation will assess the impact of its activities on local levels of air pollution in the Square Mile and take steps to minimise it wherever possible.

Actions:

42. The City Corporation will continue to look for opportunities for reducing emissions from its buildings, fleet and contractor's fleet.

43. The City Corporation will ensure that major contracts include standards to reduce impact on air quality.

44. A pro forma air quality questionnaire will be developed for use in major policy reviews.

45. The City Corporation will move away from using diesel in its own fleet wherever practical.

Policy 8: Recognising and rewarding good practice

The City will promote, reward and disseminate best practice for tackling poor air quality through its award schemes.

Actions:

46. The City Corporation will continue to run an annual Sustainable City Award for air quality.

47. The City Corporation will continue with its annual Considerate Contractor's Environment Award to encourage best practice and innovation in the industry.

Policy 9: Raising awareness

The City Corporation will take action to raise awareness amongst City residents and workers about air pollution and provide information on how to reduce exposure on days of high levels of pollution.

Actions:

48. The City Corporation will continue to work with schools to provide information on how to reduce the impact of air pollution on children's health.

49. The City Corporation will apply for funding for further greening at Sir John Cass primary school.

50. The City Corporation will continue to work with residents in the Square Mile to raise awareness of air quality.

51. The City Corporation will develop a general communications strategy to inform people of action they can take to reduce exposure to air pollution.

52. The City Corporation will continue to support City businesses at events to raise profile of air quality and provide information for reducing exposure.

53. The City Corporation will continue to promote and develop the CityAir Smart Phone App with and CityAirApp.com web site.

Policy 10: Air quality and public health

Improving air quality and reducing public exposure will remain a key public health priority for the City Corporation until concentrations are at a level not considered to be harmful to health.

Actions:

54. The City of London will install a PM_{2.5} monitor at Sir John Cass School during 2015 and assess the data for its impact on health.

55. The City Corporation will identify exposure hotspots with high footfall and high concentrations.

56. The City of London will ensure that measures implemented to reduce emissions of NO₂ and PM₁₀ will also lead to reduction in emissions of PM_{2.5}.

57. The City of London will continue to explore ways to reduce exposure of the population to air pollution.

58. The City will look at ways to extend the message about poor air quality on days of high pollution.

59. As City Corporation Area Strategies are reviewed they will be assessed for public exposure to air pollution and measures taken to reduce exposure where practical.

2. Background

Despite the implementation of a wide range of action by the City Corporation, and the Greater London Authority (GLA), to improve air quality, the health based targets for nitrogen dioxide are not being met in the Square Mile. The target for fine particles (PM₁₀) is generally met in the City, except along Upper and Lower Thames Street. This road carries a lot of though traffic and is a street canyon so pollution can get trapped at street level and is not rapidly dispersed. Section 3 of this document presents data from air quality monitoring stations in the Square Mile from 1999 to 2013 and demonstrates how the data compares to the health based targets.

2.1 Legal position

The European Union sets what it calls 'Limit Values' for a range of pollutants that are considered to be harmful to health and the environment. The European Commission can take action against any Member State if the air quality does not meet the Limit Values throughout its territory by a specified date. The UK government is responsible for meeting the European Union Limit Values across the UK, with the Mayor of London being responsible for meeting them in London. The City Corporation has a statutory obligation to support this through local action.

The annual average Limit Value for nitrogen dioxide is not being met across London. It is also not being met in a number of other large Cities across the UK. As a result, in February 2014, the European Commission launched legal proceedings against the UK for its failure to meet this Limit Value, and submit a credible plan outlining how the Limit Value would be met by the extended date of 1 January 2015². There is also an hourly-average Limit Value for nitrogen dioxide. This hourly average value is not being met in central London adjacent to busy roadsides, including some roads in the City of London.

2.2 Source of pollution

The quality of the air in the Square Mile is affected by a number of factors. Being at the heart of London, it is heavily influenced by emissions generated across Greater London and further afield. Up to 80% of the particulate pollution measured away from busy roads has come from outside of the City. This highlights the importance of London-wide action to support the local action being taken by the City Corporation. Under certain weather conditions small particles can be brought to London from the

² http://europa.eu/rapid/press-release_IP-14-154_en.htm

European continent, and even from as far afield as Africa. This occurred in April 2014 during what was referred to as the 'Saharan dust' pollution episode, when very high levels of tiny particles affected the whole of London and the south-east.

Looking at sources generated within the City itself, the main contributor to local air pollution is road traffic. Diesel vehicles, and in particular taxis, buses and vans contribute the largest proportion. Offices make up over 70% of all buildings in the Square Mile and many of the vehicles in the City are servicing business needs. Pollution from heating buildings and from demolition and construction sites also impacts on local air quality. Further detail on sources of air pollution can be found in the 2011 Air Quality Strategy.

2.3 Health impacts of air pollution

Exposure to air pollution has a range of impacts on health. Short term exposure mainly affects people who are already classed as 'vulnerable'. It can exacerbate asthma, affect lung function and lead to an increase in hospital admissions for people with respiratory and cardio-vascular conditions. Long-term exposure on the other hand affects the whole population, particularly the long-term exposure to fine particles, PM₁₀ and PM_{2.5}.

Exposure to PM_{2.5} is considered to be a significant cause of disease in London. Public Health England (PHE) published a report in 2014 'Estimating Local Mortality Burdens Associated with Particulate Air Pollution'. The report states that:

'current levels of particulate air pollution have a significant impact on health. Measures to reduce levels of particulate air pollution, or reduce exposure of the population to such pollution, are regarded as an important public health initiative.'

In addition to the above, the World Health Organisation has classified diesel exhaust specifically as a Group 1 carcinogen.

There has been a great deal of research into the health impacts of air pollution. The City Corporation published a report in 2014 summarising the most recent research papers on the health impacts of different pollutants. The report is available on the City Corporation web site ³.

Since April 2013, the City Corporation, like other local authorities across the UK, has had a responsibility for improving public health. This was introduced by Health and Social Care Act 2012. The City Corporation has recognised that reducing the impact of poor air quality on the health of residents, workers and visitors is important and as

³ www.cityoflondon.gov.uk/air

a consequence has placed this as a high priority in its public health work plan. Section 5 of this strategy details how the City Corporation is taking this forward.

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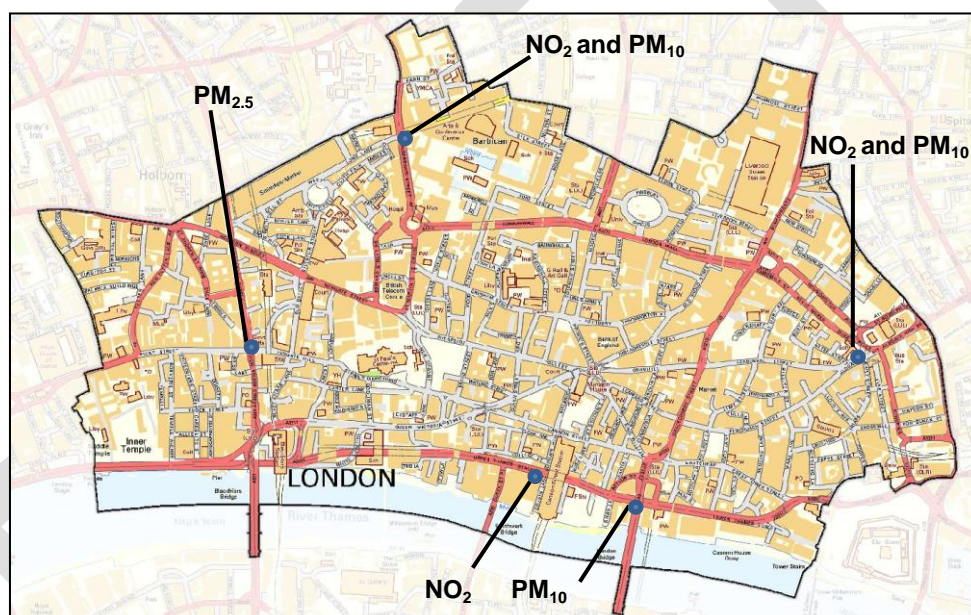
3. What is the air quality like in the City?

The City Corporation has been monitoring air quality for a number of years at a range of roadside and background locations across the Square Mile. The focus is on nitrogen dioxide, PM₁₀ and PM_{2.5} as these are the pollutants of concern.

Monitoring is an important part of air quality management and fulfils the following roles:

- To check compliance against air quality objectives and Limit Values
- To assess long term trends and the effectiveness of policies to improve air quality and public health
- To provide alerts to the public when pollution levels are high.

Figure 3.1 shows the location of monitoring stations and pollutants monitored.



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Figure 3.1 Location of continuous monitoring stations

3.1 Nitrogen dioxide

3.1.1 Monitoring data

Data from City monitoring stations reveals that background concentrations of nitrogen dioxide (Senator House and Sir John Cass School) have reduced very slightly since the 2011 strategy was published. However, roadside concentrations (Upper Thames Street and Beech Street) have remained high. This is likely to be due to the failure of vehicle Euro Standards to meet the required reduction in

emissions of oxides of nitrogen (NO_x) in diesel vehicles. There has also been an increase in the use of diesel in the overall fleet partly due to national policy to encourage lower carbon fuels. The annual variation in concentrations is also influenced by the weather.

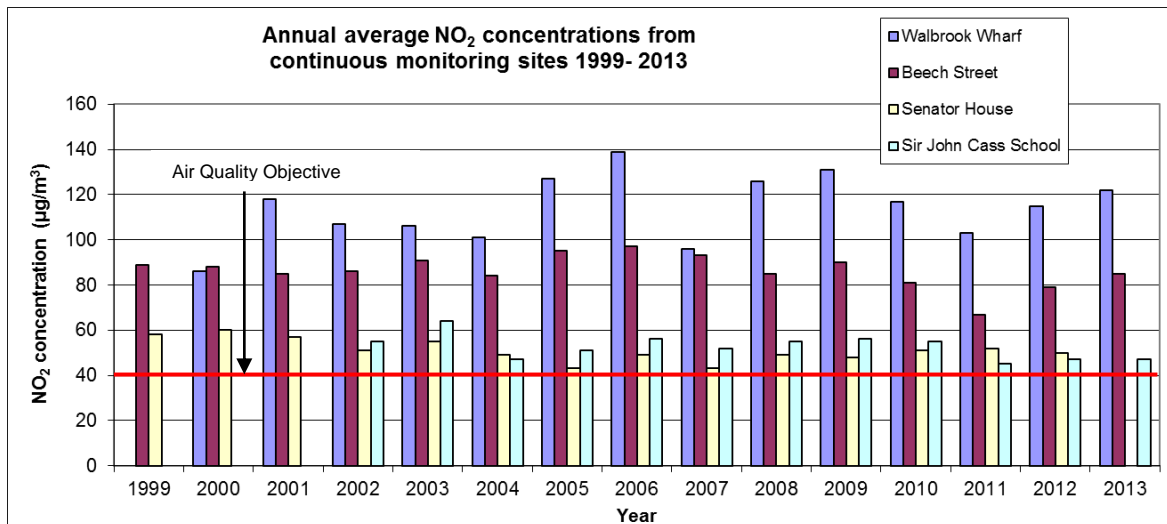


Figure 3.2 Annual Average Nitrogen Dioxide 1999 to 2013

3.1.2 Modelled concentrations

Air quality monitoring only provides data for specific locations so the data is supplemented by computer modelling. Modelling is also used to predict what air quality may be like in the future.

Figure 3.3 shows modelled concentrations across the City for 2015 using data from the 2008 London Atmospheric Emissions Inventory. This is administered by the GLA. The Limit Value for annual average nitrogen dioxide is 40µg/m³ and the computer model predicts that this will not be met anywhere. Concentrations adjacent to busy roads and junctions can be three times that experienced in the City away from roads.

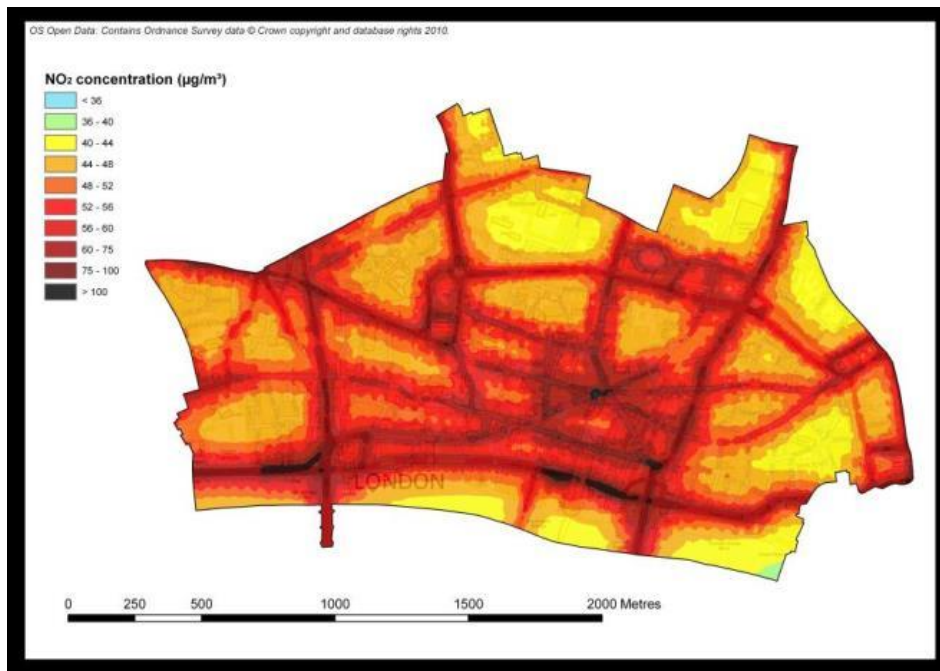


Figure 3.3 Modelled concentrations of annual average nitrogen dioxide in 2015

3.2 Small particles (PM₁₀)

3.2.1 Monitoring data

Annual average concentrations of PM₁₀ tend to meet the 40 $\mu\text{g}/\text{m}^3$ objective everywhere. However the City Corporation monitor along Upper Thames Street recorded a breach in 2013 due to a number of ‘pollution incidents’ which were caused by air from outside the Capital being imported in and containing high levels of particulate matter. In 2013 there were eight ‘pollution incidents’ of high PM₁₀ totalling 31 days. These had an impact on both the 24-hour average objective and the annual average, as can be seen in figures 3.4 and 3.5.

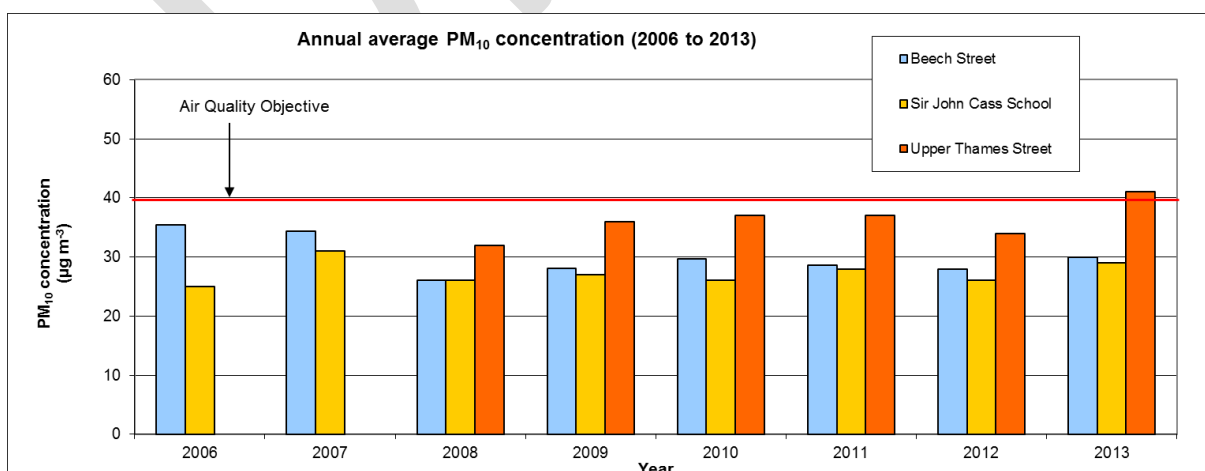


Figure 3.4 Annual Average PM₁₀ Concentrations 2006 to 2013

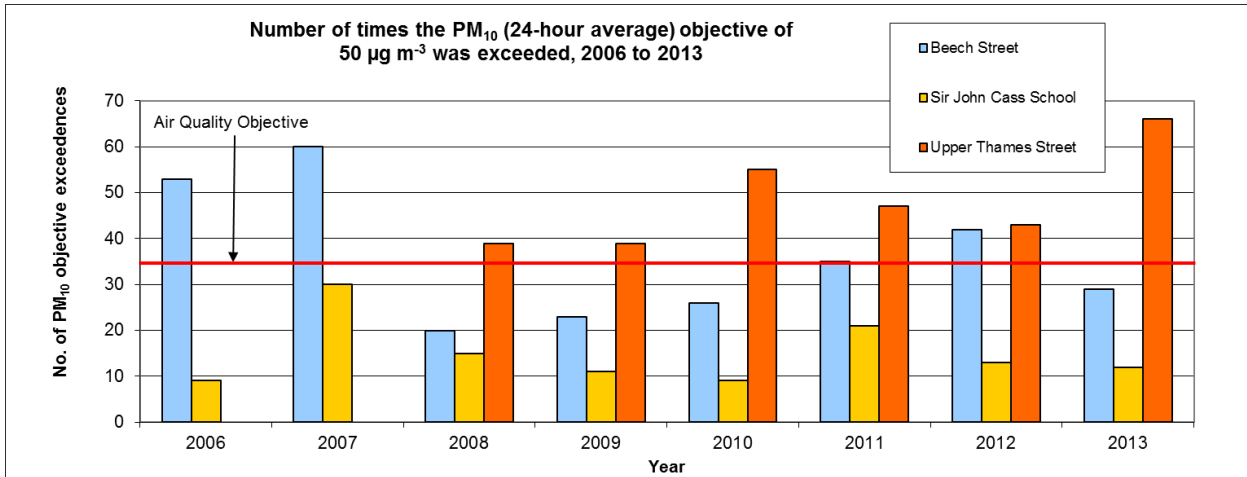


Figure 3.5 Number of days the 24 hour limit was breached 2006 to 2013

3.2.1 Modelled concentrations

There is less variation in modelled concentrations of small particles across the City as there are a number of different sources that contribute to the problem, not just road traffic.

Figure 3.6 shows the modelled number of days that the PM₁₀ daily average level is likely to be exceeded in 2015. The limit is set at 35 days and the map reveals that this could be breached in just a small area along Victoria Embankment.

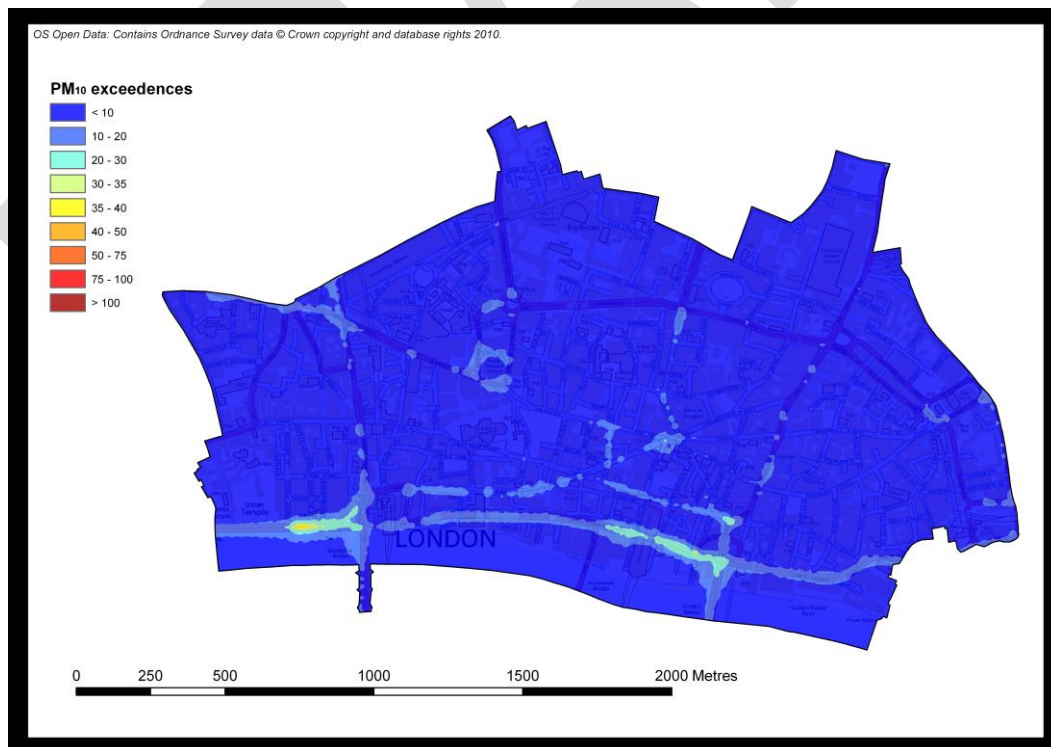


Figure 3.6 Modelled concentrations of daily average PM₁₀ exceedences, 2015

3.3 Fine particles PM_{2.5}

3.3.1 Monitored data

PM_{2.5} is measured in Farringdon Street. Table 1 shows the annual mean PM_{2.5} in this area for 2011 - 2013.

Annual Mean Concentration of PM _{2.5} (µg/m ³)		
2011	2012	2013
29	30	27

Table 1 Annual Average PM_{2.5}

3.3.2 Modelled concentrations

Modelled concentrations of annual average PM_{2.5} reveal that levels across the City in 2015 should be below the annual average Limit Value of 23µg/m³ with the possible exception of the City's busiest road Victoria Embankment / Upper and Lower Thames Street. However, the monitored data suggests that concentrations may be higher than the computer modelling data so the City Corporation will be installing an additional PM_{2.5} analyser during 2015 to check concentrations in an alternative location in the City.

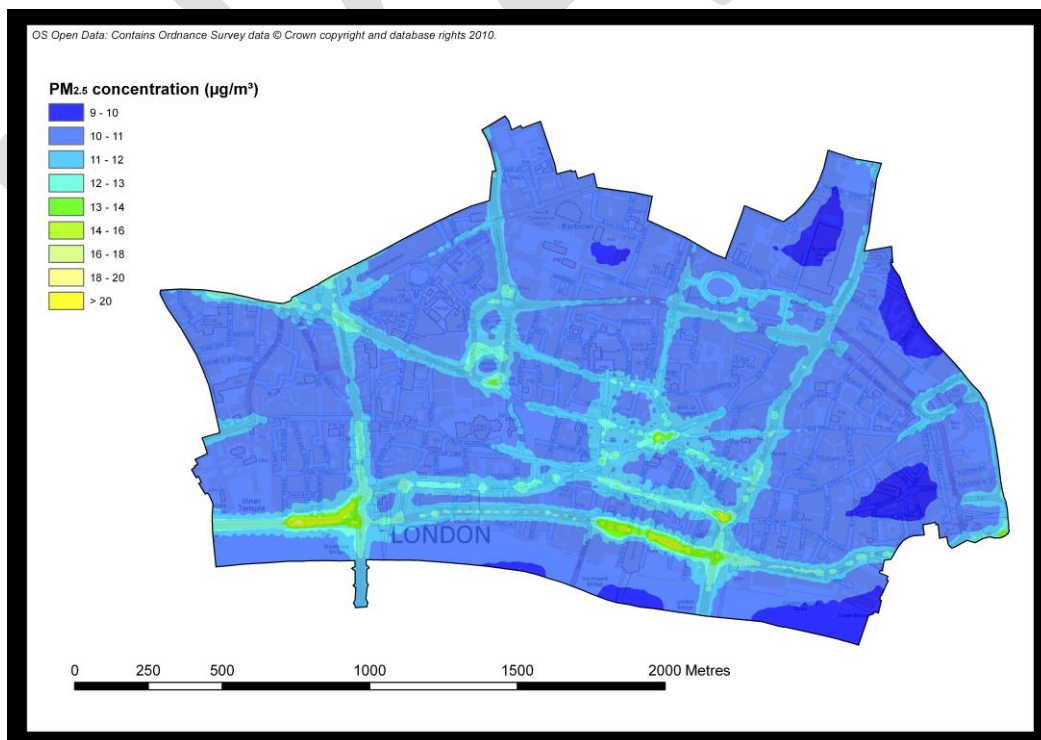


Figure 3.7 Modelled concentrations of annual average PM_{2.5}, 2015

Policy 1: Air Quality Monitoring

The City Corporation will monitor air pollutants to assess compliance with air quality objectives, to evaluate the effectiveness of policies and to provide alerts when pollution levels are high.

Actions:

1. An annual report of air quality data will be published and placed on the City Corporation web site.
2. Current data from air quality monitors will be made available to the public on the London Air Quality Network web site.
3. The data will be used to generate pollution alerts and messages via the CityAir Smart Phone App and CityAirApp.com web site.
4. The City Corporation will install a background PM_{2.5} monitor during 2015 to further assist in assessing the impact of fine particles on public health.
5. The monitoring requirements of the City will be reviewed annually.

4. What is being done to improve air quality in the Square Mile?

The City Corporation has been taking a wide range of action to both improve local air quality and to help people to reduce their exposure to pollution. This section highlights some of the action that has been, and continues to be taken, as well as outlining further measures that will be implemented up to 2020.

4.1 Political influence and commitment

Improving local air quality is an important political priority and is contained in the City's Corporate Plan as a Key Policy priority KPP3: Engaging with London and national government on key issues of concern to our communities (which includes air quality).

This aim is being managed at a strategic level at three forums :

Supporting London Group:

This Senior and Chief Officer committee, chaired by the Town Clerk, has received presentations and reports concerning the need for the City Corporation to lead on improving air quality in the Capital. It has endorsed reports containing actions that have subsequently been approved by elected Members and receives regular updates on progress.

Port Health and Environmental Services Committee

This Committee, which comprises elected representatives from all wards in the City, oversees the work of the Port Health and Public Protection Service. This includes the Environmental Health function, and consequently air quality. The Committee approved the original Air Quality Strategy in 2011, and its Members, particularly the Chairman and Deputy Chairman, have a keen interest in the issue.

Health and Wellbeing Board

Public Health responsibilities were returned to local authorities in April 2013 and this led to the creation of Health and Wellbeing Boards (HWB). The Board recognises that air quality in the City is important to residents and workers, so has included this as its third most important priority in the Action Plan approved in September 2014.

In addition to the above, the City Corporation has been taking action to try and influence air quality policy across London.

- In March 2012 the City Corporation hosted a breakfast meeting for City of London, London Borough of Camden and City of Westminster officers and politicians to advance closer working between the authorities and develop an improved dialogue with the Greater London Authority and Transport for London.

- In June 2012, the Leaders of the City Corporation, Westminster City Council and London Borough of Camden sent a joint letter to the Mayor of London to ask him to take additional action to reduce emissions from buses and taxis.
- In April 2013, the then Chairman of Port Health and Environmental Services wrote to the Mayor of London to confirm the City Corporation's commitment to taking action to improve air quality by signing up to the Mayor of London 'Cleaner Air Borough' criteria.
- In June 2014 the City of London Remembrancer's Department submitted a written response to the House of Commons Environmental Audit Committee inquiry into air quality.
- In July 2014, the Lord Mayor hosted an air quality reception at Mansion House with the Mayor of London and London Councils. The event highlighted the need for coordinated action from all levels of government to improve air quality across London.

The current Mayor of London, Boris Johnson, the previous Lord Mayor, Alderman Fiona Woolf and the current Chairman of London Councils Transport and Environment Committee Julian Bell at the Air Quality Reception at Mansion House



- In November 2014, the City Corporation will host an air quality breakfast seminar for London borough politicians to determine whether there is common ground between London boroughs and the City Corporation on some areas of air quality policy.

Policy 2: Political Influence and Commitment

The City Corporation will seek opportunities to influence air quality policy across London to secure lower levels of air pollution in the Square Mile.

Actions:

6. The City Corporation will explore further options for joint action with politicians in neighbouring authorities.

7. The City Corporation will continue to place air quality as an important political priority and support local and London-wide action through its Supporting London Group, Port Health and Environmental Service Committee and Health and Wellbeing Board.

8. The City Corporation will consider options for using local legislation to help improve local air quality.

9. The City Corporation will make resources available through S106 and LIP funding to improve local air quality.

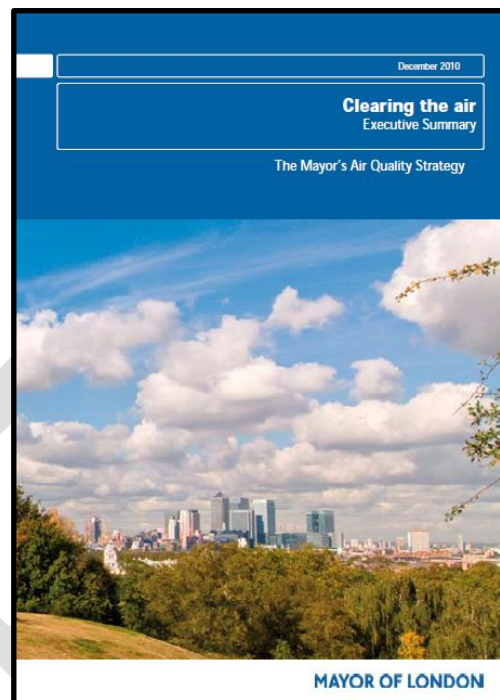
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4.2 Working with the Mayor of London

4.2.1 Mayors Air Quality Strategy

As part of his legal obligation to meet air quality Limit Values across London, the Mayor of London published an Air Quality Strategy in 2010 'Clearing the Air' and has taken a wide range of action to reduce levels of air pollution across the Capital.

A great deal of action has been focussed on road traffic such as the London-wide Low Emission Zone, a 15 year age limit for black taxi cabs, a 10 year age limit for Private Hire Vehicles and the roll out of a cleaner bus fleet. Non-traffic measures include the requirement for new developments to be 'air quality neutral' as detailed in the London Plan, emission standards for boiler systems and construction plant and the retrofit of London homes to improve energy efficiency.



4.2.2 Transport Emissions Roadmap

The Mayor published a Transport Emissions Roadmap in September 2014⁴. The document outlines all the measures being taken by the Mayor to reduce emissions from transport across London. It also lists the following ten areas that will be considered to help London achieve compliance with the EU Limit Values for nitrogen dioxide by 2020 and 2025. The document highlights that the measures will need to be developed to understand their feasibility, impact and funding requirements:

1. Ultra Low Emission Zone (ULEZ)
2. The future of the (London) Low Emission Zone
3. Making traffic management and regulation smarter
4. Helping Londoners tackle air pollution
5. Driving the uptake of low emission vehicles
6. Cleaner electricity for London's transport
7. Transforming London's fleet
8. Delivering a zero emission taxi and Private Hire Vehicle fleet
9. Transforming London's public and commercial fleets
10. Low emission neighbourhoods

⁴ www.tfl.gov.uk/cdn/static/cms/documents/transport-emissions-roadmap.pdf

At the time of writing this draft document there have been no formal announcements about any of the above. However, it is anticipated that details will soon be available on the proposed an Ultra-Low Emission Zone for central London, the requirement for zero emission capable taxis from 2018 and further measures to reduce emissions from the London bus fleet, including an all-electric bus for London.

4.2.3 Air Quality Focus Areas

The Mayor of London has identified 187 'Air Quality Focus Areas' across London. These are areas where the Greater London Authority and Transport for London will focus action to improve air quality. In the Square Mile the TfL Air Quality Focus areas are on TfL roads: Farringdon Road to New Bridge Street at Blackfriars and from Monument, Gracechurch Street and Bishopsgate to Houndsditch.

The criteria used by TfL to determine air quality focus areas are available on the Greater London Authority web site⁵.

4.2.4 Mayors Air Quality Fund

In February 2013 the Mayor of London announced a new Mayor's Air Quality Fund (MAQF). The fund has provided match-funding for London local authorities and partners for innovative schemes and projects designed to improve air quality. £6 million of funding was made available from 2013/14 to 2015/16, with the expectation this will continue to £20 million over 10 years.

The City Corporation was awarded £280,000, over 3 years, from the Mayor's Air Quality Fund for air quality improvement work in the City, and a further £100,000 over the three years as part of a joint project with Bart's Health NHS Trust and the London Boroughs of Newham, Tower Hamlets and Waltham Forest. London local authorities are required to work towards achieving a set of criteria in order to be eligible for funding from the MAQF. This criteria will lead to London Boroughs being designated a 'Clean Air Borough' by the GLA.

4.2.5 Local Air Quality Management Review

The framework for measuring air quality, and working towards air quality objectives in local government is known as Local Air Quality Management. The process is under review nationally and the review of the London scheme is being led by the Greater London Authority. The City of London is part of the review board.

⁵ <https://www.london.gov.uk/sites/default/files/Cleaner%20Air%20for%20London%20-%20AQ%20Focus%20Area%20methodology.pdf>

Policy 3: Working with the Mayor of London

The City Corporation will work with the Mayor of London on air quality policy and action in order to improve air quality in both the Square Mile and across London.

Actions:

10. The City Corporation will continue to liaise with Greater London Authority and Transport for London over additional action to reduce emissions from buses and taxis.
11. The City Corporation will consider options for supporting the adoption of zero emission capable taxis across London.
12. The City Corporation will apply for further funding from the Mayor's Air Quality Fund as the opportunity arises.
13. The City Corporation will work with the GLA to ensure the proposed Ultra Low Emission Zone criteria are appropriate and cost effective.
14. The City Corporation will define local air quality focus areas, to complement the GLA air quality focus areas, and develop specific plans to improve air quality and reduce exposure in these areas.
15. Once the implications on air quality of the Mayor of London's key proposals are known, for example the ULEZ, the City Corporation will model air quality to 2020 to establish what additional action is required to meet the air quality Limit Values across the Square Mile.
16. The City Corporation will work with the Greater London Authority on a review of Local Air Quality Management (the local government air quality regulatory framework) for London.
17. The City Corporation will aim to become a Mayor of London designated Clean Air Borough as soon as possible.

4.3 Working with other external organisations

In addition to working closely with the GLA, the City Corporation also works with a range of other organisations on actions and policy development to improve air quality.

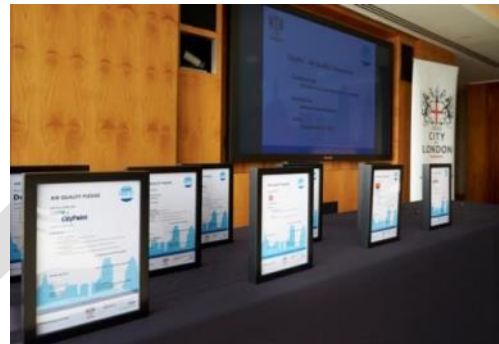
4.3.1 Business engagement

The City Corporation has been engaging with the City business community to get their help for improving air quality and raising staff awareness through the CityAir programme.

Over 50 premises have been engaged to date, which represents over 40,000 employees. Best practice guidance has been produced with City businesses and is available on the City Corporation web site.

The CityAir programme has been extended across central London and further businesses are engaged in the Square Mile as the opportunity arises.

In March 2014, 18 City businesses received certificates outlining their commitment to taking action to help to improve local air quality as business air quality champions.



4.3.2 Bart's Health NHS Trust

The City Corporation has been leading 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. To date, over 1000 people at Bart's hospitals have been engaged and given advice on how to reduce their exposure to poor air quality. Work with the hospital trust is on-going. The next phase of the work is to train clinical staff to give out appropriate advice to vulnerable patients.



4.3.3 London Air Quality Steering Group

The London Air Quality Steering group was established to direct and influence strategic air quality policy across London. Members include London Boroughs, the Environment Agency, Greater London Authority, Transport for London and London Councils. The City Corporation provides the Chair for this group.

The City Corporation also works with seven neighbouring authorities as part of the Central London Air Quality Cluster Group.

4.3.4 London Universities

The City Corporation has worked with the Environment Research Group at King's College London on a range of projects such as real world vehicle emission testing and the development of the CityAir Smart Phone App. Kings College London is also one of the partners for the Sustainable City Award for air quality.

The City Corporation has worked with Imperial College London on research into the potential impact of a 20mph speed limit on air quality and is currently working with University College London on a Citizen Science air quality monitoring programme for residents.

4.3.5 Change London

The City Corporation is on the advisory board of Change London for their air quality monitoring project <http://www.airsensa.org/> which aims to create a UK-wide network of urban air quality monitors, starting in Greater London, to monitor and visualise air at an individual street level. The City Corporation provides advice on monitoring and engagement from a local government perspective.

Policy 4: Working with other external organisations

The City Corporation will work with a range of external organisations to encourage action to reduce emissions across the Square Mile and raise awareness of air quality and its potential impact on health.

Actions:

18. The City Corporation will continue to engage with businesses in the Square Mile under the CityAir programme. This will commence with businesses in the Barbican area with the support of local residents involved in the Citizen Science air quality monitoring programme.

19. The City Corporation will work with businesses in the Cheapside Business area to raise the profile of air quality and obtain support for action to reduce emissions associated with their activities.

20. The City Corporation will work with major City businesses to consider options for phasing out standby generators that run solely on diesel.

21. The City Corporation will work with Change London on their AirSensa project as a way of raising public awareness.

22. The City Corporation will continue to provide the Chair for the London Air Quality Steering Group and work with neighbouring boroughs as part of the Central London Air Quality Cluster Group.

23. The City Corporation will look for opportunities to support research into solutions for improving air quality and reducing exposure.

24. The City Corporation will further develop work with Bart's Health NHS Trust to:

- a. train clinical staff to advise vulnerable patients how to reduce their exposure to high levels of air pollution
- b. reduce emissions associated with the Trust fleet
- c. install greening designed to improve air quality and raise awareness at Bart's hospital sites

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4.4 Reducing emissions from transport

The 2011 Air Quality Strategy details that over 75% of local emissions of PM₁₀, and 67% of local emissions of NO_x, comes from road vehicles. There are high levels of pedestrian flow in the City with many business journeys made on foot, and journeys to the City using other forms of transport completed on foot.

Approximately 350,000 people commute to the Square Mile during the working week, nearly 90% of these by public transport, with only 6% by private car. Car ownership among City residents (38%) is the lowest of any local authority area in the United Kingdom. There has been a significant increase in cycling as a mode of travel in central London, including the City. The City Corporation is implementing appropriate changes to road layouts and public realm enhancement schemes to create safe and efficient cycling routes and greater space for pedestrians.



The road network is used intensively; particularly during the working week as vehicles support the needs of City businesses. The Square Mile is located with the Congestion Charge Zone and over 290,000 vehicles enter the zone every day. There are now 23,000 licensed taxis in Greater London with the majority of activity concentrated in central London. The City is served by 54 bus routes.

The busiest roads in the Square Mile are managed and controlled by Transport for London (TfL) which is one of the GLA group of organisations accountable to the Mayor of London. These are:

- Mansell Street / Goodmans Yard / Minories
- Victoria Embankment / Blackfriars Underpass/ Upper Thames Street/ Lower Thames Street/ Byward Street/ Tower Hill
- Farringdon street/ Ludgate Circus/ New Bridge Street/ Blackfriars Bridge

The mix of vehicles in the City is quite different to most other London Boroughs with taxis and goods vehicles dominant. Due to the amount of development in the Square Mile there are also a lot of construction vehicles. Nearly all of these vehicles are diesel.

City Corporation transport policy is outlined in the Local Implementation Plan, which was published in December 2011. It contains eight key transport objectives. Two are relevant to improving air quality:

LIP 2011.1: To reduce the pollution of air, water and soils and excessive noise and vibration caused by transport in the City.

LIP 2011.4: To reduce the adverse effects of transport in the City on health, particularly health impacts related to poor air quality and excessive noise and the contribution that travel choices can make to sedentary lifestyles.

4.4.1 20mph

In July 2014, a 20mph speed limit was introduced across the Square Mile. Figure 4.1 shows the extent of the 20mph area.

Air quality improvement was an important consideration in the decision. A 20mph speed restriction should help to improve traffic flow and reduce stop / start conditions. This in turn should reduce the amount of particulate pollution associated with traffic. Imperial College London conducted a study into the potential impact on local air quality of a 20mph speed restriction. A copy of this report is available on the City of London web site www.cityoflondon.gov.uk/air

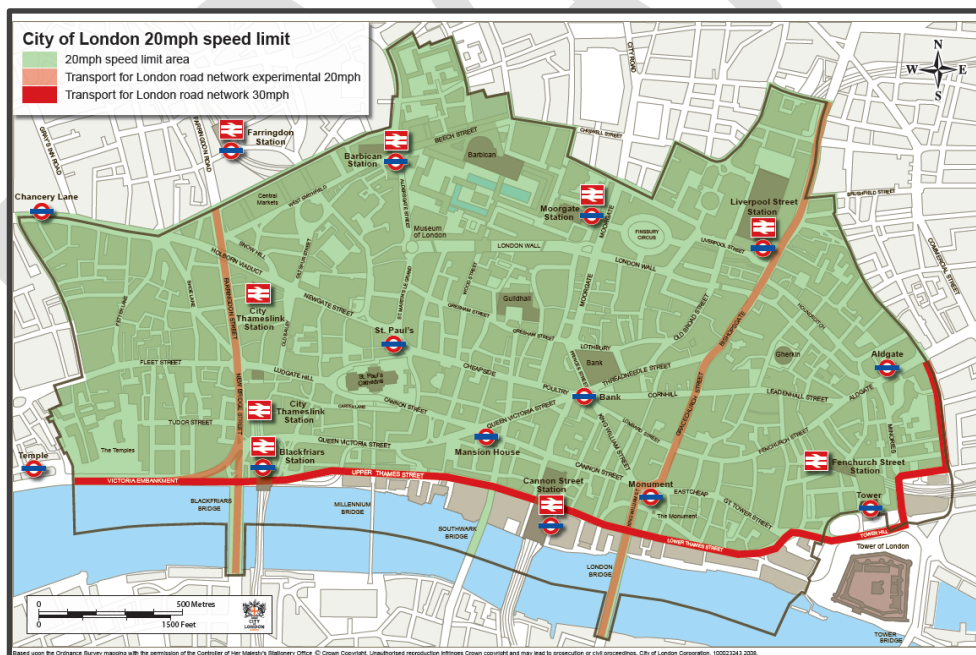


Figure 4.1: 20mph speed limit in the City of London

4.4.2 Cyclists

An estimated 10,000 people commute to the City by bike on a regular basis. The City Corporation supports cycling and the aim is to for at least 10% of people who commute to the City to travel by. Cycling is encouraged by the provision of:

- Free public cycle parking in all off-street public car parks.
- Free public cycle parking at on-street cycle parking racks throughout the City.
- Regular free cycle training and maintenance training

4.4.3 Pedestrians

Most people move around the City by foot. In the working week there is a great deal of demand for space for pedestrians. The 350,000 people that commute into the City today is expected to increase to 428,000 by 2026. This is due to the introduction of more office space and also Crossrail, which is anticipated to bring more people into the Square Mile. The City Corporation is introducing a number of schemes designed to improve conditions for pedestrians.

The City has developed 16 Area Enhancement Strategies which are designed to improve the streets and public spaces in the Square Mile. The Area Enhancement Strategies for Cheapside, the Barbican, the Riverside Walk and Fleet Street are currently being updated.

In addition to this, greater provision for pedestrians is being made by improving access routes and the streetscape around stations, with particular focus on Bank and the Crossrail station entrances at Farringdon, Lindsey Street, Moorgate and Liverpool Street.

4.4.4 Taxis

Hackney carriages (black taxi cabs) make up 25.8% of the traffic flow in the City of London between 0700 and 1900 hours ⁶. The 2011 Air Quality Strategy⁷ reveals that they contribute around 50% of local PM₁₀ from vehicles and 24% oxides of nitrogen (NO_x).

Transport for London is the regulatory authority for the appointment and regulation of Taxi drivers. TfL is also responsible for the authorisation of all Taxi Ranks and Taxi Rest Bays in London excluding the City of London, where it is the responsibility of the Commissioner of Police for the City of London. There are 32 Taxi Ranks in the City of London, providing 128 spaces.

⁶ 2010 Traffic Composition Survey, JMP Consultants Ltd for the City of London

⁷ www.cityoflondon.gov.uk/air

In 2006, a taxi availability survey was conducted in the City of London. The study revealed that approximately 34% of the taxis on the roads are available for hire around the main railway stations. On other City roads the proportion is around 22%. While taxis are running (plying for hire) they are wasting fuel, adding to local congestion and increasing local levels of pollution.

The City Corporation, in line with the guidance issued by TfL, would like to reduce the amount of time that taxis spend running by encouraging taxi drivers to make better use of ranks and encourage the public to use ranks wherever possible. As a consequence, 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. If this is successful the City Corporation will consider further measures to encourage taxi drivers and the public to use ranks.

In addition to installing new taxi ranks and publicising their location, the City Corporation has appointed Living Streets to run a project called Fare Mile aimed at encouraging workers in the City to walk short journeys rather than use a taxi <http://www.faremile.org.uk/>.

The project is a pilot and if it is deemed to be successful it will be extended, subject to funding.



4.4.5 Freight

The transportation of goods, whether to and from offices or construction and demolition sites is a significant source of air pollution in the Square Mile. The 2011 Air Quality Strategy details that 24% PM₁₀ and 33% NO_x emissions associated with traffic is from the movement of freight. The City Corporation is developing a freight strategy which will consider opportunities for reducing emissions associated with delivering goods.



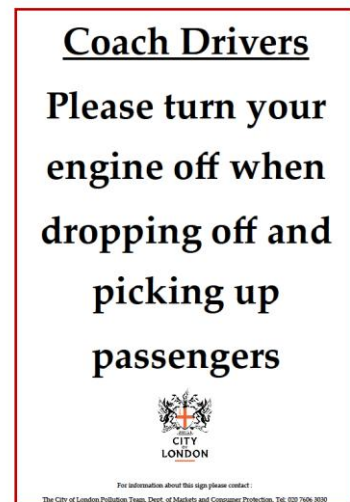
4.4.6 Road schemes

Changes are currently being made to Aldgate Gyratory, which includes the installation of a public space. The road design with the most positive benefit on

improving air quality at Sir John Cass Primary School is being implemented. Bank junction is also being redesigned and a key objective is to reduce local levels of pollution by reducing the number of motorised vehicles using the area.

4.4.7 Enforcement

In January 2012, the City Corporation announced that it would issue Fixed Penalty Notices to drivers who refuse to turn their vehicle engines off when asked to do so by authorised officers. The City undertook a widespread publicity campaign to reduce the amount of vehicle idling and has produced a set of posters aimed at specific vehicle types. Letters were sent to coach companies, taxi operators and key delivery companies to outline the requirement to turn vehicle engines off when parked. The City Corporation has been working closely with construction sites to ensure drivers do not leave engines running. Construction sites display City of London 'no idling' posters and give leaflets out to drivers. 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 (A boards) asking drivers to turn engines off have been erected in areas of concern in the City. These have proved to be effective in most locations. Civil Enforcement Officers speak to drivers who leave their engines running unnecessarily and ask them to turn them off.

4.4.8 Beech Street

Beech Street is an enclosed road (tunnel) near the Barbican centre that is heavily used by pedestrians. As a consequence levels of pollution emitted by vehicles using the road can build up as they take longer to be dispersed. The road is washed to keep it clean and a programme of additional street washing was introduced to see if it had an impact on level of fine particles in the tunnel. It was found to be efficient so has been continued.



Policy 5: Reducing emissions from transport

The City Corporation will vigorously seek opportunities for significantly reducing emissions associated with road traffic in the Square Mile

Actions:

25. The City Corporation will continue to support measures to encourage safe cycling in the Square Mile.
26. The City Corporation will continue to enforce its policy of no unnecessary vehicle engine idling in the Square Mile and erect street signs in areas of concern.
27. The City Corporation will encourage and implement measures that will lead to reduction in emissions from taxis, where practical. This will include support for the introduction of zero emission capable taxis in central London.
28. The City Corporation will look for opportunities to significantly reduce the impact of freight distribution on air quality across central London and specifically work with businesses and the construction and demolition industry to identify opportunities for a reduction in vehicle movements, freight consolidation, zero-emission and low emission last mile deliveries.
29. The City Corporation will ensure that proposed changes to road schemes will be assessed for impact on local air quality.
30. The City Corporation will assess the impact of the projected increased office space and associated traffic on future air quality in the Square Mile.
31. Option for significantly reducing impact on pedestrians of air pollution in Beech Street will be considered in the Barbican Area Strategy Review.

4.5 Reducing emissions from new developments

The Square Mile is in a constant state of redevelopment. Spatial planning is key to improving air quality in the long term and the City Corporation has been taking a range of action through planning policy to reduce the impact of new developments on local air quality.

4.5.1 Planning policy

The City of London Core Strategy (development plan document) requires new developments to:

‘positively address local air quality’, particularly nitrogen dioxide and particulates PM₁₀ (the City’s Air Quality Management Area Pollutants)

The City Corporation discourages the use of biomass as a source of fuel due to the level of particulates emitted compared to gas. It also requires low NO_x emission gas boilers and low NO_x CHP technology.

Air quality assessments are required for developments adjacent to sensitive premises such as school, hospital and residential areas. Assessments are also required if there is a proposal to use biomass or biofuel as a source of energy.

The City Corporation has developed a short guide for minimising emissions from combined heat and power plant and standby generators

There is minimal car parking space associated with all new developments. This discourages people from driving into the City.

4.5.2 Construction and demolition

At any given time there are many active demolition, construction and refurbishment sites in the Square Mile. There are also a large number of street works supporting the new developments. The development is essential in order for the City to maintain itself as a world class business and financial centre. The City Corporation has a code of practice for construction and demolition detailing the environmental standards that it expects the industry to work to. The Code is enforced through development control.



Minimising emissions to air is integral to the City Corporation code of practice. The guidance, which is available on the City Corporation web site, reflects the best practice guidance issued by the Mayor of London: The Control of Dust and Emissions from Demolition and Construction ⁸. The City of London Code of Practice

⁸ <https://www.london.gov.uk/priorities/environment/clearing-londons-air/useful-documents>

is updated regularly to reflect best practice in the industry and is now in its 7th edition. There are regular checks on all large construction sites to ensure that they adhere to the code.

Despite this, there are still a significant amount of emissions associated with the construction industry, particularly the use of non-road mobile machinery on site. The City Corporation has started to work with Sir Robert McAlpines to establish what additional measures may be available to reduce emissions even further.



4.5.3 Chimneys

The City Corporation ensures that all chimneys on new developments are installed to ensure adequate dispersion of pollutants and issues authorisations for this under the Clean Air Act 1993.

Policy 6: Reducing emissions from new developments

The City Corporation will ensure that new developments have a minimal impact on local air quality both during the development phase and when occupied.

Actions:

32. Through the City of London Local Plan, developments that will result in deterioration of the City's nitrogen dioxide or PM₁₀ levels will be resisted.
33. The City Corporation will require an air quality assessment for developments adjacent to sensitive premises such as residential properties, schools and St. Bartholomew's Hospital.
34. The City Corporation will discourage the use of biomass and biofuels as a form of energy in new developments.
35. All gas boilers in commercial developments will be required to have a NO_x rating of <40mgNO_x/kWh.
36. NO_x emissions from Combined Heat and Power (CHP) plant will be required to meet the emission limits in the GLA document 'Biomass and CHP emission standards' March 2013.

37. All new developments with > 1000m² floor space or >10 residential units will need to demonstrate that they are air quality neutral in line with the requirements of the London Plan. If the development is not air quality neutral, off-setting will be required. Guidance will be produced outlining suitable options for offsetting in the Square Mile.

38. The City Corporation will ensure that all boilers, generators and CHP plant are installed to ensure minimal impact on local air quality.

39. The City of London will develop a policy on the use of standby generators for generating energy other than when electricity supplies are interrupted.

40. The City will work with the construction and demolition industry to identify further opportunities of reducing emissions associated with building development.

41. The City will update its best practice guide on minimising emissions from construction and demolition annually in order to reflect best practice. All companies employed in demolition, construction and street works that work in the Square Mile will be required to adhere to it.

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4.6 Leading by example

4.6.1 Own buildings and fleet

The City Corporation has been reducing emissions from its buildings and fleet for a number of years. Since 2008, PM₁₀ emissions from the City Corporation's own fleet have reduced by over 50% and NO_x by over 40%. This has been achieved by improved management, a reduction in size of the fleet and the purchase of, newer cleaner vehicles. Similarly emissions of PM₁₀ and NO_x from City buildings have reduced over the same time period by over 15%



4.6.2 Procurement

The City Corporation Responsible Procurement Strategy requires that for large contracts over £250k, at least 10% of the qualitative contract award evaluation criteria must address responsible procurement. This includes the use of zero emission vehicles. The potential use of zero emissions vehicles, and application of the principles enshrined in the Zero and Low Emission procurement directory, commissioned by the City Corporation in 2012⁹, are factored into contract award criteria and specifications each time the City conducts sourcing projects.

Policy 7: Leading by example

The City Corporation will assess the impact of its activities on local levels of air pollution in the Square Mile and take steps to minimise it wherever possible.

Action:

42. The City Corporation will continue to look for opportunities for reducing emissions from its buildings, fleet and contractor's fleet.
43. The City Corporation will ensure that major contracts include standards to reduce impact on air quality.
44. A pro forma air quality questionnaire will be developed for use in major policy reviews.
45. The City Corporation will move away from using diesel in its own fleet wherever practical.

⁹ www.cityoflondon.gov.uk/air

4.7 Recognising and rewarding good practice

4.7.1 Sustainable City Awards

The City Corporation runs a national annual Sustainable City Awards scheme. The awards are given to organisations that demonstrate excellence in sustainable development. There are 12 categories, one of which is air quality.

The Sustainable City award for air quality has been popular, previous winners include a campaign organisation, an organisation that works with artists and scientists to produce contemporary art, a government organisation and a City business.

The Sustainable City Awards



The UK's foremost Sustainability awards

4.7.2 Considerate Contractors Environment Award

The Considerate Contractors Scheme was pioneered by the City Corporation in 1987. It aims to encourage building and civil engineering contractors working in the City to carry out their operations in a safe and considerate manner.

Building sites and street works are judged annually on the basis of their overall performance during that year. A wide range of awards are given including a Environment Award, which rewards best practice and encourages innovation in minimising the impact on the local environment, including air quality.

4.7.3 Clean City Award

In 2013, to celebrate European Year of Air, there was a Clean City Award for air quality awarded to a City business that has taken positive action to reduce emissions of air pollutants. Impact on local air quality is now part of the judging criteria for future awards.



Nomura International receiving the 2013 Clean City Award for air quality from the Lord Mayor

Policy 8: Recognising and rewarding good practice

The City will continue to promote, reward and disseminate best practice for tackling poor air quality through its award schemes.

Actions:

46. The City Corporation will continue to run an annual Sustainable City Award for air quality.

47. The City Corporation will continue with its annual Considerate Contractor's Environment Award to encourage best practice and innovation in the industry.

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4.8 Raising awareness

In addition to taking action to reduce emissions and improve local air quality the City Corporation also takes action to increase public understanding about air pollution, its causes, and effects and how concentrations vary both spatially and from day to day. Armed with the right information people can take any necessary steps to avoid high levels of air pollution to reduce the impact on health. The City Corporation has been working with different communities in order to do this.

4.8.1 Working with residents

In October 2013, residents in the Barbican Estate began to monitor local levels of air pollution under a Citizen Science programme with University College London. One of the key aims was so they could understand how pollution varies in an urban environment, both spatially and under different weather conditions.

Over 70 households became air quality champions and monitored nitrogen dioxide on the balconies of their flats, at street level and at podium level in the Barbican Estate. The image below shows the location of nitrogen dioxide monitoring that took place over a year.

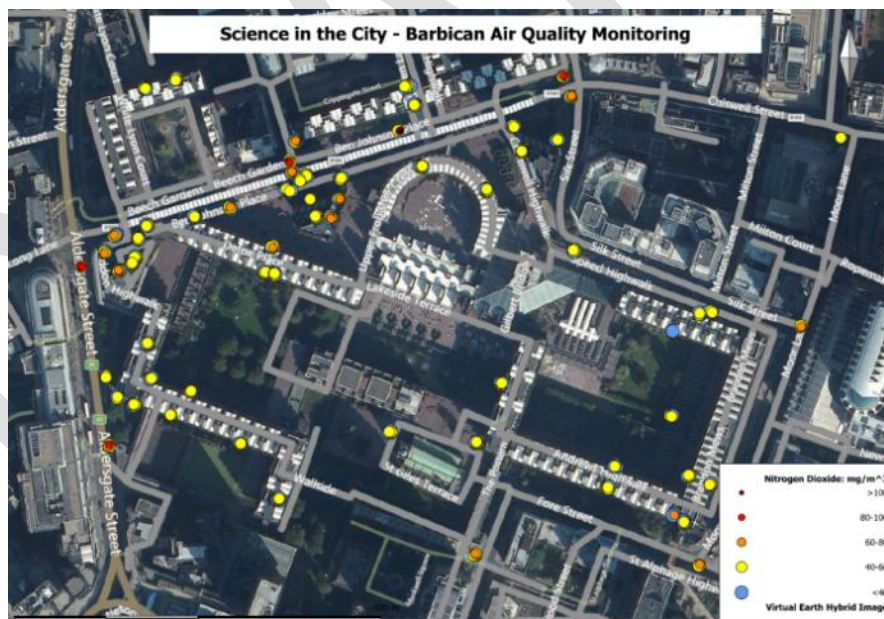


Figure 4.2 Air quality monitoring locations around the Barbican Estate

Appendix 1 contains further data from the Citizen Science monitoring programme.

A similar Citizen Science monitoring scheme has commenced with the residents in Mansell Street.

4.8.2 Working with Schools

During 2013/2014, the City Corporation worked with Sir John Cass Primary school to both improve local air quality and work with the school children to raise awareness. Friends of City Gardens, a local community group, helped to install over 170 plants designed to improve air quality, in addition to several ivy screens. Detailed air quality monitoring is underway around the school and an entire school engagement programme has been undertaken.



Energy saving measures were implemented at the school, which will help reduce the schools own emissions of air pollutants. When pollution levels are high the school receives a notification so children that are susceptible to poor air quality can be protected. The work was implemented as part of the Greater London Authority Schools Clean Air Zones Programme.

4.8.3 Working with businesses

Through the CityAir business engagement programme, the City Corporation has been raising awareness of air pollution with City workers. A number of business events have been supported such as the one pictured at 99 Bishopsgate.

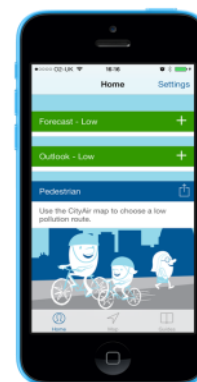


4.8.4 Providing information via CityAir Smart phone App

The City Corporation promotes airTEXT, a free message service to alert users when pollution levels are high in London.

The City Corporation also has its own Smart Phone App 'CityAir', which provides advice to users when pollution levels are high. People who do not own a Smart Phone can use the web site www.Cityairapp.com

Users can sign up as a different user e.g. a pedestrian, jogger or vulnerable person and receive tailored messages. The App recommends action to reduce personal exposure, contains a map of current pollution levels and has a function to guide users along low pollution routes. There have been over 5,000 downloads to date.



CityAir also has an active Titter account @_CityAir to help raise awareness about air pollution.

Policy 9: Raising awareness

The City Corporation will take action to raise awareness amongst City residents and workers about air pollution and provide information on how to reduce exposure on days of high levels of pollution.

Actions:

48. The City Corporation will continue to work with schools to provide information on how to reduce the impact of air pollution on children's health.

49. The City Corporation will apply for funding for further greening at Sir John Cass primary school.

50. The City Corporation will continue to work with residents in the Square Mile to raise awareness of air quality.

51. The City Corporation will develop a general communications strategy to inform people of action they can take to reduce exposure to air pollution.

52. The City Corporation will continue to support City businesses at events to raise profile of air quality and provide information for reducing exposure.

53. The City Corporation will continue to promote and develop the CityAir Smart Phone App with and CityAirApp.com web site.

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5. Air Quality and Public Health

One of the key changes since the publication of the 2011 Air Quality Strategy is the requirement for local government to undertake health improvement functions from April 2013. This was introduced by Health and Social Care Act 2012.

A Public Health Outcomes Framework has been introduced and consists of a set of indicators compiled by the Department of Health. These measure how effectively the activities of each local authority are at addressing the determinants of health. One of these indicators is Air Pollution and this is measured against levels of tiny particles (PM_{2.5}). PM_{2.5} is the mass concentration of particles less than 2.5 micrometers in diameter. This size of particle can penetrate deep into the lungs.

Short term exposure to high levels of air pollution can cause a range of adverse effects: exacerbation of asthma, effect on lung function, an increase in hospital admissions for respiratory and cardio-vascular conditions and increases in mortality. Long-term exposure to air pollution increases mortality risk. The relative risks associated with long term exposure are higher than short term exposure. Public Health England has stated that exposure to PM_{2.5} is a significant cause of disease in London, and at least as important as road accidents, communicable disease, liver disease and suicide.

What action has the City Corporation taken?

- Air pollution is a concern for City residents and during a public consultation event held by the City Corporation to identify issues which would form the priorities in the Joint Health and Wellbeing Strategy (JHWS), air quality was ranked as the third highest public health concern for City residents. As a consequence, the City of London **JHWS has identified improving air quality as a key priority to improve the health and wellbeing of City residents and workers.**
- The City's Health and Wellbeing Board has been appraised of the health impacts of air quality in the Square Mile and **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. The report can be viewed at www.cityoflondon.gov.uk/air.
- A report has been produced bringing together the **latest papers on the health impacts of air pollution.** This report confirms that of all the pollutants, particulate matter has the greatest impact on health. However, particulate matter (PM), nitrogen dioxide, (NO₂) and ozone (O₃) have been found to be certain causes of death and disease, rather than probable causes as previously understood. The report is available at www.cityoflondon.gov.uk/air.

- The City Corporation has been and will continue to **monitor PM_{2.5}** in Farringdon Street and add an additional PM_{2.5} monitor at Sir John Cass Primary School.
- Air quality information sheets are produced for different City communities as required.

Policy 10: Air quality and public health

Improving air quality and reducing public exposure will remain a key public health priority for the City Corporation until concentrations are at a level not considered to be harmful to health.

Actions:

54. The City of London will install a PM_{2.5} monitor at Sir John Cass School during 2015 and the data will be assessed for its impact on health.

55. The City Corporation will identify exposure hotspots with high footfall and high concentrations.

56. The City of London will ensure that measures implemented to reduce emissions of NO₂ and PM₁₀ will also lead to reduction in emissions of PM_{2.5}.

57. The City of London will continue to explore ways to reduce exposure of the population to air pollution.

58. The City will look at ways to extend the message about poor air quality on days of high pollution.

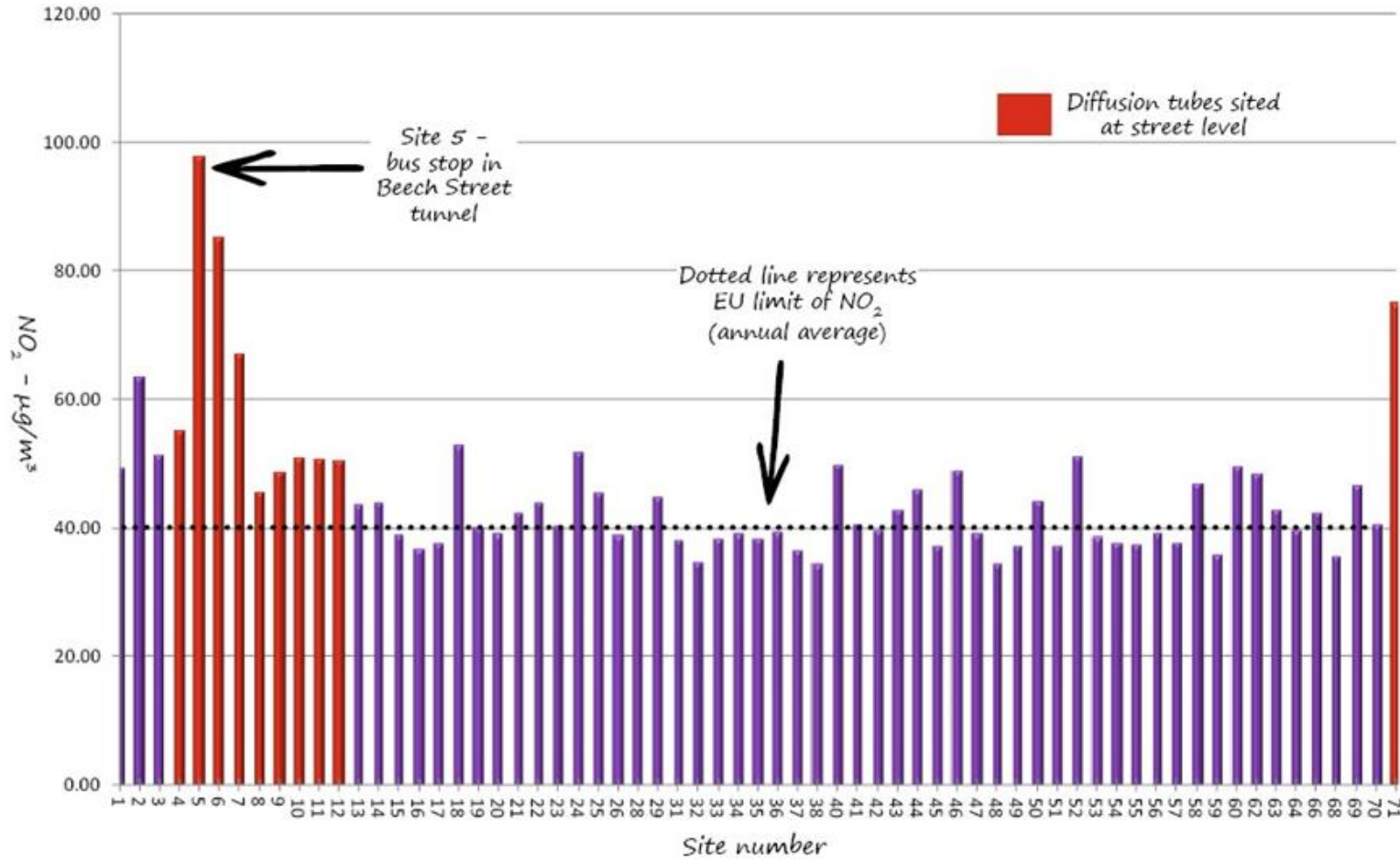
59. As City Corporation Area Strategies are reviewed they will be assessed for public exposure to air pollution and measures taken to reduce exposure where practical.

Appendix 1

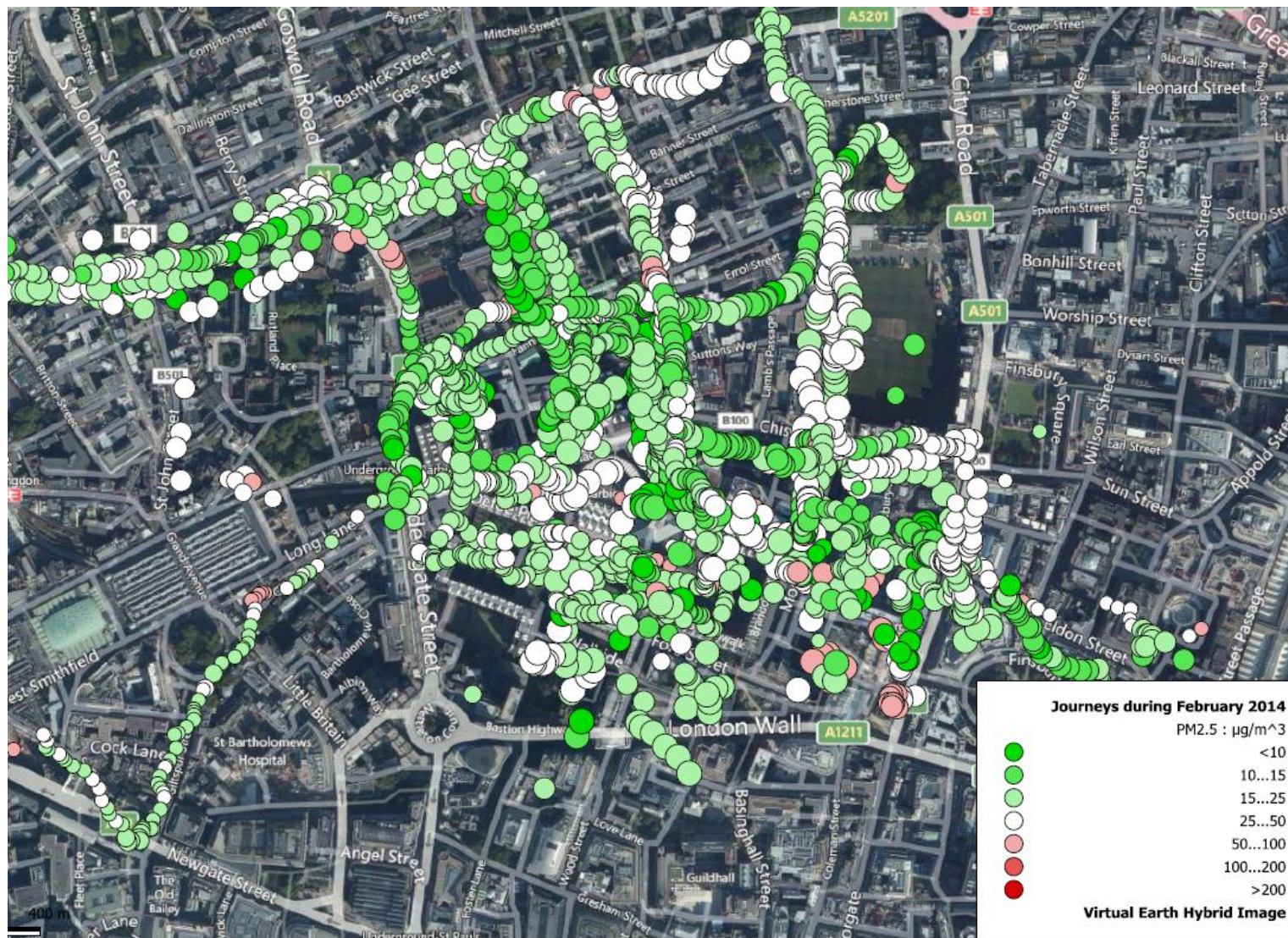
Citizen Science Air Quality Monitoring Results

DRAFT

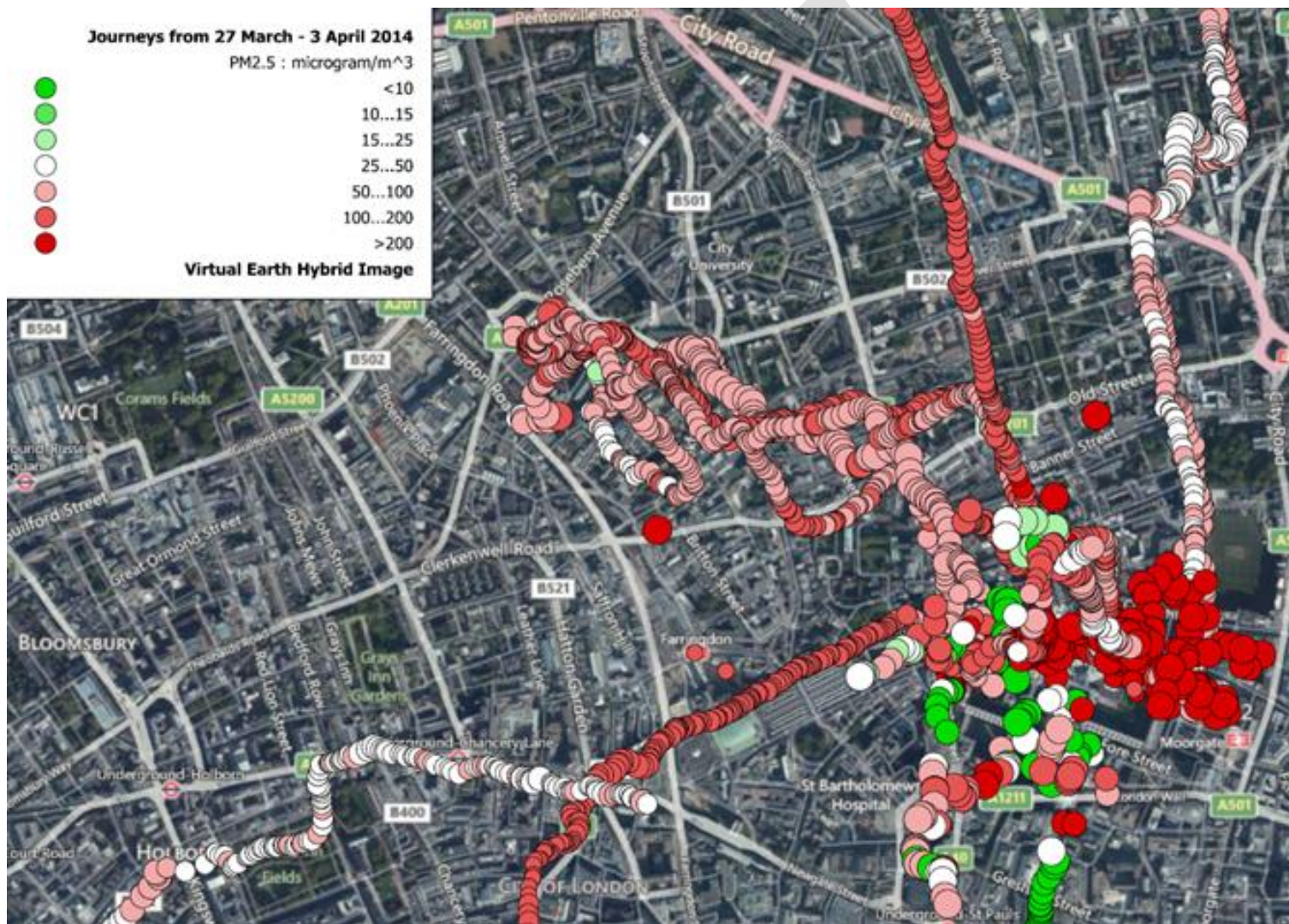
Average monthly NO_2 measurements at each site around the Barbican Estate October to July 2014



Personal Exposure Monitoring by the Barbican Residents February 2014



Personal Exposure Monitoring by the Barbican Residents, including during the 3 days of the April 2014 particle pollution episode



Committee:	Date:
Community and Children's Services Grand Committee Health and Wellbeing Board	14 November 2014 28 November 2014
Subject: City of London Dementia Strategy Update	Public
Report of: Director of Community and Children's Services	For Information
Summary	
<p>In October 2013, the City of London Community and Children's Services Grand Committee and the Health and Wellbeing Board agreed to the signing-off of a CoL Dementia Strategy and Action Plan.</p> <p>The Dementia Strategy responded locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.</p> <p>Synthetic estimates predict that within the City there are up to 67¹ people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.</p> <p>The aim of the strategy is to:</p> <p><i>Provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London.</i></p> <p>To achieve this, the strategy sets out 10 objectives:</p> <ul style="list-style-type: none"> • Improve public and professional awareness of dementia and reduce stigma • Improve early diagnosis and treatment of dementia • Increase access to a range of flexible day, home based and residential respite options • Develop services that support people to maximise their independence • Improve the skills and competencies of the workforce • Improved access to support and advice following diagnosis for people with dementia and their carers 	

¹ **Prevalence Source:** *Dementia UK*, a report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007, and Census 2011.

- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from vulnerable groups

The strategy commits the City of London Corporation to creating a 'Dementia Friendly City', where residents and local retail outlets and services will develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This builds on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support. Skills for Care (the employer-led workforce development body for adult social care in England) have been working in partnership with the City using this model and other good practice examples in order to develop a safe environment for those with dementia.

An operational group chaired by the Service Manager for Adult Social Care, comprising officers from the City of London Corporation, the Clinical Commissioning Group, the Neaman GP practice, Healthwatch and a representative of the Adult Advisory Group (CoL Adult Social Care service user group) are responsible for monitoring the implementation of the strategy.

To date, a significant amount of work has been carried out to raise the profile of the City as a dementia friendly community. Furthermore, Adult Social Care are working with seven new cases of people diagnosed with dementia as a result of activities carried out through the strategy, and the police have also seen an increase in the signing-up of vulnerable older people to their Operation Pegasus scheme, which monitors older people who may need emergency assistance.

Much of this work has been driven by training and awareness-raising delivered by the CoL Dementia Friendly Champion, Yvonne Weinberg.

Recommendation

For members to note the progress made in respect of the Dementia Strategy.

Main Report

Background

1. In 2010, the Prime Minister issued a 'Dementia Challenge', establishing a national commitment to developing services and responding to the needs of people with dementia and their carers.
2. The City of London Corporation developed a City-specific Dementia Strategy which was signed off by the Community and Children's Services Committee and the Health and Wellbeing Board in October 2014.
3. Synthetic estimates based on *Dementia UK*, a report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007, and Census 2011 show that, based on the national prevalence, there should be approximately 65–70 people living in the City who have dementia. Currently, the GP practices covering our residents know of 24 people with dementia.
4. The CoL-specific strategy emphasises our approach of early diagnosis in order to offer support at an early stage so that we can support people to maintain their independence and control over decisions which will affect them. It is underpinned by 10 strategic objectives which form the basis of our Action Plan:
 - Improve public and professional awareness of dementia and reduce stigma
 - Improve early diagnosis and treatment of dementia
 - Increase access to a range of flexible day, home based and residential respite options
 - Develop services that support people to maximise their independence
 - Improve the skills and competencies of the workforce
 - Improved access to support and advice following diagnosis for people with dementia and their carers
 - Reduce avoidable hospital and care home admissions and decrease hospital length of stay
 - Improve the quality of dementia care in care homes and hospitals
 - Improve end of life care for people with dementia
 - Ensure that services meet the needs of people from vulnerable groups
5. The implementation of the strategy has been overseen by the Adult Social Care Service Manager, chairing the Implementation Group. This is made up of a number of partners from health, the voluntary sector and service users.

6. The implementation of the strategy has also been driven through the partnership with Skills for Care, who identified the City of London as the only pilot site in London in becoming a dementia friendly community.
7. A key element of the implementation plan is the awareness-raising and training of staff and organisations in respect of dementia awareness. This training is delivered by the City of London Dementia Friendly Champion, Yvonne Weinberg, who is a member of the Adult Social Care Service.

Current Position

8. Since October 2013, a significant amount of training and awareness-raising activity has been undertaken to support the City of London's commitment to being a dementia friendly area.
9. This has included the following:
 - In July 2013 a Dementia Friendly Champion was nominated from the Adult Social Care team, Yvonne Weinberg.
 - In August 2013 the Dementia Friendly Champion trained alongside Skills for Care and the Alzheimer's Society as a Dementia Friend.
 - Roll out of Dementia Friends and awareness raising campaign commenced. Over 300 Dementia Friends have been created as a result of receiving awareness-raising sessions.
 - Skills for Care grant approved following successful bid for the City to be a pilot site for Dementia Friendly Communities initiative.
 - City of London Strategy and Action Plan 2013–15 approved at Health and Wellbeing Board and DCCS Committee in autumn of 2013.
 - Four Dementia Implementation Groups have been held.
 - Members' briefings and updates on dementia work undertaken, held with Health and Wellbeing Board (10 Members) and Grand Committee (8 Members).
 - Two Insight Luncheons for CoL staff (48 staff).
 - Two sessions with Housing staff (31 front line staff).
 - Neaman GP Practice (7 reception staff).
 - Toynbee City Advice Workers (5 staff).
 - Waitrose (6 customer-facing staff).

- CoL Police (Wood Street and Bishopsgate teams – approximately 100 operational officers).
 - Neaman Practice Patient Participation Group (17 patients).
 - Tudor Rose Court (6 residents).
 - Smile Dental Practice (5 dentists).
 - Fusion Leisure Centre (20 staff).
 - London Fire Brigade (Dowgate station, 15 officers).
 - Ryman’s stationers (City branch, 3 staff).
 - Healthwatch (10 staff).
 - Barbican and Shoe Lane Libraries (17 staff).
 - CoL Memory Club commissioned in autumn 2013 and launched in January 2014, provided by Age UK Camden. The commissioning process also included the full engagement of service users/members of the Adult Advisory Group. It runs weekly and feedback is excellent with 8–10 core group members engaged in planned activities and outings.
 - Monthly meetings held at the Neaman Practice with Adult Social Care, Dementia Friendly Champion, Alzheimer’s Society Dementia Advisor and GPs, to discuss patients and linking with mental health services.
 - All community groups have been engaged: Carers Group, 60 + group and our befriender and shopping service, so much so that they received additional funding for specialist training for dementia befrienders.
 - Dementia Awareness Week: activities and stall at Artizan Street Library in partnership with Heathwatch, held on 20 May 2014, attracted 40 people and 15 people attended an information session at Barbican Library.
 - City Carers Group.
10. Adult Social Care have set up regular meetings with the Mental Health Care for Older People’s team within the East London Foundation Trust, and are successfully working with service users in their own homes in a multi-disciplinary way to offer care and support, including the increased use of telecare, thereby enabling people to live longer in their own homes.
11. Consultation has progressed as part of the work of the Department of the Built Environment to introduce the Legible London signage system. A presentation of this system was given to the Health and Wellbeing Board. The

improvement in accessibility and inclusivity for people affected by dementia, as well as anyone walking in the City, will be greatly enhanced by this development. An initial meeting was held in June with the Head of Strategy and Performance, Fusion Leisure Centre managers and the Department of the Built Environment. Fusion would be willing to part fund better signage around the Golden Lane Estate area, which in turn would assist more vulnerable groups, including those with memory problems, to successfully navigate their way around. It was hoped that a pilot in the north of the City could be a possibility. Surveyors stated that they will be undertaking a feasibility study into the possible transfer over to Legible London. This is anticipated to take 6–10 months.

12. Adult Social Care is working with seven new cases of people diagnosed with dementia as a result of activities carried out through the strategy.
13. The police have also seen an increase in the signing-up of vulnerable older people to their Operation Pegasus scheme, which monitors older people who may need emergency assistance.
14. As part of the on-going awareness-raising activities, the Dementia Friendly Champion, Yvonne Weinberg, led a session for Members of the Chief Officers Group on 24 October 2014.

Corporate & Strategic Implications

15. The Dementia Strategy has a direct link to the City of London Corporation's Corporate Plan 2013–2017 under the priority:

KPP4: Maximising the opportunities and benefits afforded by our role in supporting London's communities.

16. The core values of the Corporation have a perfect fit with the Dementia Strategy:
 - The best of the old with the best of the newSecuring ambitious and innovative outcomes, that make a difference to our communities whilst respecting and celebrating the City's traditions and uniqueness, and maintaining high ethical standards.
17. Within the Action Plan, we want to build on the talents and resources that exist locally which are unique to the City, including its historical, artistic and musical traditions. These unique resources are part of the fabric of the local area and will engender familiarity with the residents being supported through the Dementia Strategy.
 - The right services at the right place

Providing services in an efficient and sustainable manner that meet the needs of our varied communities, as established through dialogue and consultation.

18. By creating a dementia friendly community, we have harnessed the spirit of our community to support this particularly vulnerable client group. Local services are aware of issues related to dementia and are able to signpost our residents appropriately to help and support locally.

- Working in partnership

Building strong and effective working relationships – both by acting in a joined-up and cohesive manner, and by developing external partnerships across the public, private and voluntary sectors – to achieve our shared objectives.

Conclusion

19. The Dementia Strategy establishes a clear commitment by the City of London Corporation to support and meet the needs of the most vulnerable members of the community. The implementation of the Dementia Strategy, supported by the work with Skills for Care and a range of partners, has demonstrated the City's commitment to becoming a dementia friendly community. This will continue through the work of the partnership and the implementation group, with regular updates presented to the Health and Wellbeing Board.

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Committee(s):	Date(s):
Health and Wellbeing Board	28 November 2014
Subject: Update report	Public
Report of: Director of Community and Children's Services	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.

Local updates

- Royal Society of Public Health Award
- London Healthy Workplace Charter
- Reading Well Books on Prescription
- Thames Strategy
- Environmental enhancement strategies
- JSNA City Supplement: Communication and dissemination plan

Policy updates

- Public health
- Health and social care services
- Voluntary sector
- Obesity and physical activity
- Mental health
- Dementia
- Children and young people
- Older people

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 update report. Details on where Members can find further information, or contact details for the relevant officer are set out within each section.

LOCAL UPDATES

2. Royal Society of Public Health Award

The City of London has received a three year RSPH Royal Society of Public Health (RSPH) Health & Wellbeing Award for the Business Healthy programme, which promotes workplace health and wellbeing to businesses in the City. The awards recognise significant achievements, innovation and best practice in promoting health and addressing inequalities. The three year award is the highest level and demonstrates measurable innovation, partnerships, user input and co-production approaches as well as sustainable and consistent health improvement outcomes and results over time.

The contact officer for Business Healthy is Sarah Thomas: 020 7332 3223

3. London Healthy Workplace Charter

In October the City of London Corporation was awarded with the 'Achievement' level award under the GLA's London Healthy Workplace Charter scheme, in recognition of our work to promote employee health and wellbeing. Three other organisations were also supported by Markets and Consumer Protection to achieve recognition through the Charter. Lloyd's of London and the London Borough of Brent were all awarded the intermediate 'Achievement' level whilst Barts Health NHS Trust were awarded the entry level 'Commitment' award. The award scheme is funded and co-ordinated by the GLA and Mayor of London and involves employers of all sizes and in all sectors engaging with the wellbeing agenda to improve the health of their employees.

The contact officer is Toby Thorp: 020 7332 3615

4. Reading Well Books on Prescription

The national Books on Prescription scheme was launched in June 2013 and is supported in the City's three Lending Libraries. The books on the list are available to all library customers and reservations for the titles may be placed free of charge. The titles are shared with health professionals who can choose to "prescribe" working through one of the books as a method of self-help for mild to moderate mental health conditions. In a recent survey conducted by Reading Well Books on Prescription nearly everyone who had borrowed a book from the list said that it had been helpful, with 75% saying that it had helped them understand more about their condition and feel more confident in managing their symptoms. In 2013/14 there were 432 loans of the books from City libraries.

Following the success of the scheme, in January 2015 the City's libraries will be launching Reading Well Books on Prescription for Dementia. This is a list of 25 titles chosen by dementia healthcare experts, people with dementia and members of carer groups. It will provide help and support for people with dementia, carers of people with dementia, those who would like to find out more about their condition and others who may be worried about symptoms. Once again health professionals will be able to use the list to prescribe books

to their patients but the titles will also be available for anyone to borrow free-of-charge from our lending libraries.

The contact officer is Geraldine Pote: 020 7332 1945

5. **Thames Strategy**

The Thames Strategy is being prepared to provide guidance regarding the planning policy intentions for the Thames Policy Area (see map) which includes the area adjacent to the riverside, the Temples and the setting of the Tower of London. This strategy looks forward to 2026 identifying the issues that the riverside might face such as development pressures, public realm enhancement, improving river transport, protection and enhancement of heritage assets, flood risk, climate change and biodiversity enhancement. The Thames Strategy will be published for public consultation early in 2015 – subject to Member approval. The Department of the Built Environment would welcome comments from the Health and Wellbeing Board during this public consultation period, particularly in relation to the impact this may have on the priorities identified in the Joint Health and Wellbeing Strategy, such as physical activity and air quality.



The contact officer is Janet Laban: 020 7332 1148

6. **Environmental enhancement strategies**

A number of environmental enhancement strategies are being progressed in the City, which a clear impact on the Joint Health and Wellbeing Strategy priority around increasing physical activity by creating a more inviting urban environment. These are summarised below.

Riverside Walk Area Enhancement Strategy

The revised Riverside Walk Enhancement Strategy was consulted on during summer 2014 and the final strategy is due to go to the Court of Common Council in January 2015 for adoption. The objectives of the strategy are:

- The establishment of a fully accessible walkway which provides a direct route along the riverside with enhanced connections to the rest of the City.
- The creation of new and the redesigning of existing green spaces for people to stop and enjoy the Thames, as well as to enhance the biodiversity of the City riverside and to mitigate flood risk.
- The improvement of the cohesion and vibrancy of the riverside by encouraging new developments to provide a spacious, accessible and better connected Riverside Walk with appropriate active frontages.

The strategy emphasises the desire for the provision of comfortable routes and spaces including quiet spaces where people can rest, in line with the Health and Wellbeing Strategy. A number of projects have been set out in a delivery plan appended to the strategy. These have been prioritised according to need and responses from the consultation. The intention is that projects will be initiated as funding becomes available.

Cheapside and Guildhall Area Enhancement Strategy

The public consultation on the strategy commenced on 24th October 2014 and runs until 12th December. The Strategy builds on the environmental improvements completed over the past 6 years in the Cheapside area.

Key objectives are as follows:

- To enhance the pedestrian experience and create walking routes that are comfortable, accessible and easy to navigate and which can accommodate future growth in pedestrian numbers.
- To improve road safety for all modes of transport, including vulnerable road users, reduce traffic dominance, particularly through replacing one-way traffic flows with two-way traffic where possible, and improving the function of the street environment for all users.
- To better connect transport nodes and attractions such as St Paul's Cathedral, the Museum of London, Guildhall and the Barbican Centre while further developing Cheapside's retail environment.
- To enhance the local environment, including air quality, particularly through the creation of new green spaces and tree planting.

A key project within the strategy is the proposed removal of the St Paul's/Museum of London gyratory. This will reduce traffic dominance and improve walking routes to key visitor attractions.

Barbican Area Strategy Review

This review updates the 2008 Barbican Area Enhancement Strategy and considers the effects of increased Crossrail passenger numbers aspirations for the Barbican as a cultural hub. A public information gathering exercise was held from July to September, including open days, workshops, guided tours, interviews and surveys attracted over 800 responses from both residents and visitors. A further set of workshops with cultural institutions is planned this month to explore what physical improvements might be needed to support the notion of a cultural hub.

Key health related findings so far have included:

- A strong preference for pedestrian movement around the Barbican estate may be connected to significant way-finding issues through the estate. This has implications for how the road network around the estate is designed in the future.
- The importance of Beech Street in providing an entry point for visitors to the Barbican Centre from Barbican and Farringdon Underground station despite high levels of air pollution. Beech Street is expected to play a key role in any proposed improvements.
- Tranquillity within the Barbican Estate is appreciated and valued by both visitors and residents. Access to quiet, reflective areas should be preserved.

- Light pollution from nearby office buildings and acoustic reflections off hard surfaces within the estate can cause disrupt the sleeping patterns of residents. This may rely on a different approach to management as well as a design approach.

Public consultation on the draft strategy is expected to be presented for approval to consult in mid-April.

The contact officer is Melanie Charalambous: 020 7332 3155

7. **JSNA City Supplement: Communication and dissemination plan**
The JSNA City Supplement is now publicly available on the City of London website: www.cityoflondon.gov.uk/services/health-and-wellbeing. Over the coming months we will promote the document as a valuable resource for anyone who needs accurate data on City residents or workers, or insight into their health needs. We will use the staff intranet, internal communications, contact with key City of London teams and links with partners to share the City Supplement and ensure it is a well-utilised resource.

The contact officer is Sarah Thomas: 020 020 7332 3223

POLICY UPDATES

PUBLIC HEALTH

8. **Making every contact count: taking every opportunity to improve health and wellbeing**
Every contact with a customer should be seen as an opportunity to encourage healthier lifestyle choices. But tackling sensitive issues such as weight loss, smoking cessation or alcohol abuse requires expertise, confidence and knowledge in order to deliver the message effectively. Commissioned by the LGA, this report describes how public health in a number of councils has started to use the opportunities of a local government setting to improve health and wellbeing. The case studies were chosen because they show a range of ways in which public health in councils is approaching this opportunity.
http://www.local.gov.uk/publications/-/journal_content/56/10180/6578160/PUBLICATION
9. **Paths to public health and wellbeing: examples of local authority action in the South West**
This report identifies and presents public health work taking place in south west England in the new integrated public health system. A series of case studies highlight examples of best practice.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/365190/Paths_to_public_health_and_wellbeing_SW_England.pdf
10. **Mapping the core public health workforce**
This report was commissioned by Public Health England, Health Education England and the Department of Health to provide analysis and intelligence of

which staff roles make up the core public health workforce in England. The research concludes that the number of core public health workers in England is likely to range from around 36,000 to 41,000 people. The four largest core public health roles are health visitors, school nurses, public health practitioners and environmental health professionals.

www.cfwl.org.uk/publications/mapping-the-core-public-health-workforce

11. **From evidence into action: opportunities to protect and improve the nation's health**

This strategic document sets out PHE's priorities for the next 5 years, having looked closely at the evidence to determine where it can most effectively focus its efforts. PHE's seven priorities are:

- Tackling obesity
- Reducing smoking
- Reducing harmful drinking
- Ensuring every child has the best start in life
- Reducing dementia risk
- Tackling antimicrobial resistance
- Reducing tuberculosis

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

HEALTH AND SOCIAL CARE SERVICES

12. **The NHS Five Year Forward View**

The NHS Five Year Forward View sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England, with a focus on public health and prevention.

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

13. **Care Act Factsheets**

These factsheets provide an overview and the duties and powers local authorities will have in the future under Part 1 of the Care Act 2014.

www.gov.uk/government/publications/care-act-2014-part-1-factsheets

14. **Think big, act now: creating a community of care**

This report sets out NHS Alliance's position with regard to the future of general practice and primary care. It aims to provide a starting point for a practical guidance system and orchestrated campaign to champion and re-energise the primary care workforce, especially within general practice; to help put general practice at the centre of our healthcare system.
www.nhsalliance.org/wp-content/uploads/2014/10/THINK-BIGACT-NOW-FINAL.pdf
15. **General medical services contract changes 2015/16**

On 30 September 2014, NHS Employers and the General Practitioners Committee of the BMA announced changes to the General Medical Services contract in England for 2015/16. The focus of the changes is on a named, accountable GP for all patients, publication of GPs' average net earnings and commitment to expand and improve the provision of online services.
For further information see: www.nhsemployers.org/gms201516
16. **The state of health care and adult social care in England 2013/14**

This from the Care Quality Commission report shows there are many excellent care services in England but the variation in quality is unacceptably wide. It offers a perspective across 40,000 services in 2013/14 and shows how strong leadership and a positive culture are the key to safe care.
www.cqc.org.uk/sites/default/files/state-of-care-201314-full-report-1.1.pdf
17. **Suffering in silence: listening to consumer experiences of the health and social care complaints system**

This Healthwatch report details the findings of an investigation into the failings of the complaints system in health and social care. It raises concerns about the NHS and local authority red tape making it difficult for people to complain and that there is not enough independent advice and support out there to help those in need and, above all, the public is given little incentive to come forward about their experiences. It highlights simple changes which could be made to the system in order to improve patients' experiences in complaints handling within health and care systems.
www.healthwatch.co.uk/sites/default/files/hwe-complaints-report.pdf
18. **Leading local partnerships: how CCGs are driving integration for their patients and local populations**

This report profiles some of the CCGs across England who, despite still being relatively new organisations, are already driving new and innovative models of care that put the patient at the heart of the system, and are improving the health and wellbeing of their local populations. It showcases twenty examples of CCGs joining with partners, not just from social care, but from the voluntary and private sectors, to improve the health of their populations.
www.nhscc.org/wp-content/uploads/2014/10/Leading-local-partnerships_WEB1.pdf
19. **Community pharmacy management of minor illness**

This report from the Royal College of Pharmacists shows that common ailments such as coughs and sore throats cost the NHS an extra £1.1 billion a year when patients are treated at A&E or GP surgeries rather than at community pharmacies. Treatment results were equally good regardless of whether patients were treated at a pharmacy, A&E or GP practice. Overall, the study estimates that 3% of all A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacies. This equates to over 650,000 visits to A&E and over 18 million GP consultations every year that could be diverted with a total annual cost saving of over £1 billion.

www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf

VOLUNTARY SECTOR

20. Comparing apples with oranges? How to make better use of evidence from the voluntary and community sector to improve health outcomes

This briefing shows how using evidence from the voluntary and community sector enhances joint strategic needs assessments (JSNAs) and helps commissioning decisions that better meet the needs of local populations. It is aimed at those involved in developing JSNAs, including health and wellbeing board members and commissioners.

www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Comparing-apples-with-oranges.pdf

OBESITY AND PHYSICAL ACTIVITY

21. Careless eating costs lives

This report argues for a 5-10 year cross-sector strategy to be put in place in order to tackle the obesity crisis. Covering both education and regulation, the report grasps the extent of the obesity explosion and sets out the essential responses to halting progression and reversing the drastic effects of overweight on individual health, employment, social care and the wider economy.

www.2020health.org/2020health/Publications/Publications-2014/CarelessEatingCostsLives

22. Weight management economic assessment tool

This tool is designed to help public health professionals make an economic assessment of existing or planned weight management interventions. It will be useful to commissioners who wish to compare the costs of an intervention with potential healthcare savings it may produce.

www.noo.org.uk/visualisation/economic_assessment_tool

23. Everybody active, every day: an evidence-based approach to physical activity

This framework for national and local action addresses the national physical inactivity epidemic, responsible for 1 in 6 deaths and costing the country an

estimated £7.4 billion a year. It aims to change the social 'norm' to make physical activity the expectation; develop expertise and leadership within professionals and volunteers; create environments to support active lives; and identify and up-scale successful programmes nationwide.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/366112/Framework_23_Oct.pdf

MENTAL HEALTH

24. **Achieving better access to mental health services by 2020**

This report from the Department of Health shows what action the government is taking to provide better access to care in mental health services within the next year, including national waiting time standards for the first time. It also sets out its vision for further progress by 2020.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

25. **Transforming mental health: a plan of action for London**

The government's mandate for achieving parity of esteem between physical and mental health has put the spotlight on mental health provision. In London, meeting the mental health needs of the large and diverse population poses major challenges, and the London Health Board has identified improving the mental wellbeing of Londoners as a priority. But so far, there has been little consideration of what is required to meet the future mental health needs of London's population and how this can be achieved. This report from the King's Fund describes a vision for the future of mental health provision in London, generated through a process of engagement with key stakeholders in the capital. The vision is based on a collaborative, integrated approach towards mental health that is relevant in London and elsewhere.

www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/transforming-mental-health-london-kingsfund-sep2014.pdf

DEMENTIA

26. **Developing supportive design for people with dementia**

To support clinical and care staff, managers and estates colleagues, the King's Fund has produced a range of resources to enable hospitals, care homes, primary care premises and specialist housing providers to become more dementia friendly. The tools have been informed by research evidence, best practice and more than 300 survey responses from the United Kingdom and abroad from people who have used the tools in practice. Each of the sections draws on this evidence to develop a rationale for effecting change in care environments. These rationales also address the visuospatial problems often associated with dementia.

www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

27. **Cracks in the pathway**

This review into the care provided to people living with dementia found an unacceptable gap in the quality of care that means people are at risk of experiencing poor care as they move between care homes and hospitals. It also highlighted poor practices in sharing information between health and care professionals and the benefits of supporting the mental and physical health of individuals in order to reduce avoidable admissions to hospital and unnecessary long stays in hospital.

www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf

28. **New perspectives and approaches to understanding dementia and stigma**

This new compendium of essays examines the social stigma which surrounds dementia, highlighting that stigma is impeding early diagnosis, care and research into the disease. It discusses the impact of the fear around dementia has on those living with the condition, their families and carers, which prevents the research community capturing a full picture of the disease.

www.ilcuk.org.uk/images/uploads/publication-pdfs/Compendium_Dementia.pdf

CHILDREN AND YOUNG PEOPLE

29. **Children's and Young People's Mental Health and Wellbeing Tool**

Public Health England has launched a Children and Young People's Mental Health and Wellbeing Profiling Tool. It has been developed to support an intelligence driven approach to understanding and meeting need. It collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works.

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

30. **Right here: how to commission better mental health and wellbeing services for young people**

This commissioners' guide is drawn from young people's own experiences and aims to help overcome barriers and support the commissioning of innovative services. It is based on Right Here, a five-year programme run by the Mental Health Foundation and Paul Hamlyn Foundation at four sites across the UK.

<http://mentalhealth.org.uk/content/assets/PDF/publications/right-here-guide-3.pdf>

OLDER PEOPLE

31. **Isolation: the emerging crisis for older men**

This report from Independent Age explores experiences of social isolation and loneliness among older men in England. Despite a growth in activity from

across the ageing sector to tackle the challenge of loneliness and social isolation amongst older people, this report illustrates why services still need to adapt to meet the unique needs of older men. With the population of older men growing faster than that of women, it is important that we understand how and why older men's experiences of loneliness and social isolation differ from women's and how, as a society, we need to respond.

www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf

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Committee(s):	Date(s):
Health and Wellbeing Board	28 November 2014
Subject: Healthwatch update report	Public
Report of: Chair of Healthwatch	For Information
<p>Summary</p> <p>Healthwatch City of London provides regular update reports to inform the Health and Wellbeing Board of their activities and campaigns.</p> <p>The attached report covers the following:</p> <ul style="list-style-type: none"> • Healthwatch City of London hosting of the Notice the Signs campaign launch event • Healthwatch City of London Annual Conference and AGM • Barts Trust Appointments System • Healthwatch event on the Health and Wellbeing Strategy in the City <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report 	

- Appendix 1 – Healthwatch City of London, Report to Health and Wellbeing Board November 2014

Healthwatch City of London

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Report to Health and Wellbeing Board November 2014

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

- Healthwatch City of London hosting of the Notice the Signs campaign launch event
- Healthwatch City of London Annual Conference and AGM
- Barts Trust Appointments System
- Healthwatch event on The Health and Wellbeing Strategy in the City

1. Healthwatch City of London hosting of the Notice the Signs campaign launch event

A key concern to all health and social care providers is safeguarding. On 15 October Healthwatch City of London partnered with the City of London Social Care team to run an event for the Notice the Signs campaign – designed to encourage City residents and organisations to work together to keep children and adults safe. There were 30 attendees who met together for an informal afternoon discussions on noticing the potential signs of safeguarding issues.

Attendees were able to spend time with social workers from both the children's and adults' team and were given the opportunity to ask questions and discuss any concerns following the presentations and case studies presented.

Further details are available from the City of London Adult Social Care team.

2. Healthwatch City of London Annual Conference and AGM

The Healthwatch annual conference and AGM took place at the Dutch Centre on 29 October 2014. A review of the year was presented by the Chair Samantha Mauger and then followed by discussion groups – the findings of which will be presented in the next report.

In the afternoon there was a presentation from Glenda Ericksen, Lead Clinician, Consultant Child & Adolescent Psychiatrist, East London Foundation Trust followed by questions and answers and a consultation on Mental Health Care for Older People. The East London Foundation Trust ran a session on the value of the arts in mental health. The outcomes of these sessions will be reported on in the next report for the Health and Wellbeing board.

The incoming Chair Glyn Kyle was introduced to attendees at the meeting. Glyn Kyle will be replacing Sam Mauger as the representative for Healthwatch City of London at the Health and Wellbeing board meetings.

Glyn Kyle has strong links with the City of London. He is a Director of Travel Watch based in the City. He worked in the City for some years. He is a member of a livery company based near Charterhouse. In addition he has been a non executive director in a health organisation and is currently a non executive director in a housing association. He was previously a Director of the national charity Age UK and had been involved with numerous small and

grass roots charities in London. Glyn took over the role of Chair of Healthwatch City of London on 29 October 2014.

3. Barts Trust Appointments System

Healthwatch City of London has been in discussions with Barts Health NHS Trust to assist in communicating their work on the centralised appointments system for all outpatient bookings across their hospital sites and services. This is expected to take around four to six months to implement fully and we will keep residents updated on the progress of this in future newsletters.

Barts Health NHS Trust introduced a new electronic health record system at Whipps Cross Hospital in June 2014 as part of their ongoing efforts to improve patient care. The new system is already in place in all Barts Health's other hospitals, and provides one single record for patients across the Trust, no matter where they are cared for. Following this transition, Barts has experienced some early technical and administrative issues and have apologised to patients for the inconvenience. These have primarily been around delays to patients receiving follow-up letters for appointments, as well as some delays to initial appointment letters. A number of immediate measures have been taken to resolve the situation, including the deployment of additional staff, and increasing the number of telephone lines in the outpatient centre. All patients who were seen in an outpatient clinic, and need urgent treatment, have been contacted and attended the necessary appointments. Barts are currently working to clear the backlog of clinic outcome forms by the end of August and a full investigation into the issue is being led by Helen Byrne, Director of Contracts Performance, to better understand the problems encountered, and to ensure this is never repeated. At the appropriate time Barts will share a report containing details of the investigation outcomes, including lessons learned and what further changes might be required. We will disseminate this to Healthwatch City of London members when it is available.

There are continuing problems with low level administration especially in outpatients with staff sending patients to the wrong clinic waiting areas and people missing their appointments.

4. Healthwatch event on The Health and Wellbeing Strategy in the City

This event took place on 10 September 2014 and gave residents and providers the opportunity to give their feedback on what the Health and Wellbeing Board should do to tackle the health and social care issues identified in the City of London. Issues such as social isolation, active lifestyles and how residents and providers can communicate effectively were discussed as well as the areas of activity to deal with these issues. Feedback from discussion groups was incorporated into the action plan which is available from the City of London Corporation. Reverend Dr Martin Dudley, Chairman of the Health and Wellbeing Board gave a presentation on the background to the Health and Wellbeing Board in the City of London which gave participants the context for the discussion and to frame the event. There were 31 attendees in total.

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By virtue of paragraph(s) 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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