



## Health and Wellbeing Board

**Date:** FRIDAY, 18 SEPTEMBER 2015  
**Time:** 1.45 pm  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL.

**Members:** Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Helen Isaac  
Glyn Kyle  
Dr Gary Marlowe  
Simon Murrells  
Gareth Moore  
Dhruv Patel  
Jeremy Simons  
Karina Dostalova

Co-opted  
Member: Paul Haigh

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

**Lunch will be served in the Guildhall Club at 1pm**  
**NB: Part of this meeting could be the subject of audio or 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 - 6)
4. **PRESENTATION: BUSINESS HEALTHY**  
To receive a presentation from Dr Klynman.  
  
**For Information**
5. **CITY OF LONDON AIR QUALITY STRATEGY 2015 - 2020**  
Report of the Director of Markets and Consumer Protection.  
  
**For Information**  
(Pages 7 - 92)
6. **JOINT HEALTH AND WELLBEING STRATEGY REFRESH**  
Report of the Director of Community and Children's Services.  
  
**For Decision**  
(Pages 93 - 132)
7. **BETTER HEALTH FOR LONDON: NEXT STEPS**  
Report of the Director of Community and Children's Services.  
  
**For Decision**  
(Pages 133 - 144)
8. **THE CITY OF LONDON CORPORATION CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18**  
Report of the Director of Community and Children's Services.  
  
**For Information**  
(Pages 145 - 196)
9. **ADULT WELLBEING PARTNERSHIP UPDATE**  
Report of the Director of Community and Children's.  
  
**For Information**  
(Pages 197 - 200)

10. **HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2014/15**

Report of the Chair of HealthWatch.

**For Information**  
(Pages 201 - 202)

11. **SAFER CITY PARTNERSHIP UPDATE**

Report of the Safer City Team Manager.

**For Information**  
(Pages 203 - 206)

12. **HEALTH AND WELLBEING BOARD UPDATE REPORT**

Report of the Director of Community and Children's Services.

**For Information**  
(Pages 207 - 212)

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

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

15. **EXCLUSION OF PUBLIC**

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

**For Decision**

**Part 2 - Non Public Reports**

16. **INTEGRATED SUBSTANCE MISUSE AND TOBACCO CONTROL SERVICES TENDER**

Report of the Commissioning and Performance Manager.

**For Decision**  
(Pages 213 - 218)

17. **BI-ANNUAL PERFORMANCE REPORT SEPTEMBER 2015**

Report of the Commissioning and Performance Manager.

**For Information**  
(Pages 219 - 234)

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

19. **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****Friday, 19 June 2015****Minutes of the meeting of the Health and Wellbeing Board held on Friday, 19 June 2015 at 11.00 am****Present****Members:**

Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Glyn Kyle  
Dr Gary Marlowe  
Simon Murrells  
Gareth Moore  
Dhruv Patel  
Jeremy Simons

**In Attendance**

Deputy Billy Dove (Chief Commoner)

**Officers:**

Natasha Dogra	Town Clerk's Department
Neal Hounsell	Community and Children's Services Department
Sarah Thomas	Community and Children's Services Department
Jacquie Campbell	Community and Children's Services Department
Poppy Middlemiss	Community and Children's Services Department
Lisa Russell	Department of the Built Environment

**1. APOLOGIES OF ABSENCE**

Apologies had been received from Vivienne Littlechild. Members were informed that Superintendent Norma Collicott was on secondment to Her Majesty's Inspectorate of Constabulary for the next 2 years. Therefore, the Commissioner had appointed Superintendent Helen Isaac as the interim CoLP representative on the City's Health & Wellbeing Board, as per the Board's terms of reference.

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

There were no declarations.

**3. MINUTES**

Resolved – that the minutes be agreed as an accurate record.

**Matters Arising:**

Members were advised that the Assistant Director, Commissioning and Partnerships had attended the recent Health and Social Care Scrutiny

Committee and gave a verbal update regarding the INEL JHOSC meeting held on 27 May 2015. Barts Health NHS Trust and the Care Quality Commission (CQC) had been in attendance, and the Committee had queried them both on the recent inspection results. Key points raised at the meeting were:

- CQC advised re-inspections would be carried out within 12 months;
- Barts were moving away from Clinical Advisory Groups (CAGs) to a more site-based management system;
- The impact on the finances of the Trust from the changes proposed by Barts Health to remedy the shortfalls identified by CQC was unclear; and
- Barts Health Trust had agreed to report back to the INEL JHOSC later in the year.

Board Members asked that the minutes of the meeting of the Health and Social Care Scrutiny Committee be circulated to the Health and Wellbeing Board Members for information.

#### 4. **NOISE STRATEGY UPDATE OF ACTION PLAN**

The Committee received the report of the Director of Markets and Consumer Protection informing Members that the Noise Strategy, agreed by Port Health and Environmental Services (PHES) Committee in May 2012, considered four key areas: dealing with complaints of excessive noise; minimising noise associated with new developments; reducing noise from transport and street works and protecting areas of relative tranquillity.

Members noted that the City Corporation had a statutory obligation to investigate complaints of excessive noise, to use its functions as a planning authority to minimise noise from new developments, and as a licensing authority, to minimise noise from entertainment.

In response to a query, Members were informed that there was growing interest in the protection and enhancement of relatively tranquil spaces in urban areas and this was reflected in both the London Plan and the draft National Planning and Policy Framework, both of which require local authorities to aim to identify and protect such areas of relative tranquillity.

Members agreed that noise pollution was a serious concern which must be brought to the attention of the City's Licensing and Planning & Transportation Committees to ensure conditions regarding noise levels were monitored and adhered to. The Board agreed to seek assurance from the Licensing and Planning & Transportation Committees that compliance was taking place.

Resolved – that the report be received.

#### 5. **SEXUAL HEALTH GUM (GENITO-URINARY MEDICINE) PAYMENT BY RESULTS CONTRACTS**

The Committee received the report of the Director of Community and Children's Services and noted that from April 2013, local authorities had been mandated to provide comprehensive sexual health services to their residential population. This included open access to genito-urinary medicine (GUM) services, which

include outpatient HIV services, HIV testing, specimen analysis and the dispensing of medication alongside a wider range of sexual health services.

Members noted as it was open access, City residents could access GUM services across the country and the City of London Corporation would be required to pay for it. Agreeing a common tariff for all London local authorities would therefore be beneficial. In addition, there were some concerns that the City may be being charged for non-City residents accessing services who are providing City postcodes rather than their home postcodes. Members noted that to date, the City of London Corporation had been working with local authorities across Waltham Forest, Hackney, Tower Hamlets and Newham to negotiate the tariffs and terms for payment with GUM providers who had the highest activity levels for our local authority areas. These negotiations had resulted in savings for each local authority.

Resolved – that Members approved the followed:

- Officers to work with local authorities in East London to conduct tariff negotiations on an annual basis for the next three years (up to 2017/18) with large GUM providers to secure competitive tariff rates, validate activity against invoices, manage service requirements and issue the City's financial terms and conditions.
- Officers to publish default conditions for financial year 2015/16 on the City of London Corporation website for other GUM providers who do not partake in local tariff agreements, outlining:
  - The City and Hackney proposed starting position for 2015/16 baseline tariff rates and outlining our conditions to provide validation information against invoices charged to the City;
  - Notifying GUM providers that payments are processed for the City by LB Hackney and of LB Hackney's process for payment and expected compliance with LB Hackney's financial terms and condition requirements prior to being paid.
- A progress report be submitted to the Board in one year's time.

## 6. **TOBACCO CONTROL HARM REDUCTION UPDATE**

The Board received the report of the Director of Community and Children's Services informing Members that in March 2014 the City started a Harm Reduction pilot programme within stop smoking services, with the aim of getting more people engaged in stop smoking services and increasing the quit rates of those entering services. These programmes included a "cut down" programme, an extended 12 week stop smoking programme, and the use of electronic cigarettes in addition to traditional stop smoking services.

Members noted that the area that had been most successful was the electronic cigarette pilot within level III stop smoking services, and the alliance recommends to Members that this part of the programme is continued. However, the Members were made aware of the possibility that there may be other effects of e-cigarettes which had not yet been discovered.

Resolved – that approval be given to cease the level II pilot programmes until such time as the pharmacists are in a position to offer electronic

cigarettes, and to continue the level III electronic cigarette programme alongside traditional stop smoking services.

**7. HEALTH PROFILE FOR THE CITY OF LONDON**

The Committee received the report of the Director of Community and Children's Services informing Members that health profiles have been published for each local authority area in England. Members noted that Public Health England had not produced a profile for the City of London.

Members were informed that although the City of London had a relatively small resident population, it should still be possible to produce a profile using data that was already available from Public Health England.

Resolved – that approval be given to the Chairman to write to Public Health England on behalf of the Health and Wellbeing Board, expressing concern that a profile has not been produced for the City of London and requesting that one be published in 2016.

**8. BUSINESS HEALTHY UPDATE**

The Board received the report of the Director of Community and Children's Services and noted the Business Healthy initiative that aimed to bring together City businesses in achieving positive change for the health and wellbeing of City workers.

Members noted that Business Healthy began in 2014 and ran two expert-led events per year, and two member forum meetings. This year the City of London Corporation had launched a website as a central point of contact for the Business Healthy members and a source of up-to-date research, articles and reports. An event focused on mental health in the workplace, hosted by the Lord Mayor at Mansion House, was also being planned for September 2015.

Officers agreed to circulate a briefing note to Members regarding the focus of the event. Members agreed that the event should be publicised to all City firms.

Resolved – that the update be received.

**9. HEALTHWATCH UPDATE**

The Committee received an update from the Chair of Healthwatch informing Members that two workshops had been held on the Care Act organised by Healthwatch City of London in partnership with the City of London Corporation. The aim of the workshops was to raise awareness of the Care Act, the first part of which came into force on 1 April 2015. Attendees at the workshops included City residents, users of social care and health services and staff from local care and advice services - with staff from the City.

Events had taken place at the Artizan Street Library and Community Centre on 30 March 2015 where there were 24 attendees and on 13 April 2015 at the Sir Ralph Perring Club where there were 38 attendees.

Resolved – that the update be received.

**10. HEALTH AND WELLBEING BOARD UPDATE REPORT**



The Board received an update from the Health and Wellbeing Board Executive Support Officer informing Members of local developments related to:

- Events
- City Supplement: Mental Health Needs Assessment
- Health and Wellbeing Library Collection
- Learning Well programme
- Sustainable City Awards
- Responsible licensing update
- Contaminated Land Strategy
- Mapping public healthcare and private healthcare provision in the City.

Resolved – that the report be received.

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

A Member raised a query regarding the City of London Corporation's relationship with Transport for London, as the Member believed the state of transport had an impact on the health and wellbeing of a person. Board Members agreed that an accessible and high standard of service would impact positively on the wellbeing of an individual, and stress levels were affected by badly designed bus routes and road works.

Members noted that the Health and Wellbeing Board dinner would take place on 17 September 2015 at the Museum of the Order of St John.

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

There was no urgent business.

**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.

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

There were no non-public questions.

**15. 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 12.10 pm**

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Chairman

**Contact Officer: Natasha Dogra tel.no.: 020 7332 1434  
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<b>Committee(s):</b>	<b>Date(s):</b>	<b>Item no.</b>
Port Health and Environmental Services	07.07.2015	
Health and Wellbeing Board	18.09.2015	
<b>Subject:</b> City of London Air Quality Strategy 2015 – 2020 (and update)		<b>Public</b>
<b>Report of:</b> Director of Markets and Consumer Protection		<b>For Decision (PHES)</b> <b>For information (HWB)</b>
<b>Summary</b>		
<p>The City of London Corporation published an Air Quality Strategy in 2011. The Strategy, approved by the Port Health and Environmental Services Committee (PHES) in March 2011, expires in 2015.</p> <p>A draft air quality strategy for 2015 through to 2020 was presented to the PHES Committee in November 2014. It has since been subject to consultation. The consultation comments are appended to this report as Appendix 1, together with the action taken to address each comment. The final Air Quality Strategy is attached as Appendix 2.</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 (PM<sub>10</sub>). 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;"><b>Recommendations</b></p> <p>I recommend that your Committee approves the attached Air Quality Strategy, 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. Following a Supreme Court ruling in April 2015, Defra is compiling a new Air Quality Plan to submit to the European Commission detailing how the limit values for nitrogen dioxide will be met in all areas across the United Kingdom, including London, as soon as possible. This report will be subject to public consultation and must be submitted to the European Commission by 31 December 2015.
7. On 1 June 2015 the Chairman of PHES and the Westminster City Council Cabinet Member for Sustainability and Parking sent a joint letter to the Secretary of State for the Environment, Food and Rural Affairs outlining the need for bold action to achieve the Limit Values. A copy of the letter is attached as Appendix 3
8. In addition to the statutory obligation to take action to improve air quality, the City Corporation also has 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<sub>2.5</sub>) on public health. PHE has ranked air pollution as the 5th out of 12 causes of mortality risk across London.

9. Air pollution is a real 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. The updated City Air Quality Strategy reflects this.

### **Key Policies and Proposals**

10. The 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 strategy also outlines proposals for reducing the health impact of air pollution on residents and workers.
11. There are 60 actions contained within the strategy. The following action was added as a result of the consultation:

‘The City Corporation will ensure that all relevant Corporate strategies and polices will reflect the importance of improving local air quality and reducing exposure.’

12. Action is divided into 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

13. 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.
14. The City Corporation is required to report on progress with each action contained within the strategy on an annual basis.

### **Proposals**

15. I propose that, subject to comments received at your meeting, the attached air quality strategy is adopted.

### **Financial Implications**

16. 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.
17. The City Corporation has been 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. A further application for grant funding from the Mayor's Air Quality Fund will be made this year to cover the time period 2016 -2020.

### **Corporate and Strategic Implications**

18. 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**

19. The draft air quality strategy has been subject to external and internal consultation and comments have been incorporated into the final strategy where appropriate.

### **Conclusion**

20. 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 air quality strategy will be adopted.

**Background Papers:**

The City of London Air Quality Strategy 2011 - 2015.

**Appendix 1:**

Consultation comments and corresponding action

**Appendix 2:**

The City of London Air Quality Strategy 2015 - 2020.

**Appendix 3:**

Copy of letter to Defra from the Chairman of PHES and Westminster City Council Cabinet Member for Sustainability and Parking.

**Contact:**

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## Appendix 1: Consultation comments and action

Respondent	Comment	Action
Clean Air in London	Measures to restrict and ban completely diesel vehicles and generators from the City of London by 2020 with an intermediate step by early 2018. Other leading cities in Europe are already taking such steps. Please ensure that such measures include specific actions and measurable targets. Biomass burning must also be banned in the City of London.	Biomass is actively discouraged and this has proved very effective to date. There are actions in the strategy to look at alternatives to diesel generators. Completely banning diesel vehicles would need to be considered very carefully and has not been included as a specific action in the strategy document at this time.
Clean Air in London	More measures to encourage the take-up of ultra low emission vehicles to balance the restrictions, measures and targets in Point 1 above	Options for encouraging ultra low emission vehicles will be considered with Defra, DfT, TfL, the GLA and neighbouring boroughs.
Clean Air in London	Please ensure that areas where people are encouraged to spend their time are managed in a way that reduces their exposure to air pollution. This is likely to become an increasing priority for Public Health England, combined with air pollution warnings and other steps. Pedestrianising Cheapside would be a good example. Please continue your excellent work with businesses which is 'world leading' and the public e.g. City Air	A public realm consultancy is working on a report for the City Corporation which looks at how the urban realm can be designed to reduce exposure to pollution in the City. The work with the City business community is ongoing.
Clean Air in London	CAL is deeply concerned that the Mayor of London may be seeking to reduce the monitoring of air pollution in 'hotspots' as part of changes to Local Air Quality Management in London. Please resist vigorously any such pressures.	The City Corporation is committed to air quality monitoring and will resist any proposals to reduce the amount of monitoring that takes place.



<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
Dearman Engines	Regulation should recognise the impact of the emissions from the whole vehicle rather than the primary powertrain alone (this is in relation to refrigeration vehicles).	The City Corporation isn't the body responsible for regulating vehicle emissions but this will be looked into, to see what options there may be.
Dearman Engines	Strong support for the phasing out of standby generators that run solely on diesel". The use of diesel generators for backup power in the City of London is out-dated when zero-emission alternatives exist.	The strategy includes an action to work with businesses and developers to seek alternatives.
Dearman Engines	Strong support for the development of "a policy on the use of standby generators for generating energy other than when electricity supplies are interrupted" Consult with stakeholders in the backup power market during the creation of a policy on standby generation.	Stakeholders will be consulted when this is considered.
City of London Public Health	There is little mention in the Draft strategy of the City's Air Quality Management Area (AQMA) status, I understand this is because it is explained at length in the 2011-2015 strategy but I suggest AQMA status could do with a brief summary/update in this draft.	Added to the strategy document.
City of London Public Health	I also think a more in depth justification as to why the additional pm2.5 monitor is being placed at the Sir John Cass school location rather than another location.	Added to the strategy document.
Transport for London	Taxi ranks are an important part of the transport network in London and we would fully support more ranks being appointed in the City of London in locations where these will be used by the public and taxi drivers.	The City Corporation will liaise with TfL over this.

<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
City of London Dept. of Built Environment	<p>Air quality monitoring shows that there has been very little improvement in the City's air quality since the 1990s. We should be taking a more radical approach as we did in 1954 we were the first local authority to introduce a smokeless zone and in 1971 as the first to obtain powers to stop the burning of sulphurous fuel. This could include actions such as:</p> <ul style="list-style-type: none"> <li>• consolidation centres to reduce the number of single item deliveries in the City</li> <li>• changing the use of local distributor roads to minimise traffic</li> <li>• progressive tightening of emissions limits for diesel vehicles using the City's roads</li> <li>• the provision of more taxi ranks alongside abolition of the practice of driving around plying for hire</li> </ul>	<p>The forthcoming Freight Strategy will consider consolidation centres.</p> <p>Other issues will be discussed with the Dept of Built Environment.</p>
City of London Dept. of Built Environment	<p>The citizen science work is really interesting and should be given more emphasis. Air quality monitoring through citizen science or through more ubiquitous monitoring sensors perhaps associated with street lighting could become an important source of data by 2020.</p>	<p>This level of detail on one project isn't necessary for a strategy document – the detailed report relating to the project has been signposted.</p> <p>Two portable NOx analysers will be purchased during 2015. These can be attached to lamp posts and will be moved around the City to measure pollution at different locations.</p>

<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
City of London Dept. of Built Environment	The other element missing in the Strategy are details. For example there is a statement that practical solutions will be funded through S106 and LIP funding but I couldn't see any further detail on what these practical solutions would be. Another example is the desire to move away from diesel in Corporation vehicles, where possible, but there are no timeframes, targets or monitoring elements through which this objective would be achieved. You could consider including an action plan to provide these details.	A table with details about each action, together with timeframes and outcomes, has been included as an Appendix.
City of London Dept of Built Environment	Also considering the significant contribution diesel fuel makes to air pollution in London I think solutions to this issue are underemphasised.	This will be considered under traffic management policies.
City of London Dept of Built Environment	Policy 2: should refer to the use of CIL, s106 and LIP funding as possible funding sources to deliver air quality improvements	This has been included.
City of London Dept of Built Environment	Policy 7: should also refer to co-ordination of planning and other policy statements and strategies with the air quality strategy and making air quality a common thread running through the activities of the City Corporation	This has been included.
City of London Dept of Built Environment	Section 2.2: final paragraph refers to further detail in the 2011 Strategy. If the draft Strategy is intended as a replacement to the 2011 one, then this detail ought to be included in the current document, or attached as an appendix.	Appendix added

<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
City of London Dept of Built Environment	Section 4.2: working with the Mayor – there needs to be reference to the Mayor’s Cycling Strategy and particularly his Cycle Superhighways programme, which will deliver a dedicated cycle route along Thames Street which could result in lower motorised traffic and deliver improvements in air quality.	This has been included.
City of London Dept of Built Environment	Section 4.4. (and elsewhere) refers to employment of 350,000 – the estimated current figure is approx. 400,000.	This has been amended.
City of London Dept of Built Environment	Section 4.4.3: could also refer to environmental improvements delivered around individual buildings through s106 agreements, which can increase tree planting and improve urban greening.	This has been included.
City of London Dept of Built Environment	Is there also a need to refer to Sustainable Drainage (including green roofs) – although designed to reduce rainwater run-off, they normally also have the effect of improving biodiversity and reducing pollution levels, through planting.	This has been included.
Greater London Authority	Actions should include timelines for delivery, further details on specific measures and outcomes.	Included as an Appendix.
Greater London Authority	The strategy refers to the proportion of emissions from taxis as detailed in the 2011 Air Quality Strategy, but this is likely to be an overestimate as it was before the taxi age limit came into force.	Explained in a footnote.

<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
Greater London Authority	It would strengthen the public health section if you were add that measures to improve air quality can have significant positive impacts on a range of Public Health Outcome Framework measures.	This has been included.
Greater London Authority	If air quality has been identified as a priority for the health and wellbeing board we would expect there to be a list of actions being implemented by the City's public health team using their ring fenced public health budget to tackle air quality.	City funds for implementing public health improvements are very limited as the formula is based on number of residents. Consequently no funding is available for air quality.
Greater London Authority	It would be beneficial if you could report your PHOF measure for PM2.5 and the scale of action required to bring this down to a safe level and then a set of actions for how you plan to deliver this improvement.	This has been included.
Greater London Authority	It would be good for the strategy to recognise that while NO2 is not a PHOF measure it has impacts on health independently of PM.	This has been included.
Greater London Authority	You haven't included any measures to reduce private car trips.	Existing Corporate policies already discourage private car trips. As their contribution to emissions in the Square Mile is relatively low, it isn't considered that the Air Quality Strategy needs to include actions to reduce private car trips further.

<b>Respondent</b>	<b>Comment</b>	<b>Action</b>
Greater London Authority	You may wish to consider including taxi rank information within the City way finding system.	This will be considered.

# City of London Air Quality Strategy 2015 – 2020



June 2015

For further information contact:

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Dept of Markets and Consumer Protection

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This report will be available on the City of London web site <http://www.cityoflondon.gov.uk/air>



## 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 action in recent years to reduce levels of pollution. It is estimated that across London around 4,000 people each year have their lives cut short by being exposed to London's air. It is a complex urban problem and air quality targets, particularly for the pollutant nitrogen dioxide, are not being met.



This 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. 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. Since the original strategy was published, the City Corporation has taken on new responsibilities for public health, and the City Health and Wellbeing Board has taken an active interest in improving air quality. One of its key priorities is ensuring that City air is healthier to breathe. This strategy outlines how, in addition to implementing policies to improve local air quality, we will also take steps to reduce the impact of current levels of air pollution on public health.

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 improve air quality, and to 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 Strategy<sup>1</sup> 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 that are 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 as soon as possible
- 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 and support air quality research and development
- To work in partnership with other organisations, to take a lead and help to shape national and regional air quality policy

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<sup>1</sup> City of London Air Quality Strategy 2011 – 2015 available at [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

## 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. Additional details on specific measures, timelines and anticipated outcomes are listed in Appendix 1. An annual progress report will be placed on the City Corporation website detailing progress with actions.

### **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. Air quality data will be used to generate pollution alerts and messages via the CityAir Smart Phone App and the CityAir App web site.
4. A background PM<sub>2.5</sub> monitor will be installed during 2015 to further assist in assessing the impact of fine particles on public health.
5. The air quality 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 Community Infrastructure Levy, Section 106 and Local Implementation Plan funding to improve local air quality.

10. The City Corporation will ensure that all relevant Corporate strategies and policies will reflect the importance of improving local air quality and reducing exposure.

### **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:**

11. 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.

12. The City Corporation will consider options for supporting the adoption of zero emission capable taxis across London.

13. The City Corporation will apply for further funding from the Mayor's Air Quality Fund as the opportunity arises.

14. The City Corporation will support the GLA with the introduction of the Ultra Low Emission Zone.

15. 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.

16. Once the implications on air quality of the Mayor of London's key proposals are known, 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.

17. 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.

18. 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:

19. 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.

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

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

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

23. 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.

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

25. The City Corporation will further develop work with Bart's Health NHS Trust to reduce the impact of the trust on local air quality and raise awareness among vulnerable patients.

### **Policy 5: Reducing emissions from transport**

**The City Corporation will seek opportunities for a significant reduction in emissions associated with road traffic in the Square Mile.**

Actions:

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

27. 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.

28. 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.

29. The City Corporation will look for opportunities to 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.

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

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

32. Options for implementing measures to significantly reduce the 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:

33. Through the City of London Local Plan, developments that would result in deterioration of the City's nitrogen dioxide or PM<sub>10</sub> levels will be resisted.

34. The City Corporation will require an air quality assessment for developments adjacent to sensitive premises such as residential properties, Doctors' surgeries, schools and St. Bartholomew's Hospital.

35. The City Corporation will discourage the use of biomass and biofuels as a form of energy in new developments.

36. All gas boilers in commercial developments are required to have a NO<sub>x</sub> rating of <40mgNO<sub>x</sub>/kWh.

37. NO<sub>x</sub> 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.

38. All new developments with > 1000m<sup>2</sup> floor space or >10 residential units will need to demonstrate that they are air quality neutral in line with the requirements of London Plan Policy 7.14. 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.

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

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

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

42. The City Corporation will update its best practice guide on minimising emissions from construction and demolition regularly 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:

43. The City Corporation will continue to look for opportunities for reducing emissions from its buildings, fleet and contractors' fleet.

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

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

46. 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:

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

48. The City Corporation will continue with its annual Considerate Contractors' 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:

49. 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.

50. The City Corporation will source funding for further greening at Sir John Cass primary school.

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

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

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

54. 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:

55. The City of London will install a PM<sub>2.5</sub> monitor at Sir John Cass School during 2015 and assess the data for its impact on health.

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

57. The City of London will ensure that measures implemented to reduce emissions of NO<sub>2</sub> and PM<sub>10</sub> will also lead to a reduction in emissions of PM<sub>2.5</sub>.

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

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

60. 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 limits for nitrogen dioxide are not being met in the Square Mile. The limit for fine particles (PM<sub>10</sub>) 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 2014 and demonstrates how the data compares to the health based limits. The City of London was declared an Air Quality Management Area (AQMA) in January 2001 for nitrogen dioxide and small particles (PM<sub>10</sub>) and remains an AQMA for these two pollutants today.

### 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 40µg/m<sup>3</sup>. It 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 2015<sup>2</sup>. 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 roads, including some roads in the City of London.

The annual average limit value for PM<sub>10</sub> has been set at 40 µg/m<sup>3</sup>. This is largely met everywhere across the United Kingdom. However, small particles have health impacts even at very low concentrations and a threshold has not been identified below which no damage to health is observed. Consequently, the World Health Organisation has set a guideline level for annual average PM<sub>10</sub> of 20 µg/m<sup>3</sup>.

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<sup>2</sup> [http://europa.eu/rapid/press-release\\_IP-14-154\\_en.htm](http://europa.eu/rapid/press-release_IP-14-154_en.htm)

Similarly, the European Union has set the annual average limit value for PM<sub>2.5</sub> at 25 µg/m<sup>3</sup>, but the World Health Organisation has set a guideline level of 10 µg/m<sup>3</sup>.

## 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 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. A similar pollution incident occurred in March 2015.

Looking at sources generated within the City itself, the main contributor to local air pollution is road traffic. Diesel vehicles, 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 Appendix 2.

## 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, PM<sub>10</sub> and PM<sub>2.5</sub>.

Exposure to PM<sub>2.5</sub> 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. An independent investigation, commissioned by the Greater London Authority, into the mortality impacts of particulate air pollution, suggests that over 4,000 people in London have their lives cut short each year due to poor air quality<sup>3</sup>. 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<sup>4</sup>.

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 the 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 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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<sup>3</sup> Dr Brian G Miller Institute of Occupational Medicine. Report on estimation of mortality impacts of particulate air pollution. Consulting report P951-001. June 2010

<sup>4</sup> [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

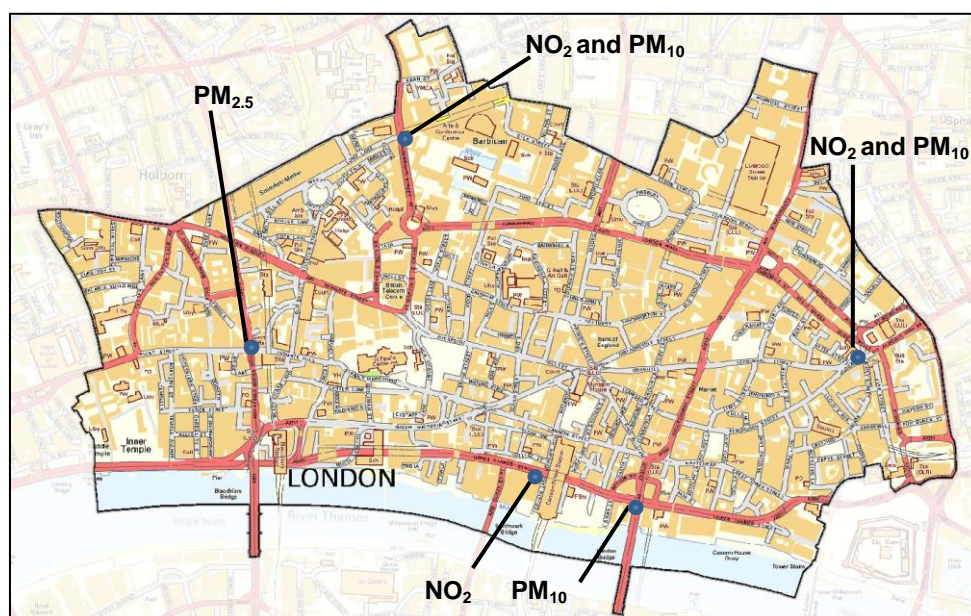
### 3. What is the air quality like in the City?

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, PM<sub>10</sub> and PM<sub>2.5</sub> 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 raise awareness and 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<sub>x</sub>) 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.

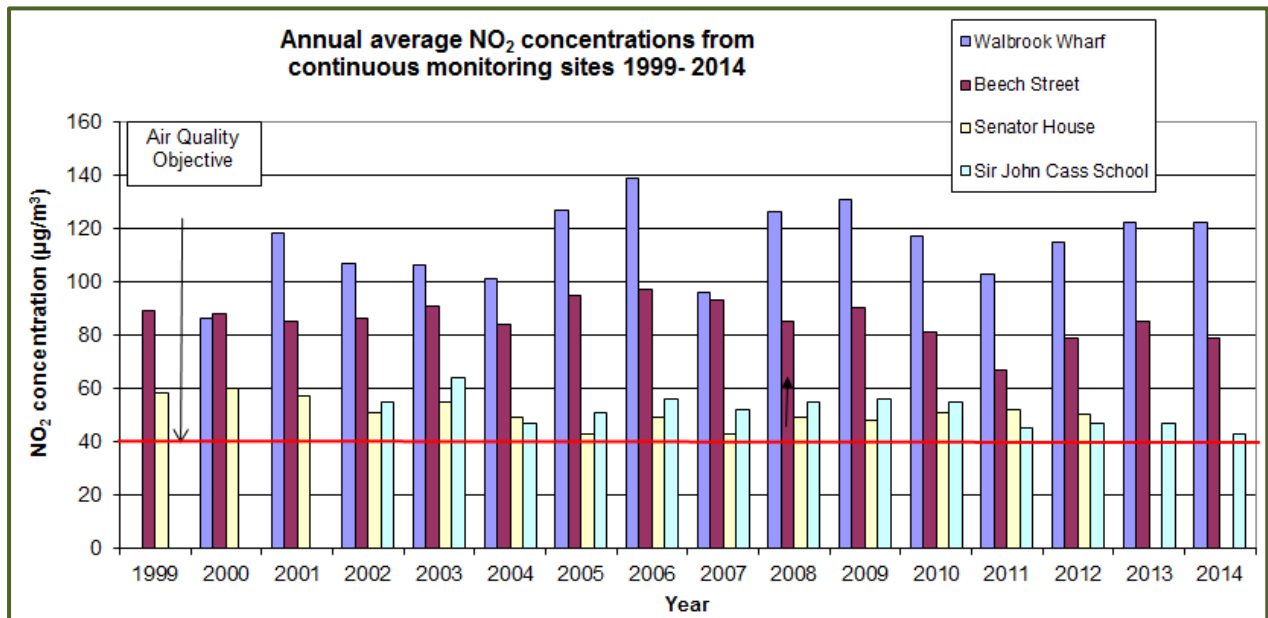


Figure 3.2: Annual Average Nitrogen Dioxide 1999 to 2014

### 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 Greater London Authority. The limit value for annual average nitrogen dioxide is 40µg/m<sup>3</sup> and the computer model predicts that this is not being met anywhere. Concentrations of nitrogen dioxide adjacent to busy roads and junctions can be three times that experienced in the City away from such roads.

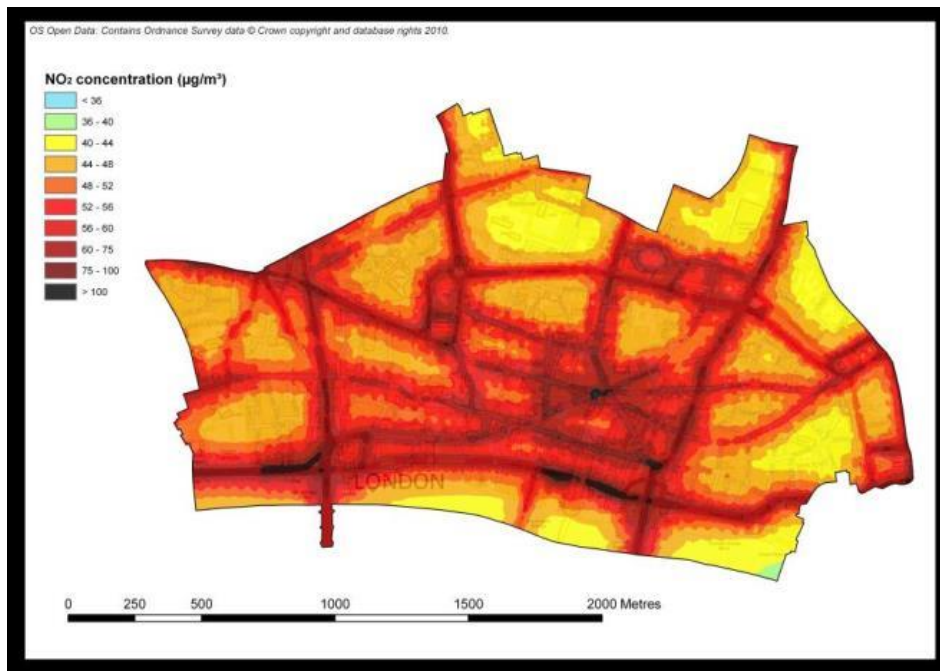


Figure 3.3: Modelled concentrations of annual average nitrogen dioxide, 2015

## 3.2 Small particles (PM<sub>10</sub>)

### 3.2.1 Monitoring data

Annual average concentrations of PM<sub>10</sub> tend to meet the 40  $\mu\text{g}/\text{m}^3$  objective everywhere. However the City Corporation monitoring station on Upper Thames Street recorded a breach in 2013 due to a number of ‘pollution incidents’ caused by air from outside the capital adding to locally generated pollution. In 2013 there were eight ‘pollution incidents’ of high PM<sub>10</sub> 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.

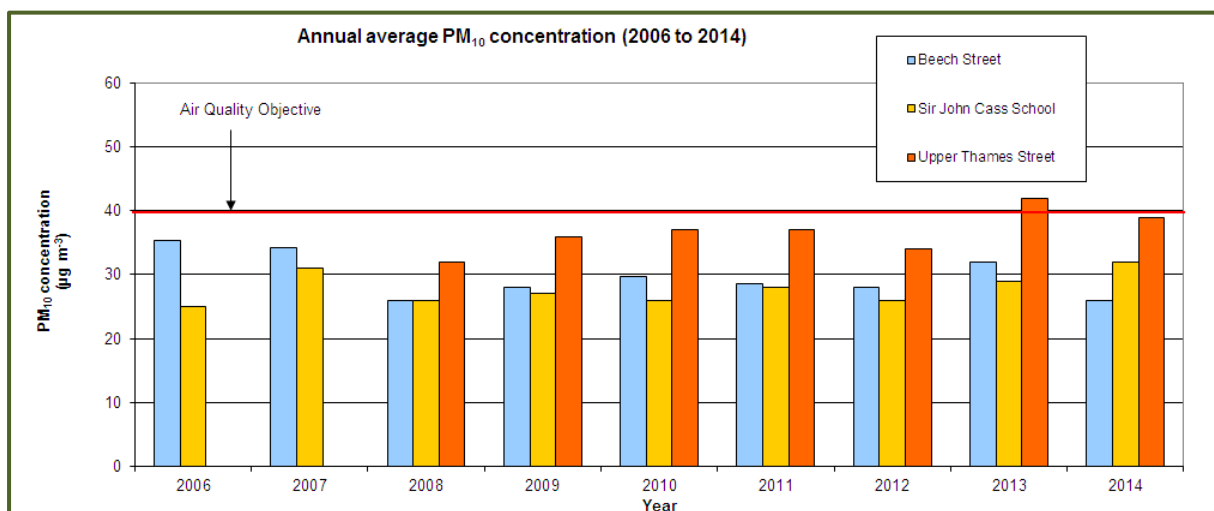


Figure 3.4 Annual Average PM<sub>10</sub> Concentrations 2006 to 2014



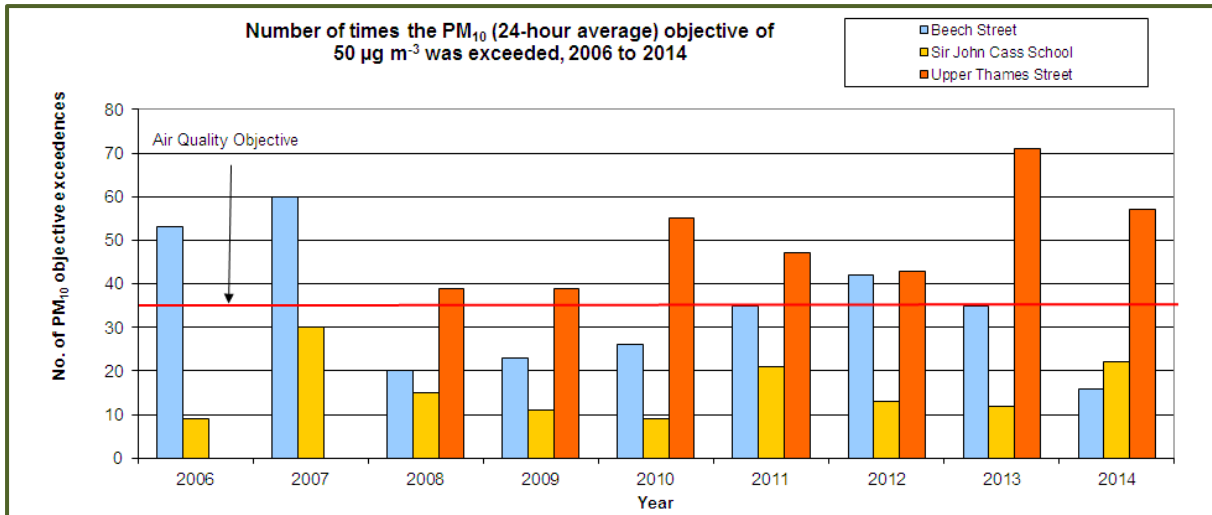


Figure 3.5: Number of days the 24-hour limit was breached 2006 to 2014

### 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 PM<sub>10</sub> 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.

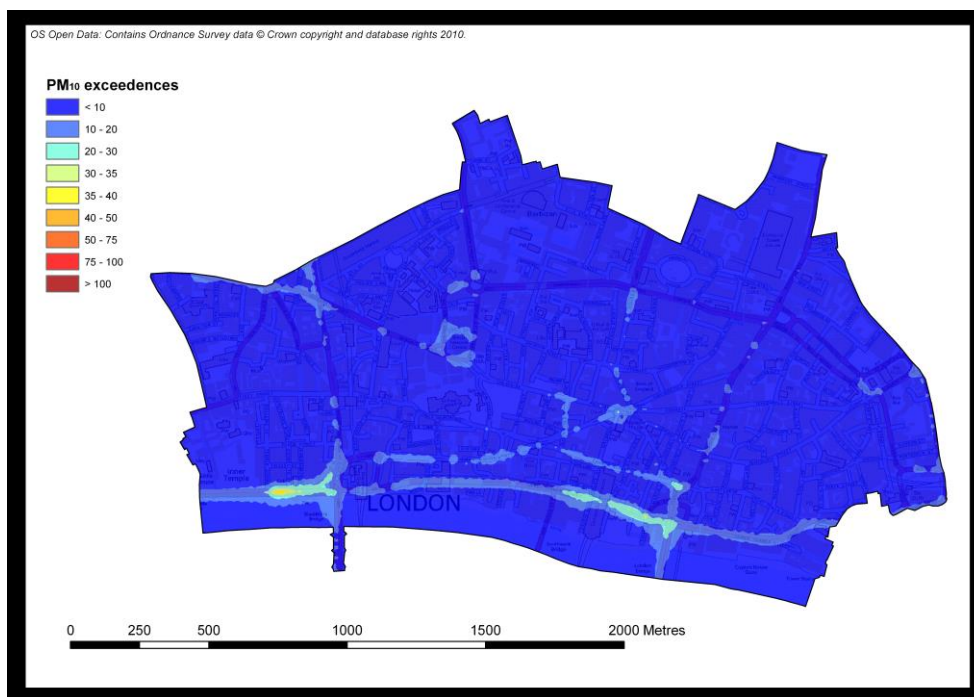


Figure 3.6: Modelled concentrations of daily average PM<sub>10</sub> exceedences, 2015

### 3.3 Fine particles PM<sub>2.5</sub>

#### 3.3.1 Monitored data

PM<sub>2.5</sub> is measured in Farringdon Street. Table 1 shows the annual average PM<sub>2.5</sub> in this area for 2011 - 2014.

Annual Mean Concentration of PM <sub>2.5</sub> (µg/m <sup>3</sup> )			
2011	2012	2013	2014
<b>29</b>	<b>30</b>	<b>27</b>	<b>26</b>

Table 1: Annual Average PM<sub>2.5</sub>

#### 3.3.2 Modelled concentrations

Modelled concentrations of annual average PM<sub>2.5</sub> reveal that levels across the City in 2015 should be below the annual average limit value of 25µg/m<sup>3</sup> with the possible exception of the City's busiest road Victoria Embankment / Upper and Lower Thames Street, see figure 3.7. 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<sub>2.5</sub> analyser during 2015 to check concentrations in an alternative location in the City. The analyser will be installed in the playground of Sir John Cass Primary school as children are particularly susceptible to the effects of poor air quality and the site offers a good background location with an existing PM<sub>10</sub> monitor.

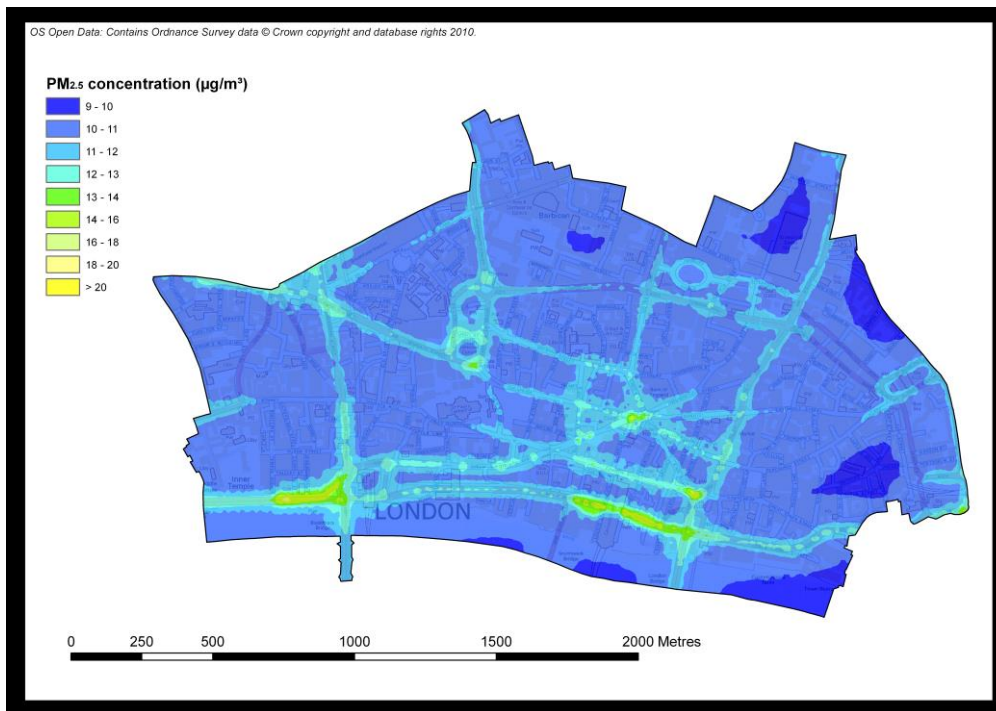


Figure 3.7 Modelled concentrations of annual average PM<sub>2.5</sub>, 2015

### 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. Air quality data will be used to generate pollution alerts and messages via the CityAir Smart Phone App and CityAirApp.com web site.
4. A background PM<sub>2.5</sub> monitor will be installed during 2015 to further assist in assessing the impact of fine particles on public health.
5. The air quality 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**

#### **4.1.1 Corporate Plan**

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:

##### **A. 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.

##### **B. 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.

##### **C. 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.

#### **4.1.2 Corporate Strategies and Policies**

The City Corporation has many policies and strategies outlining how key functions are to be delivered. Measures to improve air quality and reduce exposure are incorporated where appropriate. Examples of key policy areas that include air quality policy are: the Core Strategy; Local Implementation Plan; City Tree Strategy; Open Spaces Strategy; Health and Wellbeing Strategy and a number of Environmental

Enhancement Strategies. All current strategies are available on the City of London web site.

#### 4.1.3 Other action

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 hosted 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.
- In June 2015 the City Corporation, together with Westminster City Council, wrote to the Secretary of State for the Environment Food and Rural Affairs urging focused action and support for robust air quality plans to meet air quality limit values across London as soon as possible.

## **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:

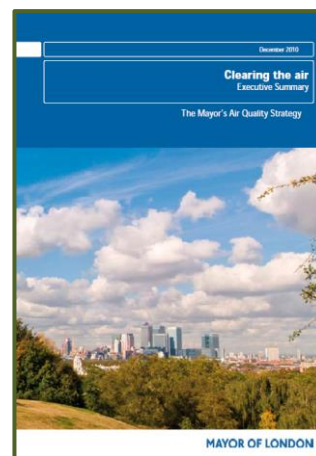
6. The City Corporation will explore further options for joint action with politicians in neighbouring authorities.
7. The City Corporation will continue to place air quality as an important political priority and support local and London-wide action through its Supporting London Group, Port Health and 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 CIL, S106 and LIP funding to improve local air quality.
10. The City Corporation will ensure that all relevant Corporate strategies and policies will reflect the importance of improving local air quality and reducing exposure.

## 4.2 Working with the Mayor of London

### 4.2.1 Mayor's 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 improving the energy efficiency of London homes.



### 4.2.2 Transport Emissions Roadmap

The Mayor published a Transport Emissions Roadmap in September 2014<sup>5</sup>. The document outlines all the measures being taken by the Mayor to reduce emissions from transport across London. It also lists 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

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<sup>5</sup> [www.tfl.gov.uk/cdn/static/cms/documents/transport-emissions-roadmap.pdf](http://www.tfl.gov.uk/cdn/static/cms/documents/transport-emissions-roadmap.pdf)

### **4.2.2.1 Ultra Low Emission Zone**

An Ultra-Low Emission Zone will be introduced in central London in September 2020. Vehicles travelling in the existing Congestion Charge Zone will be required to meet new emission standards 24 hours a day, seven days a week, or pay a daily charge. In addition, from January 2018, all new taxis and all private hire vehicles less than eighteen months old presented for licensing in the capital for the first time will need to be 'zero emission capable'. The full ULEZ package is expected to halve emissions of nitrogen oxides (NOx) and particulate matter (PM<sub>10</sub>) from vehicle exhausts in central London. The City Corporation is within the zone and will consider the impact of the scheme on air quality in the Square Mile.

### **4.2.3 The Mayor's Vision for Cycling in London**

The Mayor of London has proposed several measures for increasing the amount of journeys made by bike in London in his vision for cycling in London<sup>6</sup>. The aim is to have a network of high capacity joined up cycle routes. The North-South and East-West cycle superhighways will run directly through the City. The highways will result in a significant reduction in the amount of traffic on key City routes: Farringdon Street, New Bridge Street to Blackfriars Junction and Tower Hill, Byward Street, Lower and Upper and Thames Street to Victoria Embankment. Air quality is monitored on these routes by the City Corporation which will enable a detailed assessment to be made of the impact on local air quality.

### **4.2.4 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 site<sup>7</sup>.

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<sup>6</sup> The Mayors Vision for Cycling in London, an Olympic Legacy for all Londoners March 2013

<sup>7</sup> <https://www.london.gov.uk/sites/default/files/Cleaner%20Air%20for%20London%20-%20AQ%20Focus%20Area%20methodology.pdf>



#### **4.2.5 Mayor's Air Quality Fund**

In February 2013 the Mayor of London announced the 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. Six million pounds of funding was made available from 2013/14 to 2015/16, with a further £6 million, plus £2 million for Low Emission Neighbourhoods, for the following three years.

The City Corporation was awarded £280,000 from the Mayor's Air Quality Fund for air quality improvement work in the City for 2013/14 to 2015/16. A further £100,000, over the three years, was awarded 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. Meeting these 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 a London specific scheme is being led by the Greater London Authority. The City of London is part of the review board.

#### **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:

11. 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.
12. The City Corporation will consider options for supporting the adoption of zero emission capable taxis across London.
13. The City Corporation will apply for further funding from the Mayor's Air Quality Fund as the opportunity arises.
14. The City Corporation will support the GLA with the introduction of the Ultra Low Emission Zone.
15. 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.

16. Once the implications on air quality of the Mayor of London's key proposals are known 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.

17. 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.

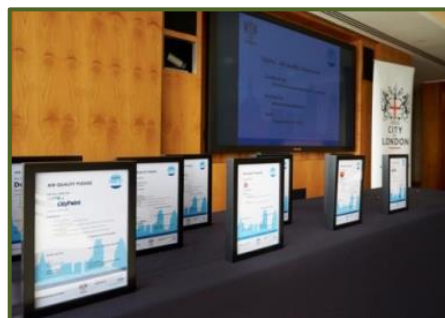
18. The City Corporation will aim to become a Mayor of London designated Clean Air Borough as soon as possible.

## 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 engaged with the City business community to get their help to improve 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 formally pledged their commitment to taking action to help to improve local air quality by becoming 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. Green infrastructure will also be installed at the Bart's sites and the Trust will be reducing emissions from its own transport.



### 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 Chairman 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. King's 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 pollution 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:

19. 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.

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

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

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

23. 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.

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

25. The City Corporation will further develop work with Bart's Health NHS Trust to reduce the impact of the Trust on local air quality and raise awareness among vulnerable patients.

## 4.4 Reducing emissions from transport

The City of London Air Quality Strategy 2011 details that over 75% of local emissions of PM<sub>10</sub>, and 67% of local emissions of NO<sub>x</sub>, comes from road vehicles. There is a high level of pedestrian movement in the City. Many business journeys are made on foot, and journeys to the City using other forms of transport completed on foot.

Approximately 400,000 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 within 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<sup>8</sup>

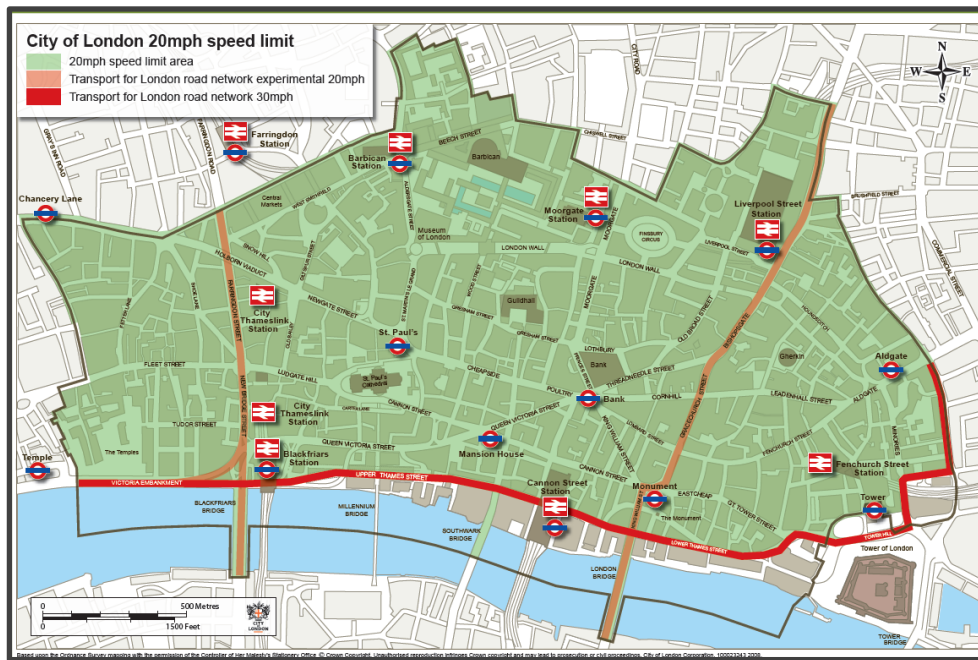


Figure 4.1: 20mph speed limit in the City of London

<sup>8</sup> [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

#### **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 pedestrian space. 400,000 people commute into the City daily and this 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. Environmental improvements are also delivered around individual buildings through s106 planning agreements, which include tree planting and urban greening.

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<sup>9</sup>. The 2011 Air Quality Strategy<sup>10</sup> reveals that they contribute around 50% of local vehicle related PM<sub>10</sub> and 24% oxides of nitrogen (NO<sub>x</sub>)<sup>11</sup>.

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

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<sup>9</sup> 2010 Traffic Composition Survey, JMP Consultants Ltd for the City of London

<sup>10</sup> [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

<sup>11</sup> The proportion of emissions from taxis should be lower than these figures suggest due to the Mayor of London's taxi age limit. However, updated data is not available at the time of writing this document



Commissioner of Police for the City of London. There are 32 taxi ranks in the City of London, providing 128 spaces.

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<sup>12</sup> The project is a pilot and if it is deemed to be successful it will be extended, subject to funding.



#### 4.4.5 Freight

Freight vehicles i.e. those involved in the delivery of goods and services, account for around 20% of the traffic in the Square Mile. Around 24% of PM<sub>10</sub> and 33% of NO<sub>x</sub> emissions associated with traffic is from the movement of freight in the City. The City Corporation is developing a sustainable City Freight Strategy which will complement and sit within the context of the Transport for London forthcoming London wide Freight Plan. The City Freight Strategy will include opportunities for reducing emissions associated with delivering goods.



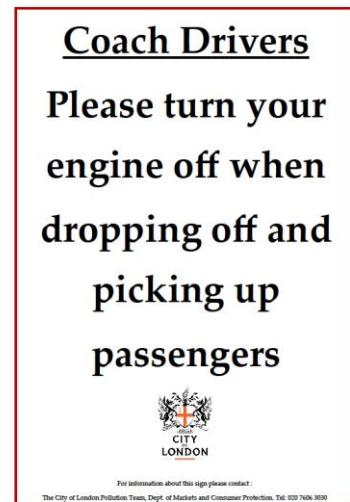
<sup>12</sup> <http://www.faremile.org.uk/>

#### 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 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. The City Corporation has also commenced Cleaner Air Action Days where a team of Air Quality Wardens speak to drivers who leave engines running unnecessarily with a view to changing behaviour over the long term.

#### 4.4.8 Beech Street

Beech Street is an enclosed road (tunnel) near the Barbican centre. It is used by over 8,000 pedestrians during the working week day (7am – 7pm) and a similar number of motorised vehicles. Taxis are the most common motorised vehicle type using the road. As the



road is enclosed, levels of pollution emitted by vehicles 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 effective, so has been continued.

### **Policy 5: Reducing emissions from transport**

#### **The City Corporation will seek opportunities for a significant reduction in emissions associated with road traffic in the Square Mile**

##### Actions:

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

27. 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.

28. 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.

29. The City Corporation will look for opportunities to 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.

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

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

32. Options for implementing measures to significantly reduce the 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 important for 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 Local Plan Policy CS15 Sustainable development and climate change requires new developments to:

*‘positively address local air quality’, particularly nitrogen dioxide and particulates PM<sub>10</sub> (the City’s Air Quality Management Area Pollutants)*

Local Plan development management policy DM 15.6: Air Quality provides further detail on this, and details the following:

- Developers must consider the impact their proposals have on air quality and where appropriate provide an air quality impact assessment. Air quality impact assessments will be required for developments adjacent to sensitive premises such as schools, hospitals and residential areas. Assessments will also be required if there is a proposal to use biomass or biofuel as a source of energy.
- Development that would result in deterioration of the City’s nitrogen dioxide or PM<sub>10</sub> levels will be resisted. 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 NOx emission gas boilers and low NOx combined heat and power (CHP) technology. The City Corporation has developed a short guide for minimising emissions from combined heat and power plant and standby generators.
- Construction and deconstruction, and the transport of construction materials and waste, must be carried out in such a way as to minimise air quality impacts.

Further policies that promote air quality improvement include Local Plan Policy CS16: Public Transport, Streets and Walkways. This policy:

- Encourages the use of public transport and active transport such as walking & cycling and river transport.
- Promotes a reduction in vehicle emissions through the use of traffic management, electric charging points and transport assessments associated with development.

Associated development management policies provide further guidance on the implementation of these strategic aims including:

- Policy DM 16.2 Pedestrian movement, this policy ensures a suitable environment to encourage walking.
- Policy DM 16.3 The provision of on-site cycle parking supports people who cycle into the City.
- Policy DM 16.4 Facilities to encourage active travel, such as walking, cycling and running must be provided in new developments.
- Policy DM 16.5 Parking and servicing standards allows for minimal car parking space associated with all new developments. This discourages people from driving into the City.
- Policy DM 16.8 River transport encourages the use of the river in order to reduce road transport of people and goods.

Policy CS19 Open Spaces and Recreation encourages greening on new developments, particularly green roofs. A case study detailing some of the green roofs in the City is available on the City Corporation web site<sup>13</sup>. The City is also home to some substantial green walls for example New Street Square and 20 Fenchurch Street. The City's requirements for sustainable drainage to reduce rainwater runoff can also help with local air quality through enhanced greening.

The City Corporation has published Supplementary Planning Documents for Open Spaces<sup>14</sup> and Trees<sup>15</sup> in the City and these take into account the local impact on air quality.

#### **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 management.



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<sup>13</sup> <http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/heritage-and-design/Documents/Green-roof-case-studies-28Nov11.pdf>

<sup>14</sup> <http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/heritage-and-design/Documents/open-space-strategy-spd-2015.pdf>

<sup>15</sup> <http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/heritage-and-design/Documents/Tree-Strat-Part-1-Complete.pdf>

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<sup>16</sup>. The City of London Code of Practice 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 significant emissions associated with the construction industry, particularly the use of non-road mobile machinery on site. The City Corporation has started to look at ways that emissions from non-road mobile machinery can be reduced.

#### 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:

33. Through the City of London Local Plan, developments that would result in deterioration of the City's nitrogen dioxide or PM<sub>10</sub> levels will be resisted.

34. The City Corporation will require an air quality assessment for developments adjacent to sensitive premises such as residential properties, Doctors' surgeries, schools and St. Bartholomew's Hospital.

35. The City Corporation will discourage the use of biomass and biofuels as a form of energy in new developments.

36. All gas boilers in commercial developments are required to have a NO<sub>x</sub> rating of <40mgNO<sub>x</sub>/kWh.

<sup>16</sup> <https://www.london.gov.uk/priorities/environment/clearing-londons-air/useful-documents>

37. NOx 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.

38. All new developments with > 1000m<sup>2</sup> floor space or >10 residential units will need to demonstrate that they are air quality neutral in line with the requirements of London Plan Policy 7.14. 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.

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

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

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

42. The City Corporation will update its best practice guide on minimising emissions from construction and demolition regularly 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.

## 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, PM<sub>10</sub> emissions from the City Corporation's own fleet have reduced by over 50% and NOx 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 PM<sub>10</sub> and NOx 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 the principles enshrined in the Zero and Low Emission Procurement Directory, commissioned by the City Corporation in 2012<sup>17</sup>, 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:**

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

<sup>17</sup> [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)



## 4.7 Recognising and rewarding good practice

### 4.7.1 Sustainable City Awards

The City Corporation runs the national Sustainable City Award's 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, a City bank and a Business Improvement District.



### 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:

47. The City Corporation will continue to run an annual Sustainable City Award for Air Quality.

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

## 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, 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 Mapping for Change, University College London. One of the key aims was to enable residents to understand how pollution varies in an urban environment, both spatially and under different weather conditions.

Over 70 households monitored nitrogen dioxide on the balconies of their flats, at street level and at podium level in the Barbican Estate. Figure 4.2 shows the location of nitrogen dioxide monitoring that took place over a year. Appendix 3 contains further data from the Citizen Science monitoring programme. A similar Citizen Science monitoring scheme has commenced with the residents in Mansell Street in the east of the City. Further information is available on the City Corporation web site.<sup>18</sup>

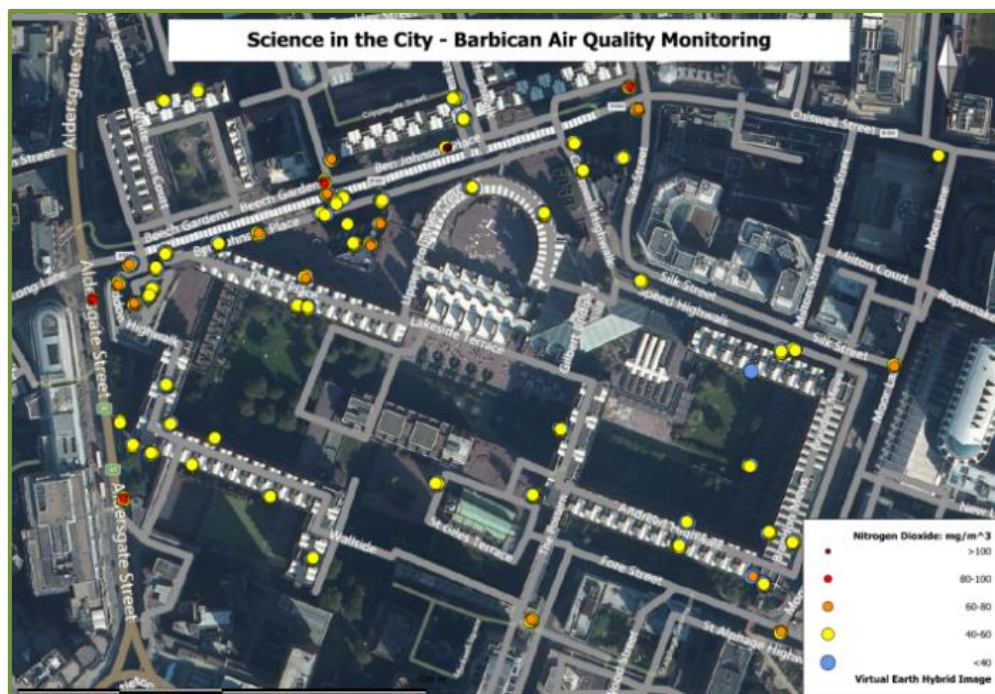


Figure 4.2 Air quality monitoring locations around the Barbican Estate

<sup>18</sup> [www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

#### 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. A wide range of City businesses have been taking action to reduce their impact on local air pollution and raise awareness amongst their staff. Businesses have been improving the management of their buildings, incorporating air quality into procurement decisions and encouraging staff to move around the City either by foot or by bike. In March 2014, eighteen businesses were awarded Air Quality Champion status for their efforts in taking action to improve local air quality.

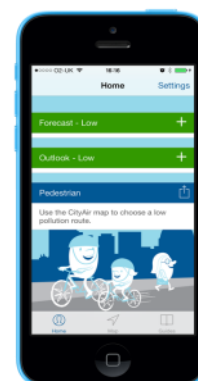


#### 4.8.4 Providing information via CityAir Smart phone App

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](http://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 almost 10,000 downloads to date.

CityAir also has an active Twitter account @\_CityAir to help raise awareness about air pollution and support campaigns such as anti vehicle idling Cleaner Air Action days.

### **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:

49. 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.

50. The City Corporation will source funding for further greening at Sir John Cass primary school.

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

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

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

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

## 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 (PHOF) has been introduced and consists of a set of indicators compiled by Public Health England. 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<sub>2.5</sub>). PM<sub>2.5</sub> is the mass concentration of particles less than 2.5 micrometers in diameter. This size of particle can penetrate deep into the lungs. Nitrogen dioxide is not an indicator in the PHOF but it does have impacts on health independently of PM<sub>2.5</sub>.

Public Health England has allocated statistics to each local authority area to demonstrate the impact of long term exposure to PM<sub>2.5</sub> on the health of the population<sup>19</sup>. For the purposes of this data, the City of London is grouped with Hackney because of the small residential population and corresponding small number of deaths in any one year. The data shows that 7.9% of deaths in the two local authority areas in a year can be attributed to exposure to PM<sub>2.5</sub>, with a result of 1,397 life years lost in any given year.

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<sub>2.5</sub> is a significant cause of disease in London, and at least as important as road accidents, communicable disease, liver disease and suicide.

Measures to improve air quality can have significant positive impacts on a range of Public Health Outcome Framework measures e.g. increased walking and cycling can also help to tackle obesity, inactivity, social isolation and sickness absence rate. In addition measures which restrict motor traffic also help to tackle transport-related noise, road traffic injuries and death.

### 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

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<sup>19</sup> Estimating local mortality burdens associated with particulate pollution, Public health England 2014

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 advised 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](http://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, (NO<sub>2</sub>) and ozone (O<sub>3</sub>) 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](http://www.cityoflondon.gov.uk/air).
- The City Corporation has been, and will continue to, monitor PM<sub>2.5</sub> in Farringdon Street and add an additional PM<sub>2.5</sub> 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:

55. The City of London will install a PM<sub>2.5</sub> monitor at Sir John Cass School during 2015 and the data will be assessed for its impact on health.

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

57. The City of London will ensure that measures implemented to reduce emissions of NO<sub>2</sub> and PM<sub>10</sub> will also lead to a reduction in emissions of PM<sub>2.5</sub>.

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

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

60. 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**

### **Further details on the delivery of actions**

Action	Detail	Timeline	Outcome
1. An annual report of air quality data will be published and placed on the City Corporation web site.	Air quality monitoring will continue in the City and annual reports will be produced demonstrating how air pollution compares to health based limit values, and how it has changed over time.	Present to 2020 (and beyond)	Check compliance with air quality limit values. Check effectiveness of policies to improve air quality.
2. Current data from air quality monitors will be made available to the public on the London Air Quality Network web site.	Air quality monitoring data will continue to be made freely available to the public, consultants and academics as part of a London wide resource.	Present to 2020 (and beyond)	Local data will form part of a London-wide network of monitoring data, and be available for measuring London wide trends and predicting episodes of high air pollution.
3. Air quality data will be used to generate pollution alerts and messages via the CityAir Smart Phone App and the CityAir App web site.	The City will ensure that the most effective use is made of the monitoring data by using it to generate alerts both for the smart phone app and tailored alerts at Sir John Cass School.	Present to 2020 (and beyond)	Better informed public who are able to make decisions on the basis of receiving pollution alerts.
4. A background PM <sub>2.5</sub> monitor will be installed during 2015 to further assist in assessing the impact of fine particles on public health.	The PM <sub>2.5</sub> monitor will be installed with the existing PM <sub>10</sub> monitor in the playground of Sir John Cass School using s106 funding.	2015	Assessment of the levels of PM <sub>2.5</sub> affecting the health of the children of Sir John Cass School. Assessment of background levels of PM <sub>2.5</sub> in the City.
5. The air quality monitoring requirements of the City will be reviewed annually.	A review of monitoring requirements will take place in January each year.  Portable NOx monitors will be purchased in 2015 to assess the impact of local traffic schemes.	2016, and annually to 2020	To ensure that the City has an effective and appropriate monitoring network. To enable the assessment of traffic and urban design interventions across the Square Mile.

Action	Detail	Timeline	Outcome
6. The City Corporation will explore further options for joint action with politicians in neighbouring authorities.	An air quality presentation will be delivered to Central London Forward. Options for joint action with neighbouring boroughs and London Councils will be explored	2015 - 2020	The development of, and support for, policies that will help to improve air quality across central London.
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.	Regular updates will be provided to the City of London Strategic London Group.  Regular presentations will be given to the Port Health and Environmental Services Committee and Health and Wellbeing Board on air quality.	2015 - 2020	Fully informed chief officers and members leading to support for action to improve air quality.  Improved health of residents and workers in the City.
8. The City Corporation will consider options for using local legislation to help improve local air quality.	Consider options for using the City of London Various Powers Act, and other powers, for local action to improve air quality.	2017	Improved regulatory powers to improve local air quality.
9. The City Corporation will make resources available through CIL, S106 and LIP funding to improve local air quality.	Meetings will be held with planning officers to progress options for using CIL for local air quality improvement. Applications for S106 and LIP contributions will be made as the opportunity arises.	2015 - 2020	Further funding to support local measures and provide match funding to improve air quality in the City of London.
10. The City Corporation will ensure that all relevant Corporate strategies and policies will reflect the importance of improving local air quality.	All existing strategies will be assessed for actions to assist in improving air quality and reducing exposure. Further measures will be included in Corporate strategies when they are reviewed.	2015 - 2020	Corporate wide action to improve air quality and reduce exposure. Staff across the organisation with an improved understanding of issues surrounding air quality.

Action	Detail	Timeline	Outcome
11. 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.	Further communication will be held with the GLA and TfL over the taxi age limit and options for cleaner buses in the City of London.	2015	Reduced emissions from buses and taxis in the Square Mile.
12. The City Corporation will consider options for supporting the adoption of zero emission capable taxis across London.	Options for supporting and rolling out rapid charging infrastructure will be explored with Transport for London.	2015 - 2016	Reduced emissions from taxis, and other vehicles, in the Square Mile.
14. The City Corporation will support the GLA with the introduction of the Ultra Low Emission Zone.	Information will be provided locally to ensure residents and businesses are aware of the requirements of the ULEZ. Full compliance with the Corporate fleet.	2018 - 2020	Full support for the ULEZ scheme.
15. 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.	The City of London will be assessed for Air Quality Focus Areas The focus areas will be designated and plans developed to improve local air quality at the focus areas.	2015 - 2016	Improved air quality in designated hot spot areas.
16. 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.	The City Corporation will work with external organisations to model options for achieving full compliance with the limit values for nitrogen dioxide by 2020 and 2025. The outcomes will be publicised.	2015 - 2016	A report detailing what is required to meet limit values.

Action	Detail	Timeline	Outcome
17. 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.	Officers from the City will attend meetings about the Local Air Quality Management (LAQM) review and comment fully on the consultation.	2015	An improved system of LAQM for London.
18. The City Corporation will aim to become a Mayor of London designated Clean Air Borough as soon as possible.	The criteria to become a Clean Air Borough will be adhered to and the City will report on how the criteria are being met.	2015 - 2016	Compliance with the requirements of the Mayor of London to improve air quality and reduce exposure which will secure access to the Mayor's Air Quality Fund.
19. 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.	Work with existing air quality champions to further encourage local action to improve air quality. Support events, particularly around Environment Week Source and apply for external funding to support business engagement. Engage with additional businesses as funding allows.	2015 - 2020	Greater awareness of air quality amongst City workers and action by businesses to help improve local air quality. Increased awareness within companies with a national and international influence.
20. The City Corporation will work with businesses in the Cheapside Business Improvement District to raise the profile of air quality and obtain support for action to reduce emissions associated with their activities.	Meet with BID representatives to explore options for local action to improve air quality and reduce exposure. Source and apply for funding to support any local action in the area.	2015 - 2018	Focussed local action to improve air quality in an area of the City with high exposure.

Action	Detail	Timeline	Outcome
21. The City Corporation will work with major City businesses to consider options for phasing out standby generators that run solely on diesel.	Look into options for alternatives to diesel for use in generators. Work with air quality champion businesses to phase out diesel in large generators.	2017 - 2020	Reduced emissions from diesel generators in the City.
22. The City Corporation will work with Change London on their AirSensa project as a way of raising public awareness.	Attend meetings of the Advisory Council to provide advice from the local authority perspective. Supply information as required.	2015 - 2018	Support for a scheme to raise the awareness of local levels of air pollution.
23. 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.	Chair four meetings per annum of the London Air Quality Steering Group. Host four meetings per annum of the central London Air Quality Cluster group.	2015 - 2020	London wide action and policy development for air quality improvement. Shared knowledge across London.
24. The City Corporation will look for opportunities to support research into solutions for improving air quality and reducing exposure.	Work with London Universities on ideas and schemes for dealing with air pollution in urban areas. Source and apply for funding to support such schemes.	2015 - 2020	Support for new technologies and other solutions, for reducing air pollution in urban areas.
25. The City Corporation will further develop work with Bart's Health NHS Trust to reduce the impact of the Trust on local air quality and raise awareness among vulnerable patients.	Train clinical staff to advise vulnerable patients how to reduce their exposure to high levels of air pollution. Reduce emissions associated with the Trust's fleet. Install greening designed to improve air quality and raise awareness at Bart's hospital sites.	2015 - 2016	Reduced impact from Bart's NHS Trust operations on local air quality. Greater understanding on how to reduce exposure for vulnerable people. Share outcomes with other NHS Trusts.

Action	Detail	Timeline	Outcome
27. 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.	<p>Liaise with City businesses and construction sites over engine idling. Directly contact any companies whose drivers leave engines running. Erect signs in areas of concern.</p> <p>Run Cleaner Air Action Days throughout the year.</p>	2015 - 2020	Reduced emissions from unnecessary engine idling in the Square Mile. Raised awareness amongst drivers.
28. 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.	<p>Improve and signpost ranks to encourage their use by drivers and the public.</p> <p>Investigate options for financially supporting rapid charging infrastructure in central London.</p>	2015 - 2017	Reduced emissions from taxis in the Square Mile.
29. The City Corporation will look for opportunities to 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.	<p>Develop and publish a Freight Strategy. Investigate options for using space in CoL car parks for consolidation / distribution centres. Issue revised delivery and service plan guidelines.</p> <p>Investigate opportunities for and implications of introducing 'timed delivery zones', 'low emission delivery zones' and 'small vehicle delivery zones' in areas of high pedestrian and cycle activity.</p>	2016	Reduced emissions from freight in the Square Mile.

Action	Detail	Timeline	Outcome
30. The City Corporation will ensure that proposed changes to road schemes will be assessed for impact on local air quality.	Road schemes will be assessed for local air quality impact when there are proposed changes.	2015 - 2020	Ensure that road schemes do not have a negative impact, and wherever possible have a positive impact, on local air quality.
31. The City Corporation will assess the impact of the projected increased office space and associated traffic on future air quality in the Square Mile.	Undertake a modelling assessment to predict likely impact of an increase in office space and associated traffic on local air quality.	2017	Ensure that the growth of the City doesn't have a negative impact on local air quality.
32. Options for implementing measures to significantly reduce the impact on pedestrians of air pollution in Beech Street will be considered in the Barbican Area Strategy review.	The impact of air pollution on users of Beech Street tunnel will be taken into account with any new designs for the area.	2015 - 2016	A reduction in the impact of air quality on the health of people who use Beech Street.
33. Through the City of London Local Plan, developments that would result in deterioration of the City's nitrogen dioxide or PM <sub>10</sub> levels will be resisted.	Ensure that this policy is adhered to in all planning applications. Ensure air quality neutral assessments are carried out for all developments that have >1000m <sup>2</sup> floor space or consist of >10 residential units.	2015 - 2020	New developments that do not have a negative impact on local air quality.
34. The City Corporation will require an air quality assessment for developments adjacent to sensitive premises such as residential properties, Doctors' surgeries, schools and St. Bartholomew's Hospital.	Ensure this requirement is enforced through the planning process.  Develop a Supplementary Planning Document for air quality.	2015 – 2020  2016	Vulnerable people will not be adversely affected by emissions associated with new developments.



Action	Detail	Timeline	Outcome
35. The City Corporation will discourage the use of biomass and biofuels as a form of energy in new developments.	Continue to discourage biomass and biofuels. Develop a Supplementary Planning Document for air quality.	2015 - 2020	New developments that do not have a negative impact on local air quality.
36. All gas boilers in commercial developments will be required to have a NOx rating of <40mgNOx/kWh.	Continue to implement this requirement through development control.	2015 - 2020	New developments that do not have a negative impact on local air quality.
37. NOx 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.	Continue to implement this requirement through development control.	2015 - 2020	New developments that do not have a negative impact on local air quality.
38. All new developments with > 1000m <sup>2</sup> floor space or >10 residential units will need to demonstrate that they are air quality neutral in line with the requirements of London Plan Policy 7.14. 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.	This will be implemented through development control and via the new Supplementary Planning Document for Air Quality.	2015 - 2020	New developments that do not have a negative impact on local air quality.

Action	Detail	Timeline	Outcome
39. The City Corporation will ensure that all boilers, generators and CHP plant are installed to ensure minimal impact on local air quality.	Continue to implement this requirement through development control.	2015 - 2020	Reduced impact on ground level air pollution from chimneys in the City.
40. The City Corporation will develop a policy on the use of standby generators for generating energy other than when electricity supplies are interrupted.	A policy will be developed in conjunction with business Air Quality Champions.	2016 - 2017	Minimise emissions associated with local energy generation in the City.
41. The City Corporation will work with the construction and demolition industry to identify further opportunities of reducing emissions associated with building development.	Work with key demolition and construction companies to ensure best practice is being used to control emissions on sites. Look for further opportunities to reduce emissions with key companies.	2016	Reduced emissions associated with construction and demolition operations.
42. The City Corporation will update its best practice guide on minimising emissions from construction and demolition regularly 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.	Update of the City of London best practice guide for construction and demolition at least once every two years.  Ensure the best practice guide is adhered to via the development control process.	2015 - 2020	Reduced emissions from demolition and construction activity in the City.

Action	Detail	Timeline	Outcome
43. The City Corporation will continue to look for opportunities for reducing emissions from its buildings, fleet and contractors' fleet.	Continue to provide advice on the best vehicle option for new fleet purchases. Use contracts to push for cleaner vehicles in contractor's fleet. Manage buildings to reduce emissions of air pollutants, alongside carbon.	2015 -2020	Reduced impact of City Corporation activities on local air pollution.
44. The City Corporation will ensure that major contracts include standards to reduce impact on air quality.	Continue to ensure that all contracts require air quality targets.  Integrate air quality into the new Responsible Procurement Strategy.	2015 - 2020	Reduced impact of City Corporation activities on local air pollution.
45. A pro forma air quality questionnaire will be developed for use in major policy reviews.	Develop the pro forma. Work with other departments to ensure it is embedded into their policies.	2016 - 2017	Corporate policies that assist in improving air quality and reducing exposure.
46. The City Corporation will move away from using diesel in its own fleet wherever practical.	All new purchases will be assessed and alternatives to diesel will be encouraged where available.	2015 - 2020	Reduced impact of City Corporation fleet on local air quality.
47. The City Corporation will continue to run an annual Sustainable City Award for air quality.	Work with award partners to advertise and promote the awards.  Assess the applications with partner judges.	2015 - 2020	Promotion and recognition for organisations taking action to improve air quality.
48. The City Corporation will continue with its annual Considerate Contractors' Environment Award to encourage best practice and innovation in the industry.	Encourage companies to apply for the awards. Judge applications. Encourage innovation throughout the year.	2015 - 2020	Reduced impact on air quality from demolition and construction in the City.

Action	Detail	Timeline	Outcome
49. 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.	Alerts will continue to be provided direct to Sir John Cass School. Opportunities will be sought to do further work with schools in the City. Source funding to support the work.	2015 - 2020	Reduced impact of air pollution on the health of children in the Square Mile.
50. The City Corporation will source funding for further greening at Sir John Cass primary school.	Source funding opportunities Install greening if funding obtained.	2016 - 2017	Additional greening at the school to help reduce local levels of air pollution.
51. The City Corporation will continue to work with residents in the Square Mile to raise awareness of air quality.	Continue with the Citizen Science monitoring project at the Mansell Street Estate.	2015	Better informed residents able to take action to reduce exposure to poor air quality.
52. The City Corporation will develop a general communications strategy to inform people of action they can take to reduce exposure to air pollution.	Develop a protocol for issuing notifications across the Square Mile when pollution levels are high. Link in with the Mayor of London Breathe Better Together programme.	2015 - 2016	Better informed residents and City workers able to take action to reduce exposure to poor air quality.
53. The City Corporation will continue to support City businesses at events to raise profile of air quality and provide information for reducing exposure.	Support events as and when requested.	2015 - 2020	Raise the profile of air quality amongst City workers and provide advice on how to reduce exposure.
54. The City Corporation will continue to promote and develop the CityAir Smart Phone App with and CityAirApp.com web site.	The CityAir App will be promoted in the media, at local events and on social media.	2015 - 2020	Better informed public about air pollution with advice on how to reduce exposure.

Action	Detail	Timeline	Outcome
55. The City of London will install a PM <sub>2.5</sub> monitor at Sir John Cass School during 2015 and assess the data for its impact on health.	A PM <sub>2.5</sub> analyser will be installed alongside the existing PM <sub>10</sub> analyser in the school playground.	2015	Assess the impact of PM <sub>2.5</sub> on the health of children at the school. Measure background concentrations of PM <sub>2.5</sub> in central London.
56. The City Corporation will identify exposure hotspots with high footfall and high concentrations.	Hot spot areas will be identified using footfall data and local monitoring data and a report produced detailing these locations.	2016	Focus areas for local action to reduce exposure and improve local air quality.
57. The City of London will ensure that measures implemented to reduce emissions of NO <sub>2</sub> and PM <sub>10</sub> will also lead to a reduction in emissions of PM <sub>2.5</sub> .	All measures will be assessed for their impact on reducing all three pollutants.	2015 - 2020	Implementation of measures that will lead to an improvement in health of workers and residents in the City.
58. The City of London will continue to explore ways to reduce exposure of the population to air pollution.	An assessment will be made of the most effective ways to reduce the exposure of the City population, to include residents, workers and visitors, to high levels of air pollution.	2016 - 2020	Reduced impact of air pollution on the health of people in the Square Mile.
59. The City will look at ways to extend the message about poor air quality on days of high pollution.	Work with the Greater London Authority Breathe Better Together programme. Work with the Public Relations dept. to develop an effective communication strategy.	2015	Provision of accurate and timely advice to enable people to reduce their exposure to high levels of pollution.
60. 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.	Designs for reducing exposure will be incorporated into are strategies where possible.	2015 - 2020	Street designs that assist in reducing the exposure of workers and residents to high levels of air pollution.

## Appendix 2: Sources of Air Pollution

### Small particles PM<sub>10</sub>

Particles of varying sizes and sources exist in the air. However, it is generally considered that small and fine particles are most hazardous to health due to their ability to penetrate deep into the lungs and do the most damage.

Small particles are defined by their size. They are any particles that are under 10 micrometers in diameter which are represented as PM<sub>10</sub>. Fine particles are 2.5 micrometers or less in diameter and they are generally formed by combustion. They are represented as PM<sub>2.5</sub> and are the main cause of the harmful effects of particulate matter. Small and fine particles are not visible to the naked eye.

### Where do fine particles come from?

Concentrations of PM<sub>10</sub> consist of primary particles that are emitted directly into the atmosphere from sources such as fuel combustion, and secondary particles which are formed by chemical reactions in the air. Particle matter can be human-made or occur naturally. Natural particles found in the City include sea salt and dust from the Sahara desert.

In the UK, the biggest man-made sources of PM<sub>10</sub> are stationary fuel combustion and transport. Road transport gives rise to primary particles from engine emissions and tyre and brake wear. The Greater London Authority holds a database of all emissions across London. It is called the London Atmospheric Emissions Inventory (LAEI). The 2008 LAEI, released in August 2010, details pollution emitted in 2008 and projects emissions across London for 2011 and 2015<sup>20</sup>. The 2008 LAEI indicates that approximately 37 % of PM<sub>10</sub> generated by road vehicles in the City is caused by the general wear of tyres and brakes. Secondary PM<sub>10</sub> is created from emissions of ammonia, sulphur dioxide and oxides of nitrogen, as well as from emissions of organic compounds from fuel combustion.

Particles can travel long distances and on any given day it is likely that the following particles are in the air in the City:

- Black carbon from fuel combustion, particularly diesel
- Trace metals from e.g. from vehicle brake wear
- Minerals from construction
- Sulphates from industrial fuel burning outside London
- Nitrates from fuel burning, industry and traffic
- Sea salt
- Desert dust

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<sup>20</sup> A later version of the LAEI has been issued, but there are errors in the database. It is being amended at the time of writing this document.

## Primary particles emitted in the City

Figure A1 shows the anticipated relative proportion of emissions from each source in 2011. The LAEI indicates that the main source of PM<sub>10</sub> is road transport. This equated to 82% of all emissions in 2011.

This 82% from road vehicles is further broken down into vehicle type in figure A2. When comparing vehicle types, taxis are the biggest emitters of PM<sub>10</sub> in the City.

Figure A1 : Source of PM<sub>10</sub> Emissions in the City

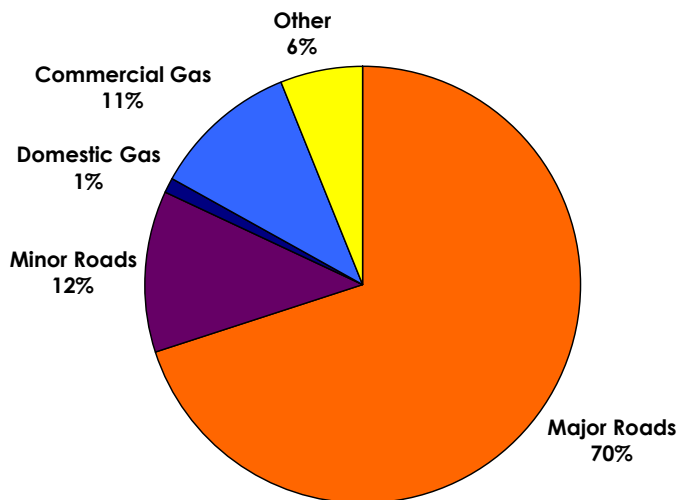
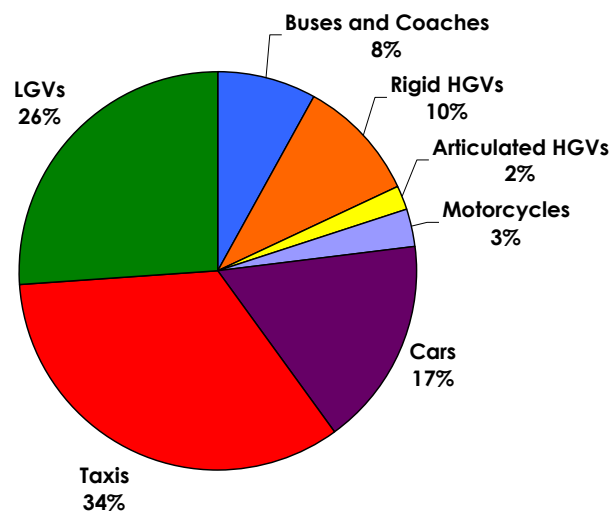


Figure A2 : Source of PM<sub>10</sub> Emissions from Vehicle Types in the City



## Nitrogen dioxide

Nitrogen dioxide is an irritant gas, which at high concentrations causes inflammation of the airways.

### Where does nitrogen dioxide come from?

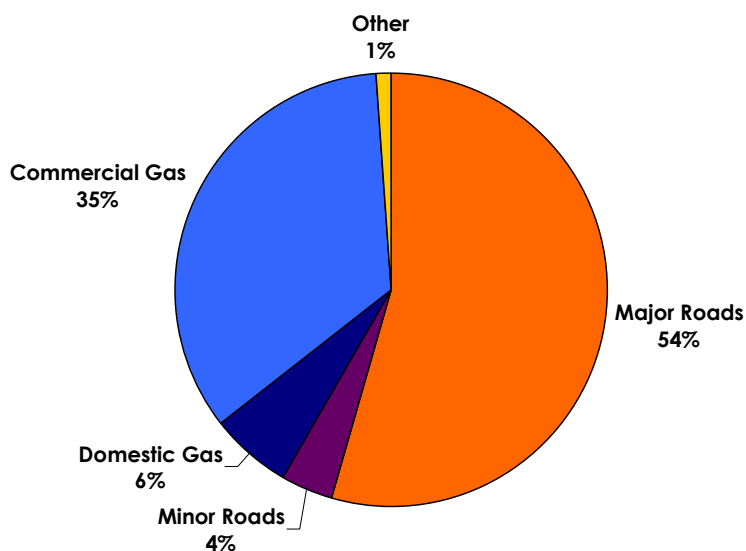
When nitrogen is released during fuel combustion it combines with oxygen atoms to create nitric oxide (NO). This further combines with oxygen to create nitrogen dioxide (NO<sub>2</sub>). Nitric oxide is not considered to be hazardous to health at typical ambient concentrations, but nitrogen dioxide can be. Nitrogen dioxide and nitric oxide are referred to together as oxides of nitrogen (NO<sub>x</sub>).

### NO<sub>x</sub> emitted in the City

The 2008 LAEI details the approximate proportion of emissions of NO<sub>x</sub> from vehicles and gas boilers in the City during 2011. This is shown in Figure A3. Emissions from roads are expected to make up 58% of the total and gas boilers 41%.

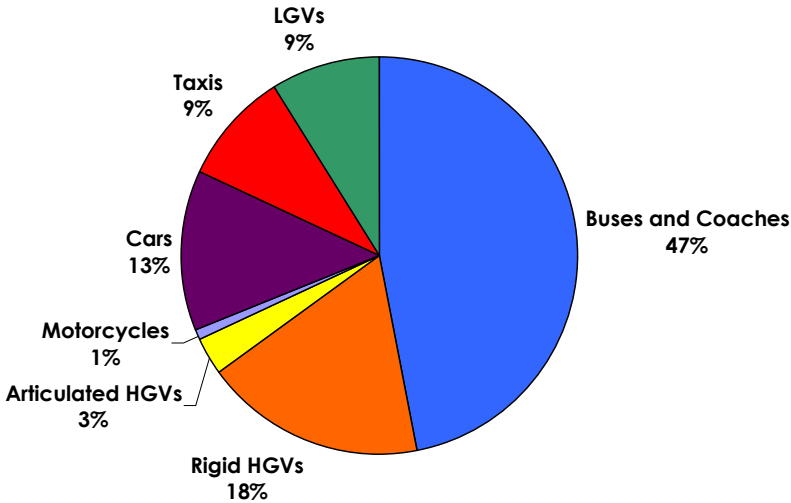
Figure A4 shows the relative emissions from different vehicles in the City. Buses and coaches make up almost half of total emissions of NO<sub>x</sub>.

**Figure A3: Source of NO<sub>x</sub> Emissions in the City**





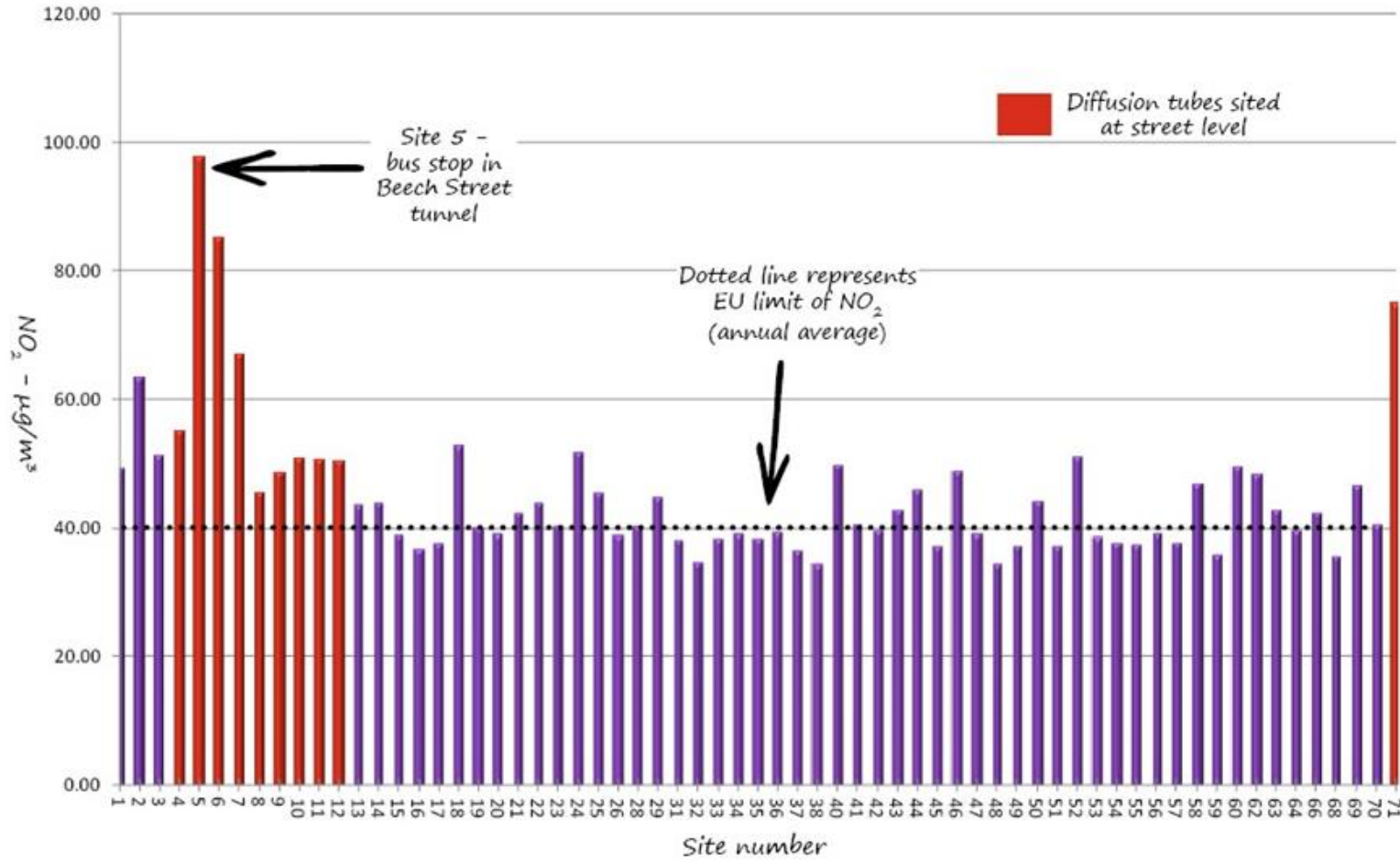
**Figure A.4: Source of NO<sub>x</sub> Emissions from Vehicles Types in the City**



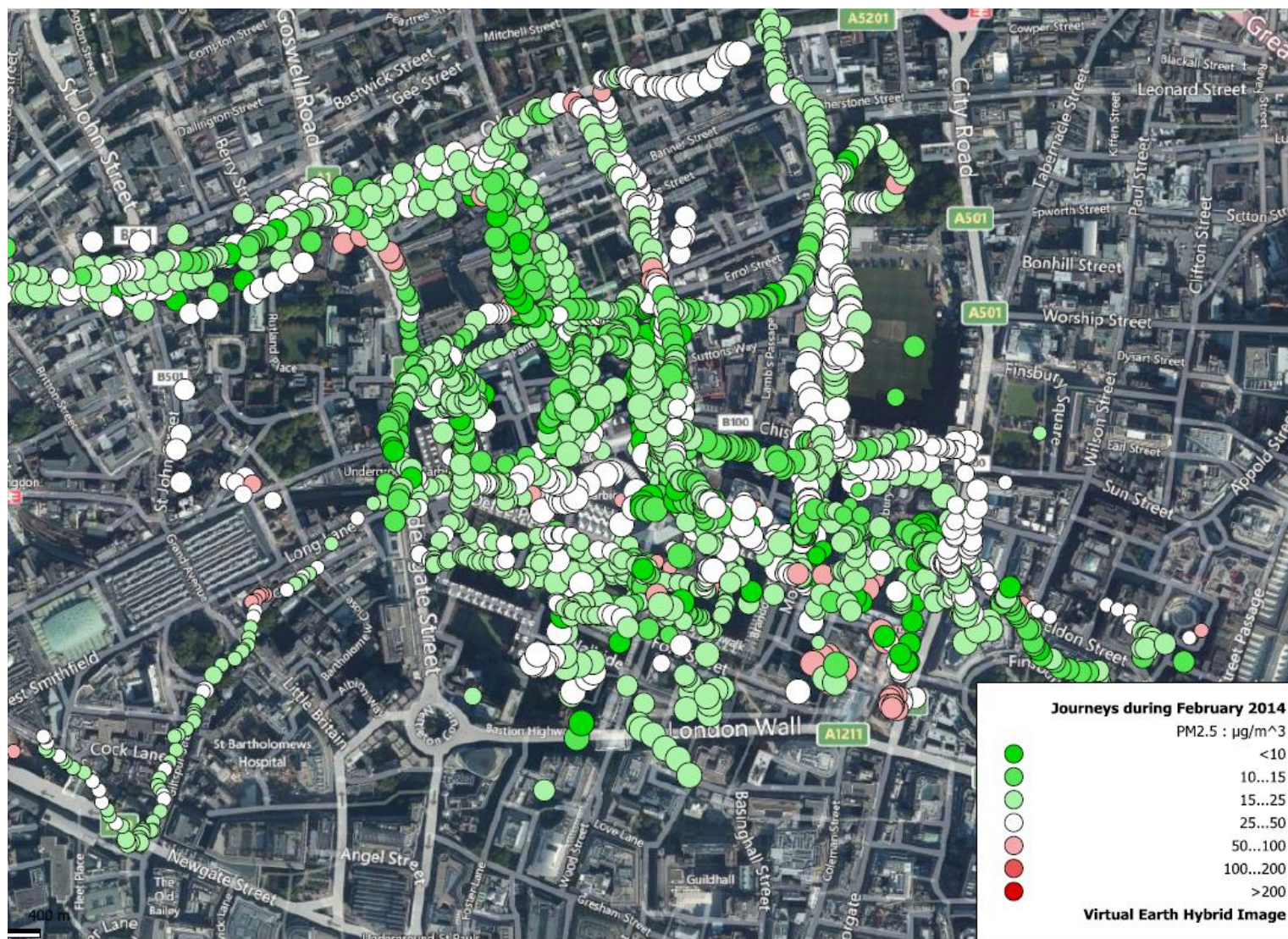
## **Appendix 3**

### **Citizen Science Air Quality Monitoring Results**

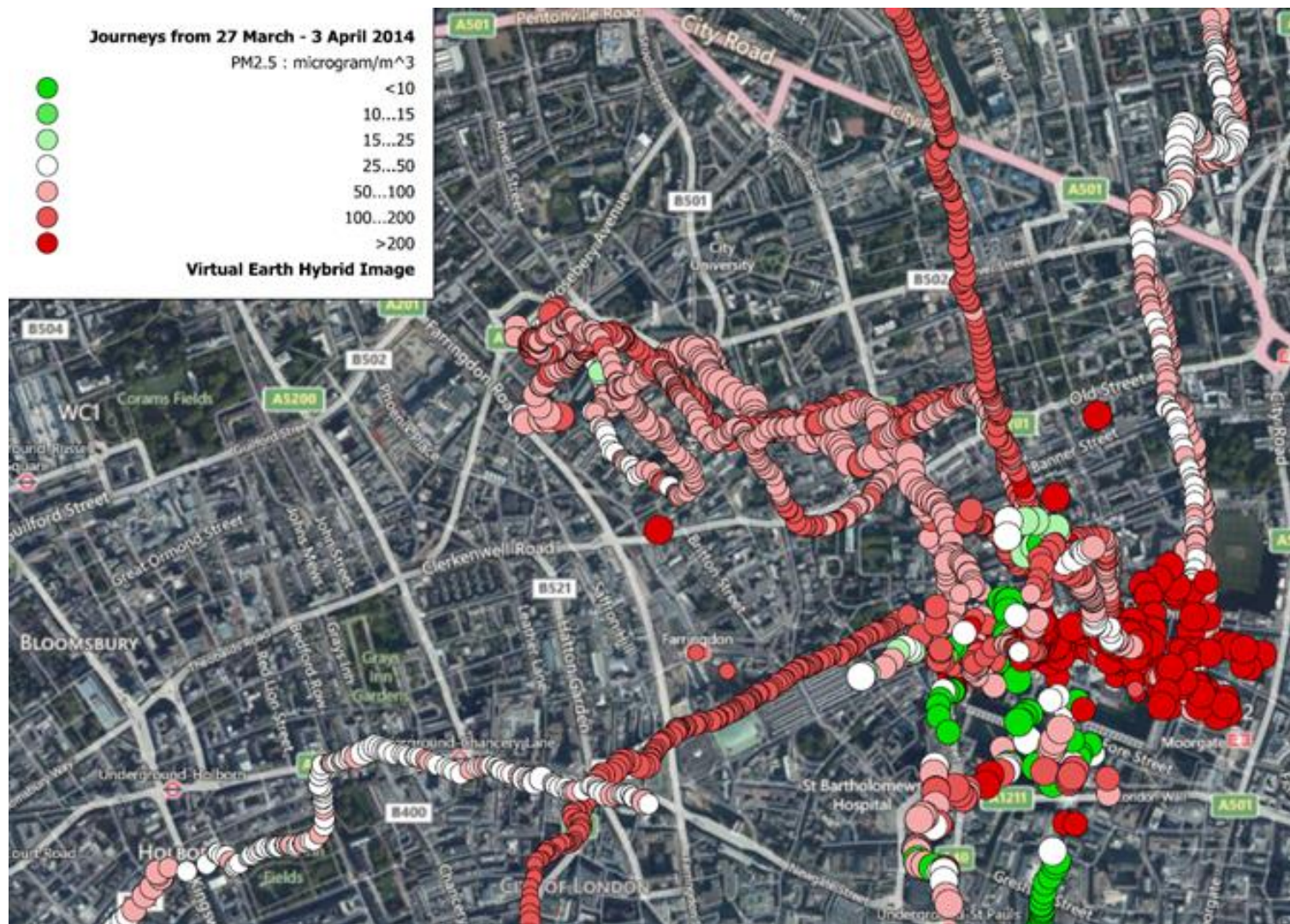
Average monthly  $\text{NO}_2$  measurements at each site around the Barbican Estate October to July 2014



## Personal PM<sub>2.5</sub> Exposure Monitoring by the Barbican Residents February 2014



## Personal Exposure PM<sub>2.5</sub> Monitoring by the Barbican Residents, including during the 3 days of the April 2014 particle pollution episode







City of Westminster

**Wendy Mead OBE**  
Chairman, Port Health and Environmental  
Services Committee

**Councillor Heather Acton**  
Cabinet Member for Sustainability and Parking  
Ward Member for Hyde Park

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Tel: (020) 7641 2228  
Email: [hacton@westminster.gov.uk](mailto:hacton@westminster.gov.uk)

**Rt Hon Elizabeth Truss MP**  
Secretary of State  
Department for Environment Food and Rural Affairs  
Nobel House  
17 Smith Square  
London SW1P 3RJ

1st June 2015

Dear Ms Truss

### **Improving air quality in central London**

We understand that you are preparing a draft Air Quality Plan to submit to the European Commission to detail how the limit value for annual average nitrogen dioxide will be met across the United Kingdom. The development of the Air Quality Plan is an opportunity to take bold action to reduce levels of air pollution in major urban areas including London.

We recognise and appreciate the action provided by Defra to date, but feel that significant action is now required if air quality in central London is going to meet the limit value for nitrogen dioxide within the next ten years. London has some of the highest levels of air pollution in the country, with the largest number of people exposed to that pollution. Preparing the Air Quality Plan is an opportunity to ensure compliance with the limit value as soon as possible.

Both the City of London Corporation and City of Westminster have been very active in implementing measures to improve local air quality and we would like to take this opportunity to remind you of our ongoing support in this important task.

You will be aware that the Mayor of London is implementing a range of measures and his plan for an Ultra Low Emission Zone will take us some way towards compliance by 2025. However, it is clear that we need additional policies to help



## City of Westminster

people to move away from using diesel as a fuel when driving in busy urban areas. As such, we feel that the following would be helpful:

- A review of the current Vehicle Excise Duty classification, and other policies which encourage people to drive diesel cars rather than petrol.
- A greater understanding of why vehicle emissions in practice fall far short of the relevant Euro standard
- Financial support for the transition to zero emission capable vehicles, particularly taxis, in London.
- Financial support for low emission vehicle infrastructure in London.
- Support for policies to reduce the number of vehicles on the road.
- A review of the Clean Air Act to ensure it is fit for purpose for fuel and technology used today.
- A review of the Defra air quality grant system, which currently precludes many local authorities from applying for funding for local projects.
- Financial support for research and technology into low emission solutions.
- With London set to grow over the next few years, we need to ensure that this growth is taken into account in the Air Quality Plan. In particular the increased need for electricity and the move to generating more electricity in urban areas, which, if not managed correctly, could have a detrimental effect on local air quality.

We hope that you appreciate that we are committed to taking action to improve air quality in central London. We need your support to enable us to do this effectively and we would welcome a meeting.

Yours sincerely

**Wendy Mead OBE**  
Chairman of the Port Health and  
Environmental Services Committee

**City of London Corporation**

**Cllr Heather Acton**  
Cabinet Member for Sustainability  
and Parking

**Westminster City Council**



<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> Joint Health and Wellbeing Strategy Refresh	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Decision</b>

## Summary

The Joint Health and Wellbeing Strategy (JHWS) sets out the priorities of the City of London Health and Wellbeing Board (HWB). It is a statutory requirement that the strategy is kept up to date and the HWB has committed to reviewing the JHWS on an annual basis, with a full re-write due in 2016.

HWB members have been consulted and made suggestions for changes to both the JHWS and the accompanying action plan. Officers have updated the JHWS and action plan accordingly and they are attached as appendices to this report.

## Recommendation(s)

Members are asked to:

- Approve the updated Joint Health and Wellbeing Strategy (Appendix 1) and action plan (Appendix 2).

## Main Report

### Background

1. The JHWS was written when the Health and Wellbeing was initially formed and approved in May 2013. HWBs have a statutory obligation to ensure that their evidence-based priorities are up to date and can properly inform the relevant local commissioning plans. The City of London HWB has committed to a three-year strategy, with a yearly review.
2. Our Joint Strategic Needs Assessment (JSNA), which is conducted jointly with Hackney, is updated on a yearly basis and the HWB has a duty to review the JHWS and ensure that their priorities reflect the evidence of need contained in the JSNA as well as the wider policy landscape.
3. The JHWS is then due for a full re-write in 2016, when the HWB will review their priorities in depth.
4. The action plan that accompanies the JHWS covers the 2 year period from 2014 to 2016 and was approved by the HWB in September 2014.

5. Progress reports are submitted to the HWB every six months, most recently in April 2015. Performance reports are also submitted to the HWB every six months and include a range of health and wellbeing performance indicators. Together the performance and progress report pull together activity from across the different priority areas of the JHWS and enable the Board to monitor progress and identify further actions.
6. The current priorities of the City of London's JHWS are:
  - Ensure that more people with mental health issues can find effective, joined up help
  - Ensure that more people have jobs: more children grow up with economic resources
  - Confirm that City air is healthier to breathe
  - Be assured that more people in the City are physically active
  - Enable more people to become socially connected and know where to go for help
  - Ensure that more rough sleepers can get health care, including primary care
  - Ensure that the City is a less noisy place
  - Confirm that more people in the City are warm in the winter months
  - Ensure children and young people enjoy good physical and mental health
  - Ensure that fewer City workers live with stress, anxiety or depression
  - Ensure that more City workers have healthy attitudes to alcohol and drinking
  - Ensure that more City workers quit or cut down smoking
7. The current JHWS and action plan are available via the Health and Wellbeing pages on the City of London website:  
<https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Pages/health-and-wellbeing-board.aspx>

### **Current Position**

8. Members of the HWB were consulted by email on the refresh of the JHWS and action plan during June and July 2015.
9. It was proposed that an additional priority be included in the refreshed JHWS around integrated care. The integration of health and social care has become an increasingly important issue since the strategy was first agreed and the HWB is well placed to provide leadership in this area. Members supported this and an additional priority had therefore been added to the draft JHWS and action plan (see Appendices 1 and 2).
10. The following comments were made during consultation:
  - Removal of priority about fuel poverty: It was proposed that this priority is removed to ensure the list of priorities remains manageable, since the strategy will include an additional priority around integrated care. The City of London has the lowest rate of fuel poverty nationally so this is not a key issue for the HWB.

- City worker priorities: At present we have only three priorities for City workers (about mental health, smoking and drinking). We should ensure that City workers are included as a target group for the impact of poor air quality on workers. We should also add the phrase “all City workers” to ensure that the action plan also considers the needs of lower-paid City workers. During the full rewrite of the JHWS in 2016 we should add greater detail about the health and wellbeing needs of City workers, particularly in light of specific research that has been conducted and the experience gained from the Business Healthy programme.
- Mandatory health services (action plan): Responsibility for childhood vaccinations and cancer screening have transferred from local authorities to NHS England since the JHWS was written. Members noted that the responsibility for monitoring therefore now lies with Health Scrutiny rather than the HWB. In addition, we should update the actions relating to health checks to reflect that we commission additional health checks beyond those provided by the NHS, targeted at harder-to-reach groups.
- Children’s health priority: Update action plan with additional actions for the priority “ensure children and young people enjoy good physical and mental health”, in line with our current review of children’s services, to include recommendations from the Early Help Strategy, the Mental Health Needs Assessment, the 0-5 Years Needs Assessment. Also include an action to expand the evidence base (JSNA) to cover child sexual health and sufficiency of sexual advice services (including awareness of CSE), self-harm, accidents to children, child and family mental health, alcohol/substance misuse and domestic abuse.

11. The updated JHWS (Appendix 1) therefore includes an additional priority, “promote integrated working between social care and health”, whilst the priority “confirm that more people in the City are warm in the winter months” has been removed.

12. The comments above have been incorporated into the updated action plan, with changes highlighted in the attached draft for Members’ approval (Appendix 2).

### **Proposals**

13. Members are asked to approve the refreshed JHWS and action plan ( attached as Appendix 1 and 2).

14. A full re-write of the JHWS will take place during 2016.

### **Corporate & Strategic Implications**

15. It is a statutory requirement for HWBs to produce a JHWS, and for it to be kept up to date.

### **Conclusion**

16. The City of London HWB has committed to a three-year JHWS, with a yearly review. The HWB has reviewed the current JHWS and accompanying action plan and proposed a number of changes.

17. These changes have been incorporated into the refreshed JHWS and action plan, which are attached as Appendix 1 and 2. Members are asked to approve these documents.

### **Appendices**

- Appendix 1 – Joint Health and Wellbeing Strategy 2013-16 (Draft)
- Appendix 2 – Joint Health & Wellbeing Strategy Action Plan 2014-16 (Draft)

### **Background Papers**

18th July 2014 – Development Day: Joint Health and Wellbeing Strategy refresh

30<sup>th</sup> September 2014 – Joint Health and Wellbeing Strategy: Action Plan

24<sup>th</sup> April 2015 – Joint Health and Wellbeing Strategy Action Plan Progress Report

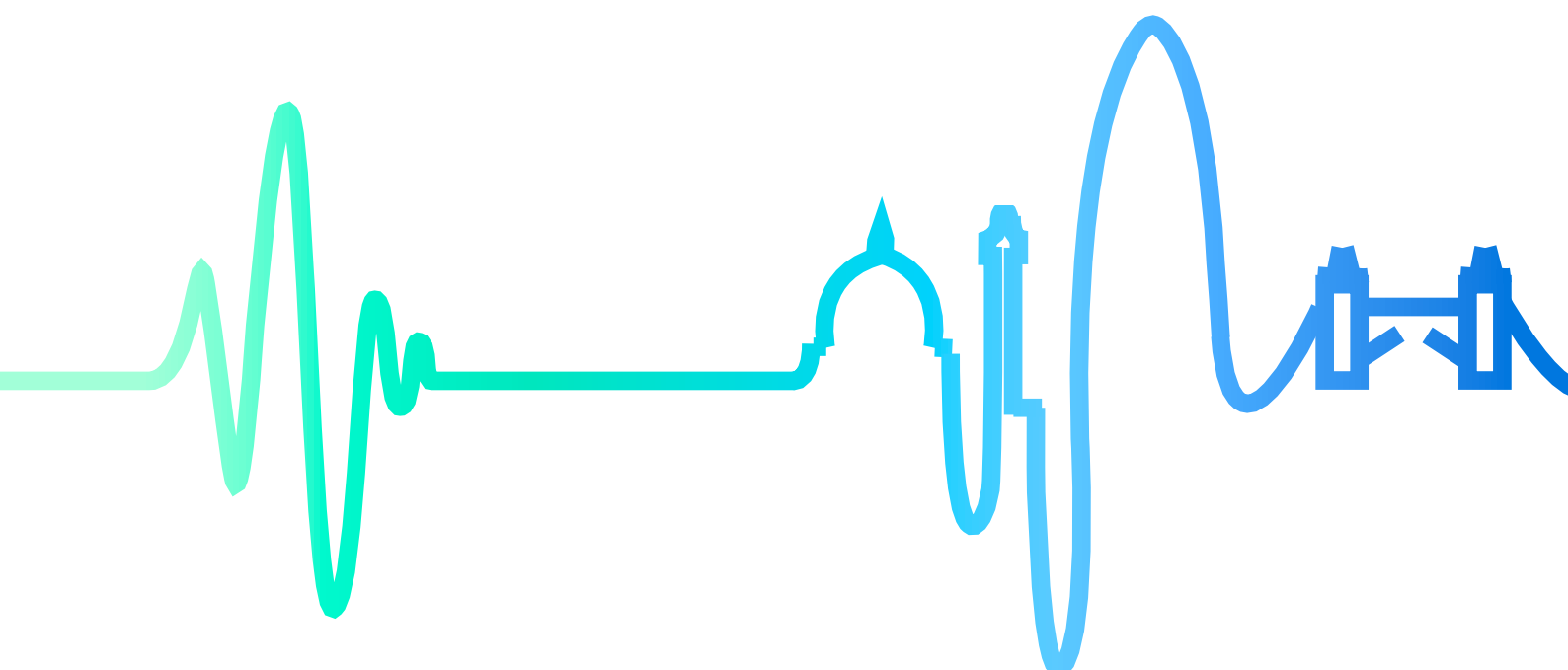
### **Sarah Thomas**

Health and Wellbeing Executive Support Officer

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*City of London*  
*Joint Health & Wellbeing Strategy*



*The aim of the joint health and wellbeing strategy is to jointly agree what the greatest issues are for the local community based on evidence in JSNAs, what can be done to address them; and what outcomes are intended to be achieved.*

*Department of Health, 2012*



### *Introduction*

The City of London is a unique area – it contains several populations in one space, with different needs and health issues. According to the Census (2011) there are around 9,000 people who live in the City as residents <sup>1</sup> (1,000 of whom have lived here for fewer than 5 years). The number of dwellings is projected to increase by 110 per annum. There are also 430,000 people who have jobs in the City (Nomis: Labour Market Profile 2011), as well as students, visitors and rough sleepers.

The City of London has the highest daytime population density of any local authority in the UK, with hundreds of thousands of workers, residents, students and visitors people packed into just over a square mile of space, which is urban and highly developed.

The City of London Corporation is responsible for local government and policing within the Square Mile. It also has a role beyond the Square Mile, as a port health authority; a sponsor of schools; and the manager of many housing estates and green spaces across London.

When Public health responsibilities moved to local authorities in April 2013, the Health and Wellbeing Board of the City of London Corporation took over the statutory responsibility for undertaking the annual Joint Strategic Needs Assessment (JSNA) exploring local health needs and the Joint Health and Wellbeing Strategy.

This is the first Health and Wellbeing Strategy produced by the City of London, and it will be refreshed annually, to reflect the changing public health landscape and responsibilities, both during and after the transition.

<sup>1</sup>  
*Including those who occupy  
a second home outside the  
City of London*

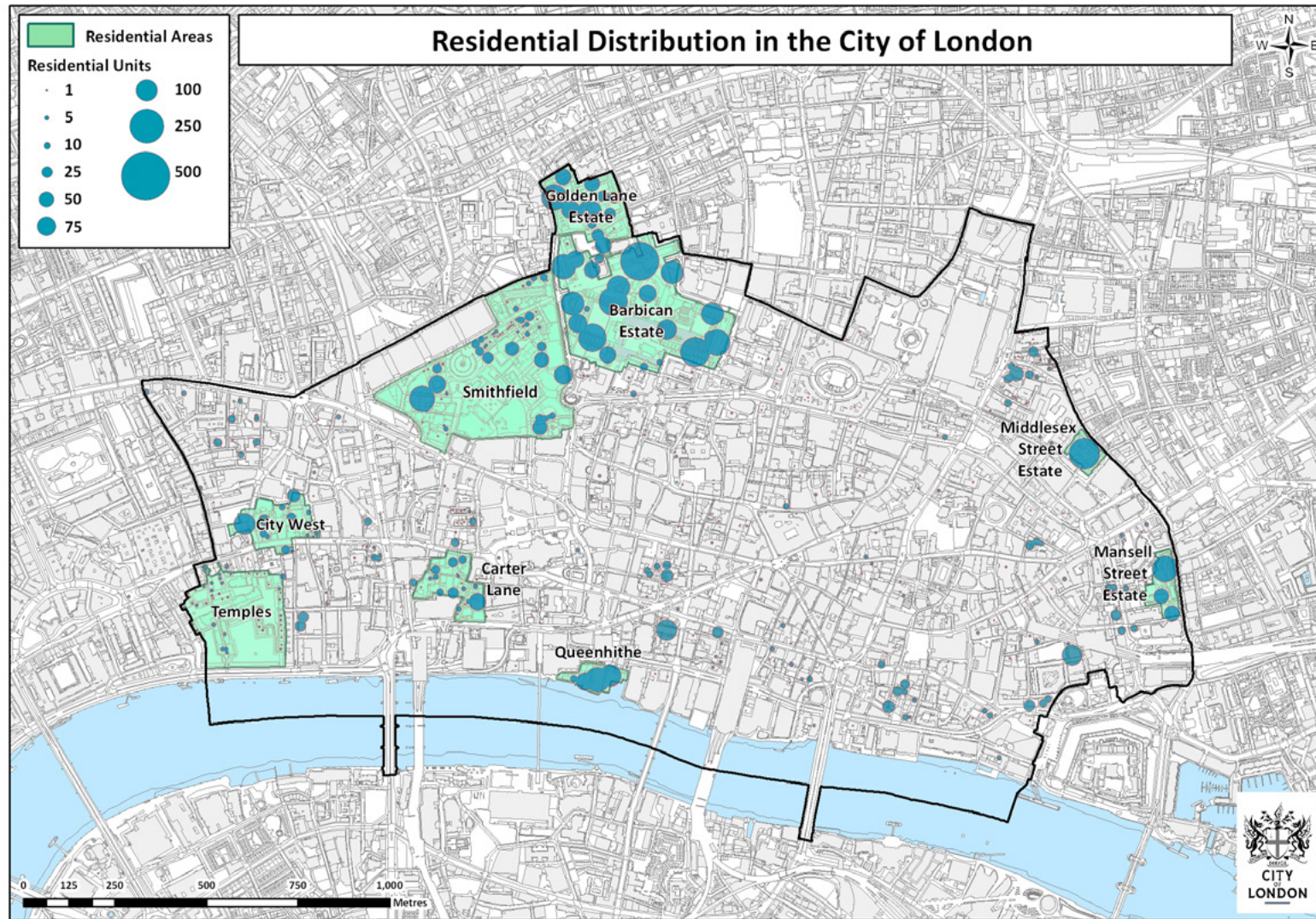


Fig 1. Residential Distribution, based on residential units (COL Planning Department)



### Top 5 Boroughs - Daytime Population Density

- City of London (350,000 sq. mi.)
- Westminster (120,000 sq. mi.)
- Kensington and Chelsea (59,000 sq. mi.)
- Camden (55,000 sq. mi.)
- Islington (52,000 sq. mi.)

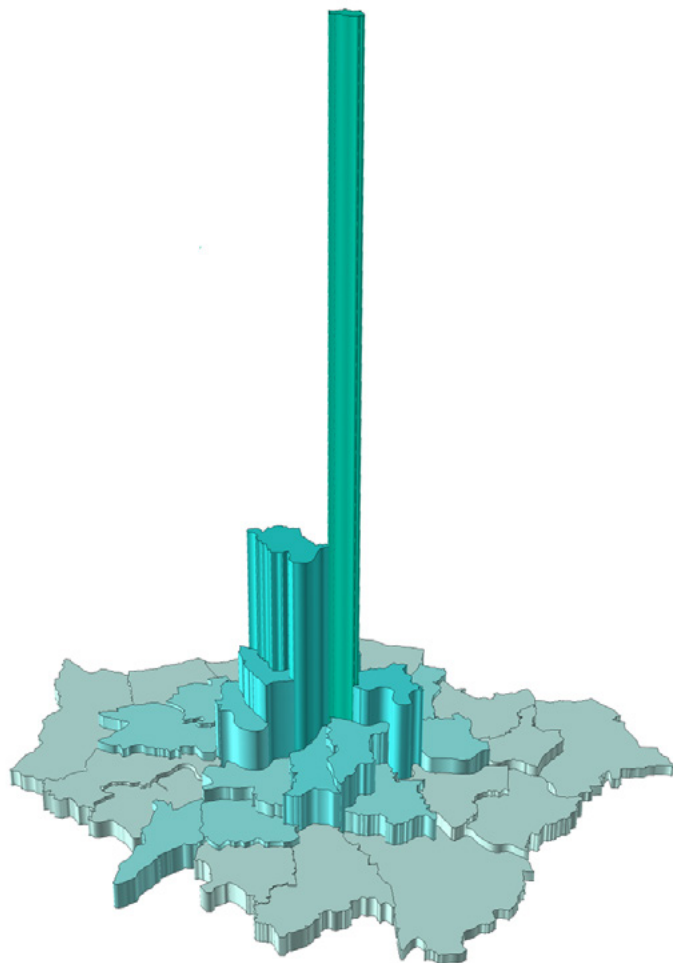


Figure 2: London's daytime population

Data Source: <http://data.london.gov.uk/datastore/package/daytime-population-borough>

### *Approach*

The Health and Wellbeing Board, through the joint Health and Wellbeing Strategy, aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework, through improving the integration of services, particularly between the NHS and local authority. A National Children and Young People's Outcome Framework is currently in development. The Department of Health has identified the Health and Wellbeing Board as the place that brings the three outcomes frameworks together and takes a lead in tackling health inequalities and the wider determinants of health.

### *Who we are*

The City's Health and Wellbeing Board draws its membership from the following partners:

- Elected members of the City of London Corporation\*
- Officers of the City of London Corporation, including the Director of Community and Children's Services\* and the Director of Environmental Health and Public Protection
- The Director of Public Health for City and Hackney\*
- City and Hackney Clinical Commissioning Group\*
- HealthWatch; contract awarded to Age UK\*
- The City of London Police

The Health and Wellbeing Board became fully operational in April 2013, and the partners marked with an asterisk are the statutory members, who will be responsible for implementing this strategy.

### Timeline

This strategy is intended to cover the three year period from 2012/13 to 2015/16. As we are in a time of transition, we intend to refresh this strategy annually to reflect the changes that have taken place.

December 2013	First draft strategy published for consultation
January - March 2013	Public engagement and Consultation
April 2013	Consultation period finishes
April 2013	The Health & Wellbeing Board takes on statutory role
May 2013	Final strategy published and signed off by Health and Wellbeing Board
Summer 2014	First Strategy Refresh
Summer 2015	Second Strategy Refresh

*Wellbeing is a positive physical, social and mental state, and is more than just an absence of illness.*

“ ”

### *A strategy for health and wellbeing in the City of London*

Although we already spend much time protecting people from threats to their health, we want the City to be more than just a safe place. The Health and Social Care Act 2012 presents us with an opportunity to positively influence the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.

Wellbeing is a positive physical, social and mental state, and is more than just an absence of illness. When a person feels well, they are more likely to value their health and make positive decisions about the way they live. Good mental wellbeing can lead to reduced risk-taking behaviour (such as excessive alcohol intake or smoking), and may improve educational attainment and work productivity.

We know what it takes for people to live healthily. Workers and residents can take their own steps to improve health, and we know that big improvements in health can result from the following: <sup>2</sup>

1. Not smoking or breathing others' smoke
2. Eating a healthy diet
3. Being physically active
4. Achieving and maintaining a healthy weight
5. Moderating alcohol intake
6. Preventing harmful levels of sun exposure
7. Practicing safer sex
8. Attending cancer screening
9. Being safe on the roads
10. Managing stress

<sup>2</sup>  
*Adapted from The Chief Medical Officer's Ten Tips For Better Health (Department of Health, 2004)*

However, we also know that health and wellbeing is bigger than just asking individuals to take steps to improve their own health; we also need to ensure that no-one is disproportionately disadvantaged by their circumstances and environment, preventing them from living as healthily as they might like to.

We know that the health of our residents and workers is influenced by social, cultural, economic, psychological and environmental factors, and that these factors can have a cumulative effect throughout a person's life<sup>3</sup>. If we are to improve the health of the whole community, rather than just those who find it easy to adopt healthy behaviours, we need to look at the broader context of people's lives – their income and education; their friends and social networks; the place where they live; the air that they breathe; the beliefs they have about their own health and their ability to make changes; and the individual biological factors that may influence their health. These are "the causes of the causes".

This means that often the best way to help a person's health lies outside what the NHS can do – for example, helping someone to find employment can provide them with a higher income, to buy better quality food for themselves and their families; they will be in a better position to find decent housing and be able to afford to heat it. By meeting new people at work, they can gain new friends and build up social networks, which can help to improve their mental health. Additionally, the routine of working, the sense of identity, and the ability to provide can all have a positive effect on a person's mental wellbeing.

<sup>3</sup>  
*Marmot M (2010) Fair Society, Healthy Lives. University College London.*

As well as employment, we know that there are several other key priority areas that have a huge impact on people's lives and their health. These were identified by Professor Sir Michael Marmot as:-

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

Local authorities are therefore ideally placed to work with health services and other local partners to make a real impact on health and wellbeing. We know there are communities in the City, who find it harder to access services; who are less connected with others; and whose life circumstances make it very difficult for them to make positive changes.

Through the Health and Wellbeing Board, we want this strategy to encourage services, organisations and individuals to work together to prevent where we can; and intervene early when problems do develop; and take steps to reduce the harms arising from behaviours or actions that we cannot prevent.

Within the City, the small size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs and service provision. Many national statistics are based on taking a "percentage sample" of the population, and using this sample to extrapolate to the whole population, but in the City, this means that they will only have spoken to a handful of people, who may or may not be representative of the City's wider resident population. Additionally, some health conditions only affect a very small number of City residents each year – it is difficult for us to use these numbers to identify trends that are more than just random variation.

For this reason, it is even more vital that we use a combination of quantitative evidence from the JSNA and other health needs assessments, combined with local and community intelligence, to determine our priorities.

Conversely, we also have a huge number of commuters entering the City every day, about whom very little information is collected. The Office of National Statistics collects information about how many people work in the City and in what sectors, but if we want to find out about their health and wellbeing needs, we have to commission this research ourselves.



### *Strategic Principles*

We want our health and wellbeing strategy to influence the Public Health, NHS and Social Care Outcomes, and the Children and Young People's Outcomes, that will make the most difference to the lives of people in the City. We want to acknowledge and support good work we are already undertaking, whilst helping us meet up-coming challenges, including an ageing population, a reduction in household income for many families in the area, and an uncertain economic outlook.

Our priorities are determined through:

- Can we do anything about it – are there cost-effective, evidence based steps we can take to tackle the issue?
- The numbers of people affected
- The severity or impact of the issue
- Does it tie into the objectives of the City's Corporate Plan, which aims to support businesses and communities?
- Will the City be a better place to live and work if we tackle this issue?
- Is there a current gap in provision or service that we have identified?
- Do we have the resources to tackle this (or are there resources that we can get)?
- Was this identified as a priority in the JSNA, or is there strong consensus that this is an issue for local people?

### *The evidence base for the Joint Health and Wellbeing Strategy*

Joint Health and Wellbeing Strategies are strategies for meeting the needs identified in an area's Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs, or NHS England. JSNAs are produced by health and wellbeing boards, and are unique to each local area.<sup>4</sup>

The City's JSNA provides an overview of the local evidence we have about health and social needs in the City.

### *What we understand from the evidence contained in the JSNA*

Although small, the City is by no means homogeneous. Lots of different kinds of people live here, ranging from professionals who work in the City's firms who live alone and in couples, to a growing community of retired people many of whom live alone, as well as whole communities who struggle to make ends meet. The number of rough sleepers in London is growing, and many find their way into the City of London at night, because it is a safe and relatively quiet place to sleep. Although people in the City are diverse, there is also a strong sense of community, and the vast majority who live and work here say they are satisfied with the area. The City has a strong infrastructure of services and agencies, as well as grass-roots organisations and committed individuals who help to make this place thrive.

<sup>4</sup> Department of Health (2012), *Draft Statutory Guidance on Joint Strategic Health Assessments and Joint Health and Wellbeing Strategies*

### *The City's Joint Strategic Needs Assessment (JSNA) 2011/12*

The City is mostly a business district, with some areas of high-density housing. As well as the office workers who come into the City in the daytime, the City's bars and restaurants are increasingly popular with visitors in the evenings. The City has an increasingly international worker and resident community, and an ageing resident population. The City borders onto five London boroughs, and residents often have to access services that are delivered outside the Square Mile. The City shares NHS services with Hackney, and the new Clinical Commissioning Group will cover City and Hackney. The catchment area of the City's only GP practice does not cover the whole City, so residents in the east access GP services from Tower Hamlets.

In surveys, the City scores highly as a place to live and work, and it has excellent transport links and cultural services. The City is an urban area, and suffers from poor air quality. Particulate matter and nitrogen dioxide levels are both very high, and there were also 706 noise complaints last year. There are numerous open spaces in the City but they tend to be very small.

Despite being such a small geographical area, the City of London has the fifth highest number of rough sleepers in London. Most rough sleepers are white, older males, with problems relating to alcohol and mental health.

The City provides jobs for around 430,000 people, with around 60% of these in the banking, finance and insurance sectors. Around 75% of City workers are professionals, managers or associate professionals, with the remaining quarter in other occupations, including administrative and sales roles. Unemployment benefits claimants rates are low for the City overall, but worklessness is concentrated into particular geographical areas and housing estates.

The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller. Fuel poverty amongst City residents is stable at 6.4%, but the last census showed that many pensioners live alone in the City. There has been

improvement in the City's deprivation ranking in recent years, however huge gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived), with 41% of Portsoken children still living in poverty. A local survey showed that 40% of working age lead tenants on the Golden Lane Estate and Middlesex St Estate were not in work, and it is thought that welfare reforms may have a serious impact upon some City residents.

There has been a recent increase in the numbers of bars and restaurants that are staying open late and at weekends, but this is not without its disadvantages. There is a high rate of alcohol related crime, which accounts for 25% of total crime, and is patterned according to "city drinking hours". However, in the past year, there have been drops in reported crime for drug offences, violence, burglary and criminal damage.

There is a high smoking rate amongst workers, which is reported to be linked to stress; however, City smoking cessation services have a quit rate of 39%. There are no reliable figures about smoking rates in City residents, but we know that smoking is the single biggest contributor to health inequalities in the UK. Alcohol-related deaths and hospital admissions are very low for City residents; however, there are no figures that relate to the many non-residents who drink in the City's licensed premises.

We have no data on obesity or healthy eating in the City; however, it is known that there is a low rate of physical activity amongst residents, especially amongst adult women (45% inactive). It can be difficult to exercise in the City, as there is limited green space, and most private gyms in the Square Mile are very expensive. Subsidised membership for residents is available, however, for City residents at the Golden Lane Leisure Centre.

Most babies born to City mothers are born outside the City, with the majority in Camden (at University College Hospital) or Tower Hamlets (in the Royal London Hospital). The numbers relating to NEETS, teenage pregnancies, pregnant smokers, infant deaths and low birth weight babies are so tiny that

they often cannot be disclosed (i.e. there are fewer than five cases of each per year). Data on childhood obesity in the City is unreliable, because we have very few children, but there is 100% participation in PE, and a good range of sports and physical activity projects for young people. Data show that vaccination rates for MMR (measles, mumps and rubella, also known as German measles) are below average compared to both the UK and London, but that the 5-in-1 vaccine, which confers protection against diphtheria, tetanus, whooping cough, polio and bacterial meningitis, has rates that are above average.

Life expectancy in the City is still the highest in the country (82.2 years for men and 89.2 years for women). There is, however, a lack of data around key medical conditions that may affect the City's resident population. One in six older people in the City receive care packages, and there are thought to be a number of carers in the City, who are generally old (average age 64) and have been caring for a long time (average duration 14 years). Local survey data tell us that older people living on the Golden Lane Estate and Middlesex Street Estate have high rates of disability and poor health.

### *Evidence on City workers*

The City of London Corporation and NHS East London and the City commissioned a piece of research to look at the public health and primary healthcare needs of City workers – this research uncovered that a very hard-working and generally healthy group of people work in the City, but that they take risks with alcohol; smoke at a higher than average rate; and many report feeling very stressed. We believe there is potential to tackle some of these issues amongst City workers, which will prevent them storing up health problems for later in life, as well as making them happier and more productive employees right now.

### *How we intend to tackle the health and wellbeing challenges in the City*

We have identified some key areas for the Health and Wellbeing Board to focus upon over the next three years. These are as follows:

1. Bedding-in the new system – maximising opportunities for promoting public health amongst the worker population, and taking on broader responsibilities for health.
  - ↳ Ensuring that the transition does not create gaps or deficiencies
  - ↳ Identifying areas of priority action; watching brief; and business as usual
  - ↳ Creating staffing and commissioning structures that can identify and meet the needs of the population
  - ↳ Maintaining and improving public health intelligence, to build up a clearer picture of our needs and resources in the City.
  - ↳ Finding out more about particular issues – drugs, sexual health, sex workers, primary care access.
2. Improving joint working and integration, to provide better value
  - ↳ Reaching a mutually beneficial agreement, and maintaining a stable relationship between the London Borough of Hackney

and the City of London for the delivery of public health, including some shared services, from April 2013

- ↳ Defining the City's role in relation to other CCGs and local authorities, especially Tower Hamlets – key areas include referrals and discharges; tripartite funding; rehabilitation services; district nursing; and community psychiatric nurses.
- ↳ The membership of the Health and Wellbeing Board and named individuals will ensure harmonisation between plans and strategies within and outside the City (See list of other plans and strategies below)

### 3. Addressing key health and wellbeing challenges.

- ↳ An extensive consultation exercise was carried out which helped identify priority areas – see table (p20) below. These areas and responses endorsed our approach but also provided us with additional areas for further development.

Particular areas which emerged in the consultation were:

- A lack of information about the needs and attributes of people in the City, particularly workers
- The need for better integration between services to ensure vulnerable people, in particular, have continued provision
- The need to consider obesity and nutrition in the City population
- The need for better collaborative working with businesses to address worker health (including stress)
- The need to improve access to health-promoting facilities. In particular, the affordability of leisure activities.

The most important overall issue that emerged from the consultation was the issue of mental ill-health and how it was addressed, for both residents and workers.

## Key Health & Wellbeing Challenges

### 1. Residents

↳ Ensuring that all City residents are able to live healthily, and improving access to health services.

### 2. Rough Sleepers

↳ Working with health and outreach services to ensure rough sleepers are given the range of support they need.

	Priority	Particularly Vulnerable Groups	Evidence Base	Assets	JSNA Priority	Framework <sup>5</sup>		
						PH	SC	NHS
Ensure that more people with mental health issues can find effective, joined up help	1	Rough sleepers Older people with dementia and depression Carers	JSNA Service Mapping Residents' accounts of unsatisfactory experiences	GPs City Advice, Information and Advocacy Services Housing Service LB Hackney	Mental health Homelessness	1.6 1.7 1.8 2.23 4.9 4.16	1F 1H	1.5 2.5 2.6 4.7
Ensure that more people in the City have jobs: more children grow up with economic resources	2	People in deprived areas Children NEETs Young carers	JSNA	Jobcentre Plus Apprenticeships Adult Learning Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries  Planning Department: Employment for local residents is promoted by the Local Procurement Charter, supported by planning obligations under the policies of the Core Strategy	Worklessness Child poverty Fuel poverty Mental health Homelessness Welfare reforms	1.1 1.5 1.8	1E 1F	2.2 2.5

5

These refer to the Public Health; Social Care; and NHS outcomes framework indicators that are associated with each priority.



Confirm that City air is healthier to breathe	3	People with particular health conditions (COPD, asthma); Children; Older people ; City workers	JSNA	Environmental Health, City Air Strategy Police Core Strategy restricts developments that could give rise to air pollution, discourage motor vehicle use and promote active travel and public transport.	Air quality	3.1		
Be assured that more people in the City are physically active	4	Residents who find it difficult to access leisure facilities Older people	JSNA	Golden Lane Leisure Centre City Sports Development team Community Engagement Worker Transport Planning Police  Planning: Core Strategy, Open Spaces Strategy, environmental enhancement strategies and various transport strategies seek to protect recreational facilities and open spaces and promote further provision	Cardiovascular disease Social isolation	1.9 2.12 2.13		(1.1)
Enable more people in the City to become socially connected and know where to go for help	5	Older people Carers Rough sleepers	Census Pensions data Evidence of the health impacts of social isolation	Older people's groups Community Engagement Worker Carers' service City Advice, Information and Advocacy Services GPs	Social isolation Fuel poverty Mental Health	1.18 2.23 4.13	1A 1D	2.4
Ensure that more rough sleepers can get health care, including primary care, when they need it	6	Rough sleepers	CHAIN database	Homelessness Outreach Service Homeless Health Provision	Homelessness Mental health			
More people in the City should take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus) :	7							

Ensure that older people in the City receive regular health checks		Older people Carers People on care packages	JSNA Evidence on carers' health	GPs Community Groups Community Engagement Worker	Cardiovascular disease	2.22 4.4		1.1
Ensure that children in the City are fully vaccinated		Children	JSNA	GPs Community Engagement Worker	Childhood immunisations	3.3		
Ensure that people in the City are screened for cancer at the national minimum rate		Portsofen residents; BME residents; People on care packages; Older people	JSNA. Evidence that cancer screening can improve healthy life expectancy.	GPs Community Groups Community Engagement Worker	Cancer prevention	2.19 2.20 4.5		1.4
Ensure that the City is a less noisy place	8	People with mental health issues	JSNA	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols Core Strategy resists developments that increase noise.	Mental health			
Ensure children and young people enjoy good physical and mental health	9	LAC/children subject to CPP; care leavers; children with additional needs and disabilities; children at risk of CSE	JSNA	Children's Services (social work, Early Help, FYi), City Advice, Maternity and antenatal services, GPs, Health visiting and family nursing, CAMHS, Schools, early years and childcare, Children's centres, Sexual health services, Sports and youth provision	Pregnancy and birth Early years Young people Vulnerable children	1.1, 1.2 1.3, 1.4 1.5, 2.1 2.2, 2.3 2.4, 2.6 2.7, 2.8 2.9, 3.2	n/a	1a 1.6 3.2 4.5 4.8 5.5
Promote integrated working between social care and health	10	Residents with social care and/or health needs	JSNA BCF analysis	Adult social care services Adult Wellbeing Partnership City & Hackney CCG Neighbouring CCGs Local hospital trusts One Hackney City Advice	Mental health Social isolation Childhood poverty	3.07 4.11 4.13	2.B 2.C	2.1 2.3 3a/b 3.6 4.9

### 3. City workers

- ↳ We want the City to continue to be the world leader in international finance and business services, and a healthy workforce is key to this.
- ↳ We want workers in the City to thrive here, and for The City of London to lead the way as an exemplar for workplace health. We want to meet the needs of all of our workers, especially those in lower-paid and non-professional positions. All kinds of people work in the City, and so we need to think about different ways to engage with them, and ensure we can keep them healthy.
- ↳ We want to work with City employers and City workers to prevent ill health, reduce sick days and improve the productivity of City businesses. It is acknowledged that many of the challenges that apply to residents also apply to workers.

	Priority	Particularly Vulnerable Groups	Evidence Base	Assets	JSNA Priority	Framework		
						PH	SC	NHS
Page 119 Ensure that fewer City workers live with stress, anxiety or depression	1	Low-paid workers	City worker health research	City businesses, HSE standards, Livery Companies Environmental Health,	Mental health Smoking Alcohol Cardiovascular disease	1.9 2.23		
Ensure that more City workers have healthy attitudes to alcohol and City drinking	2		City worker health research	Substance Misuse Partnership City of London Police Safety Thirst London Ambulance Service DH alcohol strategy Core Strategy and Statement of Licensing Policy	Alcohol Cardiovascular disease Cancer	1.9 2.18		(1.3)
Ensure that more City workers quit or cut down smoking	2	Low-paid workers	City worker health research	Pharmacists GPs Employers City Street Cleansing Team	Smoking Cardiovascular disease Cancer	1.9 2.14 (2.1) (2.3)		(1.1) (1.2) (1.4) (1.6)

*What are the other plans which influence health and wellbeing in the City?*

Plan/Strategy	HWB Member(s) Responsible for Harmonisation
Corporate plan, Core Strategy & Local Plan.	Assistant Town Clerk and representative of Policy and Resources Committee
Children and Young People's plan	Director of Community and Children's Services and Chairman/representative of Community and Children's Services Committee
Safer City Partnership	Assistant Town Clerk
Policing Strategy	City of London Police
Substance misuse partnership	Director of Community and Children's Services and Chairman/representative of Community and Children's Services Committee
Planning and transport strategies	Planning and Transportation Committee Member
Environmental health	Director of Environmental Health and Public Protection and Chairman of Port Health and Public Protection Committee
DCCS Business Plan	Director of Community and Children's Services and Chairman/representative of Community and Children's Services Committee
Annual reports of the Adults and the Children's Safeguarding Boards	Director of Community and Children's Services and Chairman/representative of Community and Children's Services Committee
Cultural Strategy	Deputy Chairman of the Culture, Heritage and Libraries Committee
CCG Commissioning Strategy	City and Hackney Clinical Commissioning Group

*How the Strategy fits in the City of London Corporation*

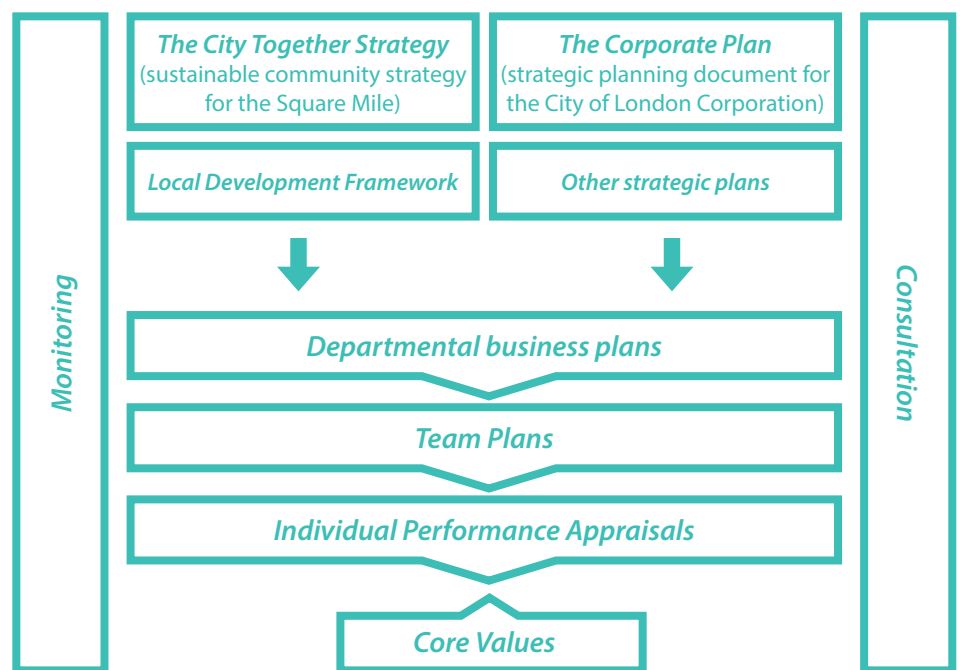
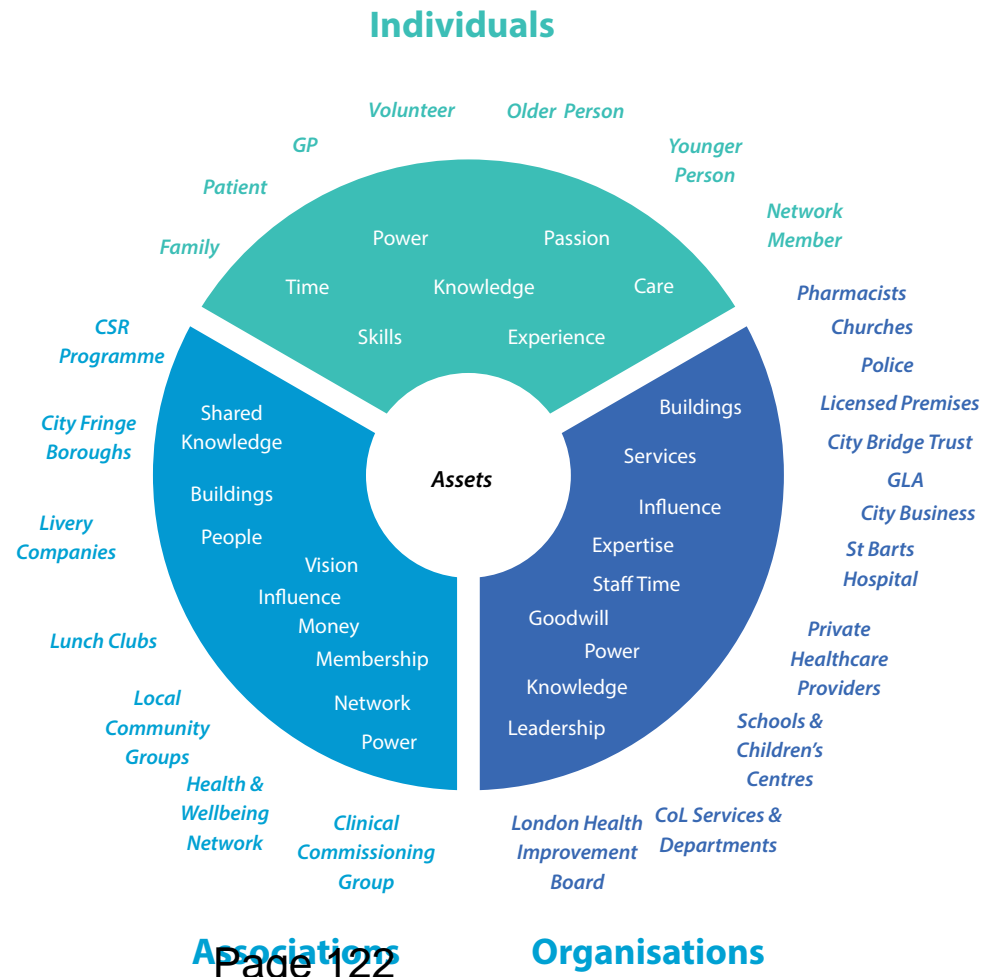


Fig 3. The Planning Cycle at the City of London Corporation

**Resources and Assets**

The estimated public health allocation for the City of London was given in January 2013 as £1.651m for 2013/14, rising to £1.697m in 2014/15; however, the allocation is expected to fall in the longer term.

As well as financial resources, the Health and Wellbeing Board will need to call on the resources and assets across partners and the wider community if it is to deliver this strategy. The following diagram illustrates the organisations, groups and individuals who we will work with.



### *Appendices*

1. Full list of Outcomes Framework indicators
2. What we are already doing around each of our priorities
3. Action plan
4. Engagement and communications plan
5. CCG commissioning intentions

Appendices are not included in this document – please contact [healthycity@cityoflondon.gov.uk](mailto:healthycity@cityoflondon.gov.uk) or look on [www.cityoflondon.gov.uk](http://www.cityoflondon.gov.uk) if you require them.

### *List of Acronyms*

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
COL	City of London
COPD	Chronic obstructive pulmonary disease
CSR	Corporate Social Responsibility
DCCS	Department of Community and Children's Services
DH	Department of Health
GLA	Greater London Authority
GP	General Practitioner
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
NEET	Not in Education, Employment or Training
PCT	Primary Care Trust
PE	Physical Education
PH	Public Health
SC	Social Care
YP	Young People







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## Joint Health & Wellbeing Strategy Appendix 2: Action Plan 2014-16 (changes highlighted)

Priority	What have we done?	Action Plan	Timelines	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
<b>Residents and rough sleepers</b>						
<b>More people in the City are socially connected and know where to go for help</b>	<p>The City is a pilot area for the Social Prescribing project, with a specific focus on socially isolated individuals</p> <p>We have expanded the City advice service and will be retendering it in Autumn 2014. We will be expanding the role of the community engagement worker in the Portsoken area to build on the existing work and further engage elements of the community not currently engaging</p> <p>We are continuing to work with SPICE to encourage volunteering within the City</p>	<ol style="list-style-type: none"> <li>1. Work with frontline staff to raise awareness of social isolation</li> <li>2. Map and promote local groups and activities</li> <li>3. Research different patterns of isolation between different communities/estates in the City</li> <li>4. Ensure small local groups have adequate funding/sustainability</li> <li>5. CSV bid for Local Area Agreement funding to address this issue</li> <li>6. Work more closely with local GPs – develop a LES (a payment-by-results contract with GPs for them to identify and refer isolated individuals)</li> <li>7. Pop-up information centre in a vacant shop</li> <li>8. Topic-based information and advice drop-in sessions/roadshows for residents</li> <li>9. Continue to promote volunteering (with SPICE)</li> <li>10. Ensure that information about local services and activities is readily available and proactively communicated (retendering information and advice service 2015-16)</li> </ol>	<ol style="list-style-type: none"> <li>1. short term</li> <li>2. short term</li> <li>3. medium term</li> <li>4. short term</li> <li>5. short term</li> <li>6. medium term</li> <li>7. medium term</li> <li>8. medium term</li> <li>9. ongoing</li> <li>10. medium-long term</li> </ol>	<p>City &amp; Hackney CCG</p> <p>Community &amp; Children's Services</p>	<p>Older people's groups</p> <p>Community Engagement Worker</p> <p>Carers' service</p> <p>City Advice, Information and Advocacy Services</p> <p>GPs</p>	<p>City &amp; Hackney CCG Lead</p> <p>Community &amp; Children's Services Director</p>
<b>More people in the City are physically active</b>	<p>We have commissioned a local exercise on referral scheme and are expanding it to Tower Hamlets GPs</p> <p>We are working with the planning and transportation department to review City signage</p> <p>We are working with Open Spaces to ensure the new Open Spaces Strategy takes account of health and wellbeing issues</p>	<ol style="list-style-type: none"> <li>1. Investigate how to engage with diverse Portsoken populations, and older populations in the north of the City, to increase physical activity</li> <li>2. Develop physical activity strand for a Healthy Schools programme</li> <li>3. Work with planning and transport department to investigate further ways to increase/improve active transport options</li> <li>4. Develop an app that ties in with the Clean-Air app that allows people to set targets for walking and physical activity</li> <li>5. Continue work with Golden Lane Leisure Centre to encourage residents to make use of facilities</li> <li>6. Continue work with Open Spaces to incorporate health</li> </ol>	<ol style="list-style-type: none"> <li>1. medium term</li> <li>2. medium term</li> <li>3. medium term</li> <li>4. medium term</li> <li>5. ongoing</li> <li>6. ongoing</li> </ol>	<p>Planning and Transport</p> <p>Port Health and Public Protection</p> <p>Open Spaces</p> <p>Fusion Lifestyle</p>	<p>Golden Lane Leisure Centre</p> <p>Sports Development team</p> <p>Community Engagement Worker</p> <p>Transport Planning</p> <p>Police</p>	<p>Community &amp; Children's Services Director</p> <p>Director of Public Health</p> <p>City &amp; Hackney CCG Lead</p>

	<p>We have commissioned the community engagement worker to encourage women in the east of the City to be more physically active</p> <p>We are working with C&amp;H CCG to develop a new T3 adult obesity service (for adults who are at risk of needing bariatric surgery), which will include a physical activity component and/or healthy weight maintenance</p>	and wellbeing issues into future service delivery				
<b>City air is healthier to breathe</b>	<p>New air quality strategy is being written</p> <p>Public awareness of this issue is much higher, and Corporation-wide support is growing</p> <p>Pan-London conference is being planned for late 2014</p>	<ol style="list-style-type: none"> <li>Working with additional partners (eg, taxis) to further raise awareness and support (take a proactive firm stance)</li> <li>Contribute to refresh of air quality strategy</li> <li>Investigate what can be done to improve traffic management in the City</li> <li>Influence built environment design</li> <li>Commission research on impact on vulnerable groups</li> <li>Measure hits/ sign-up to apps</li> </ol>	<ol style="list-style-type: none"> <li>short term</li> <li>immediate</li> <li>short-medium term</li> <li>ongoing</li> <li>medium term</li> <li>short term</li> </ol>	Port Health and Public Protection Built Environment GLA TfL	Environmental Health, City Air Strategy Police	Port Health & Public Protection Director
<b>The City is a less noisy place</b>	<p>We have submitted comments to the City's local plan consultation</p> <p>We have been working with licensing on the new Safety Thirst scheme, which includes consideration of noise from the night time economy</p>	<ol style="list-style-type: none"> <li>Measure numbers of complaints</li> <li>Work with partners on noise mitigation, particularly from large vehicles and building works</li> <li>Evaluate impact of late night levy</li> <li>Evaluate impact of noise on health and wellbeing within the City</li> <li>Refresh of City Noise Strategy and Action Plan</li> </ol>	<ol style="list-style-type: none"> <li>Immediate</li> <li>medium term</li> <li>Medium-long term</li> <li>Medium-long term</li> <li>Medium term</li> </ol>	Port Health and Public Protection City of London Police Safer City Partnership	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols	Port Health & Public Protection Director
<b>More people with mental health issues can find effective, joined up help</b>	<p>We have encouraged the CCG to recognise this as a priority area for City residents</p> <p>We have commissioned a mental health needs assessment for residents in the City of London</p> <p>Our new dementia strategy seeks to create a "dementia friendly City" and will be encouraging City frontline staff</p>	<ol style="list-style-type: none"> <li>Promote social interaction amongst residents, especially on estates</li> <li>"talk to your neighbour" campaign</li> <li>Promote healthy workplace initiative</li> <li>Train City of London staff as dementia friends</li> <li>Promote assessment of mental health app</li> <li>Link HWB app to social prescribing</li> <li>Outreach Mental health nurse practitioner for rough sleepers</li> <li>Outreach GP for rough sleepers</li> <li>Measure interventions; 999 calls; prescriptions</li> </ol>	<ol style="list-style-type: none"> <li>medium term</li> <li>medium term</li> <li>immediate</li> <li>short-medium term</li> <li>medium term</li> <li>medium term</li> <li>medium term</li> <li>medium-long term</li> <li>medium-long term</li> </ol>	City & Hackney CCG  Community & Children's Services  East London Foundation Trust	GPs City Advice, Information and Advocacy Services Housing Service LB Hackney	Community & Children's Services Director  City & Hackney CCG Lead

	to become dementia friends					
<b>More people in the City have jobs: more children grow up with economic resources (reduce child poverty)</b>	Child poverty needs assessment Housing team and Information and Advice Service are working with vulnerable families Targeted services in the most deprived areas of the City (Portsoken)	1. Greater provider-based identification of vulnerable families 2. Actions contained in needs assessment (to be agreed by HWB and CCS committee) 3. Service mapping activity to inform prevention and early intervention work	1. Medium term 2. Short-medium term 3. Short-medium term	Economic Development Community & Children's Services DWP/Job Centre Plus	Jobcentre Plus Apprenticeships Adult Learning Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department	Community & Children's Services Director
<b>More rough sleepers can get health care, including primary care, when they need it</b>	Supporting TB find and treat mobile X-ray screening (also tests for other BBVs) Increase in GP registrations New rough sleeper strategy	Outreach GP for rough sleepers	medium-long term	Community & Children's Services City & Hackney CCG	Homelessness Outreach Service Homeless Health Provision	Community & Children's Services Director City & Hackney CCG Lead
<b>Ensure children and young people enjoy good physical and mental health</b>	We have expanded our Early Help provision Responsibility for commissioning of public health services for 0-5 year olds (incl. health visiting) transfers from the NHS to local authorities in October 2015 Safeguarding placed on the Corporate Risk Register Peer review of CSE processes Review of children's services	1. Develop Children and Young People's Plan 2. Transfer of public health services for 0-5 year olds. 3. Actions from CSE peer review 4. Actions from children's services review 5. Actions from Early Help Strategy 6. Recommendations from Mental Health Needs Assessment relating to children 7. Recommendations from 0-5 Years Needs Assessment 8. Expand evidence base (JSNA) to cover child sexual health and sufficiency of sexual advice services (including awareness of CSE), self-harm, accidents to children, child and family mental health, alcohol/substance misuse and domestic abuse.	1. short term 2. medium term 3. immediate / short term 4. immediate / short term 5, immediate / short term 6. immediate / short term 7. medium term 8. long term	City & Hackney CCG Community & Children's Services	Children's Services (social work, Early Help, FYi) City Advice Maternity and antenatal services GPs Health visiting and family nursing CAMHS Schools, early years and childcare Children's centres Sexual health services Sports and youth provision	Community & Children's Services Director Director of Public Health City & Hackney CCG Lead
<b>Promote integrated working between social care and health</b>	Established HWB to bring together leaders of the health and social care system locally. This is also supported by the Adult Wellbeing Partnership. Submitted plans for Better Care Fund to jointly tackle complex health issues.	1. Delivery of Better Care Fund plans 2. Cross border working with neighbouring CCGs (care pathways for City residents) 3. Continue to develop HWB's health and social care system leadership role	1. medium term 2. medium term 3. ongoing	City & Hackney CCG Community & Children's Services Tower Hamlets and Islington CCGs	Adult social care GPs Hospital trusts Pharmacists Voluntary sector City Advice	Community & Children's Services Director City & Hackney CCG Lead Director of Public Health

<b>People in the City are screened for cancer at the national minimum rate</b>	Responsibility for cancer screening has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	immediate	NHS England	GPs Community Groups Community Engagement Worker	NHS England Lead
<b>Children in the City are fully vaccinated</b>	Responsibility for childhood vaccinations has moved to NHS England	Transfer responsibility for monitoring to Health and Social Care Scrutiny Subcommittee	immediate	NHS England	GPs Community Engagement Worker	NHS England Lead

Priority	What have we done?	Action Plan	Timelines	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
<b>City workers</b>						
<b>Fewer City workers live with stress, anxiety or depression</b>	<p>We commissioned research into best practice for companies investing in workplace health programmes</p> <p>We ran the Business Healthy conference in March 2014, and have set up a network of interested businesses</p>	<ol style="list-style-type: none"> <li>1. Work with GLA to promote the Healthy Workplace Charter, via Business Healthy, for all City workplaces</li> <li>2. Campaign to raise awareness amongst businesses and de-stigmatise mental health issues for all City workers</li> <li>3. Put into contracts as a condition: Expectation that contractors sign up to the Healthy Workplace Charter.</li> <li>4. Work with partners such as CMHA, BITC</li> <li>5. Work to establish services in faith buildings</li> <li>6. Include worker health stipulations in local schemes (similar to Considerate Contractors)</li> <li>7. Softer interventions: <ol style="list-style-type: none"> <li>a. Built environment</li> <li>b. Open spaces</li> <li>c. Sports and leisure</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. immediate</li> <li>2. medium term</li> <li>3. medium-long term</li> <li>4. immediate</li> <li>5. medium term</li> <li>6. medium-long term</li> <li>7. medium-long term</li> </ol>	Community & Children's Services	City businesses, HSE standards, Livery Companies Environmental Health,	<p>Community &amp; Children's Services Director</p> <p>Director of Public Health</p> <p>Port Health &amp; Public Protection Director</p>
<b>More City workers have healthy attitudes to alcohol and City drinking</b>	<p>We are expanding our work with employers to encourage healthy attitudes.</p> <p>We are working with local pubs, bars and clubs to educate and support workers, through the Safety Thirst scheme</p>	<ol style="list-style-type: none"> <li>1. Set up a new service that takes a preventative approach to smoking, drinking and drug-taking, as agreed at last HWBB</li> <li>2. Engage with licensing committee</li> <li>3. Educate on impact on long term health</li> </ol>	<ol style="list-style-type: none"> <li>1. short term</li> <li>2. short term</li> <li>3. medium term</li> </ol>	<p>City of London Police</p> <p>Safer City Partnership</p>	<p>Substance Misuse Partnership</p> <p>City of London Police Safety Thirst</p> <p>London Ambulance Service</p> <p>DH alcohol strategy</p>	<p>Community &amp; Children's Services Director</p> <p>Port Health &amp; Public Protection Director</p>
<b>More City workers quit or cut down smoking</b>	<p>We have worked with the Cleansing team and Boots to set up the Fixed Penalty Notice scheme</p> <p>We are piloting novel approaches to smoking cessation e.g. e-cigarettes</p>	<ol style="list-style-type: none"> <li>1. Extending Smoke Free Open Spaces in the City</li> <li>2. Highlight Internal (corporation) and external resources available to help quit</li> </ol>	<ol style="list-style-type: none"> <li>1. short term</li> <li>2. short term</li> </ol>		<p>Pharmacists</p> <p>GPs</p> <p>Employers</p> <p>City Street Cleansing Team</p>	Community & Children's Services Director

Service area	What have we done?	Action Plan	Who else invests in this?	Assets	Lead Health and Wellbeing Board Members
<b>Mandatory services</b>					
<b>Sexual health</b>	Commissioned services through LB Hackney.  Barts Health running a pilot walk-in sexual health service with Boots from Liverpool Street Station		LB Hackney	Barts GUM clinic Boots and other pharmacy	Director of Public Health
<b>NHS Health Checks</b>	We have commissioned TLC to conduct additional health checks beyond those provided by the NHS, aimed at harder-to-reach communities (e.g. residents in more economically deprived areas, lower-paid manual workers)  GP and pharmacy health checks  We will be recommissioning the delivery of health checks more holistically from 2015	More targeted activities in Portsoken	LB Hackney	Community centres and events Libraries GPs Community Groups Community Engagement Worker	Director of Public Health
<b>National Child Measurement Programme</b>	Commissioned school nursing services through LB Hackney		LB Hackney	Schools	Director of Public Health
<b>PH advice to CCG</b>	Worked with C&H CCG to agree PH inputs Supporting the Mental Health Programme Board  Ad hoc advice, information and intelligence provided to CCG in conjunction with LB Hackney  Supporting the CCG with public engagement events	To be agreed with C&H CCG  Possibility of working more closely with TH CCG and other neighbouring areas	LB Hackney		Director of Public Health
<b>Health protection planning</b>	Supporting TB outreach, screening and TB DOT  Set up local health protection forum  Multiagency work with Public Health England, NHS England , LAS and LFB  Contributed to excess deaths; pandemic flu; mass evacuation; and mass shelter frameworks for London  Contributed to review of heatwave arrangements for London	Reviewing multiagency response pandemic flu plan for the City – will include review of excess deaths arrangements  Emergency planning with City businesses	Town Clerk's Department (Contingency Planning Team)  Port Health and Public Protection Team  Public Health Team  Public Health England, NHS England , LAS and LFB		Director of Public Health



<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> Better Health for London: Next Steps	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services	<b>For Decision</b>

## Summary

The City of London Health and Wellbeing Board (HWB) selected a number of key recommendations from the London Health Commission’s *Better Health for London* report for further exploration at their meeting in February 2015. An officer working group was asked to analyse the implications of each of these opportunities. This report sets out the research and makes recommendations to Members about whether each opportunity should be pursued

## Recommendation(s)

Members are asked to:

- Consider the analysis of each of the opportunities from *Better Health for London*.
- Approve the following recommendations to the HWB:
  - Smoke free parks and open spaces: It is not recommended that Members pursue this opportunity, owing to the limited health benefits of banning smoking in parks and open spaces in the City. However, the HWB should continue to champion smoke free children’s playgrounds and seek to expand this scheme.
  - Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work: It is recommended that the HWB continues to support active travel by implementing some local schemes that specifically encourage workers and residents to walk or cycle more. If Members approve, then a costed proposal outlining specific initiatives will be brought to the HWB.
  - Promotion of workplace health initiatives: Members are asked to support the work of the Business Healthy initiative and ensure the City’s ongoing commitment to healthy workplaces across the Square Mile.
  - ‘Imagine Healthy London’ Day: It is not recommended that the HWB seeks to introduce public health awareness raising activity, specifically focused on exercise and healthy lifestyles, at existing events in the City. If Members approve, then a full plan will be brought to the HWB.
  - Additional GP services: Members are asked to give their ongoing support for the Workplace Health Centre feasibility study, in order to help meet the identified healthcare needs of City workers.

## Main Report

### Background

1. At the 28<sup>th</sup> November 2014 meeting of the Health and Wellbeing Board, Members received a presentation from Dr Yvonne Doyle, London Regional Director for Public Health England, regarding the Better Health for London report from the London Health Commission. Members discussed the implications for the City of London and how the report can shape the work of the Health and Wellbeing Board.
2. The Better Health for London report was a The report is a “call to action” for London and proposed measures to combat the public health threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, as well as a raft of recommendations around the provision of health services in London, to make London a healthier place.
3. Officers then presented a paper to the 20<sup>th</sup> February meeting of the Board, suggesting the recommendations that it would be most appropriate for the City of London’s Health and Wellbeing Board to champion. The overall aim was for the HWB to lead some major public health and health service changes in the City and make a tangible impact on the health and wellbeing of our resident and working populations.
4. Members approved the formation of an officer working group to further explore a number of the recommendations from the Better Health for London report, selected because they closely reflect the HWB’s strategic priorities. The working group would identify if and how these recommendations could be implemented in the City. The recommendations from the Better Health for London report for the City that were selected for further exploration were as follows:
  - Smoke free parks and open spaces
  - Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work
  - Promotion of workplace health initiatives
  - Local health promotion day (‘Imagine Healthy London Day’)
  - Additional GP services
5. In the interim, the Mayor of London has published his response to the recommendations (*Mayor’s response to the London Health Commission*), and the GLA, London Councils, London CCGs, NHS England and Public Health England have published *Better Health for London: Next Steps*, setting out the work that is already underway in support of the recommendations as well as future actions. These reports have helped to inform the conclusions of the officer working group.

### Current Position

6. The research and analysis carried out by the officer working group is set out below. For each of the recommendations under consideration we have summarised the strengths and weaknesses of the opportunity, made a recommendation to the HWB as to whether the opportunity should be pursued further, and if so the steps to be taken.

**Recommendation 2: Smoke free parks and open spaces**

The Mayor, Royal Parks, City of London and London boroughs should use their respective powers to make more public spaces smoke free, including Trafalgar Square, Parliament Square, and parks and green spaces.

**Strengths**

- The key health benefit of banning smoking in parks and open spaces relates to adults modelling positive behaviour for children and young people. Essentially not smoking in front of children sets a good example. Gradually limiting opportunities for smokers to smoke is also believed to reduce smoking rates by making smoking more difficult and less socially acceptable.
- Parks should be places for people to come together for better health. Banning smoking would result in a healthier, more pleasant environment.
- The Corporation is already piloting smoke free children's playgrounds in four locations in the City. This is a voluntary ban within the playgrounds, with the aim of reducing children's exposure to harmful smoke, deterring young people from taking up smoking, and making playgrounds more attractive. There is the opportunity to expand this initiative as new play areas are developed in the City.

**Weaknesses**

- There is limited evidence that a ban on smoking in parks would result in public health benefits. Exposure to cigarette smoke outdoors poses almost no health risk, since the exposure to the smoke is so small, dissipated and transitory.
- In terms of modelling behaviour, the health impact might also be limited due to the nature of the open spaces in the City. The majority are located in business areas and predominantly used by adults, so the exposure of children to smoking is already low.
- Open spaces in the City tend to be small, so banning smoking would not necessarily deter smokers who could easily relocate to the streets. This would mean that overall levels of smoking are unlikely to decrease.
- Enforcing a ban would require significant additional resource input from the City's enforcement officers to carry out awareness raising work and issue fixed penalty notices or pursue prosecutions in appropriate cases.
- There is some concern that if the ban is voluntary rather than enforced its impact will be limited. Other local authorities that have banned smoking in open spaces in the UK have done so on a voluntary basis. Smoke free children's playgrounds are now common and are self-policing, although there are doubts that a similar approach would work if it applied to all parks and open spaces, especially if they are not designed to be specifically used by children.
- Whilst it is possible to use City byelaws to implement a ban, no precedent for this exists within local government. All other local authorities have only implemented voluntary smoking bans in outdoor areas. A

	<p>new set of byelaws would need to be developed and publicly consulted on and their use approved by the Secretary of State.</p> <ul style="list-style-type: none"> <li>• Further resources would need to be identified to pay for signage and smoking litter bins at all entrances to parks.</li> <li>• The Mayor of London does not endorse this particular recommendation. In his response to the London Health Commission he states that 'people should be able to get on with their lives without interference - as long as they do not break the law and do not harm anybody else'.</li> </ul>
<p><b>Consulted:</b></p> <ul style="list-style-type: none"> <li>• Parks &amp; Open Spaces, City of London Corporation</li> <li>• Comptroller &amp; City Solicitor's, City of London Corporation</li> <li>• Tobacco Control team, City &amp; Hackney Public Health</li> <li>• Built Environment (Street Scene, Enforcement and Cleansing), City of London Corporation</li> <li>• Markets &amp; Consumer Protection (Public Protection), City of London Corporation</li> </ul>	
<p><b>Recommendation to HWB:</b></p> <p>It is not recommended that Members pursue this opportunity, owing to the limited health benefits of banning smoking in parks and open spaces in the City. However, the HWB should continue to champion smoke free children's playgrounds and seek to expand this scheme.</p>	

**Recommendations 7 & 8**

**Recommendation 7: Encouraging more Londoners to walk 10,000 steps a day**

The Mayor should invest 20% of his TfL advertising budget to encourage more Londoners to walk 10,000 steps a day, and TfL should change signage to encourage people to walk up stairs and escalators.

**Strengths**

- The City of London can play a leadership role ensuring local partners (e.g. leisure, transport and planning) are collaborating to promote physical activity, active travel and access to green spaces.
- In London 43% of adults do not achieve the recommended minimum level of 150 minutes of physical activity each week according to national statistics. A significant proportion of the population (27%) are categorised as 'inactive' – achieving less than 30 minutes of physical activity a week. This is the case for up to 40% of the population in some London boroughs and a case for why we should promote more walking.
- Short trips or 'active travel' – walking or cycling for utility purposes – is part of the daily routine for many people in London using public transport, as well as those who walk or use a bike for shorter trips. As a result Londoners do more active travel than the England average.
- More walking and cycling would result in significant health benefits to Londoners and cost savings to London's economy. One estimate is that 60,000 years of perfect health could be gained each year across London's population if people swapped motorised modes for those short journeys that could realistically be walked or cycled instead. This can be monetised as over £2bn each year in health economic benefits.
- If this high level of walking and cycling were achieved we could expect that the proportion of Londoners achieving their physical activity needs through travel alone would increase from 25% to 60%.

**Weaknesses**

- The recommendation is likely to have limited health and wellbeing impact due to the following:
  - At present the average steps per person per week is only 3,000.
  - 10,000 steps a day is ambitious for the average person in London to make. However, the City is dissimilar from most London Authorities with high commuter levels and many travelling by foot from tube/train stations so City of London data may differ.
  - Unless someone has a pedometer they will be unaware of the number of steps they are walking each day. In order for people to take part in this recommendation, people would need to also be encouraged to buy a pedometer, be given one for free, or have mapped out signs between destinations telling people the average number of steps between those two locations.
  - The likelihood of effective change on behaviour from ad hoc posters is not very high. This use of signage can make people aware of issues or events but in order to facilitate behavioural change there would need to be a targeted campaign.
- One main barrier that would stop the City implementing this recommendation is a lack of resources – we would need a higher budget to spend on an expensive advertising campaign, which may

<ul style="list-style-type: none"> <li>Walking is a particularly important activity as it is the one that people are most likely to do consistently through their life. Remaining active into older age is vital for health because it protects against a range of health risks including dementia, depression, stroke and social isolation – therefore saving money within other services in the long-term.</li> </ul>	<p>include providing Londoners with pedometers.</p>
<p><b>Recommendation 8: Supporting employers to incentivise their employees to walk to work</b>  The NHS, Public Health England, and TfL should work together to create a platform to enable employers to incentivise their employees to walk to work through the Oyster or a contactless scheme.</p>	
<p><b>Strengths</b></p>	<p><b>Weaknesses</b></p>
<ul style="list-style-type: none"> <li>See Recommendation 7 strengths above.</li> </ul>	<ul style="list-style-type: none"> <li>Most people do not live in walking distance from work so could not switch to walking the entire route.</li> <li>People using public transport will probably already be walking a fair distance.</li> <li>Those who are car dependant are not using Oyster (public transport) and are not walking.</li> <li>The public health perspective is that you do not want to pay people money who are already walking to walk even further. The focus needs to be on people finding it hard to include activity into their every day.</li> <li>There is not currently a way of adding a user's walked distance into the oyster system. Therefore, if TfL is unsure how they travelled a certain distance they cannot award prizes.</li> <li>This recommendation would also be expensive as in order to target the proportion of the population whose behaviour you want to change, you would need to pay the people who are already walking.</li> <li>A possible negative consequence is that the people already walking will not value the prize and this will need to be increased in order to keep people motivated.</li> </ul>
<p><b>Consulted (Recommendations 7 &amp; 8):</b></p> <ul style="list-style-type: none"> <li>Lucy Saunders, Public Health Specialist, Transport &amp; Public Realm, Transport</li> </ul>	

for London / Greater London Authority

- Steve Presland, Transportation & Public Realm Director, Built Environment, City of London Corporation
- *Improving the health of Londoners: Transport action plan*

**Recommendation to HWB (Recommendations 7 & 8):**

The weaknesses for both recommendations would rule out implementing these in their current form. However, the focus on encouraging City residents and workers to walk is the essence of both these recommendations and therefore should be considered in this light. The City could extend this remit to also consider a better cycling environment.

The City is designed largely for people to walk around, but it also has a lot of traffic meaning there is tension between pedestrians and vehicles. A “whole street” approach is needed to make streets more conducive to health and attractive places to walk and cycle. There is already a great deal of work underway in the City of London to encourage more walking and cycling:

- Transportation and Public Realm currently spend in excess of £10m per annum on green spaces, improving the built environment and generally making areas more attractive for pedestrian use (and cyclists).
- In new developments planners are actively seeking to locate stairs next to lifts to encourage walking.
- The City is actively looking to put in place cycle quietways to support the Mayor of London’s strategy.
- The City has supported the installation of “Boris Bike” stands, arranged Dr Bike sessions for cyclists and has a programme of installing cycle stands.

The City should consider initiatives to get people out onto the streets and walking or cycling, such as:

- doing more to encourage residents to walk through better advertising of visitor trails and resident discounts for guided walks
- actively promoting ground level tube maps for residents and through businesses as many stations are closer by foot
- promoting both safer cycling routes and safer pedestrian routes based both on Road Danger assessment and air quality
- promoting a ‘walk London’ initiative, similar to the recent ‘cycle London’ initiative
- working with Transport for London’s Business Engagement Team who work with London employers to encourage cycling and walking to and from work, and for work purposes. Businesses could encourage employees to take short trips for meetings within the City on foot, and not by car or taxi.
- supporting businesses to reconsider how they receive deliveries in order to reduce road traffic and make streets more attractive to pedestrians.

It is recommended that the HWB continues to support active travel by implementing some local schemes that specifically encourage workers and residents to walk or cycle more (such as those outlined above). If Members approve, then a costed proposal outlining specific initiatives will be brought to the HWB.

**Recommendation 9: Promotion of workplace health initiatives**

The Mayor should encourage all employers to promote the health of Londoners through workplace health initiatives. The NHS should lead the way by introducing wellbeing programmes, including having a mental health first aider for every NHS organisation.

**Strengths**

- There is significant evidence to show that a healthy workforce is more productive. Businesses that have implemented workplace health initiatives report improved staff engagement, recruitment and retention, as well as reduced absenteeism and improved productivity.
- The City of London has developed the Business Healthy, providing City businesses with expert-led workshops, member forums and a central resource hub through our website. Business Healthy brings together businesses in the City to ignite and support positive change in the health and wellbeing of their workforce. The initiative has been running since March 2014 and has been a great success, with over 200 members signed up.
- The GLA's Healthy Workplace Charter provides a useful framework and accreditation for employers seeking to improve the health and wellbeing of their workforce. This is promoted through Business Healthy and City businesses are also supported through the process.
- The City of London Corporation is also keen to lead by example by is developing a workplace health programme for its own staff and gaining 'Achievement' accreditation in the Healthy Workplace Charter.

**Weaknesses**

- Although Business Healthy has a large and growing number of members, there is still more we can do to engage those businesses that have not yet implemented workplace health initiatives, particularly smaller businesses.

**Consulted:**

- Dr Nicole Klynman, Public Health Consultant, City Of London Corporation

**Recommendation to HWB:**

Members are asked to support the work of the Business Healthy initiative and ensure the City's ongoing commitment to healthy workplaces across the Square Mile.



**Recommendation 10: 'Imagine Healthy London' Day**

London boroughs, the GLA and the NHS should work together to organise an annual Mayor's 'Imagine Healthy London' Day in London's parks, centred on an 'All-Borough Sports Festival' with health professionals offering health checks, and exercise and healthy eating workshops.

**Strengths**

- The City of London is keen to support local sporting, exercise and health initiatives. For instance the routes of 2012 Olympic marathons, the 2014 Tour de France, the annual London marathon and various road races pass through the City, including the Great City Race which is an inter-company competition. Similar inter-company sporting leagues exist throughout the City.
- Sports development activities aimed at residents are provided by Fusion and include health walks, exercise on referral and sports programmes for young people.
- Although there are no plans for a pan-London day, it would be possible for the City to introduce some public health activity at existing events, such as health checks, or information stands focused on exercise, healthy eating, quitting smoking and responsible drinking. Events could include the large sporting events already mentioned, or events that attract large numbers of visitors such as the Community Fair, the Lord Mayor's Show or the Mayor's City of London Festival in the summer.

**Weaknesses**

- There are no plans for a pan-London 'Imagine Healthy London' Day coordinated by the GLA, so it would not be possible to link in with a higher profile event. The GLA has stated that it supports a local approach, and gives examples of a range of sporting events that already take place in London and encourage people to take up sport and increase their levels of physical activity.
- The resource implications for organising and marketing a large-scale event would be considerable, and might be difficult to justify given the funding that is already invested in community sports activity in the City. Instead, we could consider how we can use existing events to encourage increased levels of physical activity and better awareness of healthy lifestyles.

**Consulted:**

- City and Hackney Public Health Team
- Commissioning and Performance Team, Community and Children's Services, City of London Corporation (responsible for sports development)

**Recommendation to HWB:**

It is not recommended that the HWB seeks to introduce public health awareness raising activity, specifically focused on exercise and healthy lifestyles, at existing events in the City. If Members approve, then a full plan will be brought to the HWB.

**Recommendation 26: Additional GP services**

NHS England and CCGs should put in place arrangements to allow existing or new providers to set up new GP services in areas of persistent poor provision in London.

**Strengths**

- There is a significant need and demand from City workers for health services, including GP access and specialist services that address issues such as stress, depression, 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 private health insurance, many lower-paid workers only have access to these services at home and may be unable to access primary care due to their working hours.
- The City Of London Corporation is responding to this need with the proposed Workplace Health Centre. The feasibility study is ongoing, and potentially may include:
  - GP
  - Mental health services
  - Gym facilities
  - Public health services such as drug and alcohol treatment, health checks and smoking cessation.
  - Services aimed at City businesses such as occupational health, travel vaccines and visa medicals.
- The overarching aim is to provide health services where a significant need has been identified, using a self-financing model.

**Weaknesses**

- The key limitation of the Workplace Health Centre proposal is timescales, with the centre not due to be operational until 2018.

**Consulted:**

- *The Public Health and Primary Healthcare needs of City workers*, 2012
- *Mapping public healthcare and private healthcare provision in the City*, 2015
- Community and Children's Services, City of London Corporation
- City and Hackney Public Health team

**Recommendation to HWB:**

Members are asked to give their ongoing support for the Workplace Health Centre feasibility study, in order to help meet the identified healthcare needs of City workers.

## Proposals

7. Members are asked to consider each of the recommendations from *Better Health for London* described above, and to approve the following recommendations to the HWB:

- Smoke free parks and open spaces: It is not recommended that Members pursue this opportunity, owing to the limited health benefits of banning smoking in parks and open spaces in the City. However, the HWB should continue to champion smoke free children's playgrounds and seek to expand this scheme.
- Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work: It is recommended that the HWB continues to support active travel by implementing some local schemes that specifically encourage workers and residents to walk or cycle more. If Members approve, then a costed proposal outlining specific initiatives will be brought to the HWB.
- Promotion of workplace health initiatives: Members are asked to support the work of the Business Healthy initiative and ensure the City's ongoing commitment to healthy workplaces across the Square Mile.
- 'Imagine Healthy London' Day: It is not recommended that the HWB seeks to introduce public health awareness raising activity, specifically focused on exercise and healthy lifestyles, at existing events in the City. If Members approve, then a full plan will be brought to the HWB.
- Additional GP services: Members are asked to give their ongoing support for the Workplace Health Centre feasibility study, in order to help meet the identified healthcare needs of City workers.

## Corporate & Strategic Implications

8. The recommendations listed above were selected because they reflect the priorities of the HWB, as outlined in the Joint Health and Wellbeing Strategy.

## Conclusion

9. The HWB selected a number of key recommendations from the *Better Health for London* report for further exploration. An officer working group has analysed the implications of each of these opportunities and made recommendations to Members about whether they should be pursued.
10. Members are asked to approve a set of recommendations around smoke free children's playgrounds, encouraging more walking and cycling in the City, promoting workplace health initiatives, raising awareness of exercise and healthy lifestyles and meeting the healthcare needs of City workers.

## Background Papers

20<sup>th</sup> February 2015 – City of London response to London Health Commission

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> The City of London Corporation Children and Young People's Plan 2015–18	<b>Public</b>
<b>Report of:</b> The Director of Community and Children's Services	<b>For Information</b>

## Summary

This report presents the City of London Corporation Children and Young People's Plan 2015–18.

The plan has been shaped through extensive consultation, engagement with and involvement of external agencies and partners, children, young people and their families.

The vision for children, young people and their families and carers in the City is for:

***“A safe, engaged and integrated community that enables all children and young people to achieve their full potential”***

The plan outlines shared partnership commitments and anticipated outcomes that will emerge as a result of the work delivered around four priority areas:

*Priority 1: Close the gap for vulnerable groups*

*Priority 2: Close the gap in outcomes for children, young people and families based on their localities*

*Priority 3: Ensure that children and young people are well prepared to achieve in adulthood through high quality learning and development*

*Priority 4: Improve physical and emotional health and wellbeing from conception to birth and throughout life*

An implementation plan, performance framework and process map will be developed to ensure regular, scheduled information flows to the Children's Executive Board.

## Recommendation(s)

Members are asked to:

- Note the City of London Corporation Children and Young People's Plan 2015–18 as set out in Appendix 1.

## **Main Report**

### **Background**

1. At its meeting on 5 September 2014, the Children's Executive Board (CEB) agreed to review the City of London Children and Young People's Plan (CYPP) (2012–15) and accompanying governance arrangements.
2. The CEB agreed that the process for completing this task should be overseen by the Assistant Director (People) with support from the Department of Community and Children's Services Policy Team to co-ordinate the engagement of partners and to draft the plan and new governance arrangements.
3. Subsequently, a task and finish group ("CYPP Project Board") overseen by the Assistant Director (People) was established, to support the editorial and sign-off process for the new Plan. This multi-agency partnership and cross-sector body brought together the key organisations delivering services to children and young people in the City including health organisations, police, schools and colleges and voluntary organisations.
4. Additionally, extensive consultation took place to develop the plan, its vision and priorities. This included a consultation event on 27 February 2015, attended by over 40 representatives from key agencies and sectors across the City.
5. The views of the City's looked after children and other young people in the City, gathered through an event organised by the City Gateway, were also central to shaping this Plan.
6. Feedback from the consultation is outlined within the Plan in the section entitled "*You told us*".
7. This Plan also takes into account analysis and forecast modelling of the demographic, economic and social profile of the City alongside an assessment of achievements to help determine areas for further development.
8. National priorities and new statutory requirements around the safeguarding and protection of children and young people are a paramount theme throughout the Plan.
9. The Plan has also received and incorporated the views of the CEB.

### **Current Position**

10. This report presents the City of London Corporation new Children and Young People's Plan 2015–18 and associated governance arrangements that will sit in parallel with this new plan. The plan is Appendix 1 to this report.
11. The new plan covers a three-year time period from 2015 to 2018. This is sufficient to provide long-term commitment to delivering services for children and young people, but provides enough scope to incorporate any future work.

12. The Plan considers the services for and the needs of every child, across a whole continuum such as education, health and leisure, the services for and needs of children who may need additional help with attendance, behaviour, health, education difficulties, and services for and needs of the small number of children with complex needs such as children in care or those with disabilities.

### **The Health and Wellbeing of children and young people**

13. In line with the City's health and wellbeing strategy, the health and wellbeing of children and young people is a key and cross cutting theme within this Plan. This is also set out as a clear-cut priority to *"improve physical and emotional health and wellbeing from conception to birth and throughout life"*.

### **The vision, priorities and governance structures**

14. Through analysis of the consultation and quantitative information above, the Plan sets out the vision for children, young people and their families and carers in the City and outlines shared partnership commitments and anticipated outcomes that will emerge as a result of the work delivered.

15. The new Plan articulates a vision for:

***"A safe, engaged and integrated community that enables all children and young people to achieve their full potential"***

16. The underlying theme is to consider a whole lifestyle approach encompassing health, education and leisure from birth to adulthood. Key to achieving success will be a cross-sector, cross-directorate collaboration.

17. Four key areas were identified for improvement and these were developed into four priorities, clarifying what the City wants to achieve and how it will be evident that a positive difference has been made to achieve the vision set out above. These four priorities are:

*Priority 1: Close the gap for vulnerable groups*

*Priority 2: Close the gap in outcomes for children, young people and families based on their localities*

*Priority 3: Ensure that children and young people are well prepared to achieve in adulthood through high quality learning and development*

*Priority 4: Improve physical and emotional health and wellbeing from conception to birth and throughout life*

18. Due to the high profile and strengthened requirement to safeguard and protect children and young people, safeguarding and early help are headlined as a separate underlying theme.

## **Governance infrastructure arrangements**

19. The new Plan will be owned and overseen by the Children's Executive Board. Implementation and delivery will be assured through the plethora of partnerships and sub-groups already formed and which fit into the Plan's priority areas.
20. An implementation plan, performance framework and process map will determine performance and reporting frameworks and processes to ensure regular, scheduled information flows to the CEB.

## **Options**

21. Although statutory regulations were revoked in October 2012, and local areas are now no longer required to prepare this plan, the City has made the decision to review and refresh its current plan, to ensure that the work of the CEB continues to meet the needs of the City community.
22. Through extensive consultation, engagement, involvement and ongoing conversation, children, young people and their families have contributed to and influenced the development of the Plan and its success, and will continue to do so.

## **Corporate & Strategic Implications**

23. The Plan is aligned to the work of key strategic partnerships and structures within the Corporation, including the multi-agency Health and Wellbeing Board and the City and Hackney Children's Safeguarding Board.
24. The new CYPP supports the delivery of the Department of Community and Children's Services Business Plan (2014–17) and the achievement of the overall vision for the department to ensure:

***“A positive impact to the lives of all our services users by working together with each other and our partners to provide outstanding services that meet their needs”***

This Plan also supports the vision of the City of London Corporate Plan:

***“To make a positive impact on the lives of all our service users by working together with each other and our partners, to provide outstanding services that meet their needs”***

The Plan supports the vision of the City's Education Strategy:



***“To educate and inspire children and young people to achieve their full potential”***

## **Implications**

25. The resource implications of this report are as set out in the 2014-15 budget and contain no additional requirements.

## **Conclusion**

26. The implementation of the Children and Young People’s Plan will support the City’s ambition for all children and young people to achieve their full potential in all areas of their lives.

## **Appendices**

- Appendix 1 – The City of London Corporation Children and Young People’s Plan 2015–18

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The City of London  
Corporation  
Children and Young  
People's Plan 2015–  
2018)

**Foreword – Director, Community and Children’s Services, The City of London**

**Our Vision**

**Our Priorities**

**Safeguarding and Early Help**

**A profile of the City of London**

**What you told us**

**What we do well**

**Close the gap for vulnerable groups**

**Close the gap in outcomes for children, young people and families based on their localities**

**Ensure that children and young people are well prepared to achieve in adulthood through high quality learning and development**

**Improve physical and emotional health and wellbeing from conception to birth and throughout life**

**Achieving our vision**

**FOREWORD – DIRECTOR, DEPARTMENT OF COMMUNITY AND CHILDREN’S SERVICES, THE CITY OF LONDON CORPORATION**

Welcome to the City of London Corporation’s Children and Young People’s Plan for 2015–18. Over the last three years, we have been working towards achieving the vision in our Children and Young People’s Plan 2013–15 to ensure every child and young person in the City is safe, happy and healthy and able to achieve their full potential.

I am pleased to say we have already accomplished a great deal, through collaborative working with our partners and communities. All our early years provision is either good or outstanding. Our services for looked after children were rated as good in our last Ofsted inspection. Children in our primary school enjoy outstanding provision, with standards for 11 year olds well above the national average. Attainment for children from low income families, ethnic minority backgrounds and those with special educational needs is also well above average and gaps in attainment between others of the same age are very small. Almost all young people resident in the City are in education, employment or training after the age of 16 and almost all achieve a higher level qualification by the age of 19. Through effective

multi-agency working, we have well-established early help provision from birth to adulthood.

Our new Plan builds on our success and brings together what we, our partners, our children and young people have identified as important to realise our vision for our children and young people. We are focusing particularly on the City's most vulnerable children and young people to ensure that, with our support, they are able to realise their aspirations and progress successfully to adulthood.

We want to protect and safeguard all our children and young people and to ensure the City is a safe place in which to live, enjoy, work and learn, with an engaged and integrated community enabling them to achieve their full potential and aspirations in all areas of their lives.

Our priorities are to improve physical and emotional health and wellbeing from conception to birth and throughout life, close the gap in outcomes for children, young people and families in vulnerable groups, close the gap in outcomes for children, young people and families based on their localities, and ensure that young children are well prepared to achieve in adulthood, through high quality learning and development.

To succeed and achieve our ambitions, we must work together and our Plan incorporates our vision to work across all agencies, organisations and our local communities. Our partners have supported us all the way in the development of this Plan and we want to thank everyone for their help.

However, publishing this Plan is not the end result of this conversation, but the start of the next phase – translating our vision into reality, and continuing our work to ensure the City remains one of the very best places in which to grow up and live.

**Ade Adetosoye OBE**

**Director, Department of Community and Children's Services,**

**The City of London Corporation**

## OUR VISION

*“Our vision is for a safe, engaged and integrated community that enables all City children and young people to achieve their full potential.”*

The guiding values that will help us to achieve our vision:

- Enabling equality of opportunity
- Striving for excellence
- Giving every child a voice
- Applying child-centred approaches
- A *“we will”* approach to service delivery
- High aspirations on behalf of all our children, young people and families
- A strong commitment to improve outcomes, particularly for the most vulnerable.

This Plan supports the delivery of the Department of Community and Children’s Services Business Plan (2014–17) and the achievement of the overall vision for the department to ensure:

*“A positive impact to the lives of all our services users by working together with each other and our partners to provide outstanding services that meet their needs.”*



This Plan also supports the vision of the City of London Corporate Plan:

*“To make a positive impact on the lives of all our service users by working together with each other and our partners, to provide outstanding services that meet their needs.”*

The Plan supports the vision of the City’s Education Strategy:

*“To educate and inspire children and young people to achieve their full potential.”*

Our vision and ambitions will be achieved by working with our partners which include the City and Hackney Clinical Commissioning Group, the City of London Police, education and training providers, housing and the voluntary and community sector. In essence, joined-up approaches, sharing information and expertise and engaging with our local communities to understand what is needed are central to helping us achieve our vision.

## OUR PRIORITIES

A detailed needs assessment has been completed to help us to clarify our vision and define our priorities. We have looked at our achievements and areas for further development.

The Children and Young People's Plan Project Board consulted widely to help us to identify our focus for the next three years to ensure we achieve our collective vision. We asked children, young people, children in care, parents and carers, and head teachers and young people what they thought were the most important issues that affected them. We also involved people from different organisations.

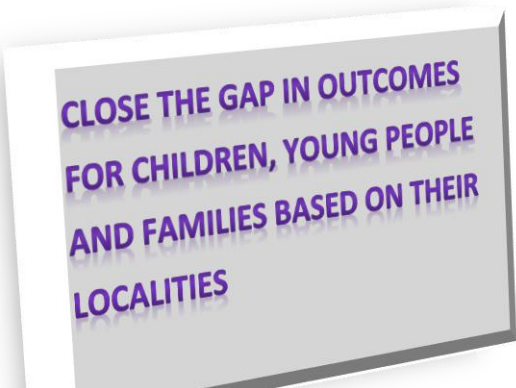
We collectively shaped our vision and identified four key areas for improvement, developed these areas into priorities and clarified what we want to achieve and how and when we will know we have made a positive difference to achieve our vision.



**CLOSE THE GAP FOR  
VULNERABLE  
GROUPS**



**IMPROVE PHYSICAL AND  
EMOTIONAL HEALTH AND  
WELLBEING FROM  
CONCEPTION TO BIRTH AND  
THROUGHOUT LIFE**



**CLOSE THE GAP IN OUTCOMES  
FOR CHILDREN, YOUNG PEOPLE  
AND FAMILIES BASED ON THEIR  
LOCALITIES**



**ENSURE THAT YOUNG CHILDREN ARE  
WELL PREPARED TO ACHIEVE IN  
ADULTHOOD THROUGH HIGH  
QUALITY LEARNING AND  
DEVELOPMENT**

## SAFEGUARDING AND EARLY HELP

*Our vision is that children and young people in the City are seen, heard and helped, they are effectively safeguarded, properly supported and their lives improved by everyone working together.*

*What are our priorities?*

Safeguarding is everyone's business. Our priorities are to aspire to deliver good, effective services to children, young people and families living in the City in order that they receive accessible, co-ordinated help from us and our partners as early as possible to prevent issues from becoming more serious and requiring more costly specialist support services.

Through strong leadership and cohesive approaches we want to ensure that all our children and young people are seen, heard, helped and safeguarded across the whole health and wellbeing spectrum and that as professionals we are alert to their risks and respond effectively before escalation of needs.

Over the next two years we want to continue our programme of service improvement, not only to meet our statutory safeguarding responsibilities, but also to build a culture of challenge, accountability and shared learning with our multi-agency partners across all our services.

We want to continue to provide safeguarding leadership to the Corporation and key multi-agency partners, through raising awareness and understanding.

We want to explore new ways of delivering our services and ensure that we have the capacity and resilience in our systems to implement new legislation and respond to changing demands.

*How are we going to make a difference?*

We will:

- **Strengthen and widen early help and support** for all our children, young people and their families through wider understanding of our Early Help Offer, Early Help Strategy and Thresholds tools and guidance.
- Ensure that the partnership is excellent at identifying and referring all children who need safeguarding or early help, including those children who may be at risk from professionals or volunteers (Local Authority Designated Officer).
- Implement the actions and strategic priorities within our **Child Sexual Exploitation Strategy**.
- Strengthen the **Think Family approach** for children whose parents have mental health issues, misuse substances or are disabled.
- Inform and educate our children and young people about **radicalisation**.
- Strengthen our strategic response to children and adults who live with or perpetuate **domestic violence** as recommended in our strategic domestic violence review.
- Raise awareness and understanding of **neglect** – particularly the different risks facing children and young people within different socio-economic groups in the City.

- Increase awareness of **private fostering** in the community and partnership.
- Ensure the **voice of the child and young person** informs all that we do.
- Strengthen the leadership, governance and focus of the City Executive Safeguarding Board.

## A PROFILE OF THE CITY<sup>1</sup>

The City has a residential population estimated to be around 8,000 (including 1,370 people who occupy a second home outside the City); there is an approximately even split between male and female.

The population is predicted to rise to 12,300 by 2020. In 2006 there was the highest number of births for years. This growth will place increasing demands on local service provision.

There are approximately 4,400 households. The average household is small and almost 56% live alone. The residential community has a lower proportion of older and younger people than the England and Wales average – indicative of a largely working population. However, the City has proportionally more people aged between 25 and 69 living in the Square Mile than Greater London. Approximately 1,062 children live in the City.

The City's population is predominantly white, but with a Bangladeshi community accounting for 4% of the total, mainly living in the east of the City. Children and young people from ethnic minority groups account for 43.63% of all children living in the area, compared with 21.47% in the country as a whole.

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<sup>1</sup> Percentage references for the City need to be treated with caution due to the small size of the resident population in numbers.

According to the 2010 Indices of Multiple Deprivation Measure (IMD), the City is a relatively affluent district and falls within the 40% least deprived local authorities in England.

Average weekly household income is £970, some £294 higher than the London average and £480 higher than the average across England.

The City performs well in terms of happiness and wellbeing (8.1 for life satisfaction, 8.2 for worthwhileness and 7.4 for happiness (2013)).

However, disparities exist within the City. While Barbican West and East residential areas are among the 20% least deprived lower super output areas in England, Golden Lane and the rest of the City are among the 40% least deprived. Mansell Street and Petticoat Lane (both within the Portsoken ward) are among the 40% most deprived (IMD 2010). Consequently, the challenge is to identify the particular set of problems and comparatively higher levels of need and patterns of service demand in communities in the most deprived areas of the City.

The City has a relatively low rate of unemployment (seeking work, but not in work) according to 2011 Census data. Some 187 or 3% of City residents were unemployed compared with the 5.2% London level.

At the ward level, unemployment rates were above this City average: in Portsoken (6%; 46 residents) and Tower (3.2%; 7 residents). These two wards had the highest proportion of unemployed residents; however, looking at absolute numbers of unemployed, Cripplegate had the highest number of unemployed residents (55); Aldersgate had 34; Farringdon Without had 29; Farringdon Within had 5; and Bishopsgate had 4 unemployed residents.

An underlying issue is to identify the numbers of people in the City employed in minimum wage jobs as research shows that workers who are more likely to have minimum wage jobs include: women; young workers; older workers; disabled people; ethnic minorities; migrant workers and those with no qualifications.

In the Portsoken and Cripplegate wards, a relatively high number of these unemployed residents are long-term unemployed or have never worked (27 residents or 3.5% of Portsoken's population and 32 residents or 2.6% of Cripplegate's population). Additionally, we are aware that residents living in the most deprived areas are not actively seeking work or claiming work-related benefits and do need training and employment support needs.

By contrast, the other wards have a relatively low proportion of long-term unemployed (31 residents across the wards).



1,335 or 21% of the City's population were economically inactive (covering retired, students, carers, long term sick or disabled or other).

Of these economically inactive residents, the majority are retired (580 or 43.3% of all economically inactive residents) or students (363 or 27%). 153, or 11.5% were looking after home or family and 116 or 8.7% were long-term sick or disabled.

At the ward level, Portsoken has the highest proportion of economically inactive long-term sick or disabled, accounting for 6.2% of Portsoken's population or 48 residents, while Cripplegate has the highest number at 47, equivalent to 2% of residents.

In 2013, 5.1% of the City resident population could be categorised as not in work, education or training (NEET) compared to the London average of 3.8%.

4.5% of the City population are benefits claimants, covering Jobseeker's Allowance (JSA), lone parents, carers, incapacity benefits and disability benefit claimants (1.5% compared with 2.6% for London). The proportion is higher for males (2%; 66 men) than females (0.8%; 21 women).

A total of 60 children or 7.9% of the City's child population live in out of work families, down from 10% in 2012, a low proportion (less than 0.2%) of the 338,301 children at the London level.

Almost two thirds (65.3%) of the City's working age population has four or more qualifications. This is the second highest proportion of all London boroughs, after Richmond upon Thames (66.4%).

The City recognises that disparities exist between some communities, and that this may lead to pressures and misunderstandings. Initiatives need to be developed which address the specific circumstances of the City and which strengthen communities and neighbourhoods.

The City understands the impact that education, lifelong learning and skill development can have on the opportunities that are available to people. Whilst over half of the residential population is educated to degree standard, it is important to ensure that educational opportunities are available across the City, and are also taken up by those experiencing higher levels of disadvantage.

The business and residential communities want many of the same things – a safe City, a City that is clean and attractive, and one that has good transport and is accessible to everyone. Whilst the City is a very safe area with low crime rates compared with our neighbours, crime remains a key public concern to some communities – particularly in relation to economic crime, fraud and terrorism for City businesses. This last issue is a particular concern due to the potential heightened risk of City children being susceptible to the influence of radicalisation.

The City is also increasingly a destination for visitors, with over 10,000 visitors on a daily basis. Visitors are drawn to the City's large number of cultural attractions including historic buildings, which all form part of the City's wider cultural offering. This is an increasingly important driver for the local economy.

Continued growth is anticipated of the night time economy in the City – this will bring with it opportunities in terms of entertainment and culture, but the potential for challenges around increased crime rates and disturbance.

The profile of people working in, living in and visiting the City is very different to anywhere else in the country and has a significant impact on prioritisation and planning. Prevention of exclusion and polarisation within and between our communities is important, as is ensuring that the City's communities feel a strong sense of belonging and share goals and aspirations. To build thriving communities, inequalities and disadvantage need to be tackled by enabling the most deprived resident communities to benefit from the wealth of opportunities available in the City. The voluntary and community sectors play an important role in helping to build social capital in the City and providing services to the community.

Successfully addressing these challenges and opportunities requires constant innovation, new ways of cross-working with

partners and a commitment to better and more effective use of existing resources.

Our analysis shows that our key challenges will be to tackle the impact and factors relating to the following.

### *Economic inequalities*

High levels of unemployment, worklessness and deprivation within pockets of the City have the potential to leave families in these communities disempowered and socially excluded. Deprivation also has a negative effect upon the physical environment of some of the City's communities and worklessness, isolation and low income have adverse effects upon health and wellbeing.

Access to ongoing skills development is an important part of enabling lifelong learning for people of all ages. Access to up-skilling opportunities is particularly important to those people, including disabled young people and young people from disadvantaged groups, who want to access City jobs.

More support is needed to help young people and adults to enter and remain in the job market by removing barriers to work, such as lack of transport and childcare, and by promoting the local procurement of goods and services by all our stakeholders.

### *Health inequalities*

Across London increasing numbers of households in work are taking up benefits. Although unemployment in the City of London is well below the UK average a significant number of residents in the Portsoken ward are in receipt of benefits or have low incomes. Pensioner poverty and child poverty in the ward are among the highest in the City. For some of these households fuel poverty may present a growing problem. These problems can affect educational attainment, health and ability to take up employment, and lead to social exclusion.

### *Child poverty in the City*

Child poverty remains an issue in the City, with major differences in deprivation between areas. Portsoken has the highest rates of child poverty.

According to the national figures, 110 City children (14%) were living in poverty in 2011. This figure was calculated using the relative poverty measure (defined as the proportion of children living in families in receipt of out-of-work benefits or tax credits where their reported income is less than 60% of the median income), based upon records of 790 children living in the City. In May 2014, analysis of local data identified a total of 1,062 children living in the City of London,<sup>2</sup> of whom 21% (218) were in low income households (defined as living in a household with a low income supplemented by benefits), with 11% in workless

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<sup>2</sup> These figures are higher than those provided by the Office for National Statistics.

households. According to the same dataset there are 113 low income and 66 workless families in the City. The national indicator and the local figure have different definitions so they are not directly comparable, but they give an indication of the scale of the problem.

Both national and local trends show increasing pressures on families, which could make it very challenging for the City to reduce child poverty.

The small numbers of families in poverty known to our services face a diverse range of challenges. Of the families already engaging with services, front-line workers already know their profile very well.

The most deprived families are more likely to have been in persistent poverty for generations, resulting in a lack of ambition for the children from poorer families, so aspiration-raising activities for young people may be beneficial.

Families in poverty tend to live in social housing estates (Golden Lane, Middlesex Street and Mansell Street estates). Evidence suggests that the Portsoken area has the greatest need for intervention.

These families are both workless and working. Parental employment is key to lifting families out of poverty. However, there are some key challenges around employment; many families

in poverty are lone parent households or households where one parent is already working. As parents are income-poor and time-poor, affording and scheduling childcare is a challenge. There is also increasing concern for families who are in employment but on a low income supplemented by benefits, with low rates of pay combined with casual, part-time or zero-hour contracts.

The City offers a range of different activities and interventions available for the small number of families who are in need. Overall the City provides quality services for those currently engaged. There are, however unco-ordinated services, which may be confusing for families to navigate.

### *Reaching out to the most hard to reach*

Consultation with the City's communities suggests that people remain unaware of the cultural facilities and opportunities available to them. Cultural activities make a huge contribution to people's mental and physical wellbeing. Culture can also bring communities together and engage people who can feel excluded, especially young people.

Engaging and reaching the diverse ethnic and socially and economically excluded communities in the east of the City will be important.

## *The City's communities*

The City has a unique and diverse range of communities: business, workers, residents, students and visitors, each with different needs. Providing for all these needs in such a small area presents a unique set of challenges for service provision.



## **WHAT YOU TOLD US**

Consultation is a central element of our vision to meet the needs of our children, young people and families and to make the City an excellent place to live, work and enjoy.

Our Plan is a joint partnership approach to achieve our vision. We have consulted with and worked together with our children, young people and families, and partner agencies to identify what is important to them. Workshops and focus groups have helped us to form our vision.

Through analysing the information we have gathered, we have identified a number of priorities important to you. We have built these priorities into this Plan. Your priorities will continue to be important throughout the life of this Plan and inform the delivery framework that will support its implementation.

However, consultation does not end when this strategy is published. We will continuously involve our children, young people, their families, partners and professionals and share feedback openly. We will keep you informed of what we are doing in response to your comments and provide you with clear explanations to support our actions.

### **Understanding our needs and our population**

Our partner agencies and organisations told us that we need to improve our use of data to better understand trends and needs within specific communities and localities, and the City's children, young people and families as a whole.

## **Health**

Our partner agencies said that it was important to reduce health inequalities in the City by focusing on localities and those in groups at risk in terms of their health.

Our children and young people told us they wanted to know more about how to lead healthy lifestyles and make healthy food choices.

## **Access to services**

Young people from specific localities in the City told us that they would value more free services and support as money was a real issue.

## **Safety in communities**

Our partner agencies, children and young people said that it was important to ensure children and young people are safe from radicalisation, child sexual exploitation and bullying (including through misuse of social media).

They also said that we needed to raise understanding and the risks around radicalisation, child sexual exploitation, female genital mutilation, sexual health and risky behaviours (including substance misuse) amongst our children and young people. We need to deliver information and guidance around these issues

in a way that is accessible and easily understandable for children and young people.

Young people also told us about the need for more lighting, particularly on some of the darker and smaller streets.

### **Education**

Our young people said they wanted high quality information about educational training and employment choices beyond 16 years, and more support to build their skills to help them to widen their employment opportunities and increase their chances of gaining employment.

Young people also told us they needed more out-of-school and accessible support to help with homework.

### **Skills and workforce**

Our partner agencies emphasised the importance of a skilled workforce, with up-to-date, relevant training.

### **Leisure and recreation**

Young people told us that they needed a more child/young people friendly environment and leisure facilities and that they wanted better links and understanding between different generations.

## WHAT WE DO WELL

### Ofsted say...

All provision for early years and childcare is now good or outstanding and much better than that found elsewhere.

For children under the age of five, provision for early years education remains outstanding.

For looked after children, all providers commissioned by the local authority are good or outstanding.

The local authority's one primary school remains outstanding. Standards for 11-year-olds are well above average. The attainment of children from low-income families, those with special educational needs and those from minority ethnic groups is also well above average and gaps with others of the same age are very small. Provisional data for 2011 show all girls reaching the required level.

The City has well established Early Help arrangements from birth to adulthood.

After the age of 16, almost all young people are in education, employment or training and almost all achieve level 2 and higher level qualifications by the age of 19.

## **CLOSE THE GAP FOR VULNERABLE GROUPS**

### **Why is this important?**

Every child and young person in the City has the right to educational attainment, participation, confidence, health and wellbeing. However, particular risks can cause a child or young person to be particularly vulnerable, and be a barrier to a child or young person reaching their potential. So, we want to target vulnerable groups in the City to intervene early and support them to ensure they have the very best possible opportunity to succeed, regardless of their background.

### **What are our priorities?**

Through needs assessment and consultation we have identified the following vulnerable groups who are our priorities:

**Children, young people and families who face barriers in achieving their potential.** These include children and young people with special educational needs and disabilities, children and young people with mental health needs and children and young people whose parents or carers have mental health needs, children who speak English with difficulty, and children who are vulnerable due to their home or family environment.

**Children and young people with social care needs and children in care.**

**Children from low income families** including children in receipt of the higher level child tax benefits, families in receipt of free

school meals for their children and those in relatively “deprived” areas in the City.

**Children and young people with special educational needs,** including those with language or learning difficulties and those requiring additional support for their learning and development.

**How are we going to make a difference?**

**We will:**

- Improve our use and understanding of data to better assess trends and needs within specific communities.
- Through our understanding of data, develop a case management model to improve outcomes and access to local services and support for those identified as most vulnerable under our child poverty needs assessment.
- Identify and promote our local offer of services for disabled children and young people and those with special educational needs.
- Identify and implement new protections for young people aged 16–25 years in further education with a stronger focus on preparing them for adulthood.
- Develop and implement policies and processes for personal budgets and ensure that all children and young people with a new Education and Health Plan are able to access a personal budget.
- Implement effective joint commissioning arrangements between health, education and social care.

- Strengthen our communication and engagement with children, young people and their families to shape our services, policy and provision.
- Improve outcomes for children and young people who are looked after and/or leaving care by understanding our roles and responsibilities as a Corporate Parent, a commitment to our Pledge to children and young people who are looked after and/or leaving care, and implementing the actions within our Corporate Parenting Strategy.
- Implement our Early Years Strategy to improve our services and ensure they are accessible to vulnerable families and children who have additional disabilities.
- Enable access to affordable childcare for middle and low income families in the City.
- Support parents and carers in the City to improve early education outcomes for their children by widening participation in Sure Start activities for under-fives.
- Review and strengthen our Children's Centre provision to increase and widen participation.

## CLOSE THE GAP IN OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES BASED ON THEIR LOCALITIES

Overall, the City is a relatively affluent district and within the 40% least deprived of local authorities in England. In terms of income and employment, the City has the highest ranking in Greater London and the second highest in the country.<sup>3</sup>

There are, however, large disparities of wealth. There are two highly ranked areas within the 20% least deprived areas in England: these are Barbican East and Barbican West. However, the Mansell Street and Petticoat Lane area is the most deprived in the City and falls in the 40% most deprived areas in England.

We know that children and young people who live in particularly deprived areas also suffer reduced opportunities as a result of their locality. So, to truly address needs we need to understand how different areas and communities within the City are affected by factors such as deprivation, available services, the take-up of services and community cohesion. We recognise, therefore, that initiatives need to be developed that address the City's specific circumstances.

### **What are our priorities?**

We want to **target key localities** in the City identified as comparatively deprived.

We want to **engage families** with the services available in their area, to ensure they benefit from better uptake of services such

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<sup>3</sup> The City of London Resident Population Deprivation Index, Department of Planning and Transport 2011.



as immunisations and health visiting, work better with schools and are more connected with their community.

We want to **involve and engage our communities** to ensure our services are planned and designed to meet changing needs.

**How are we going to make a difference?**

**We will:**

- Make better use of existing data and intelligence to identify needs and develop appropriate targeted approaches.
- Reduce levels of child poverty in the City by researching, developing and implementing a case management model.
- Identify the barriers to access to local services, provision and support for children, young people and their families living in the relatively deprived areas of the City, and apply our learning to implement targeted approaches and solutions to increase take-up.
- Implement our Early Help Strategy to focus on early intervention as prevention, particularly in key localities.
- Review our Sure Start Children's Centre offer to help parents to provide the best start for their children.
- Develop the processes and mechanisms to ensure we work with parents, families, children and young people to shape our provision.

## ENSURE THAT CHILDREN AND YOUNG PEOPLE ARE WELL PREPARED TO ACHIEVE IN ADULTHOOD THROUGH HIGH QUALITY LEARNING AND DEVELOPMENT

### Why is this important?

Experiences and opportunities during childhood lay the foundations for adult life. Education, training and work all make lasting differences to an individual's life and are central to improving social mobility.

The City has an excellent and solid foundation on which to build the future lives of its children and young people. Early years education and childcare have been rated as good or outstanding, with provision for under-fives rated as excellent. Sir John Cass's Foundation Primary School's most recent Ofsted inspection was in April 2013, when it was deemed to be outstanding in all aspects.

Of course, for most children and young people it will also be their family, friends and wider community that contribute further towards laying the foundations for success in adult life, particularly those who are feeling cared for and happy.

But for those City children and young people who do not have family and community support networks, who are not in education, employment or training or who have special educational needs and disabilities (SEND), being supported towards greater independence and employability can be life transforming.

We want to ensure that *all* our children and young people have the very best education that allows them to fulfil their potential and achieve their ambitions.

We want to support *all* our children and young people to be well prepared for adulthood and the world of work, making a positive contribution as active citizens.

### **What are our priorities?**

We want all children and young people to have access to excellent education and learning to aspire, achieve and reach their potential.

We want all our young people to also benefit from the wider opportunities in the City to enable and encourage them to be connected members of their local community.

We want all our young people to have the opportunity to progress to higher education, where appropriate, and to fully recognise their employment aspirations.

Our analysis has shown 11% of families to be workless households and 21% of our children and young people to be living in low income households;<sup>4</sup> we want to support these families, children and young people to attain their ambitions by providing access to high quality adult learning courses, traineeships and apprenticeships that will enable them to build their employability skills.

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<sup>4</sup> This figure has been calculated using the relative poverty measure.

We want children and young people with special educational needs to realise their expectations and aspirations and to support them to be prepared for the challenges of adulthood, to be physically and emotionally equipped for adult life, and to be able to manage the change in their lives as they move to adult services.

We want to support young people in their transitions from school or higher education and training to the labour market, leaving home, to social and sexual adulthood, and becoming parents.

**How are we going to make a difference?**

**We will:**

- Provide opportunities for children, young people and their families to enjoy, achieve and aspire through sport, leisure and learning and maximising the City's rich cultural offer.
- Encourage young people to utilise opportunities to develop socially and connect with their local communities and across generations through volunteering, time credits and more intergenerational initiatives.
- Implement the Strategic Objectives set out in the City of London Corporation Education Strategy, including to: provide access to excellent education; maximise enriched education and outreach opportunities; and promote an effective transition from education to employment.
- Increase access to learning by adding to our venues for delivering learning.

- Provide training to boost employment opportunities for adults and young people outside of statutory education.
- Expand and diversify our apprenticeship offer.
- Develop a bespoke care leavers employability programme to support City and other care leavers.
- Implement recommendations from our adult learning review.
- Develop and implement a shared vision and plan to improve post-16 options and support for our children and young people who have special educational needs and disabilities, and review the quality of educational support available for this group.
- Implement co-ordinated solutions to child poverty and unemployment through a case management model.
- Reduce the inequality gap between the highest and lowest performing City children by working with schools to identify those primary-aged children resident in the City who are performing below expectations, and work with schools to ensure appropriate improvement measures are in place.

## IMPROVE PHYSICAL AND EMOTIONAL HEALTH AND WELLBEING FROM CONCEPTION TO BIRTH AND THROUGHOUT LIFE

### Why is this important?

Analysis shows that, whilst the City ranks well on indicators for health and disability (IMD rankings (2010) show no super output areas falling in the most deprived 20% for England as a whole), there are disparities between specific areas, with the Mansell Street and Petticoat Lane areas ranking lowest in the City in terms of health.<sup>5</sup> Our analysis also highlights that out of almost 1,000 children living in the City, 21% were living in low income households and 11% in workless households.

For children, young people and families living in these areas, evidenced research shows that poverty and social inequalities in childhood have a profound impact on the physical, emotional and psychological health of children. Furthermore, the impact of low income and poverty on health is noticeable during pregnancy and persists throughout the whole life course into adulthood, and is also transmitted across generations.

In essence, therefore, good health for every child is crucial because it enables them to make the best of their opportunities in education and in developing healthy lifestyles. Our approach will consider the physical, emotional and mental health and wellbeing of our children, young people and their families through a whole life course approach.

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<sup>5</sup> 2010 CLG Deprivation Index.

## **What are our priorities?**

**Maternal health:** The health of the mother has a profound effect on the health of her children. This effect is most noticeable during pregnancy but persists throughout the child's life.

**Poverty, birthweight and perinatal health:** Evidenced research shows that birthweight decreases steadily with decreasing social status.

**Disability and physical health:** Children and young people with disabilities face complex barriers that often result in them being excluded from family and community activities. It is not only disabled children's impairments that determine their quality of life, but a disabling environment, for example unequal access to education, healthcare, leisure activities, transport and housing. Research also shows that there are sharp differences in the prevalence of childhood disability according to the socio-economic status of the household.

**Mental health of children and young people:** Mental health problems in childhood are recognised as the major cause of functional disability. The mental health of children and young people is at further risk in the digital age. Child poverty, having special educational needs, being looked after by a local authority, poor housing, poor parental education or witnessing domestic violence can also increase the risk of young people developing a mental health problem.

**Parenting** is a common factor by which many child mental health problems are thought to be mediated. **Child abuse and neglect** lie at the extreme end of the effects of parenting failure.

**Risk taking** is an important way for teenagers to learn about themselves; it is a natural part of growing up and part of the path to becoming a young adult. However, managing risky behaviour is critical to keeping our children and young people healthy and well. Common risk-taking behaviour can include risky sexual behaviour, alcohol use, substance misuse and smoking.

Supporting and protecting children and young people from the psychological, emotional and health impact of neglect, abuse and domestic violence.

## **Promoting and encouraging healthy lifestyles**

**How are we going to make a difference?**

**We will:**

- Ensure children and young people and those from particularly vulnerable groups enjoy good physical, emotional and mental health.
- Ensure that, through our jointly commissioned Child and Mental Health Service (CAMHS), our care leavers receive a CAMHS assessment and that our looked after children are supported by an enhanced CAMH service.
- With our jointly commissioned CAMH service, support foster parents and carers through a crisis on a case-by-case basis.



- Ensure the successful transfer of our public health services for 0–5 year olds.
- Implement recommendations from our Child Sexual Exploitation Peer Review.
- Implement recommendations from our review of Children’s Services.
- Develop and implement our local offer of services for children and young people with special educational needs and disabilities.
- Focus on preventing an escalation of risks through implementing our Help Strategy.
- Review and strengthen our Sure Start Children’s Centre offer to support parents, families and children.
- Ensure that there is appropriate understanding of sexual health and the impact of risky behaviours (including, for example, substance misuse) amongst young people through information, advice and support that is provided in a way that is accessible and understandable, and removes associated stigmas and negative attitudes.
- Ensure children and young people are encouraged to access sexual health and substance misuse services, support and advice in confidence and without fear of being stigmatised.
- Raise awareness and understanding of healthy behaviours and lifestyles and ensure parents are equipped with the skills and knowledge to encourage healthy lifestyles in their families.
- Continue to deliver health promotion and universal services (immunisations, vaccinations and screening services).

- Work with partners across the City to provide enhanced opportunities for outdoor play for children of all ages, including those with disabilities.
- Focus on preventing risks, escalating by identifying needs early, preventing problems developing and providing the right services at the right time.
- Develop and implement a local offer of services available for children and young people with special educational needs and disabilities, and ensure this is made available in an accurate, high quality, easy-to-understand format via our Family and Young People's Services information (FYi) directory.
- Via our local offer, ensure support for children transferring to adult services is accessible, transparent and responsive to feedback from young people and their families.
- Implement arrangements to enable all our children and young people with a new Education, Health and Care (EHC) Plan to access a personal budget where this is wanted.
- Ensure our commissioning arrangements are effective and deliver joined-up arrangements encompassing education, health, public health and social care, particularly for children transferring to adult services.
- Ensure our commissioning is informed by hearing the voice of the child/young person or family.

## **ACHIEVING OUR VISION**

**We are committed to our vision and the achievement of our priorities. In the next three years, we will ensure front-line services are organised, resourced and supported to do the best they can to achieve our vision by 2018.**

The City's Children's Executive Board will ensure that there are appropriate structures in place to maximise joint working and avoid duplication of effort. We will also work closely with our partner agencies to make sure that there is a coherent fit and that we maximise our resources and apply holistic and joint approaches.

We will achieve our vision through the following.

### **Effective, evidence-based commissioning**

Commissioning is the term used to describe how we decide to use resources in the best possible way to meet the needs of our population, so that we can make a positive difference to people's lives.

It involves an analysis of past and current performance, forecast modelling, feedback from different service users, expert advice, research and wider consultation with partners to identify partnership working opportunities. Using this process ensures sustainable, value-for-money services designed around needs.

### **Partnership working**

To achieve our outcomes, public, private and voluntary organisations, children, young people and the adult community need to work together as equals to shape and further improve the City as a space for everyone to work, live, learn and relax in.

A key driver in challenging the work and outcomes in this Plan is the City's Children's Executive Board. This Board has representatives from the health, voluntary and education sectors, and City senior representatives from across City directorates including housing, social care and early years.

The City and Hackney Safeguarding Board will also be a crucial vehicle to ensure safeguarding is truly embedded across the implementation of all strands of this strategy.

Engagement and involvement of the voluntary and community sector will also be fundamental to our success alongside the local community, and children and young people themselves.

Through interconnected joint working and as equal partners we can ensure that we lay the building blocks for a sustainable future for our children and young people that exceeds their aspirations and expectations.

### **Workforce development**

To deliver this vision we need to have a skilled and trained workforce. We will develop an inter-agency workforce strategy that will complement the priorities we have set out and that sets out how we will ensure we have a suitably skilled, competent and trained workforce at all levels.

## **Measuring our progress and impact**

Performance management is a crucial element of the commissioning process. The information it provides helps us to evidence and challenge poor performance and tells us when things are not working well. It shows us when needs are changing so that we can adapt our services or change our plans accordingly. We will develop a performance management framework using data to measure impact and outcomes from our work.

## **Involvement and reaching the hard to reach**

Involving our community is fundamental to making this Plan a success. Listening to concerns, and working with local providers and children and young people and their families will help us to ensure we develop sustainable services which meet needs.

We want to ensure that we identify our most hard-to-reach populations and also involve them in helping to shape and realise our ambitions.

## **DELIVERING OUR VISION**

The delivery of our Plan is not the responsibility of a single agency. It requires a partnership approach, owned by all stakeholders working with children, young people and families. These include health services, the police and probation services, schools and education services, adult services, housing services, and voluntary and community organisations.

Consequently, governance for this strategy will be provided by the Children's Executive Board (CEB). We will ensure that work undertaken to achieve our vision and priorities in this Plan is monitored and challenged through the CEB.

This Board will bring together the local plans, partnerships and initiatives to enable public, private, community and voluntary sectors to work effectively together to deliver on the priorities set out in our Plan.

The CEB will provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

The City Executive Safeguarding Board will oversee our safeguarding priorities and ensure that safeguarding is embedded effectively throughout the implementation of this Plan.

### **Other partnership groups**

There are a number of thematic partnership groups reporting to the CEB.

These partnership groups have their own plans and priorities. They will be tasked with co-ordinating delivery of the priorities of this Plan. They will determine the need for, and the work programme of, any delivery groups that report to them, and will actively monitor and manage the work programmes that take place. They will take responsibility for embedding key targets and for pursuing specific pieces of work on behalf of the CEB.

Service user involvement, whilst already in place, will be developed further and be transformed into meaningful service user involvement.

### **Implementation and performance management**

A process map, implementation plan and performance framework will be developed to ensure we measure progress and impact and achieve our objectives through an agreed approach.

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	18 September 2015
<b>Subject:</b> Adult Wellbeing Partnership Update	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For information</b>

## Summary

This report updates members on the work and progress of the Adult Wellbeing Partnership.

Established in October 2014 and becoming a formal sub-group of the Health and Wellbeing Board in February 2015, the Adult Wellbeing Partnership provides strategic leadership and oversight, scrutiny and challenge on initiatives and programmes that deliver adult wellbeing in the Square Mile. This includes implementing changes to meet the requirements of both the Care Act and the Better Care Fund.

It was agreed that the Adult Wellbeing Partnership would provide an update to the Health and Wellbeing Board every six months on its work. This report provides the first update to the Board.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1. Chaired by the Director of Community and Children's Services and consisting of senior officers from a range of relevant organisations, the Adult Wellbeing Partnership (the 'Partnership') is a formal sub-group of the Health and Wellbeing Board. It provides strategic leadership and oversight, scrutiny and challenge on initiatives and programmes that deliver adult wellbeing in the Square Mile.
2. Responsibilities and focus of the Partnership include:
  - providing strategic leadership and oversight, scrutiny and challenge to initiatives and programmes that deliver adult wellbeing in the square mile
  - providing strategic leadership for commissioning to support and promote the health, wellbeing and independence of adults

- oversight of the Better Care Fund plan and leadership to further drive the integration of health and social care services
  - oversight of and accountability for the Care Act Implementation Project
  - tackling barriers to progressing the strategic priorities across services, functions and organisations
  - identification of, and response to, local priorities.
3. The Partnership consists of a range of senior officers from the following organisations:
- City of London Corporation
  - City and Hackney CCG
  - Tower Hamlets CCG
  - City of London Healthwatch
  - London Fire Brigade
  - City of London Police
  - The Neaman GP Practice
  - East London Foundation Trust
  - Public Health.

### **Current Position**

4. The Partnership has met quarterly since October 2014 and areas of work have included:

#### *Adult Wellbeing Plan*

5. The Partnership has agreed the Adult Wellbeing Plan which sets out the City of London Corporation's local response to issues around adult wellbeing and integration. It does not replace existing strategies or workplans for adult health and social care but sets out a shared vision for improving adult wellbeing in the Square Mile. The Partnership is the structure we have put in place to ensure the delivery of this shared vision.

#### *Integration*

6. Partnership meetings have provided a forum to tackle some of the barriers to developing integration. Outcomes have included:
- City and Hackney CCG hosting a cross-border workshop, attended by a wide range of health and social care organisations from City, Tower Hamlets and Islington. This workshop identified a number of actions to take forward to ensure that City residents are linked in with the correct community based services. A further follow up workshop will be held.
  - agreement on how to tackle some of the challenges faced by City care navigators in their work.

### *Better Care Fund*

7. The City of London's Better Care Fund (BCF) plan was signed off by the Health and Wellbeing Board in September 2014. The plan achieved full approval from NHS England in January 2015 and sets out a £777,000 programme to support integration of health and social care at a local level. The Partnership oversees implementation of the BCF.
8. The Partnership has been updated on progress with the City's BCF bid, Section 75 agreement (the legal agreement to pool NHS and social care funding) and projects within the plan (such as One Hackney and City).
9. Going forward, the Partnership will receive regular updates on the impact of the BCF Plan (against the metrics agreed in our submission to Government and signed off by the Health and Wellbeing Board) and will consider any specific barriers to delivering the key metrics.

### *Care Act*

10. The Partnership has received reports updating them on Care Act implementation and flagging any specific risks. Outcomes have included:
  - identifying areas for joint work, information sharing and training on the Care Act. This includes awareness raising workshops for residents hosted by Healthwatch, training for staff at the GP practice and work with housing on prevention.

### *Other*

11. The Partnership provides a mechanism to raise issues from user engagement forums (such as the Adult Advisory Group). This has included raising the issue of services available for City residents in local pharmacies with City and Hackney CCG.
12. It also inputted into the plans for a Learning Well Together programme for people with mild to moderate mental health issues.

### *Future work*

13. Future Partnership work will include:
  - overseeing social isolation policy development following research carried out by Goldsmiths University through the Knowledge Transfer Programme
  - monitoring performance on key indicators related to adult wellbeing
  - inputting to the City's new mental health strategy.
14. The work of the Partnership going forward will be supported by an action plan as part of the Adult Wellbeing Plan.

## **Corporate & Strategic Implications**

15. The *City Together Strategy* seeks a world class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.
16. KPP4 of the *Corporate Plan* aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.
17. The Department of Community and Children's Services Business Plan includes strategic priorities to keep children and vulnerable adults safe and to promote the health and wellbeing of all City residents and workers and improving access to health services in the Square Mile.

## **Implications**

18. There are no specific financial or legal implications related to the Partnership.
19. Specific risks related to projects are flagged with the Partnership but they are managed in other forums such as the Care Act Implementation Group. Any high level risks raised at the Partnership would be escalated to the Health and Wellbeing Board.

## **Conclusion**

20. The Adult Wellbeing Partnership has been meeting quarterly since October 2014 to provide strategic leadership and direction to deliver the vision for adult wellbeing in the Square Mile. This report provides an update on some of its work and progress.

## **Background Papers**

- Health and Wellbeing Board 20 February 2015 – Adult Wellbeing Partnership and Children's Executive Board

## **Appendices**

- None

## **Ellie Ward**

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> Healthwatch City of London Annual Report 2014/15	<b>Public</b>
<b>Report of:</b> Chair of Healthwatch	<b>For Information</b>

### Summary

The attached report *Healthwatch City of London Annual Report 2014/15* provides an overview of the activities of Healthwatch City of London during its second year.

### Recommendation(s)

Members are asked to:

- Note the *Healthwatch City of London Annual Report 2014/15*

### Main Report

#### Background

1. The Secretary of State requires that local Healthwatch organisations must each publish an annual report that covers the following areas:
  - Contact details
  - Involvement of the community and volunteers in Healthwatch activities
  - Finances
  - Impact on local health services
  - Any submissions made to the Care Quality Commission, information requests or involvement in local inspections
  - Health and Wellbeing Board involvement

#### Current Position

2. The attached report *Healthwatch City of London Annual Report 2014/15* provides an overview of the activities of Healthwatch City of London during its second year.

#### Conclusion

3. Members are asked to note the report.

#### Appendices

- Appendix 1 – Healthwatch City of London Annual Report 2014/15

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# Healthwatch City of London



Annual Report  
2014/15







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# Welcome from the Chair



We are delighted to welcome you to the second annual report from Healthwatch City of London.

This report documents what we have achieved during 2014-15 and how we have reached the community to hear their needs and feed into the decision making bodies and local health service providers in the City.

I hope you will enjoy reading the case studies we have provided that evidence how we have made a difference to local health and social care services and how this has benefitted local people.

I joined Healthwatch City of London as Chair, following the AGM in October 2014, and have been encouraged by the contribution volunteers have made to Healthwatch City of London - assisting us in a variety of ways including the website, responding to consultations, attending meetings on our behalf and at our focus groups. I would like to take this opportunity to thank them all.

During the year Healthwatch staff, board members and volunteers have represented local peoples' voices on the Health and Wellbeing Board, the City and Hackney Clinical Commissioning Group, the Quality Surveillance Group and the Health and Social Care Scrutiny Committee and many other committees relating to health and social care.

Our workshops have enabled residents to engage with us and the decision makers and give their views on areas such as social prescribing, safeguarding and the Care Act.

This report features our work plan for the year ahead and we are looking forward to continuing to work with the local community, commissioners and service providers to ensure responsive and effective health and social care for City residents.

Please do get in contact with us if you would like to get involved in our activities or input to our work by emailing [healthwatchcityoflondon@ageuklondon.org.uk](mailto:healthwatchcityoflondon@ageuklondon.org.uk) or by calling us on 020 7820 6787.

Glyn Kyle  
Chair, Healthwatch City of London



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# About Healthwatch

**We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.**

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across the whole health and social care landscape.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

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

## **Our vision/mission**

The vision of Healthwatch City of London is to shape the best quality health and social care now, and in the future, for all in the City of London.

To achieve this we work to make sure the views and experiences of local people are heard by those who run, plan, deliver and regulate all aspects of health and social care. This covers hospitals, GP services, dental services, pharmacies, optical and hearing services, podiatry, public health

and any service which impacts on people's health and wellbeing.

## **Our strategic priorities**

Our overall priority is to continue to engage with the City community.

Our strategic priorities for 2015-2016 focus on informing and feeding back from all sections of the community including children and young people, and City workers.

Specifically in 2015-16 we will:

- Continue our engagement with communities throughout the City, including residents and the homeless, at meetings and events, and via phone, email, our website and through social media. We will use these opportunities to identify the health and social care priorities of people in the City.
- Provide information about health and social care (and related issues) to residents and workers, and health and social care organisations, voluntary groups and interested parties. We will utilise our existing database to inform and consult through our weekly Healthwatch City of London information emails and our quarterly newsletter, in addition to our website.
- Continue to represent the views and experiences of City people at NHS national and regional committees, including with Barts Health Trust, the Homerton and the City of London Corporation.

To engage with children and young people we will:

- Meet and engage with more young people through outreach, face to face meetings and by utilising social media such as Twitter. Our children and young people sessional worker will lead on this and will work in partnership with other organisations in the City, such as City Gateway, to achieve this.
- Prioritise reaching families through outreach, face to face meetings and social media such as Twitter.

To engage with City workers we will:

- Obtain information on the services required and valued by City workers through presentations, face to face meetings and at Healthwatch City of London events.
- Represent the views and experiences of City workers (and residents) at NHS national and regional committees, Barts Health Trust, the Homerton Hospital and the City of London Corporation.

You can contact the Healthwatch City of London team on:

- Lynn Strother, Healthwatch City of London Manager: 020 7820 6789
- Janine Aldridge, Healthwatch City of London Officer: 020 7820 6787
- Carl Francis, Healthwatch City of London Children and Young People worker: 020 7091 2591





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# Engaging with people who use health and social care services

## Understanding people's experiences

We have continued our work to gather the views and feedback from as many different people and groups of people in the City as possible. Below are some examples of consultation completed in the past year.

### Young people (under 21)

Earlier this year we appointed a sessional worker to specifically link with children and young people in the City. Young people have been informed about Healthwatch City of London and how it is relevant for them. A focus so far has been younger people in the Portsoken Ward.

As part of this, we have developed literature and a Twitter feed to encourage younger people to engage. We are also currently working on a Twitter campaign promoting healthy eating amongst young people.

We continue to explore partnerships with other organisations for younger people, including with the Scouts and a City primary school.

There are estimated to be 888 people under the age of 20 living in the City of London

One issue fed back to us this year was the lack of information available for young cancer patients to understand their condition. We also found a lack of

information for older cancer patients to explain and discuss their condition with their families and young children.

As a result, Healthwatch City of London has been supporting the development of resources by the London Cancer Programme designed to explain this information for different age groups. These include children with cancer and children with a parent or grandparent with cancer. We will be distributing this information through our networks when these resources become available.

We have attended parent and toddler groups and 'stay and play' sessions to collect views from parents, grandparents and the nanny network in the City on issues affecting younger people and families. They told us their concerns about the distance people needed to travel to other boroughs for Accident and Emergency and general hospital services. Participants also told us they wanted better post-natal support and highlighted a lack of understanding of birth plans and how they were dealt with. We have taken this information to senior staff at Barts NHS Trust including the Deputy Chief Nurse.

This engagement also informed us about the large number of au pairs and nannies working in the City and this group will be a focus for future work.



## Older people (over 65)

Healthwatch City of London has developed strong relationships with groups of older residents in housing schemes and associations. This includes the 'Tuesday Club', a group for retired Barbican residents to discuss issues relating to older people in the City, where we receive regular input from the group on health consultations.

Recently we arranged a presentation on how the 'care.data' scheme will be implemented, how it will affect residents and the limitations of the current system for opting out. This enabled residents to get clear answers to their concerns on the cost, privacy and safety of the scheme. This workshop was part of a series of ten workshops that took place across London, with feedback presented to NHS England.

We have hosted numerous workshops and groups, including events to highlight the Dementia Strategy for the Dementia Friendly Communities initiative, and the Dementia Awareness Day; consultations on the Joint Strategic Needs Assessment; the role of social prescribing; and our Ageing Well in the City workshops. We have used our networks to get older residents to attend.

## Workers in the City

This is one of our priorities for the coming year. However, we have already started our programme of engagement and met with Bank of America Merrill Lynch to discuss their priorities. This gave us the opportunity to arrange for members of the City Memory Group to join a Christmas event hosted by the bank and enabled the residents to meet with City workers where they participated in memory and recall quizzes and activities. This was also a means to help deal with social isolation amongst the older population. Our plans

are to continue the relationship by inviting City workers to our Dementia Awareness events.



Recently, the Chair of Healthwatch City of London was part of the judging panel for the RSA accredited Sustainable City Awards 2014-2015 in the new Health and Wellbeing category, bringing intelligence gained through resident and worker comments on health and wellbeing in the City. The award was made to Nomura International plc, for the support they have provided employees in maintaining good health and ensuring that staff remain at peak productivity.

## Disadvantaged and vulnerable people and people who are seldom heard

We have recruited two Bengali speaking volunteers to help us reach the more deprived Portsoken Ward in the East of the City.

These volunteers have helped us develop a Bengali translation of our contact us form and will be supporting us to distribute this amongst the Bengali speaking areas of the City, particularly the more deprived Portsoken Ward.



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They regularly attend our workshops and events, often bringing others with them, to help disseminate information back to their communities.

We have worked hard to involve and inform residents from housing estates and in sheltered housing. For example information on the Care Act, Barts Trust transport services and what the NHS structures actually mean was presented to Tudor Rose Court, a sheltered housing block in the City.

Additionally, following an introduction made by the Healthwatch Officer, a City resident has joined the Bespoke project, a collaboration between the research teams of the Orthopaedic and Emergency Departments of Bart's Health NHS Trust, and with Bart's Charity, ITP and mySociety to explore bicycle related injuries in London.

An ongoing issue for many residents is the delays caused in accessing services for residents registered with GPs in neighbouring boroughs, particularly Tower Hamlets.

We are continuing to voice our concerns on this, together with other Healthwatch. Subsequently, City and Hackney CCG have hosted a workshop to explore these key problem areas and to engage with the Care Navigators working with clients in the area.



This has helped to highlight the issue and enable the Navigators to address this with clients during their work, supporting them to make sense of what help they can get and where from.



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## Enter & View

Healthwatch City of London undertook one Enter and View visit in partnership with Healthwatch Tower Hamlets in 2014/15. This was to a residential care home for people with dementia, in Tower Hamlets.

There are no care homes in the City and City residents need to move to residential care in neighbouring boroughs.

The purpose of this visit was to ascertain feedback from Peter Shore Court residents on their experiences of living at the residential care home, following a change of provider and major changes to the staff as a result. Many of the staff had left and agency staff were being used before permanent staff could be recruited.

The visit focused on discussions with residents to ascertain their likes and dislikes about living at the home and specifically:

- How they felt about the staff and the quality of care,
- The activities available and their suitability,
- Whether their personal and social needs were being met by the new care home provider,
- Whether they felt safe,
- How involved they were in deciding on provisions at the care home

Additionally, all residents were asked for their suggestions for improving Peter Shore Court services.

Following the visit, Healthwatch City of London and Healthwatch Tower Hamlets requested that the care home management provide an Action Plan to address the issues raised during the visit.

No further action has been required, as following the Enter and View and report recommendations the care home has implemented the following changes, achieving significant benefits for residents:

- Appointment of an activities co-ordinator and allocation of a key worker to provide one to one time and to combat the reported loneliness and isolation.
- All staff now wear ID badges
- Communal areas have been redecorated and rooms are redecorated when they are re-let.

Additionally, as a result of the Enter and View activity, appropriateness of placement reviews were undertaken for all residents. As a result, two residents have been referred for reassessments.

The full report and the response from the care home have been passed to the Care Quality Commission and the relevant commissioners.

Healthwatch City of London will continue to partner with Healthwatch Tower Hamlets and others to undertake Enter and View for facilities used by City residents and workers.





# Providing information and signposting for people who use health and social care services

## Helping people get what they need from local health and social care services

Healthwatch City of London hosts workshops, runs events and participates in information days to help City people get access to the information they need to make choices about their wellbeing.

This year we have had nearly 17,000 unique visitors to our website.

We have utilised emails, quarterly newsletters and our website, which includes a comprehensive list of links to relevant providers and services for City residents, to get information 'out there'.

Each quarter we distribute our newsletter to over 800 contacts. We also distribute it at meetings, workshops and events.

We have also focused on spreading information about specific issues which residents have asked us about or told us is a priority for them.

One example is the complaint Healthwatch City of London received, via Healthwatch England, from the wife of a patient whose husband had been left on the street alone in his wheelchair after his taxi didn't arrive on time. He was left in a

vulnerable position and unable to move. The lady put a complaint into the hospital and the MP has written to Peter Morris, Chief Executive of Barts. The Healthwatch Manager liaised with the Facilities Manager at Barts Trust to identify the issues over transport that have arisen at Barts since the introduction of the new transport service.

Awareness of issues such as this has contributed to Barts prioritising patient transport as an area of concern and our correspondence has been included in a Trust-wide investigation into transport incidents. Transport will now be on the agenda for all Barts Trust meetings with local Healthwatch.

We have also focused on providing information to community groups. For example, at the end of last year, we held two 'Ageing Well' workshops for older residents in partnership with the City of London Corporation. From this we were able to identify the concerns of residents as:

- Access to befriending schemes to cope with loneliness and isolation,
- Access to advocacy,
- Access to housing support,
- Support with digital technology to ensure they weren't excluded.

As a result we were able to link the participants with relevant information for schemes and support services to address

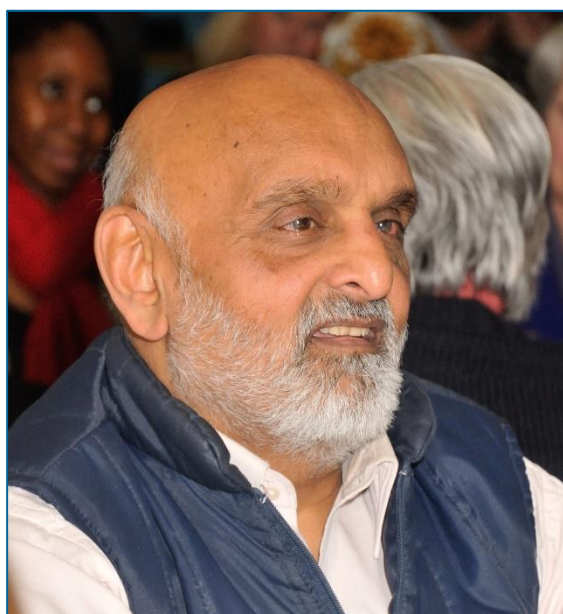


their concerns. The workshop format also meant that people could tell the providers their concerns directly and access face to face support and information.

We have held similar workshops in partnership with City and Hackney CCG and Family Action to provide residents with information on how social prescribing is linking people in the City to community activities to improve physical and mental health.

We have also been working with the City of London Corporation to ensure that information is being passed to residents. In October we jointly hosted a 'Notice the Signs' event to encourage City residents and organisations to work together to recognise and act on safeguarding issues.

We have been very active in ensuring the appropriate information has been produced and distributed as widely as possible in relation to the implementation of the Care Act. Most recently we hosted a workshop to highlight the changes to residents and providers and to explore what it would mean for them. We have already got a further programme of workshops on the Care Act planned.



## Barts Health Trust

Healthwatch City of London has been involved in the escalation of Barts Health Trust (with other local Healthwatches). The Trust has now been placed under special measures following a CQC inspection of Whipps Cross Hospital.

Barts Health Trust continues to be a key issue for City residents

City people have told us of their concerns around the following issues:

- Difficulties for patients to obtain appointments and being sent to the wrong outpatient clinics,
- Inability of staff to use the computer systems and the incompatibility of the computer systems across the sites,
- General communication problems across sites,
- Attitudes of staff and high use of agency staff,
- A confusing complaints system,
- Problem with hospital transport,
- A lack of engagement with patient groups and local Healthwatch.

City of London Healthwatch has informed the CQC of patient's comments and attended the CQC 'listening events' prior to inspections.

Service user comments on Bart's Trust were sent to the CQC by Healthwatch and were used to inform the inspection schedules for the Barts hospitals in November 2014.

There is also grave concern in respect of the Trust's financial position and the development of new sites and services in respect of cancer and cardiac care. Barts Health Trust has been invited to provide



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information on changes and improvements. We continue to publicise this, with information highlighted in our newsletter, sent out on the weekly email and accessible on the Healthwatch City of London website.

Increasingly the Healthwatch City of London newsletter is being seen as a key communication tool in reaching residents and workers.

Local people have told us that while they support St Bartholomew's Hospital as a specialist cancer and cardiac centre they

are concerned by the lack of general services in the City.

Finally, Healthwatch City of London has met with the Deputy Chief Nurse at Barts, to discuss patient's comments and to develop a closer working relationship.

Following our request that older people be given priority for a new scheme to better utilise items such as board games and puzzles, a volunteer has been organised and located at the older persons' ward at the Royal London.



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# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

During 2013/14 Healthwatch City of London joined a number of boards and committees in the City dealing with health and social issues. Our involvement has enabled us to represent City people and improve things for them. We have used our participation to highlight issues and make recommendations. We have been able to use our influence with the groups below:

### Health and Wellbeing Board

Healthwatch City of London is represented by the Chair, Glyn Kyle, and we continue to be part of the agenda and provide a report for each meeting based on information provided by the City population.

Throughout the year, City of London Healthwatch has raised issues particularly in relation to:

- Barts Health Trust
- The requirement and use of defibrillators by organisations and commercial buildings in the City
- The difficulties associated with residents having GPs, particularly in Tower Hamlets in relation to discharge and care services
- The Ultra Low Emission Zone Consultation
- Evidence provided to the London Assembly Health Committee by Healthwatch City of London to

represent the views of local Healthwatch in London

- The consultation event for the JSNA City Supplement
- The results of our social prescribing workshops

Healthwatch City of London hosted an engagement event in May to get feedback from City residents on the City supplement element of the City and Hackney JSNA. The outcomes of this consultation event were fed into the Health and Wellbeing Board discussions on the JSNA and used to inform the Refresh at their development day.

### City and Hackney CCG

Questions have been asked by Healthwatch City of London as to why there were such poor outcomes for City registered patients in respect of out of hospital cardiac arrest. Survival rates of 4.8% are the lowest in London. We have recommended that all businesses, pharmacies, community premises and sheltered housing should have a defibrillator on the premises with staff trained on its use. The matter has been forwarded to the Urgent Care Board, London Cardiovascular Clinical Director and the Director for out of hospital cardiac arrest at the London Ambulance Service. We are continuing to monitor and facilitate the communication of this important issue.

Healthwatch City of London was invited to be a member of the procurement panel



for the warfarin service in City and Hackney. This service will provide increased capacity in the community to meet the demand for treatment with warfarin. We will be building on links to ensure good feedback to Healthwatch once the service is in place.

Throughout the year, Healthwatch City of London has highlighted concerns in respect of Bart's Health Trust particularly the very poor low administration in outpatients and the financial situation in relation to developing new cardiac and cancer services. The situation has now escalated to Bart's Health Trust being placed in special measures particularly in relation to Whipps Cross. We continue to provide feedback on the situation to the Quality Surveillance Group, which meets monthly.

Earlier in the year, Healthwatch City of London queried the impact of the proposed changes at East London Foundation Trust (ELFT) regarding bed reduction and the impact on City residents in having to travel significant distances with relatives to Mile End after the move of the older person's ward. ELFT was asked to resubmit proposals which were returned with a budget to support City residents with transport and assurances on bed adequacy.

During 2014/15 we have also managed to maintain a strong presence on a number of pan London and national organisations with local implications for City residents. We have been able to contribute to all of the following groups and below are some of examples of the issues we have highlighted and been working on:

### **The General Pharmaceutical Council - Rebalancing Medicines**

After Healthwatch City of London raised concerns about the complexity of the

existing complaints procedure, they have produced a short, simplified factsheet to outline how people can lodge a complaint. We have supported them to tell people about this by publicising it on our website, at events and through our newsletter. We also enabled local people to find out more about the role of pharmacists through a listening event we partnered with them to deliver.

### **London Ambulance Service - Patients Forum**

We have been reporting our concerns with the multiple breaches in handover times, particularly at Whipps Cross Hospital. These concerns have been forwarded to the Chief Nurse at Barts Health Trust and to other local Healthwatch, and we continue to work to ensure this is addressed.

We have also used our extensive networks to distribute information to public and private organisations on the importance of having a defibrillator on site, and to spread the information about the changes in service details (e.g. cases eligible for the ambulance service) to the City.

### **Nursing and Midwifery Council (NMC)**

Education and qualification for nurses, and the need for nursing staff from other countries to have support in the overseas registration programme are national issues. However, Healthwatch City of London was able to offer City residents the opportunity to participate in NMC consultations, including relating to the new Code of Practice and revalidation of nurses. This code has now been published.

### **London Screening Board (LSB)**

In 2014 we were invited to become a lay member of this Board. We continue to highlight that many of the general public are not aware of what they are entitled to



and when. As a result, the LSB are now working on producing a simple A4 chart providing this information. We have also advocated the need for breast screening to be offered beyond the age of 70. This age limit has since been extended to 73 and people can now self-refer.

### General Medical Council

Following discussions with the GMC, Healthwatch City of London was invited to (and did) develop questions for GPs to ask vulnerable and possibly lonely patients especially in relation to winter warmth. We were also able to offer City residents the opportunity to participate in the GMC consultation in respect of what the public and patients want from a doctor, and their priorities.

### Putting local people at the heart of improving services

Healthwatch City of London has held a number of events to support the involvement of local people in local services.

In July 2014 we held an event in conjunction with the City and Hackney Clinical Commissioning Group and Family Action. The aim of the event was to help residents find out how social prescribing is linking people in the City to community activities to help improve their physical and mental health. The event was an opportunity to hear about social prescribing in the City and Hackney and to share thoughts and ideas about the new approach with a workshop to give hands on experience of how the model works.

The workshop provided an opportunity for professionals and service users to network and share ideas.

There were 39 attendees and the outcomes of discussion have been used to feedback to the Social Prescribing steering group and evaluators. This input will go towards shaping the future service once the pilot phase is completed.

The Social Prescribing Coordinator from the Neaman Practice, who facilitated the workshop, took on board comments about effectively assessing outcomes; essentially how important it is to measure and objectively demonstrate whether this service has a positive impact on people's lives. Also the importance of ensuring that the services referred to are sustainable, that after the referral there is a solid network of services in place to help individuals to continue to move forwards and fully integrate into their community. It is also important to make sure that people's diverse cultural needs are met within The City.

Feedback was given on the cost of groups and the desire for free activities although some attendees felt that a small charge increases commitment and sense of worth. The aim is to source activities that meet the needs of the varied City population.

NHS England London Region have used the information from the social prescribing workshop as an example of good practice of primary care, working with the voluntary service; and as evidence of good practice for the GP developmental standards.

### Working with others to improve local services

Healthwatch City of London has not made any recommendations to the Care Quality Commission (CQC) to undertake special reviews. However, when inspections take place we consult with City people to get their comments and we always attend the listening events.



We have not made any information requests this year, but continue to share intelligence with Healthwatch England directly and through regional meetings.

Together with other Healthwatch we continue to participate and provide feedback to the monthly Quality Surveillance Group meetings. The increasing concerns and escalation of Bart's Health Trust following has been a main focus throughout the year.

As noted previously, the Trust has been placed under special measures following a CQC inspection of Whipps Cross Hospital.

A volunteer member is attending meetings related to the situation at Bart's Health Trust including attendance at meetings with the TDA to represent local concerns. The volunteer is ensuring that Healthwatch City of London continues to be involved in the relationship with the TDA.

Healthwatch City of London passed on information on care homes and services which had been designated 'inadequate' following CQC inspections. However no City residents were involved.





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# Impact Stories

## Case Study

### *Influencing the Health and Wellbeing Strategy*

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In 2015 Healthwatch City of London partnered with the City of London Corporation to provide a consultation workshop to enable residents and providers to feed directly into the Health & Wellbeing Strategy for the City.

Participants identified the following priorities:

- Support for volunteering to bring communities together.
- Measures to increase activity levels and tackle obesity.
- Air quality, noise pollution and traffic management.
- Promotion of community activities to reduce social isolation.
- Provision of effective early help for families and children.
- Engagement with City businesses to meet worker health needs and manage the impact of business on the environment.
- Education around smoking and better communication of support and services available.
- Effective data sharing between organisations.
- Support for ongoing improvements to green space.
- Continued promotion of volunteering.
- Mapping and promotion of local groups and activities to combat obesity.
- Improvements to open spaces and continued work with the City leisure centre.
- Closer working with traffic management.
- Understanding current provision of community activities, map gaps and communicate findings.
- Focus on early help services and health prevention work in schools.
- Implementation of a dementia support and befriending service to combat isolation.
- Promotion of healthy workplaces.
- Extension of smoke-free open spaces and promotion of stop smoking services.
- Work by Health and Wellbeing Board partners to improve data sharing.
- Ensuring health and wellbeing considerations are included in developments to open spaces.

**This feedback has resulted in the following being included in the Action Plan, directly addressing these concerns from City people.**







## Case Study

### *Older Peoples Mental Health Services - a patient's view*

#### **A service user of mental health facilities had this to say to us:**

“I have been following the consultation on the changes to Older Adult Functional Inpatient Services in City and Hackney and Tower Hamlets by the East London Foundation Trust which involves the facilities moving to Mile End.

As a City resident who has experienced mental health issues, I already know what it is like to have to travel to Hackney to use the Homerton facilities as an inpatient for mental health services. You are taken away from the area you know and the surroundings can often seem alien to both residents and their families.

I am concerned that the buildings for older people are moving to Mile End - this will be an even longer journey for the families of City residents. At a time when you are at your most vulnerable both patients and their visitors need surroundings that are familiar and comfortable to them.

Dementia can be a hugely distressing state and whilst attitudes and understanding amongst the staff at hospitals has greatly improved we still need to ensure that people are treated with the dignity required for living with dementia.

Many changes take place as we get older - changes in relationships, our physical health and lifestyle changes. To have to go to a different borough for our treatment is another change that could have a detrimental impact on treatment.

A small ward at Barts would be ideal for City residents although I know this is a big ask! It is difficult for people to visit their loved ones in the Homerton and will be even worse in Mile End - there are limited travel links to the City and if family are working this can mean them travelling in rush hour.

My consultant used to be based at Barts but he has now moved to the Donald Winicott Centre in Hackney which is a really long journey for me.

#### **“Why do City residents always get pushed to other boroughs?”**

*Mental health service user*

I have recently attended the consultation events run by East London Foundation Trust and the Kings Fund on these issues where I gave my views from the perspective of a City resident - although we are small in numbers we need to continue to ensure our voice is heard.”

**This patient story has been shared with the Health and Social Care Scrutiny sub committee at the City of London and also distributed in our newsletter to ensure that the issues facing City residents of distance travelled to other boroughs is addressed.**





# Our plans for 2015/16

City of London Healthwatch works to ensure that City Workers, residents and students are able to influence the design and delivery of local services through their views and voice being heard by decision makers in all aspects of health and social care.

Our Priorities for 2015-2016 will focus on Children and Young People and City Workers.

## Children and Young People

We will

- Appoint a children and Young Person Sessional Worker
- Meet and engage with young people through outreach, face to face meetings and social media such as twitter
- Engage with families through outreach, face to face meetings and social media such as twitter

## City Workers

We will

- Obtain information on services required by City Workers through presentations, face to face meetings at events
- Represent the views and experiences of residents and City Workers from contacts with Healthwatch CoL (achieved through email, meetings, phone and events) at NHS national/regional committees, Barts

Health Trust, Homerton and the Corporation

- Represent the views and experiences of residents and City Workers (achieved through email, meetings phone and events) at relevant City statutory committees

## Community

We will

- Continue the engagement with City Residents and the homeless at meetings, events, phone email, social media
- Continue to represent the views and experiences of residents at NHS national/regional committee, Bart's Health Trust and the Corporation
- Develop and distribute the City of London Healthwatch Newsletter to contacts on our contact database
- Provide information to residents and workers and health and social care organisations, voluntary organisations and interested parties through the weekly City of London Healthwatch emails.
- Provide information through the City of London Healthwatch web site

Healthwatch City of London is also planning to take over responsibility for the information and signposting function in the City, from September 2015. We hope that this will enable us to reach even more people.



# Our governance and decision-making

## Our board

There are currently seven members of the Healthwatch City of London Board. Glyn Kyle was elected Chair in October 2014 and is also the representative for Healthwatch City of London on the Health and Wellbeing Board.

In 2015/16 we look forward to officially welcoming two new board members, Gail Beer and Geoffrey Rivett, who are both City residents. Gail has worked in the NHS for over 30 years and is a former Executive Director at Barts and the London NHS Trust. Geoffrey Rivett is a former Head of Governors at the Homerton.

A current list of all board members and their biographies can be viewed on the website at [www.healthwatchcityoflondon.org.uk](http://www.healthwatchcityoflondon.org.uk)

Board Members represent Healthwatch City of London at a variety of statutory and voluntary groups. This includes many of the patient representation groups, particularly for Barts Health Trust.

## How we involve lay people and volunteers

Healthwatch City of London is governed by a Board who are all volunteers and donate their time to help us. Together we have developed our strategy for reaching people in the City and for ensuring that Healthwatch City of London can give a

voice to local people through our involvement with the different health and social care related structures in the City. All of our decisions are informed by the support of our Board members and the feedback we gather from local people. This helps us to prioritise and focus on issues which are the most important to the people who live and work in the City.

We have recruited a total of ten volunteers. They undertake a variety of duties including representing Healthwatch City of London and producing reports for us. All volunteers are provided with a role description and training to support them in their roles.

Last year we were fortunate to have been able to recruit two volunteers from the Portsoken Ward. These volunteers have helped us promote Healthwatch to the ethnic minority communities in that part of the City and give people in this Ward a voice. They are also able to translate at relevant events and workshops that we have held for these groups.

One of our volunteers continues to help us with the Healthwatch City of London website, but has been recruited to a salaried position at the Nuffield Trust Health Think Tank. Her involvement with Healthwatch was seen as excellent experience for the position!

All of the volunteers are managed by the Healthwatch Officer who meets with the regularly to discuss their involvement and support needs.



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## Case Study

### *How volunteering with Healthwatch City of London helped me find a job*

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**A recent event hosted by Healthwatch City of London and City of London Corporation highlighted volunteering as part of the City's Health and Wellbeing Strategy:**



“Up until fairly recently, I had a vague idea that volunteering involved charity shops or standing outside somewhere, in all weathers, clutching a collecting tin - not really my sort of thing. Not anymore. Following a redundancy, I threw myself into what felt like a never ending round of job hunting, I applied all my organisational and admin skills to the task, making my search for a job the main focus of my life. It was frustrating and lonely. I began to think that perhaps spending every day hunched

over my laptop, scouring for jobs, suffering through every rejection, might not be the most productive use of my time.

Then one day, by chance, I caught sight of an ad for volunteers. I noticed it as it was looking for people for a community radio station, and my previous job had been in the radio industry. At the very least, I thought, it'll get me out of the house.

Which is how late one night, about a week later, I found myself in a dingy studio in Hackney, producing my first radio show. I was only supposed to be helping out but a volunteer of slightly longer standing had nipped out and left me in charge. The following week, I was asked to edit a couple of radio programmes using some unfamiliar software that I first had to teach myself to use. I began to think that the new skills I was developing might boost my CV, and my experiences of volunteering were giving me something interesting to talk about in interviews.

I started to look for more opportunities to volunteer, focussing on roles to help me develop my digital communication skills. This led me to Healthwatch City of London. They were looking for someone to work on their website. The health sector was completely new to me, but the content I was uploading was interesting, and there was no saying where it might lead.

When I applied for a role with a research organisation working in the health sector, I made a point of mentioning Healthwatch on my CV, and mentioned it again at the interview. Later that same day, I was offered the job. It's quite possible I'd have got the job anyway - my previous roles were relevant, and I had transferable skills. But in a competitive field, it really helps to have something that sets you apart from everyone else, and in this case it was my experience with Healthwatch. After all, if someone had told me that volunteering would allow me to develop new skills, meet interesting people and make me more attractive to employers, I'd have done it years ago.”



# Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	54,678	
Additional income	-	
<b>Total income</b>	<b>54,678</b>	

EXPENDITURE		
Age UK London programme and support costs Includes management and communications support, accommodation, overheads, printing and stationery.	17,621	
Staffing costs	29,418	
Direct delivery costs	7,763	
<b>Total expenditure</b>	<b>54,802</b>	
Balance brought forward		

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

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

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



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# Contact us

## Get in touch

Address: Healthwatch City of London, 1<sup>st</sup> Floor, 21 St Georges Road, London SE1 6ES

Phone number: 020 7820 6787

Email: [healthwatchcityoflondon@ageuklondon.org.uk](mailto:healthwatchcityoflondon@ageuklondon.org.uk)

Website URL: [www.healthwatchcityoflondon.org.uk](http://www.healthwatchcityoflondon.org.uk)

## Healthwatch City of London Board members 2014/15:

Glyn Kyle, Chair - October 2014 to present

Samantha Mauger, Chair - May 2013 to October 2014

David Simpson, Vice Chair

Dave Barnard

Ronald Jacobson - appointed October 2014

Dr Prakash Kakoty

Carolyn Piper

Steve Stevenson - appointed October 2014

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, City and Hackney Clinical Commissioning Group, Overview and Scrutiny Committee, and the City of London Corporation.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Photos of the City taken by Sharon Haffenden.

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[@HealthwatchCoL](https://twitter.com/HealthwatchCoL)

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<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> Safer City Partnership update	
<b>Report of:</b> Manager, Community Safety Team	<b>For Information</b>
<b>Summary</b>	
This report provides an update to the Health and Wellbeing Board on the recent activities of the Safer City Partnership.	
<b>Recommendation</b>	
The Health and Wellbeing Board are asked to note the contents of this report. Comments and feedback are welcomed.	

## Main Report

### Background

1. The Safer City Partnership has its statutory basis within the Crime and Disorder Act 1998 which required local authorities to establish Community Safety Partnerships. They are required to produce annual plans and reports on tackling crime and disorder, anti-social behaviour, reducing re-offending and substance misuse. As such there is overlap with issues of concern to Health and Wellbeing Boards. Membership of the Safer City Partnership includes: City of London Police, London Fire Brigade, Probation Service, HM Court Service, the Crime Prevention Association, City Residents and others.
2. The work of the Safer City Partnership is supported and co-ordinated by the Community Safety Team (CST - currently staffing 2.6 FTE). The CST helps to bring together the activity undertaken across the community safety agenda by the City of London Corporation and its partners to provide a coherent understanding of the challenges faced and maximise the use of resources and evidence based approaches to ensure the City remains an area of low crime and a safe place for people to live, work and visit.
3. As part of ongoing work to improve service delivery and maximise available resources the City of London Police and the CST are currently conducting a pilot which involves co-location of officers from the CoLP Street Intervention team within Guildhall. The benefits and opportunities of further co-location will be explored in future months,

## SCP Strategy Group Meeting of 8 June – key topics

### Strategic Assessment 2014/15

4. This paper was tabled at the meeting on 8 June and approved. The paper provided an overview of the range of activities undertaken in the preceding year.

### Community Remedy

5. SCP Members noted the results of a public consultation exercise on what punitive, reparative or rehabilitative actions they would consider appropriate to be included within the local Community Remedy strategy. The low response to the consultation was noted (further activity to be undertaken to engage a broader audience in September).

### City of London Police Update

6. The Commander of the City of London Police provided a report comparing crime figures for 2014/15 with the previous years. It has been agreed that future reports will include a London context and that a number of areas, including crimes associated with the Night Time Economy should receive a specific focus.

### Prevent Strategy Update

7. Members received a report updating them on work delivering the Prevent agenda (which seeks to protect those at risk from radicalisation or extremism). Work was ongoing with a number of departments.

### Serious Organised Crime Group

8. A report was received concerning the establishment of the City's Serious Organised Crime Board. (A survey is currently being undertaken to enhance understanding of the issues facing the City).

### London Fire Brigade – Update

9. A report on incidents in the City was provided which showed a general downward trend. The progress of the fire cadets was also reported upon. This had proved a success and there was scope to engage more children from the City in the programme.

## **Areas of Current Activity**

### Domestic Abuse

10. Following the recommendations from the City London Domestic Abuse Review in 2014 the City now has a designated Domestic Abuse Co-ordinator based within the Community Safety Team. This post will work with the Chair of the Domestic Abuse Forum to take responsibility for an action plan to provide the City's response to domestic abuse. The Review in 2014 gave the Corporation over eighty recommendations. These have formed the basis of the strategic action

plan, alongside an assessment conducted by SafeLives of the City of London MARAC and issues that have arisen from external engagement.

11. The Domestic Abuse Forum itself has undergone a review with the membership changed to include more external partners to help increase referrals to services and foster closer working relationships between external partners and the corporation. A review of victim service pathways between providers and the Corporation is a current priority.
12. Further priorities will be decided at the Domestic Abuse Forum in September. These will be delivered by subgroups who will report into the Forum. Likely subgroups include 'training', 'commissioning', 'MARAC development' and 'External engagement and awareness raising'. The Forum will provide a quarterly report to the Safer City Partnership Strategy Group and the City and Hackney Safeguarding Boards for children and adults.

#### Forthcoming Events

13. 21 & 22 September – Prevent Training for staff from East London Foundation Trust.
14. 12 October – Safety Thirst awards. This is for licensed premises who meet high standards across a range of criteria. It is linked closely to the City's licensing work and venues who achieve the award can benefit from a reduction on their Late Night Levy (where applicable).
15. 27 October - Behind Closed Doors. Following up on last year's successful event, City businesses and services will be able to learn more about domestic abuse and stalking from a range of personal and professionals experiences.

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<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	18.09.2015
<b>Subject:</b> Health and Wellbeing Board update report	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services	<b>For Information</b>

## Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments related to the work of 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. Updates include:

- Key findings from the City of London Mental Health needs assessment
- Mental Health Strategy
- CCG Quality Premium 2015/16
- Dementia Friendly Community status
- Health Profile for the City of London
- Spice Time Credits Impact report

## Recommendation

Members are asked to:

- Note the report.

## Main Report

1. This report updates Members on key developments and policy issues that are related to the work of the Health and Wellbeing Board in the City of London. Details of where Members can find further information are also included.
2. **Key findings from the City of London Mental Health needs assessment**  
Until December 2014 City of London mental health services were commissioned jointly with the London Borough of Hackney; however the need for services which are specific to the City of London resident population’s needs has been recognised. The City Supplement of the mental health needs assessment has been written in order to shape the commissioning of new mental health services for those who live and work in the City of London. The needs assessment draws on epidemiological and comparative data for the City in conjunction with stakeholder views, captured through interviews and

workshops, to identify areas of unmet mental health need for the City of London, and includes a series of recommendations.

The key factors influencing mental health in City of London are:

- The ethnic make-up of City of London, which is similar to that for England with a high proportion of people from White ethnic backgrounds. The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level.
- City of London has a diverse range of religious faiths. It is important to understand the beliefs of local residents to ensure health services are commensurate with beliefs and deliver best outcomes for all.
- Higher rates of psychiatric admissions and suicides are seen in areas of high deprivation and unemployment, regardless of age or gender. There are wide disparities between levels of deprivation in the City.
- There are strong associations between poor housing and mental health problems. The City has higher proportion of over-crowded households (lacking at least 1 bedroom) than its London Cosmopolitan peers (Southwark, Brent, Hackney Haringey, Lambeth, Lewisham and Newham).
- The City of London has a very high number of rough sleepers. Approximately 1 in 8 of the rough sleepers in the City of London have mental health needs.
- For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues and trigger risk taking behaviours. Previously, periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population. Data on the health of City workers is very limited. There is only one comprehensive report, 'Insight to City Drinkers which can be found here: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/drugs-and-alcohol/substance-misuse-partnership/Documents/insight-into-city-drinkers-report-2012.pdf>.

#### Key findings for children and young people's mental health

The City has a relatively low number of children and young people, living in dense pockets of residential population with some areas of high levels of deprivation and a prevalence of additional risk factors that are associated with increased incidence of mental ill-health. Living in a low income family, having special education needs, being in Local Authority Care, being in the Youth Justice System and having poor physical health or a physical disability can increase a child or young person's risk of having a mental health issue. Based on MINI2K-adjusted estimates in 2014 there were 52 children (age from 5-15) in the City of London with a mental health disorder. These estimates include 19 children with emotional disorders, 18 with anxiety disorders, 4 with depression, 3 with conduct disorders and 8 with hyper kinetic disorders.

### Key findings for adults' mental health

Based on MINI2K-adjusted estimates in 2014 there were 190 adults (aged 18-65) in the City suffering from depression (130 from mild depression, 45 from moderate and 15 from severe). Approximately 32 adults were suffering from psychosis, 41 from schizophrenia and 83 from bipolar disorder. 1,294 are estimated to be suffering from a common mental health problem in this time. Mixed anxiety and depression, general anxiety and depression, and depressive episodes are the most common mental health problems affecting adults. High levels of depression are currently seen in the wards of Cripplegate and Portsoken in the City. By 2026 there is expected to be a 17% increase in the number of people with depression in City.

Periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population, and have been associated with higher rates of poor mental health in the City.

### Key findings for older people's mental health

The number of older people aged 65 years or over in City is predicted to increase from around 1,050 in 2011 to 1,435 in 2021. Social isolation is a known risk factor for depression in older people and is likely to be more common amongst people who live alone. The number of older people living alone in City is currently around 381 and is expected to increase to 480 by 2020. People with long-term conditions are 2-3 times more likely to experience mental health problems than the general population. In the City of London, the number of older people with a limiting long-term illness is expected to increase by 28% from around 415 to 530 by 2020. The 2011 Census showed that the numbers of people providing unpaid care in the community is increasing, particularly amongst carers aged 65 years, of whom there are around 138 in City. Carers are particularly vulnerable to mental health problems. In 2012, there were estimated to be around 26 people aged 65 years or over in City suffering from depression; by 2020, the number is expected to increase to almost 118. The total number of City residents predicted to have dementia in 2014 was 68 and this is predicted to increase to 104 by 2030. Around 17 older people are predicted to suffer from serious mental illness in City. Co-morbidity (or dual diagnosis) of substance misuse and mental health disorders among older adults is a growing public health problem.

The full Mental Health Needs Assessment City Supplement is available from Poppy Middlemiss ([poppy.middlemiss@cityoflondon.gov.uk](mailto:poppy.middlemiss@cityoflondon.gov.uk), 020 7332 3002).

### 3. **Mental Health Strategy**

A Mental Health Strategy for the City of London is currently being developed in partnership with City and Hackney CCG. It will set out the City's ambitions for better mental health and wellbeing, highlighting the key challenges, areas of focus and next steps. It will draw on the recently completed Mental Health Needs Assessment as its primary evidence base and will cover the mental health needs of all the populations within the City, including children and young people, residents of working age, older people, City workers and rough

sleepers. A workshop with Healthwatch has also been planned to understand the views of residents and local service users.

The contact officer is Sarah Thomas: 020 7332 3223.

#### 4. **CCG Quality Premium 2015/16**

The 'Quality Premium' is set by NHS England and is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. More information is available at: <http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf>.

Where choice was available (see below for which measures have been nationally mandated and which had some element of choice), the CCG Programme Boards have chosen indicators to support their commissioning plans for the coming year and to align with areas of priority for the CCG. The below table shows the six quality premium measures for 2015/16, along with the target and the money attached if the CCG achieve the target, including:

- Two mandatory measures (indicator details set solely by NHS England);
- Two areas where the CCG had a menu of choices to choose from and the appropriate CCG Programme Board have chosen which to focus on;
- Two measures where the CCG could choose any of the CCG Outcome Indicator Set where they wanted a focus on improvement

	<b>Measure</b>	<b>Target</b>	<b>Relative value</b>	<b>Absolute value</b>
<b>Mandatory</b>	Reducing potential years of lives lost through causes considered amenable to healthcare	Average 1.2% reduction each year from 2012 – 2015	10%	£140,000
<b>Mandatory</b>	Improving antibiotic prescribing in primary and secondary care	1% reduction in all antibiotic prescribing and a 10% reduction in the proportion which are certain antibiotics	10%	£140,000
<b>Menu of choices</b>	Urgent Care	Maintain emergency admissions (composite measure) at below 1,000 per 100,000 population in 2015/16	30%	£420,000



<b>Menu of choices</b>	Mental Health	Reduction in the number of MH patients attending A&E who wait more than 4hrs to be treated and discharged/admitted (MH patients who wait more than 4hrs no greater than the average for all patients or less than 5%)	30%	£420,000
<b>Local choice</b>	Patient experience of CHUHSE – measured via GP patient survey	Improvement on 60% patients responding with 'very good or fairly good experience'	10%	£140,000
<b>Local choice</b>	People who have had a stroke who: receive a follow up assessment 6 months after initial admission	Improvement on 5% of eligible patients who have assessment currently (2014 data)	10%	£140,000

The contact officer is Anna Garner, NHS City and Hackney CCG: 020 7683 4659

#### 5. **Dementia Friendly Community status**

The Alzheimer's Society has awarded the City of London Corporation with 'Dementia Friendly Community' status. This demonstrates our continuing commitment to building dementia-friendly communities and is the culmination of several years' work, including the development of the City's Dementia Strategy.

The contact officer is Marion Willicome Lang: 020 7332 1216

#### 6. **Health Profile for the City of London**

Health Profiles provide a useful snapshot overview of factors influencing health and health outcomes for each local authority area in England. At the 19th June meeting of the HWB, Members discussed the absence of a Health Profile for the City of London. The Chairman was requested to write to Public Health England, expressing concern that a profile has not been produced for the City of London and requesting that one be published in 2016.

The London Knowledge and Intelligence Service at Public Health England has since confirmed that they will develop a bespoke health report for City of London, in the absence of a Health Profile. This report will describe the key health outcomes for the area drawing on indicators from the Public Health Outcomes Framework (PHOF) and Local Health tools and other sources where appropriate. Where possible it will include indicators that are used in the health profiles for London local authority areas. This is currently being developed and will be shared with the HWB once available. A similar report will also be developed to coincide with the release of the 2016 Health Profiles.

The contact officer is Poppy Middlemiss: 020 7332 3002

7. **Spice Time Credits Impact report**

Spice run the Time Credits scheme for the City of London (both within the City and across our estates), with the aim of encouraging volunteering and fostering community engagement, which in turn can help to reduce social isolation and improve mental health and wellbeing. Their latest impact report shows the positive results of working in partnership with communities and public services. Those involved in the scheme report a positive impact on their quality of life, say they feel healthier and increased their level of social contact.

The report is available online: <http://www.justaddspice.org/wp-content/uploads/2015/07/Apteligen-Spice-Report-2015-Screen-Read.pdf>

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