



## Health and Wellbeing Board

**Date:** FRIDAY, 16 SEPTEMBER 2016  
**Time:** 11.30 am  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL.

**Members:** Deputy Joyce Nash (Chairman)  
Gareth Moore (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Karina Dostalova  
Glyn Kyle  
Dr Gary Marlowe  
Simon Murrells  
Dhruv Patel  
Jeremy Simons  
Paul Clements  
Nigel Challis

**Co-opted  
Members:** 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

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: NOISE STRATEGY**  
Presented by Steve Blake.  
  
**For Information**
5. **HEALTHWATCH ANNUAL REPORT**  
Presented by Glyn Kyle.  
*The report has been circulated separately to Committee Members.*  
  
**For Information**  
(Pages 7 - 8)
6. **FUNDING FOR A LOW EMISSION NEIGHBOURHOOD**  
Presented by Ruth Calderwood  
  
**For Information**  
(Pages 9 - 36)
7. **QUALITY PREMIUM 2016/17, NHS CITY AND HACKNEY CCG**  
Presented by Jan Annan, CCG.  
  
**For Decision**  
(Pages 37 - 48)
8. **UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN**  
Presented by Nichola Gardener.  
  
**For Information**  
(Pages 49 - 64)
9. **MAYOR'S VISION FOR CYCLING - QUIETWAYS**  
Report of the Director of the Built Environment.  
  
**For Information**  
(Pages 65 - 92)

10. **INNER NORTH EAST LONDON TRANSFORMING CARE PARTNERSHIP PLAN**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 93 - 106)
11. **SPORTS AND SOCIAL CLUBS AVAILABLE TO CITY OF LONDON CORPORATION STAFF TO ENCOURAGE PHYSICAL ACTIVITY**  
Report of the Director of Human Resources.  

**For Information**  
(Pages 107 - 112)
12. **UPDATE REPORT**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 113 - 120)
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

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**HEALTH AND WELLBEING BOARD**

**Friday, 17 June 2016**

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,  
17 June 2016 at 11.30 am**

**Present**

**Members:**

Deputy Joyce Nash (Chairman)  
Gareth Moore (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Karina Dostalova  
Glyn Kyle  
Dhruv Patel  
Jeremy Simons  
Nigel Challis

**In Attendance**

Paul Haigh

**Officers:**

Natasha Dogra	- Town Clerk's Department
Sacha Than	- Town Clerk's Department
Neal Hounsell	- Community and Children's Services Department
Poppy Middlemiss	- Community and Children's Services Department
Ellie Ward	- Community and Children's Services Department
Farrah Hart	- Community and Children's Services Department
Tirza Keller	- Community and Children's Services Department

**1. APOLOGIES OF ABSENCE**

Apologies had been received from Simon Murrells and Jeremy Simons.

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

There were no declarations.

**3. ORDER OF THE COURT OF COMMON COUNCIL**

Resolved – that the Order of the Court of Common Council be received.

**4. ELECTION OF CHAIRMAN**

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to stand was read and Deputy Joyce Nash being the only Member expressing a willingness to serve was declared to have been elected as Chairman of the Health and Wellbeing Board for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

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

6. **MINUTES**

**Resolved** – that the minutes of the previous meeting were agreed as an accurate record.

**Matters arising:**

A Member raised a query regarding the City of London Corporation facilities for cyclists. Officers assured Members that the Housing and City Surveyor's Departments were working together to ensure bike racks for residents and visitors on all new City estates. Members agreed that it would be beneficial to keep a log of outstanding actions, which officers agreed to incorporate into the routine update report submitted to the Board for their consideration.

7. **PRESENTATION: LOCAL ACCOUNT**

The Committee received a presentation from Officers in the Built Environment regarding the Local Account. The Board noted that health issues in the current local plan included the need to:

- Maximise health services and facilities, particularly for residents.
- Encourage private health facilities.
- Support St. Bartholomew's Hospital.
- Encourage sports and recreation facilities.
- Encourage pedestrian routes.
- Seek to reduce exposure to pollution.
- Encourage public toilet provision.

Members queried whether the use of closed questions limited the scope and validity of the consultation. Officers informed Members that the open ended questions would be included so that each question enabled the person to suggest a solution to the issue being raised.

**Resolved** – that the presentation be received.

8. **LOCAL DIGITAL ROADMAP**

The Board received the report which informed Members that the NHS Five Year Forward View made a commitment that, by 2020, services would be paperless at the point of care and that patient and care records could be shared electronically between services. Social care organisations were encouraged but not required to do so. In order to deliver this, local areas were required to develop Local Digital Roadmaps (LDRs) setting out how this would be achieved.

An LDR was being developed for City and Hackney. A key delivery mechanism for the local digital roadmap was the Health and Social Care IT Enabler Project,

which both the London Borough of Hackney and the City of London were part of. Given this and the fact that accessing any funding related to this is likely to be dependent on signing up to the LDR, it was recommended that the City of London Corporation becomes a signatory to the plan.

In response to a query, Officers informed Members that the City of London Corporation used Framework I as its case management system for both adult and children's social care. Framework I was a paperless system and allowed electronic documents such as hospital discharge notices to be downloaded and saved into the system.

The City Corporation was part of the Health and Social Care IT enabler project - a CCG funded project to enable the sharing of health and social care information across the local system to facilitate integrated care. The sharing of information would take place through a Health Information Exchange (HIE) based at Homerton Hospital. It would draw in information from a number of providers across health (e.g. GPs, hospitals, out of hours service and hospice services) and social care. Professionals would be able to view (but not save) this combined information based on their role and with the consent of the person concerned. This provided a mechanism to deliver the requirement that care records can be shared electronically.

**Resolved** – that Members of the Health and Wellbeing Board were asked to sign up to the City and Hackney LDR and to delegate formal signature to the Director of Community and Children's Services in collaboration with the Chairman.

9. **DELIVERING THE NHS FIVE YEAR FORWARD VIEW: DEVELOPMENT OF THE NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN**

Members received an update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). Officers informed Members that while the mandate for the STP development and sign off lies with health partners, local authorities were integral to its development, and have an important role to play in ensuring its success.

Members noted an update on the plan's development including the draft vision, priorities and enablers which were identified to support the work of the STP. As part of the STP development, several workshops were being held with key stakeholders to ensure their perspectives are reflected and woven into the STP. A draft 'checkpoint' STP would be submitted to NHS England on 30 June 2016, and further work will continue beyond this to develop the plan in more detail. Additional updates will be presented to the Board as they become available.

**Resolved** – that Members agreed the City of London top three priorities and the context: to address social isolation; cross-border issues; and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.

10. **HEALTH IN ALL POLICIES**

The Board noted that as part of the Health and Social Care Act 2012, The City of London Corporation was responsible for promoting the wellbeing of all the people who live or work in the City. As the determinants of people's health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health.

Board Members noted that there was currently no systematic approach for officers to consider the health and wellbeing aspects of their proposed policy changes; however, all new policies must be approved through the committee process. It was proposed that the committee paper template be revised to include guidance on health implications for officers. Incorporating an additional paragraph of guidance would have zero cost implications, and will help the City Corporation to work towards meeting its statutory responsibilities for public health and health promotion.

Members agreed that it would be helpful for the report to be considered by the Policy and Resources Committee. Following a query from a Board Member, Officers stated that the report would include more background information regarding the work and remit of the Board before it was seen by the Policy and Resources Committee. The Board agreed that the final report should be signed off by the Chairman and Deputy Chairman of the Committee, following consultation with the Director of Community and Children's Services and Town Clerk.

**Resolved that Members:**

- Endorsed the proposed approach to mainstreaming health considerations into the committee paper writing process.
- Agreed that the report should be submitted to the Policy & Resources Committee for their consideration.

**11. SAFER CITY PARTNERSHIP STRATEGIC PLAN 2016-17**

The Board noted that the Safer City Partnership had its statutory basis within the Crime and Disorder Act 1998 which required local authorities to establish Community Safety Partnerships. They were required to produce annual plans and reports on tackling crime and disorder, anti-social behaviour, reducing re-offending and substance misuse.

Members received the draft Safer City Partnership (SCP) Strategic Plan 2016-17 which outlined the priorities and areas of focus of the SCP for the coming year. There was a focus on the priorities most relevant to the work of the Health and Wellbeing Board (HWB): Violence against the Person and the Night Time Economy Crime and Nuisance. The Strategic plan went to the SCP Committee on 6 June for agreement and would be circulated and made public.

**Resolved** – that the report be received.

**12. UPDATE REPORT**

The Board received an update report which provided information on the following matters:

- Healthwatch Update

- Square Mile Health update
- Low Emission Neighbourhood bid
- Suicide Prevention Training
- Responsible Procurement Strategy 2016-19
- Joint Health and Wellbeing Strategy update

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

There were no questions.

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

There was no urgent business.

**15. EXCLUSION OF PUBLIC**

**Resolved** - 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.

**16. NON PUBLIC MINUTES**

**Resolved** – that the minutes of the previous meeting were agreed as an accurate record.

**17. SEXUAL HEALTH UPDATE**

The Board received the report of the Director of Community and Children's Services regarding the Sexual Health Transformation. Members noted the report.

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

There were no questions.

**19. 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 12.30 pm**

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Chairman

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

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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	16 September 2016
<b>Subject:</b> Healthwatch City of London Annual Report 2015/16	<b>Public</b>
<b>Report of:</b> Chair of Healthwatch	<b>For Information</b>

## Summary

The attached report *Healthwatch City of London Annual Report 2015/16* provides an overview of the activities of Healthwatch City of London during its third year.

## Recommendation(s)

Members are asked to:

- Note the *Healthwatch City of London Annual Report 2015/16*

## 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 2015/16* provides an overview of the activities of Healthwatch City of London during its third year.

The report highlights our achievements during 2015-16 and shows how we have fed local people's experiences of health and social care services into health bodies and care service providers.

We also feature some of the activities we have undertaken to engage with diverse groups and communities in the City. The case studies focus on how we have made a difference to local health and social care services and how we have worked collaboratively with service providers, commissioners, regulators and other local partners to benefit City people.

Case study examples:

At the request of City and Hackney Clinical Commissioning Group, Healthwatch City of London, in partnership with Healthwatch Hackney, carried out surveys and

focus groups at the end of 2015, to collect experiences of those who had used services for visually impaired people.

This was to explore whether the CCGs' aim to provide care closer to home and provide services that meet people's needs at the right time, without the need to visit a hospital, was working.

Engagement with City residents took place through:

- An online survey distributed to City residents
- A discussion session with the City 50+ group (an older persons group that meets on the Mansell Street estate)
- A discussion session with the Barbican Tuesday Club – a group of older people that all reside in the Barbican
- Telephone interviews with City residents

The full report including recommendations and conclusion is now available publically at <http://www.healthwatchcityoflondon>.

Following the recent PLACE assessment at St Bartholomew's Hospital in September 2015. The Healthwatch City of London representatives raised concerns about the food on the Haemato-Oncology wards:

- Patients and nursing staff complained that patients often do not get the meals they had ordered,
- Some patients were not aware that food could be ordered out of hours,
- Communication of menu options meant that people were not made aware if a particular option was not available,
- Some of the food was of poor quality,
- Long term patients were not made aware of the 'Vive' option for meals. This provides a more varied menu for those who had been in hospital for some time and may be experiencing 'menu fatigue'.

As a result of our input, the catering department have worked with Healthwatch City of London to implement a 'patient dining working group' to look at the patient experience of meals and to improve the situation.

## **Conclusion**

3. Members are asked to note the report.

## **Appendices**

- Appendix 1 – Healthwatch City of London Annual Report 2015/16

## **Glyn Kyle**

Chair, Healthwatch City of London

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# Agenda Item 6

<b>Committee</b>	<b>Dated:</b>
Barbican Residents' Consultation Committee	5 September 2016
Health and Wellbeing Board	16 September 2016
Barbican Residential Committee	19 September 2016
Port Health and Environmental Services	20 September 2016
Planning and Transportation	4 October 2016
Cultural Hub Working Party	17 October 2016
<b>Subject:</b> Funding for a Low Emission Neighbourhood	<b>Public</b>
<b>Report of:</b> Director of Markets and Consumer Protection	<b>For Information</b>
<b>Report author:</b> Ruth Calderwood Environmental Policy Officer, Port Health and Public Protection Dept.	

## Summary

The Mayor of London has awarded the City of London Corporation £990,000 over three years to implement a Low Emission Neighbourhood (LEN). This followed a successful application for funding submitted in April 2016.

The LEN will focus on three areas: Barbican, Guildhall and St Barts. This zone was chosen as it supports plans for improvements to Beech Street and the cultural hub, supports the Barbican Estates plans for freight consolidation and electric charge points and builds on previous air quality engagement projects with Barts Health NHS Trust, Barbican residents and local businesses.

The overall aim of the LEN is to improve local air quality by reducing the amount of traffic and encouraging and supporting low and zero emission vehicles in the locality. Improvements in air quality are expected both within the proposed neighbourhood and more widely across the City due to an increase in low and zero emission vehicles. It is anticipated that the most successful measures will be rolled out across the City.

This work supports the aims and objectives of the City of London Air Quality Strategy 2015 – 2020, in addition to a number of other corporate policies and strategies. It also goes towards addressing air quality, which has been identified as a corporate risk. An update report will be submitted to your Committee in early 2017.

## Recommendation

Members are asked to note the report.

## Main Report

### Background

1. The City of London Corporation is in receipt of £990,000 funding over three years from the Mayor of London to implement a Low Emission Neighbourhood (LEN) in the City.
2. Figure 1 details the core LEN area and wider area of influence. This area was chosen for the following reasons:
  - Existing stakeholder support for air quality improvements achieved through a year-long air quality monitoring and engagement programme with residents, business engagement in the locality and a three year air quality programme with Barts Health NHS Trust
  - It includes residential areas and a hospital, both of which are considered to be sensitive land uses due to the people exposed to pollution
  - Measures introduced will support and complement proposed improvements to Beech Street, the forthcoming cultural hub and the Barbican Estates plans for freight consolidation and increasing the number of charge points for electric vehicles.
  - The area incorporates the Guildhall, which will enable the City Corporation to lead by example

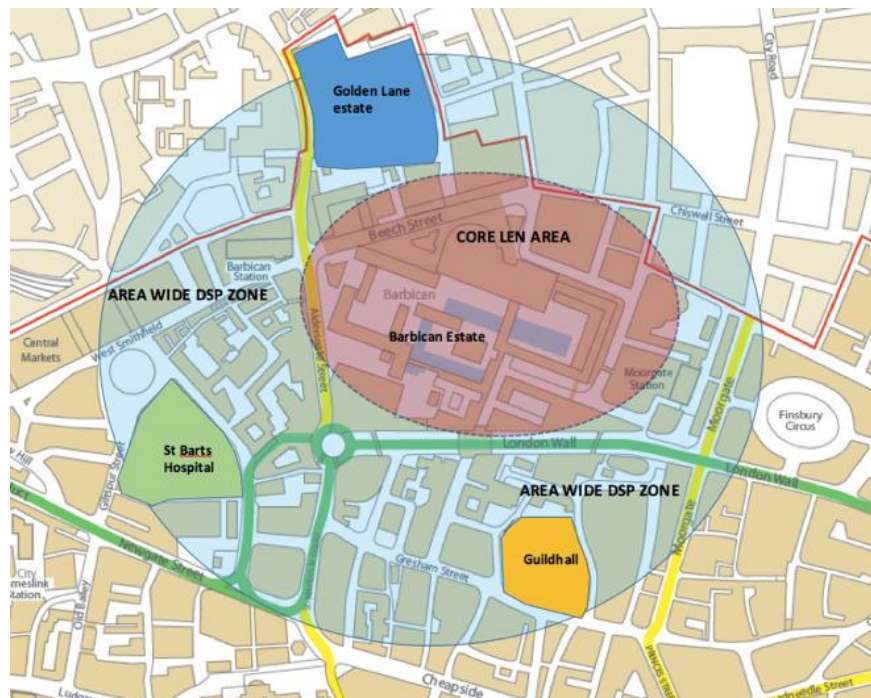


Figure 1: The proposed Low Emission Neighbourhood Area

## **Low Emission Neighbourhood**

3. There are a number of initiatives proposed for the LEN which focus on reducing the number of vehicles in the area and supporting and encouraging low and zero emission vehicles. These include:
  - A communications strategy
  - Business engagement
  - A review of planning policies and controls over emissions from developments
  - Controls over idling vehicle engines
  - Reducing levels of pollution in Beech Street
  - Reducing emissions from freight
  - Electric vehicle recharging infrastructure
  - Measures to support zero emission capable taxis
  - Support for greening in the area
4. Community and stakeholder engagement will take place with each proposal.

## **Financial implications**

5. The City Corporation is required to match the funding that has been awarded by the Mayor of London. Match funding will come from existing budgets and there will not be any need for any additional capital or revenue funding. Match funding for the first year will be sourced from a combination of allocated Local Implementation Plan funding, money already spent or allocated to the Beech Street project, existing departmental revenue and staff time. Sponsorship opportunities will also be sought through the LEN business engagement programme. An application may be made for a small amount of community infrastructure levy funding to support the implementation of the LEN in years two and three.

## **Corporate & Strategic Implications**

6. The work on air quality supports Key Policy Priority KPP3 of the Corporate Plan: 'Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health'.
7. The project will be delivered in very close cooperation with the Department of Built Environment, Town Clerk's Department and Barbican Estates. The project manager for the LEN will be working closely with the Beech Street Project Board to support and complement their aims and objectives.
8. This work supports the aims and objectives of the City of London Air Quality Strategy 2015 – 2020 and goes towards addressing air quality, which has been identified as a corporate risk.
9. Implementation of a LEN will complement the air quality policy in the City's Local Plan 2015. In addition the LEN will contribute towards delivering the priority set

out in the Joint Health and Wellbeing Strategy to make City air healthier to breathe.

10. The LEN proposals align with the objectives of the Barbican & Golden Lane Area Strategy, which was approved in 2015. Reducing traffic and emission levels will assist in making Beech Street more pedestrian and cycle friendly, and will help to improve links and enhance the arrival experience to the Barbican Centre from new and existing connections to the west. Similarly, as Beech Street forms a central axis of the emerging Cultural Hub, the LEN proposals will assist in delivering this wider corporate strategy.
11. Measures included in the LEN scheme support the Department of Community and Children's Services strategic aim of delivering value for money and outstanding services through the Barbican Estate's Service Based Review Programme. Specifically from the underutilisation of the car parks, in which any potential Consolidation Centre and Electric Vehicle charging services would be based.

## **Conclusion**

12. The City Corporation is taking a wide range of actions to deal with air pollution and its effect on health. Delivery of a Low Emission Neighbourhood will lead to an improvement in air quality in a sensitive area of the City and act as a platform to roll out successful interventions more widely. It will also act to reduce the risks associated with the current poor air quality in the City.
13. A LEN programme update will be submitted to your Committee in early 2017.

**Background Papers:** Low Emission Neighbourhood application for funding – main document. Available online and via hard copy from the Town Clerk's Department upon request.

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Environmental Policy Officer

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ULEVs and  
Access only

City of London  
Barbican Low Emission Neighbourhood



CITY  
OF  
LONDON

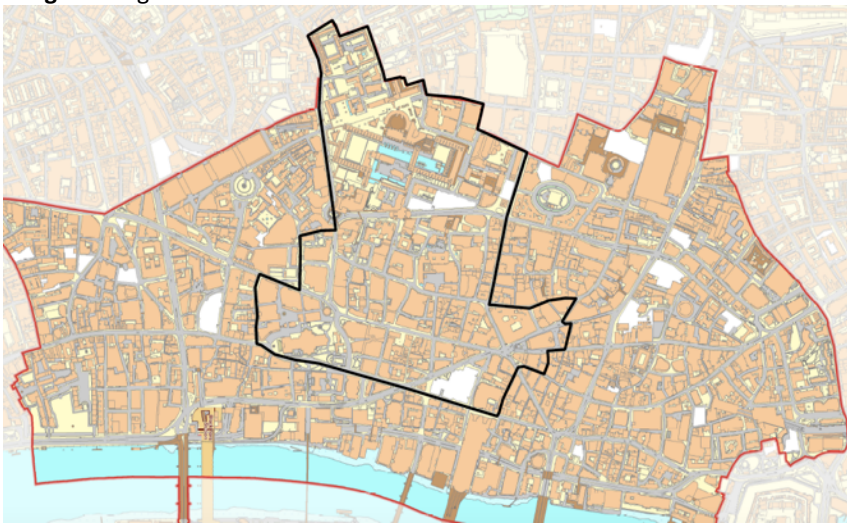
## Project name and location:

City of London – Barbican Low Emission Neighbourhood (LEN)

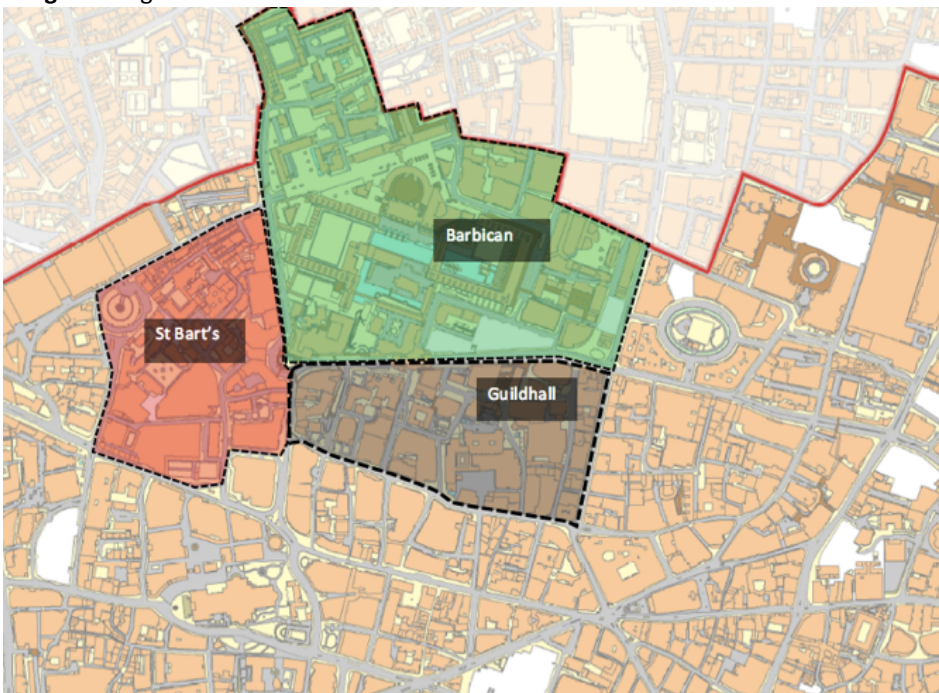
### 1. Location description:

The proposed LEN area submitted in the first round of bidding incorporated a large area of the City of London as shown in Image 1 below. Following a review of the area taking into account stakeholder feedback, the LEN guidance criteria and funding availability, a decision was made to reduce the size of the LEN area. This revised LEN area is focused upon 3 neighbourhoods in the City; Barbican, Guildhall and Barts (these neighbourhoods are shown in image 2).

**Image 1:** Original LEN area



**Image 2:** Neighbourhoods to be included in the revised LEN area





The following neighbourhoods were chosen for inclusion in the LEN (reasons explained in Appendix B background document):

- Barbican
- Barts
- Guildhall

### Core LEN area and wider area of influence

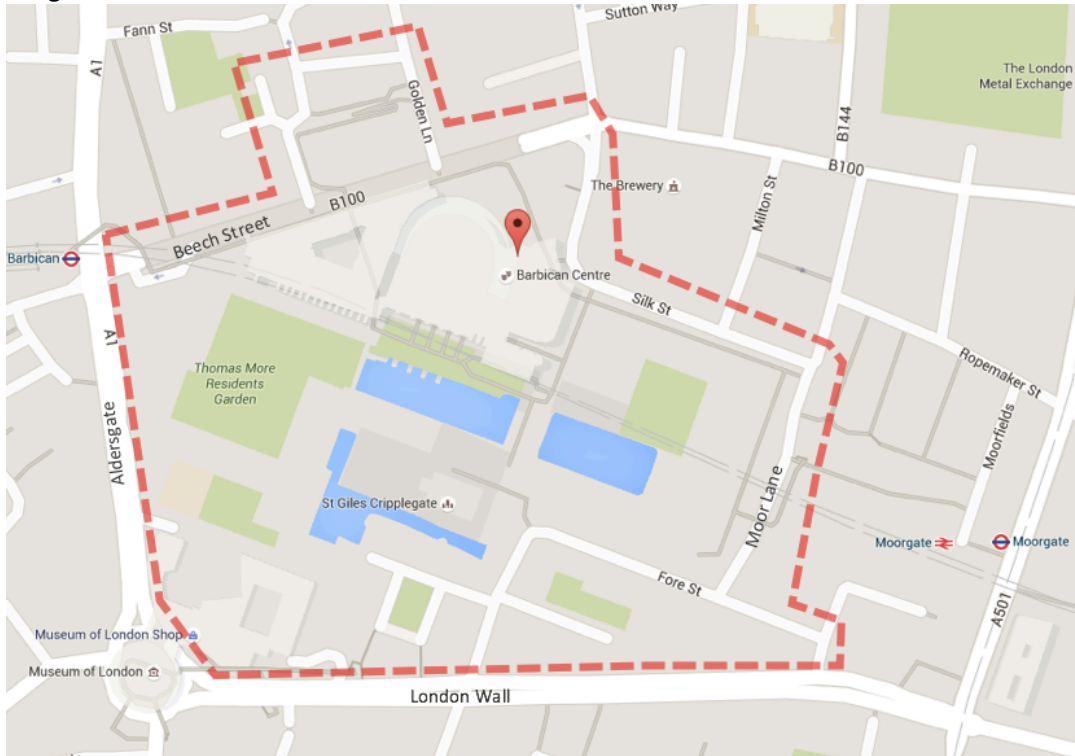
The proposed LEN area will have two elements to it:

1. An inner core area where physical changes and restrictions will be introduced to reduce traffic flows and restrict access for non ULEVs. This inner core will cover the Barbican area (Beech Street/Golden Lane/Silk Street/Moor Lane/Fore Street).
2. An outer area of influence surrounding the core area incorporating the Barts and the Guildhall areas. Businesses and organisations in this wider area include Barts Hospital and City of London Corporation Guildhall.



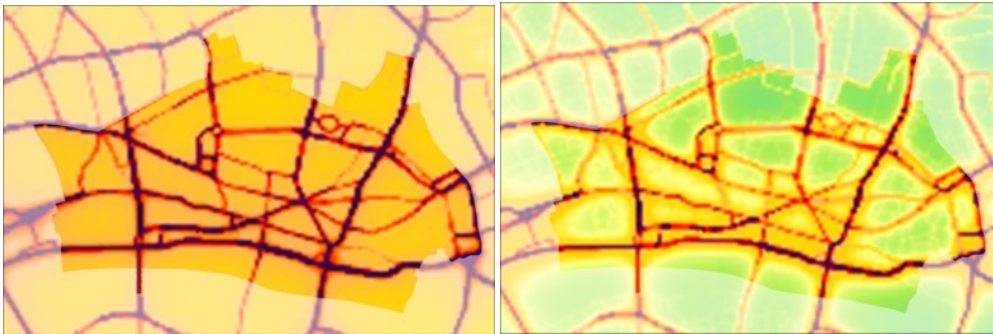
Image 3: Overview map of the LEN area

**Image 4: Core LEN area**



**Summary of air quality monitoring and/or modelling data.**

**Image 5(a) & (b):** TfL estimates for NO<sub>2</sub> concentrations for City of London in 2010 and in 2020 (no ULEZ)



**Image 5 (c):** TfL estimate for NO<sub>2</sub> concentrations for City of London in 2020 (with ULEZ)



Source: TfL 2015 - Interim LAEI 2010

The City of London has a comprehensive network of fixed continuous monitoring stations and project based sites. There is a continuous monitoring station in Beech Street at the junction of Aldersgate Street which records levels of PM<sub>10</sub> and NO<sub>2</sub>. The below chart shows that annual average NO<sub>2</sub> concentrations in Beech Street exceeds air quality objectives every



year by a significant amount and only the Walbrook Wharf site on Upper Thames Street (TfL red route) is worse.

**Image 6:** Annual Average NO<sub>2</sub> concentrations 1999-2014

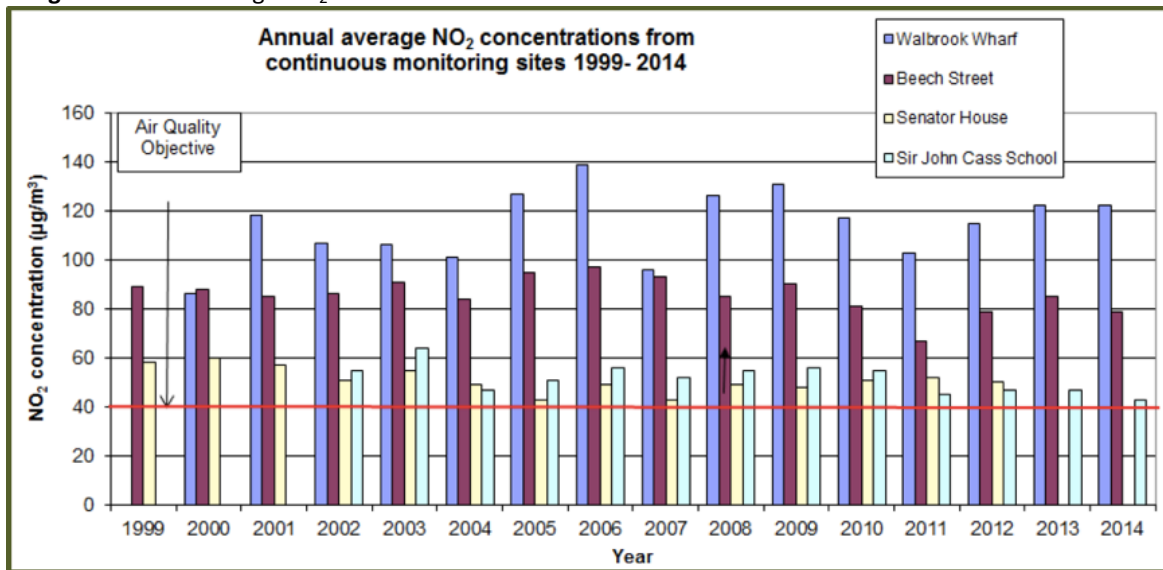
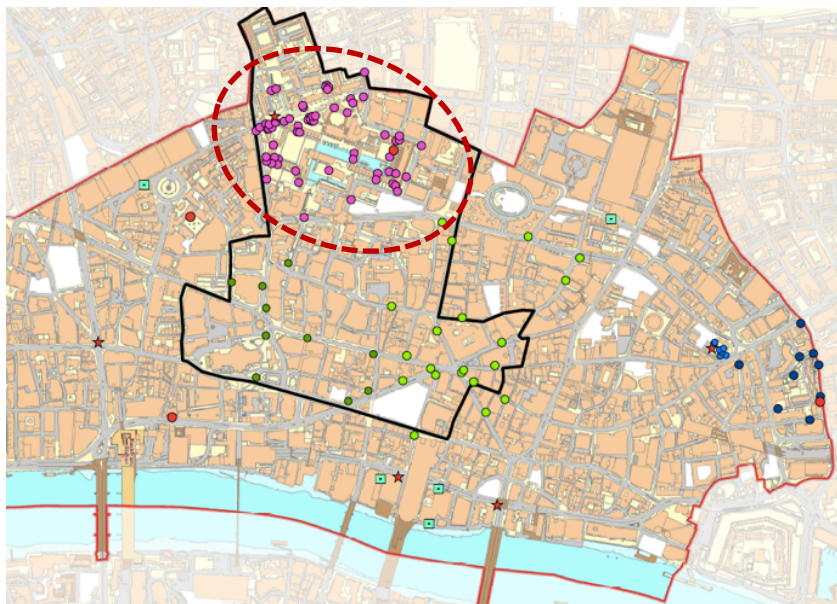


Figure 3.2: Annual Average Nitrogen Dioxide 1999 to 2014

Source: City of London Air Quality Strategy 2015

The below image shows the comprehensive network of monitored sites in the City of London.

**Image 7:** Site of continuous and project based NO<sub>2</sub> monitoring sites (pink spots are Science in City sites):

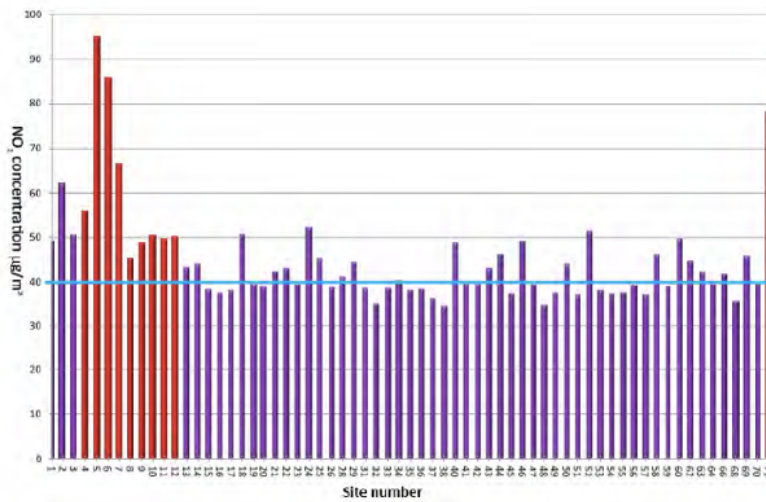


*Barbican Science in the City project*

As part of the Science in the City project residents were recruited to take part in measuring air pollution for NO<sub>2</sub> and PM<sub>2.5</sub>. 69 sites were set up around the Barbican Estate and surrounding roads. The annual average reading for NO<sub>2</sub> at each site monitored around the Barbican are shown in the figure below. The sites shown in red represent concentrations measured at street level and were all above the EU target, the highest being Beech Street

covered roadway measuring an annual average of  $94.89\mu\text{g}/\text{m}^3$  more than double (2.37) the annual limit.

**Image 8:** Annual average  $\text{NO}_2$  concentrations at sites across the Barbican estate



**Figure 14:** The annual average reading of  $\text{NO}_2$  at each monitoring site in the Barbican between October 2013 and September 2014. Red bars show street level sites; site 5 is located in Beech Street tunnel and the blue line indicates the EU mean annual target of  $40\mu\text{g}/\text{m}^3$

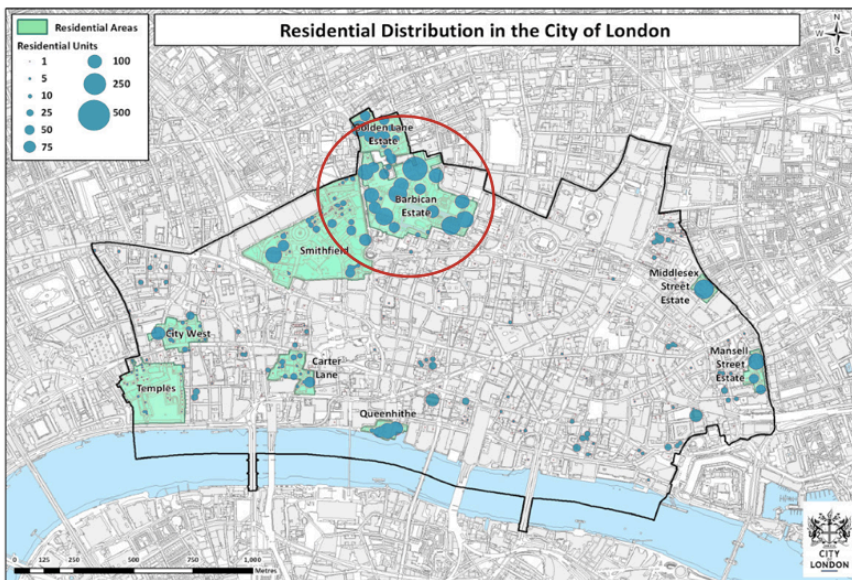
**Source:** Science in the City Report, Barbican Association and Mapping for Change 2015

(The full report of the Science in the City Project by Mapping for Change found in Appendix A)

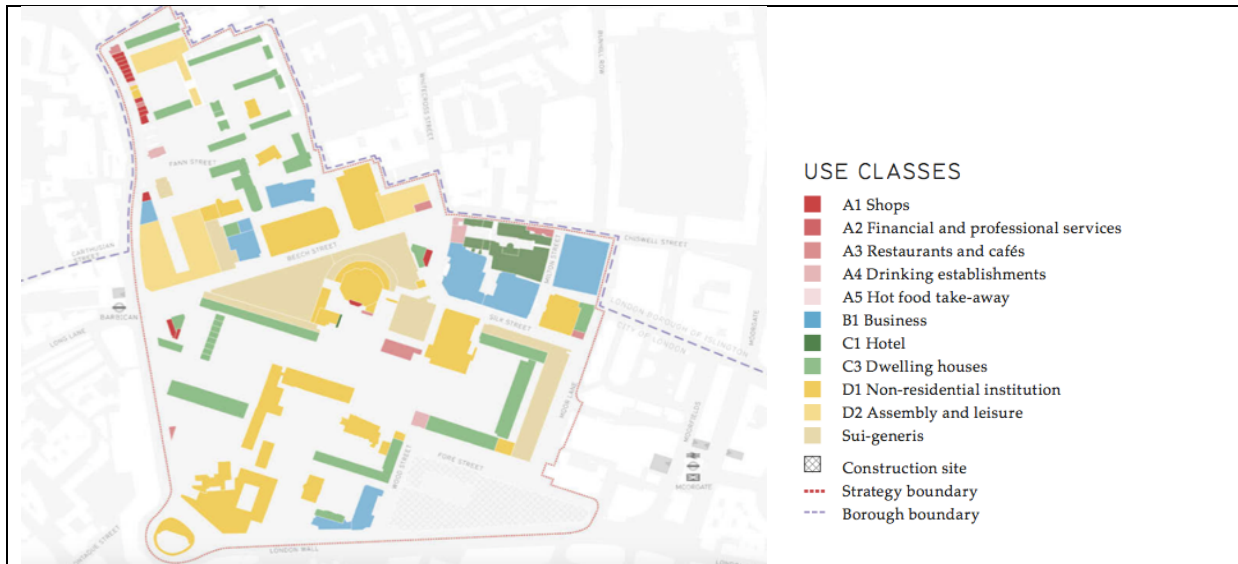
### Types of building usage in the LEN area

Business and finance are the key activities in the City of London. The Guildhall area is the HQ of the City of London Corporation/City of London Police plus business and finance companies. Two of the largest residential housing estates in the City are situated within the LEN – the Barbican Estate (4,000 residents) and the Golden Lane estate (1,500 residents).

**Image 9:** Distribution of residential properties in the City of London



**Image 10:** Land use classes in the Barbican area



### Approximate numbers of people exposed to current pollution levels

As of 2014 there were 414,600 people employed in the City of London<sup>1</sup> with approximately 40,000 of these people working within the wider LEN area and another 6,000 living as residents within the LEN area. Currently on average over 700 pedestrians an hour use Beech Street.<sup>2</sup>

The numbers using these stations in the LEN area in 2014/15<sup>3</sup> are as follows:

- Barbican - 11.4 million persons entry/exit per annum
- Moorgate – 35.3 million persons entry/exit per annum

With the opening of Crossrail stations at Smithfield/Farringdon and Moorgate/Liverpool Street the numbers of pedestrians moving through the area is expected to increase dramatically.

#### Other notable destination and trip attractors in the LEN area include:

- Barbican Centre (largest performing arts centre in Europe; 1.1 million visitors in 2013)<sup>4</sup>
- Museum of London (1.2 million visitors in 2014)<sup>5</sup>
- Prior Weston Primary School & Children’s Centres (470 students aged 3-11) in Islington
- Guildhall School of Music and Drama (Higher education college with 800 students)
- City of London School for Girls (Secondary school with 700 students aged 7 to 18)
- St Bartholomew’s Hospital - a specialist cancer care treatment and cardiac centre with 250 cardiac beds and 52 critical care beds with approximately 3,000 staff based here.

<sup>1</sup> <https://www.cityoflondon.gov.uk/business/economic-research-and-information/statistics/Pages/research-faqs.aspx>

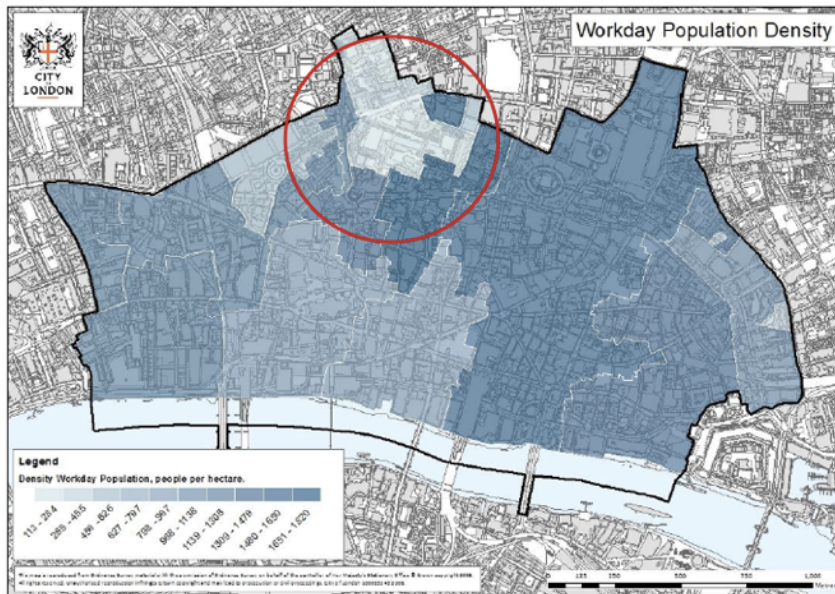
<sup>2</sup> Space Syntax study for Barbican and Golden Lane Area Strategy

<sup>3</sup> <http://orr.gov.uk/statistics/published-stats/station-usage-estimates>

<sup>4</sup> Barbican Centre Annual Report 2013

<sup>5</sup> Association of leading visitor attractions 2014, [alva.org.uk](http://alva.org.uk)

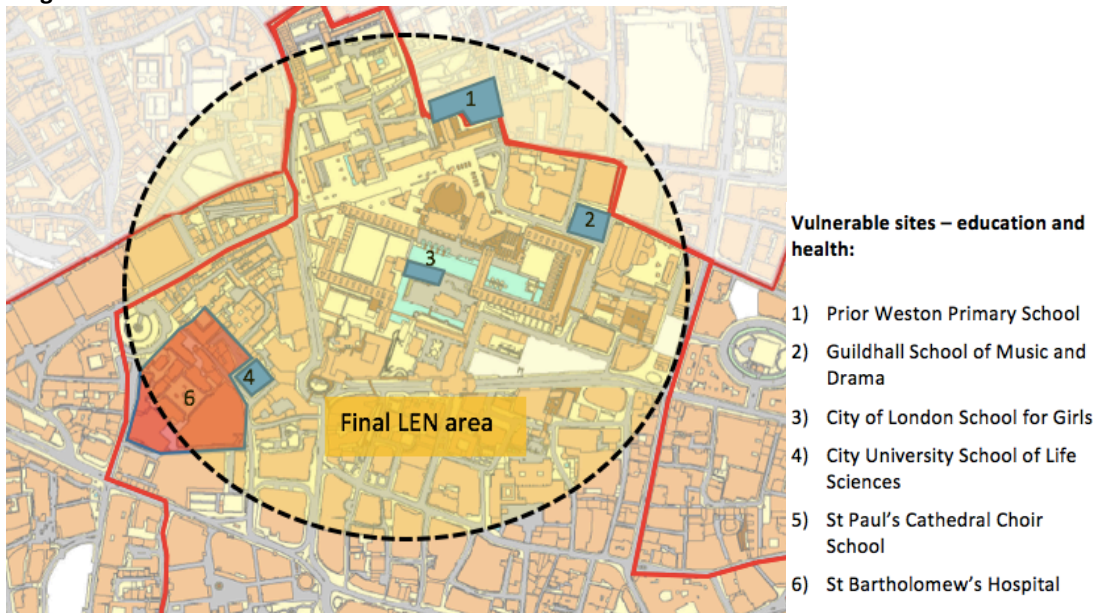




**Map 1: Workday population densities per hectare analysed by Output Areas within the City of London**  
 Source: Office of National Statistics © Crown Copyright 2013

**Image 11:** Workday population density in the City of London

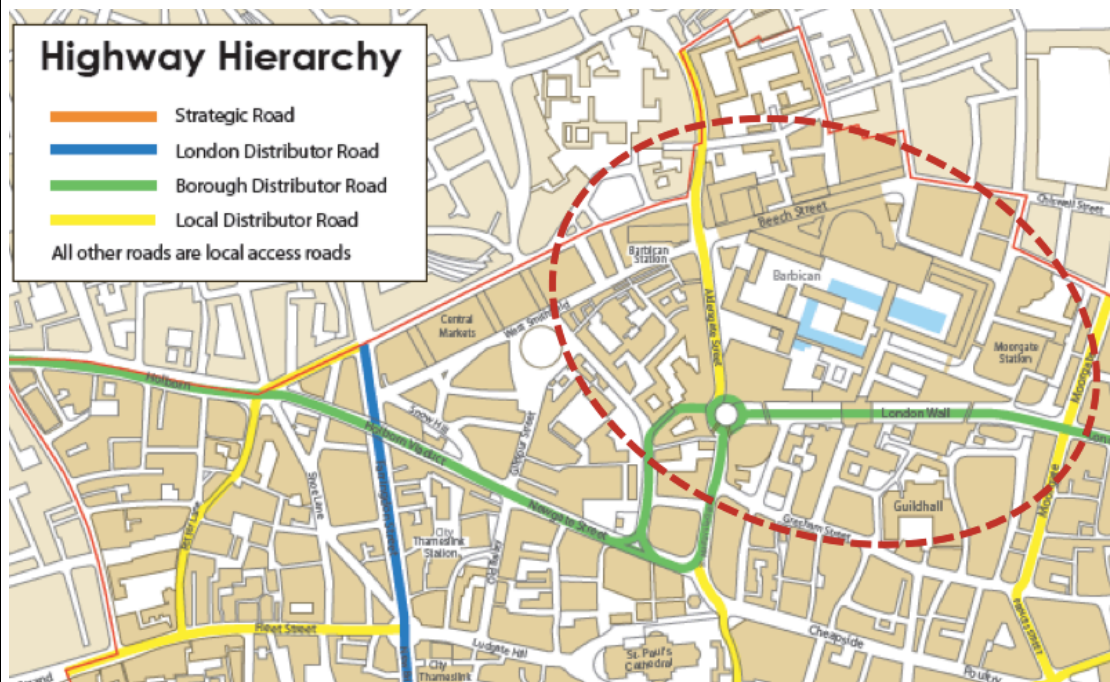
**Image 12:** Education and health sites in the LEN area



### Street Types in the area

The most significant traffic route bisecting the LEN is a Borough Distributor Route east-west along London Wall. Aldersgate Street is a key north south route (Local Distributor Road) through the LEN area. Beech Street is a non-classified road but with over 10,000 vehicle movements a day it is the fourth busiest east-west route in the City of London.

**Image 13:** City of London Highway Hierarchy



**Current air quality issues and pollution sources in the LEN area**

Source apportionment analysis undertaken by TfL into the sources of NO<sub>2</sub> and PM<sub>10</sub> pollution in the City of London are shown below including estimates for future years 2020 and 2025 post ULEZ introduction.

**Image 14:** NO<sub>2</sub> Source Apportionment – City of London

	Nox - tonnes			Nox - percentage of total			Nox - percentage of road transport		
	2010 Baseline	2020 with ULEZ	2025 with ULEZ	2010 Baseline	2020 with ULEZ	2025 with ULEZ	2010 Baseline	2020 with ULEZ	2025 with ULEZ
TfL Bus	73	8	8	15%	3%	3%	32%	12%	14%
Taxi	28	14	9	6%	5%	3%	12%	21%	14%
Diesel Car	24	15	15	5%	6%	6%	11%	21%	25%
Petrol Car	15	4	3	3%	2%	1%	6%	6%	5%
Van and Minibus	22	12	11	5%	4%	4%	10%	17%	18%
HGV	43	9	9	9%	4%	3%	19%	14%	15%
Non-TfL Bus and Coach	23	6	5	5%	2%	2%	10%	9%	8%
Aviation	6	10	10	1%	4%	4%			
Diesel Rail	0	0	0	0%	0%	0%			
River	33	33	33	7%	13%	13%			
Gas - Domestic	8	5	5	2%	2%	2%			
Gas - Non-Domestic	168	117	117	35%	45%	46%			
Industry	-	-	-	0%	0%	0%			
Motorcycle	2	1	1	0%	0%	0%			
NRMM	29	26	27	6%	10%	11%			
Other	1	1	1	0%	0%	0%			

Source: TfL 2015 LAEI

Total PM10 - exhaust, tyre and brake	PM10 - tonnes			PM10 - percentage of total			PM10 - percentage of road transport		
	2010	2020	2025	2010	2020	2025	2010	2020	2025
	Baseline	with ULEZ	with ULEZ	Baseline	with ULEZ	with ULEZ	Baseline	with ULEZ	with ULEZ
TfL Bus	1.63	1.46	1.46	5%	6%	6%	10%	13%	13%
Taxi	3.46	1.91	1.52	11%	7%	6%	21%	17%	14%
Diesel Car	2.61	1.77	2.17	8%	7%	8%	16%	16%	20%
Petrol Car	2.79	2.49	2.21	9%	10%	8%	17%	22%	20%
Van and Minibus	3.15	1.75	1.81	10%	7%	7%	19%	16%	16%
HGV	2.40	1.53	1.55	7%	6%	6%	14%	14%	14%
Non-TfL Bus and Coach	0.74	0.38	0.37	2%	1%	1%	4%	3%	3%
Aviation	0.03	0.05	0.05	0%	0%	0%			
Diesel Rail	0.01	0.01	0.01	0%	0%	0%			
River	1.11	1.11	1.11	3%	4%	4%			
Gas - Domestic	0.06	0.05	0.05	0%	0%	0%			
Gas - Non-Domestic	2.70	1.89	1.89	8%	7%	7%			
Industry	-	-	-	0%	0%	0%			
Motorcycle	0.56	0.43	0.43	2%	2%	2%			
NRMM	2.92	3.01	3.19	9%	12%	12%			
Other	0.67	0.68	0.71	2%	3%	3%			
Resuspension	7.44	7.44	7.55	23%	29%	29%			

Source: TfL 2015 LAEI

**Image 15:** PM10 Source Apportionment – City of London

**Table 1:** Vehicle types using Beech Street

Vehicle type	No. of Vehicles	% of total
Motorcycle	663	6.5
Pedal cycle	1733	17.1
<b>Car</b>	<b>2421</b>	<b>23.9</b>
<b>Taxi</b>	<b>2907</b>	<b>28.7*</b>
<b>LGV</b>	<b>1688</b>	<b>16.7</b>
OGV1	204	2
OGV2	23	0.2
Bus/coach	161	1.6
Cycle hire bike	334	3.3
<b>Total</b>	<b>10,134</b>	<b>100</b>

Source: City of London Traffic Composition Survey 2014

\* Central London Cycle Census<sup>6</sup> suggested that up to 35% of all traffic on Beech Street was taxis

#### Key air quality sources:

- Non-domestic gas – expected to be 45% of source of NO<sub>x</sub> in the City in 2020 with ULEZ
- Taxis – 29-35% of traffic on Beech Street are taxis with 43% cruising for trade<sup>7</sup>.
- Freight and delivery traffic – vans and HGVs predicted to generate 31% of NO<sub>x</sub> generated by road transport in 2020 with ULEZ.
- NRMM & Construction sources – there are several large construction sites within the LEN and demolition and diesel generators contribute 10% of NO<sub>x</sub> in the City by 2020 with ULEZ.
- Diesel cars – predicted to generate 31% of NO<sub>x</sub> generated by road transport in 2020 with ULEZ.

**For further information on the location choice and area data refer to Appendix B – LEN Area Background Information**

<sup>6</sup> TfL Cycle Census 2013

<sup>7</sup> Barbican Taxi Study 2012

## 2. Measures

### (1) Low Emissions Neighbourhood - Communications Strategy

Development of a communications and behaviour change strategy with the aim of educating and raising awareness of air pollution and provide real-time air pollution monitoring information to the local community, residents and workers.

**Cost:** £40,000 (Source LEN £40,000)

**Estimated air quality benefits:**

- Raises awareness of air pollution causes amongst 6,000 residents and 40,000 workers
- Enables 46,000 people to reduce their exposure

**Other benefits:** Conduit for consultation work

### (2) Establish a Zero Emissions Network

- Direct work with organisations in area to support them to reduce their emissions.
- Incentivise active travel and zero emission vehicles & taxis for business purposes.
- Replacement or upgrade older polluting boilers and generators.
- Air Quality Champions will be nominated from each organisation.
- Annual Zero Emissions Festival in the City.

£90,000 (£50,000 from LEN, £20,000 sponsorship, £20,000 revenue)

- The City Fringe ZEN has been shown to reduce NO<sub>x</sub> emissions by 95kg per annum.<sup>8</sup>

Improve community cohesion. CO2 reduction.

### (3) TfL buses engagement

Working with TfL to undertake a city-wide review of bus movements in the LEN area and get local buses converted to ULEV.

£15,000 (Staff time)

- Removal of 160+ diesel bus movements through Beech Street per 12-hour weekday period

Financial revenue savings for TfL

### (4) City Freight Forum

The LEN area will act as a pilot area for the City Freight Forum to focus new ideas and activities.

£30,000 (£10,000 from LEN, rest LIP)

- 225 Large goods vehicles and 1700 light goods vehicles pass through Beech Street

<sup>8</sup> LB Hackney ZEN progress report 2015



during each 12-hour weekday period.

- Without action freight predicted to generate 31% of NO<sub>x</sub> from road transport in the City by 2020.

Road safety - HGVs and vulnerable road users such as pedestrians and cyclists

#### **(5) Planning guidance & policies**

- All gas boilers in new commercial developments required to have a NO<sub>x</sub> rating of <20mgNO<sub>x</sub>/kWh by 2020.
- New Delivery & Servicing Plan guidance requiring provision of local consolidation, re-timing of deliveries and assessment of air quality impacts.
- All new construction sites in the LEN area to use local Construction Consolidation Centre to minimise deliveries to site.
- All new developments with > 1000m<sup>2</sup> floor space or >10 residential units will need to be air quality neutral with a view to being air quality positive by 2020.

£30,000 (£20,000 from LEN, rest staff time)

- 35% of NO<sub>x</sub> emissions in the City of London are from commercial gas boilers and 6% are from domestic gas boilers therefore it is imperative that these sources are tackled.

CO<sub>2</sub> emissions reductions.

#### **(6) NRMM minimum standards & pilot project**

- Develop new best practice on use of standby generators and require all buildings in the LEN to adhere to the guidance.
- Establish a pilot scheme to set a threshold of minimum Stage V for non-road mobile machinery – requirement for all sites within LEN.

£30,000 (£15,000 from LEN, rest staff time)

- LAEI 2010 estimates that Non-Road Mobile Machinery (NRMM) used on construction sites was responsible for 6% of NO<sub>x</sub> emissions and 9% of PM<sub>10</sub> emissions in the City.

Reduction in CO<sub>2</sub> emissions and noise pollution.

#### **(7) No Idling Zone**

Invoke the use the City of London's own local legislative powers to introduce a 'No Idling Zone' over the LEN area.

£60,000 (£20,000 from LEN the rest from CIL)

- Idling engines is associated with localised air pollution and can be a particularly significant problem at specific locations where there is coach parking.

It will discourage illegal parking and waiting. Reduction in CO<sub>2</sub> emissions and noise pollution



**(8) Beech Street access restrictions – no through traffic or ULEVs only options**

Substantially reducing through traffic along Beech Street by eliminating all through traffic, reducing traffic volume and/ or allowing access for ULEVs only (still allowing cycles). Geo-fencing could be used to ensure ZEC vehicles operate in this mode when travelling through. Access for residents, deliveries and visitors to the Barbican Centre car park entrances in Beech Street will be maintained.

£350,000 (£250,000 from LEN, £100,000 from LIP & CIL)

- The objective of the scheme is to reduce overall traffic flows and incentivise taxi drivers to switch to zero emission capable taxis earlier than they would do otherwise. 3,000 taxi movements are recorded in a 12-hour weekday period in Beech Street. This measure would remove all emissions associated with these vehicles. Also reduce exposure of up to 8,000 pedestrians a day that use Beech Street.
- Implementing this scheme in full would reduce the total emissions rate for NO<sub>x</sub> and PM<sub>10</sub> in Beech Street from:
  - **NO<sub>x</sub> = reduction from 0.294 g/km/s to 0.061 g/km/s**
  - **PM<sub>10</sub> = reduction from 0.022 g/km/s to 0.002 g/km/s**

It will greatly improve the urban realm in Beech Street enabling improvements to make it a more attractive gateway to the Barbican Centre. Much more pleasant and safer environment for pedestrians and cyclists.

**(9) ULEV only loading bays at certain times**

Introduction of ULEV priority loading bays and waiting/loading restrictions. This proposal will depend upon the availability of ULEV LGVs.

£40,000 (£0 from LEN, £40,000 from LIP)

- LGVs & HGVs are the source of 30% of NO<sub>x</sub> emissions from traffic and they are the source of 38% of PM<sub>10</sub> emissions from traffic in the City.

Raises awareness of ULEVs for commercial purposes. Reduction in noise and CO<sub>2</sub> emissions

**(10) Barbican Wayfinding strategy**

Pedestrians and visitors currently walking indirect routes alongside heavily trafficked roads instead of alternative routes that avoid exposure to air pollution from traffic sources.

£200,000 (£0 from LEN, £200,000 from Area Enhancement Strategy)

- Enable 1 million+ visitors and residents per annum to reduce their exposure to air pollution by avoiding busier routes.

More liveable neighbourhood. Improved visitor experience. Improved public health by encouraging and facilitating walking

<b>(11) Residents EV charging and cycle parking</b>
Barbican and Golden Lane estate residents have expressed strong demand for both additional secure cycle parking and electric vehicle charging points for the limited number of residents that still own their own private vehicle and park it on site.
£100,000 (£20,000 from LEN, £80,000 from LIP)
<ul style="list-style-type: none"> <li>At last count the Barbican Estate Manager had over 300 residents on a waiting list for an electric vehicle charging point.</li> </ul>
Additional secure cycle parking will reduce theft and crime. CO2 reductions. Improved public health by supporting cycling
<b>(12) Greening programme</b>
The LEN project will look at options for greening streets within the area particularly the area to the north of Beech Street and along Golden Lane.
£200,000 (£20,000 from LEN, £180,000 from Area Enhancement strategy)
<ul style="list-style-type: none"> <li>The green infrastructure will result in improved air quality particularly for particulate matter and we will choose specific species that are beneficial for air quality.</li> </ul>
Shade provision mitigates against impacts of climate changes. New green space offers places for people to relax and children to play. Helps in reducing surface water run off and leads to improvements in biodiversity
<b>(13) Off Street rapid EV charging hubs</b>
Provision of electric vehicle charging infrastructure to cater for zero emission capable taxis and electric commercial vehicles in off street car parks. They will be a mix of 22kw and possibly 50kw to cater for the different types of users and vehicles that will require charging.
£120,000 (£20,000 from LEN, £100,000 from OLEV/TfL)
<ul style="list-style-type: none"> <li>Essential to support the transition from ICE vehicles to ULEVs. The primary audience for the EV hubs will be taxis and LGVs and together these two types of vehicle are the source of 60% of PM10 emissions from traffic sources in the City.</li> </ul>
Climate change mitigation. Noise pollution.
<b>(14) Area wide Delivery &amp; Servicing Plan</b>
Aim is to get understanding of the number and type of deliveries taking place in the area and then look at how they can be reduced through consolidation, retiming and re-modelling. The DSP will first look at the three key public sector organisations operating in the area - the Barbican Centre, St Barts NHS hospital and the City of London Guildhall.
£90,000 (£75,000 from LEN, £15,000 from LIP)
<ul style="list-style-type: none"> <li>LGVs &amp; HGVs are the source of 30% of NOX emissions from traffic and they are the source of 38% of PM10 emissions from traffic in the City.</li> </ul>
Potential cost savings to businesses participating. Reduced congestion and traffic volumes and reduction in noise pollution. Improved safety for cyclists and pedestrians.

<b>(15) Micro consolidation centre &amp; last mile deliveries scheme</b>		
Establish a micro consolidation centre in Barbican car park where deliveries for businesses and organisations within the LEN area could be dropped off or picked up. There would be a zero emission last mile delivery service using either an electric van or tricycle linked to the area wide delivery & servicing plan.		
£250,000 (£150,000 from LEN, £100,000 from CIL & LIP)		
<ul style="list-style-type: none"> <li>Evidence from the North London boroughs consolidation centre has seen a 57% reduction in the number of vehicle trips being made to council sites which has resulted in a 69% reduction in distance travelled and 71% reduction in NOX emissions.</li> </ul>		
Reduced traffic congestion and vehicle flows. Improved safety for cyclists and pedestrians.		
<b>(16) Cycle Quietways</b>		
Proposals for two Cycling Quietway routes to be implemented through the LEN area as part of the Mayor of London's Central London Cycle Grid programme.		
£150,000 (£0 LEN, £150,000 Cycling funds)		
<ul style="list-style-type: none"> <li>By providing attractive and safe cycle routes we are encouraging additional cycle trips that may have previously been made by car or taxi.</li> </ul>		
Improved cyclist safety and creates more liveable neighbourhoods. Improvements in public health		
<b>(17) ZEC Only Taxi ranks</b>		
Only Zero Emission Capable taxis allowed to use the taxi rank in Silk Street. A dedicated EV charging point would also be installed at the taxi rank. Assuming this pilot rank is successful it will be rolled out to other taxi ranks in the City of London.		
£75,000 (£50,000 from LEN, £25,000 from LIP)		
<ul style="list-style-type: none"> <li>Taxis are a primary cause of NOX emissions within the City of London area - incentivising taxis to make the transition to zero emission capable vehicles by giving ULEVs priority at taxi ranks is a key way of reducing these emissions.</li> </ul>		
Raises awareness of ULEV taxis. Reduction in noise pollution		
<b>Discounted measures</b>		
<b>Measure</b>	<b>Description</b>	<b>Reason for discounting this measure</b>
Daytime non-ULEV loading ban	Ban on loading and deliveries by non-ULEV vehicles during daytime hours.	Not enough commercial ULEVs are on the market and the impacts upon businesses could not be justified.
Barbican Centre car park restrictions	Barbican Centre car park – restrict to EVs and disabled only	Not acceptable to Barbican Centre.

Zero Emission Zone	Zero Emission Vehicles zone.	Lacked business, internal and political support.
ZEC taxi only pickup	Only ZEC taxis allowed to pickup in LEN area	Lacked business, internal and political support.

- **For further description of LEN measures refer to Appendix C.**
- **Refer to Appendix D for visualisations of some of the LEN proposals.**
- **Refer to Appendix E for shortlisting process for LEN proposals, assessment against TfL criteria and the discounted schemes.**
- **Refer to Appendix F for information on how the air quality benefits of the measures were assessed.**
- **Refer to Appendix G for information on how the cost of the LEN measures and proposals were estimated.**
- **Refer to Appendix H for a project plan for the LEN programme.**
- **Refer to Appendix I for a risk assessment of the LEN measures.**

### **3. Benefits**

The concept behind the City of London's LEN is that it will act as a test bed for a diverse range of air quality improvement interventions. The interventions will be piloted and assessed here before being rolled out to the rest of the City of London and then potentially the whole of Greater London. The proposals included in this bid are an ambitious, comprehensive and integrated suite of measures that seek to tackle all sources of emissions in the City ranging from building emissions, traffic sources and construction machinery.

The proposals complement each other to create a cohesive neighbourhood scheme with truly transformative measures that will result in a substantial improvement in air quality in the very heart of the Capital. The City of London believes that the proposals included in the bid are the right combination of behaviour change, incentivisation, restrictions and enforcement alongside the necessary infrastructure required to support a genuinely low emission neighbourhood.

The City of London's LEN project will not only have a beneficial impact on air quality in the Barbican area but also result in a more liveable neighbourhood with less traffic, improved public realm, safer places to cycle and walk, new green infrastructure and play facilities.

The most significant and transformative impact will be the reduction of traffic volumes and introduction of the ULEV and Access Only restrictions in Beech Street.

- Cumulative emissions reduction - Beech Street currently carries approximately 8,000 motorised vehicles during a 12-hour weekday period. Approximately 3,000 of these vehicles are black taxis. It is fair to assume that upon introduction of the access restrictions in form of a no through route or ULEVs only scheme almost all of these ICE black taxis will be excluded from using this street as a through route. So the minimum reduction in emissions will be equivalent to 3,000 black taxis per day. Implementing this scheme in full would reduce the total emissions rate for NO<sub>x</sub> and PM<sub>10</sub> in Beech Street from:
  - **NO<sub>x</sub> = reduction from 0.294 g/km/s to 0.061 g/km/s**
  - **PM<sub>10</sub> = reduction from 0.022 g/km/s to 0.002 g/km/s**
- Exposure reductions – Over 700 pedestrians an hour during 12 hour working weekday that use Beech Street will benefit from reduced exposure (over 8,000 pedestrians a day).
- Public health benefits – increased health and activity amongst vulnerable residents living in area and children at Prior Weston and City of London Girls School. Reduced mortality amongst vulnerable patients at Barts.
- Urban realm value uplifts – Golden Lane improvements and Beech Street currently have poor public realm and pedestrian environments. The combination of the area enhancement strategy schemes and LEN proposals will result in significant

improvement in pedestrian comfort levels and public realm experience.

- Road safety benefits – reduced traffic volumes and through traffic in the area will result in safer conditions for pedestrians and cyclists with resulting reductions in accident rates.
- Community cohesion – the provision of more green space, less traffic and pollution will encourage greater community cohesion and places to meet and stop and rest.
- Crime and theft – improved cycle parking will result in reduced crime and theft rates.

**Refer to appendix F for further background information on measures.**

## **4. Local Support**

### **Engagement undertaken**

The City of London has undertaken a series of engagement exercises including meeting with and in some cases presenting to the following stakeholders:

- Barbican Estate Residents Association (representing 4500 residents) annual committee meeting
- Barbican Estate Environment and Sustainability Committee Chair
- Lauderdale Tower Residents Association AGM
- Golden Lanes Estate Residents Association Chair
- Barts NHS Hospital – Associate Director of Sustainability and Patient Transport
- Barbican Centre
- Living Streets

Engagement via email has occurred with the following organisations:

- Prior Weston School
- Cheapside Business Improvement District

Internally within the City of London teams and departments:

- Transport Planning Team
- Network Manager
- Town Clerks Policy
- Barbican Cultural Hub Project Manager
- Waster Services Manager
- Barbican Estate Manager
- Barbican Estate Car Parks Manager
- Freight Officer
- Environmental Enhancement Team

The LEN project has been approved by:

- David Smith – Director of Markets and Consumer Protection
- Carolyn Dwyer – Director of Built Environment
- Steve Presland – Director of Transportation and Public Realm
- Nicholas Kenyon – Managing Director of the Barbican Centre

The Project Sponsor is Jon Avern, the Director of Consumer Protection and the Project Lead is Ruth Calderwood, Air Quality Lead at the City of London.

### **Political support**

The following members have approved of the LEN bid and offered letters of support:

- Wendy Mead OBE, Chairman of the Port Health and Environmental Services Committee
- Joyce Nash OBE, Deputy Chairman of the Health & Wellbeing Board
- Michael Welbank MBE, Chairman of the Planning and Transportation Committee
- Jeremy Simons – Deputy Chairman of Port Health and Environmental Services Committee

- John Tomlinson – Chairman of the Barbican Board

The City of London Port Health and Environmental Services Committee has expressed strong support for the LEN bid and air quality has now been categorised as a key concern and has been added to the Corporate risk register as a key risk for the City of London.

### **Evidence of strong support**

#### **[Bart's Health NHS Trust](#)**

Through the Mayors Air Quality Fund, the City Corporation has worked with Bart's Health NHS Trust on following [air quality projects](#):

- Protecting Patients – Clinicians at Bart's Health NHS Trust have been providing advice to vulnerable patients on how to reduce their exposure to air pollution.
- Breathing Spaces – air quality plants have been planted within the hospital grounds.
- Active Travel – working with Bart's Health staff to encourage them to leave their car at home and use other ways to get to work.
- Cleaner fleets, healthier streets – working with the main hospital fleet provider to reduce emissions from the fleet.

Discussions have been held with the Assistant Director of Facilities and Sustainability at Bart's Health NHS Trust. Barts health is keen to be involved in the LEN project and has provided a letter of support.

#### ***Barbican Residents Association***

The Barbican Residents Association and their Environmental Group are extremely engaged and proactive when it comes to air quality in the City. They have undertaken a number of projects such as the [Science in the City](#) project where they actively measured and monitored air pollution on their estate and produced the comprehensive report found and even produced a video that can be found on [Youtube](#) describing the project and the [outcomes](#). The residents have expressed strong support for access restrictions in Beech Street.

City of London officers presented the LEN bid proposals at the Annual General Meeting of the Barbican Residents Association. Afterwards a vote on whether to support the bid by resident's representatives was held and it was unanimously approved. A letter of support reflecting their support can be found in **Appendix J**.

#### ***Prior Weston School and Children's Centre***

The Prior Weston School and Children's Centre in the London Borough of Islington has previously been involved in the [Cleaner Air for Schools](#) project and has expressed support for air quality improvement schemes to address pollution issues in the area.

#### ***Golden Lane Estate Residents Association***

Golden Lane Estate Association Chair was supportive of the LEN proposals and would like to see public realm improvements to the Golden Lane area. Engagement with the Chair of the Group was held and he was supportive but unfortunately it proved difficult to obtain a letter of support from them because their annual meeting was held earlier in



the year and the letter of support can only be approved at a full meeting of residents.

### ***Cheapside Business Improvement District (BID)***

Cheapside BID has been very engaged with air quality issues, working with the Air Quality Team at the City to establish a network of NO2 monitoring sites in and around the Cheapside area. They are particularly keen on introducing green infrastructure and measures to help businesses reduce the environmental impacts of their deliveries and servicing.

### ***Barbican Centre***

In the Barbican Centre's response to the Area Strategy Review they expressed their keenness to see improvements to Beech Street particularly for the benefit of pedestrians and make it safer and more pleasant to access the centre from Barbican tube station.

### ***Business Community in Barbican Area***

As part of the Science in the City project the Barbican Residents Environment Group engaged directly with almost all businesses based in and around the Barbican Estate and there was generally strong support for measures to improve air quality in the area and to be good neighbours.

### ***Living Streets London***

Living Streets have expressed strong support for the LEN proposal and in particular want to see access restrictions and improvements to Beech Street. They have previously undertaken community street audits in this area and identified Beech Street as a problem location which needed addressing.

### ***Cleaner Air in London***

Simon Birkett the Director of Cleaner Air in London has expressed strong support and believes that the bid is visionary and could be easily replicated across London. A letter of support from Simon can be found in Appendix J.

## **What measures have the most support**

The proposed restrictions for Beech Street covered roadway has the most support from residents and organisations in the area because it is universally recognised that air pollution here is very serious and conditions for pedestrians and visitors using this route are unpleasant as a result.

## **Do any organisations have objections or concerns about any proposals**

Barbican Centre had concerns about the loading bay nearest to their entrance becoming ULEV only and their HGVs not being able to use Beech Street as an access and loading route. It was explained that Beech Street restrictions would not apply to vehicles accessing to their facilities and due to the nature of the vehicles requiring the loading bay immediately outside the Barbican (HGVs and lorries for the symphony orchestra and theatre sets) this would not be the site of the trial ULEV loading bay.

**Letters of support can be found in Appendix J**

## 5. Match Funding

The City of London is in the fortunate position of being able to rely a number of different sources of match funding which include, but are not limited to, the following:

- S106 and CIL funding – the City of London has built up a substantial pot of CIL funding that is available for both air quality and transport improvements and upgrades. The London Wall development is in the immediate vicinity of the core LEN area could also contribute S106 funding.
- £100k LIP funding has been allocated for air quality improvements and LEN in the years 2016/17, 2017/18, 2018/19 totalling £300k over the three-year lifetime of the project.
- Staff time – there are a number of dedicated staff that will be involved in the project – including officers based in Air Quality, Transportation, Freight and Facilities teams.
- The air quality team has revenue and capital funding available that can be spent on schemes related to the LEN project.
- Sponsorship – we will be looking to obtain sponsorship from businesses and organisations as part of the Zero Emissions Network project
- Area environmental enhancement schemes – the City of London has a rolling programme of Area Enhancement Projects and the [Barbican/Golden Lane area](#) is due to commence in the next 12 months. The wayfinding and greening proposals will be mainly funded from these funds.
- Cycle Vision/Quietways fund – two Quietway routes traverse the LEN area and implementation work will commence in the first year of the LEN project.

**Refer to Appendix K for the costs breakdown and match funding sources**

## **6. Monitoring and Evaluation**

To understand the impacts the LEN proposals will have on air quality in the City and whether it should be rolled out across London there needs to be comprehensive and reliable monitoring. The City Corporation has been monitoring NO<sub>x</sub> and PM10 in Beech street using continuous analysers for a number of years. This provides excellent baseline data for interventions along this road and monitoring will continue for the duration of the project. The City will also look to install a number of other continuous analysers at strategic points in the LEN area.

As part of the LEN project we are also proposing that additional NO<sub>x</sub> diffusion tube monitoring be undertaken by Barbican residents as Part 2 of the Science in the City project. This will take place in each year throughout the project as shown in the project plan.

Additional measurements and monitoring will include pedestrian and cyclist counts on Beech Street and Quietway routes through the area over the period of the project (pre, during and post) as well as traffic flow counts, road traffic accident rates and childhood activity and play levels.

Further qualitative monitoring will include the number of businesses and organisations signed up to the Zero Emissions Network with active Delivery and Servicing Plans.

The success of the project will be based upon the following outcomes and targets being met by the end of the 3<sup>rd</sup> year (April 2019):

- 1) 80% of businesses/organisations within area signed up to the Zero Emissions Network**
- 2) 50% of organisations with more than 100 employees in LEN to have a DSP and be using a consolidation centre in some form.**
- 3) At least 25% less vehicular traffic volumes in the core LEN area – Beech Street/Silk Street/Golden Lane/Moor Lane/Fore Street.**
- 4) 20% increase in cyclists on roads within core area.**
- 5) 10% increase in walking activity amongst residents and schoolchildren in the LEN area.**
- 6) Annual average concentrations of NO<sub>2</sub> to be below 40µg/m<sup>3</sup> across the core LEN area (Beech Street/Golden Lane/Silk Street/Moor Lane/Fore Street).**

**Project Manager Assurance:**

Jon Averbs, Director of Consumer Protection and the Project Sponsor for the LEN bid has given his assurance that if the bid is successful the City of London will employ a dedicated Project Manager to lead on the project and they will be in position within 2 months of the successful bids being announced.

**State Aid advice:**

The City's Lead Solicitor has confirmed that they foresee no issues related to State Aid with the City of London's LEN bid proposals and they are legally compliant with it and any other legislative requirements.

**APPENDICES:**

- A. Barbican Science in the City Study**
- B. LEN area background data collection and analysis**
- C. LEN measures report**
- D. Visualisations**
- E. Measures shortlisting and criteria assessment work**
- F. Measures benefits calculation**
- G. Measures cost calculation**
- H. Project Plan**
- I. Risk assessment**
- J. Letters of support**
- K. Match funding sources**

<b>Committee(s)</b> City of London Health & Wellbeing Board	<b>Dated:</b> 16 <sup>th</sup> September 2016
<b>Subject:</b> Quality Premium 2016/17, NHS City and Hackney CCG	<b>Public</b>
<b>Report of:</b> Paul Haigh, Chief Officer, City & Hackney CCG	<b>For Decision</b>
<b>Report author:</b> Jan Annan, Interim Head of Outcomes and Evaluation, City & Hackney CCG	

## Summary

This report outlines City & Hackney CCG plans for the Quality Premium for 2016/17. The programme for 2016/17 was been approved by the chair of the Health and Wellbeing Board on 14<sup>th</sup> July 2016 and this report is now being presented for the Board's approval.

The 'Quality Premium' is set by NHS England. It is intended to reward CCGs for improvements in the quality of the services that they commission and also for associated improvements in health outcomes and reductions in inequalities in access to services and in health outcomes. The full guidance can be accessed via the link in the presentation. Annually, NHS England designs the Quality Premium which varies from year to year. There are always national targets that are mandatory and others which can be designed locally and agreed with NHS England. For 2016/17 there are 4 mandatory measures. There was an option to choose 3 local measures from the list of RightCare Metrics. These were chosen by the CCG Programme Boards and consulted upon with the Clinical Commissioning Forum as areas for potential improvement and where data to support evaluation of the outcome will be available by 31.3.17. The indicators chosen support the commissioning plans for 2016/17 and align with areas of priority for the CCG.

The presentation attached provides the details of the national mandatory measures and the local measures chosen by the CCG for 2016/17.

## Recommendation(s)

Members are asked to: endorse for approval






## Main Report

See attached presentation

1.0 Key points of Note specific to The City of London:

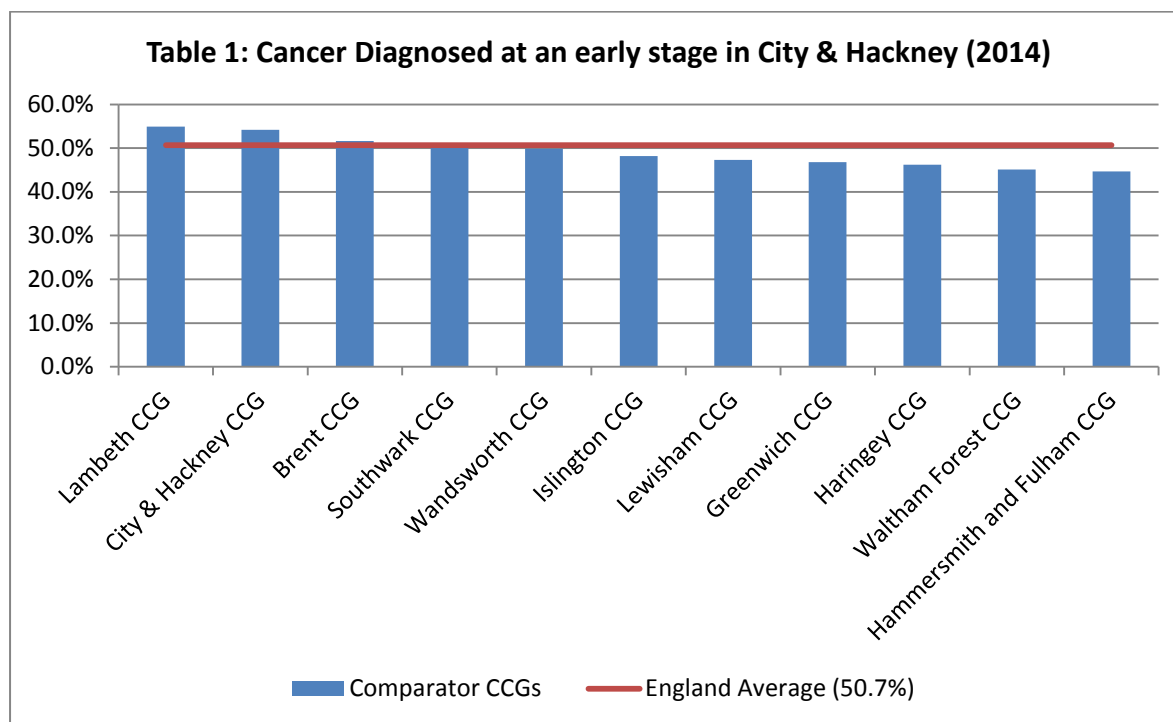
All practices benefit from participating in the NHS Quality Premium in relation to addressing areas for improvement in both cost and quality. Data and performance against the metrics are not always available on a quarterly basis and are not always available at a practice level.

The table below highlights five of the measures where GP practice level data is available to identify the progress of The City of London.

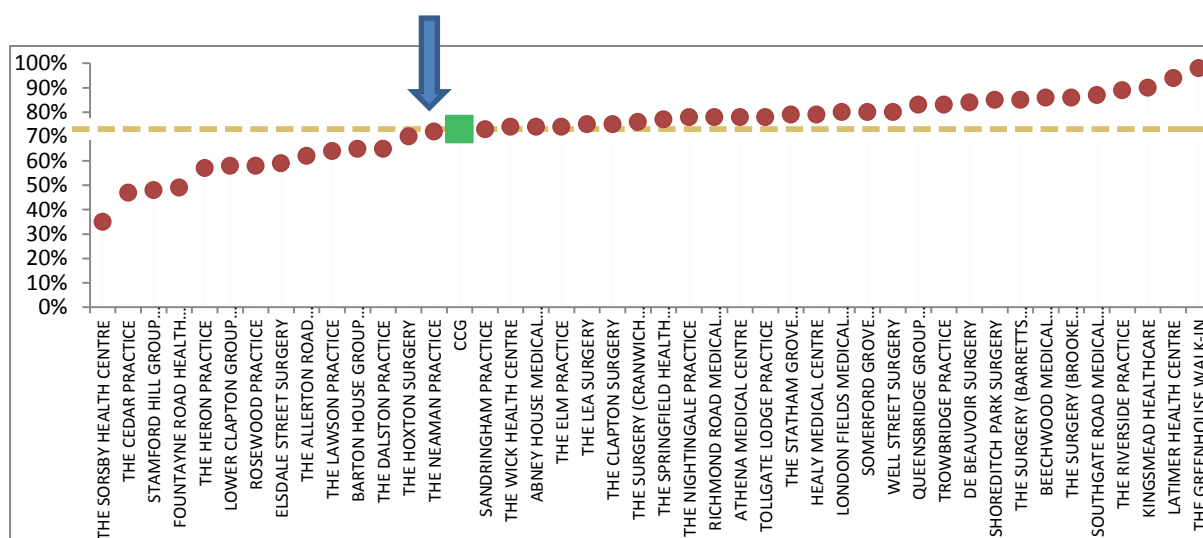
Quality Premium Descriptor	Target	Status	Commentary
<b>QP3:</b> Overall experience of making a GP appointment (see graph 1)	Demonstrate <b>3% increase</b> from July 2016 publication in July 2017 publication on the percentage of respondents who said they had a good experience of making an appointment.	No change to baseline position	For C&H as a whole in July 2016, 73% reported good and 12% poor. By July 2017, we hope to achieve a 3% increase on the overall CCG position based on the July data to succeed in this Quality Premium  72% of patients at the Neaman practice reported that the overall experience of making an appointment was good, which is 1% below the national average (73%) and the overall CCG position Range across all practices 35%-98%.  Note: %Good = %very good and %fairly good.
<b>QP4:</b> Antimicrobial resistance (AMR) improving antibiotic prescribing in primary care	Part a) reduction in the number of antibiotics prescribed in primary care. <b>Stay below 1.161 items per STAR-PU</b>  Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care to <b>12%</b>	CCG overall 	City & Hackney met both targets for the 12 month rolling data June 2016 Part a) 0.728 Part b) 10.8%  For the Neaman practice (June 2016 position): Part a) 0.575  Part b) 13.75% 
<b>QP5:</b> The percentage of patient with active asthma with > 12 issues of salbutamol inhaler in 12 months	Target = < 2.5% threshold		The Neaman practice achieved 1.13% and below the threshold of 2.5% (12 months rolling to June 2016)
<b>QP6:</b> Reduction on cost of analogue insulin prescribing	Target = 10% of average monthly 2015/16 prescribing of analogue insulins		The Neaman practice was the only practice across City and Hackney to achieve the target reduction in cost and achieved a 11.93% reduction in Q1 of 2016/17 (Q1: April–June 2016)
<b>QP7:</b> To increase the number of patients recorded on GP registers identified with depression (depression prevalence) across the CCG	Increase prevalence by 0.3% (800) cases by April 2017	Not yet available for 2016/17	The latest data available is 2014/15, published in October 2015. The 2016/17 data will be published in October 2017. In 2014/15, the prevalence across C&H was 77.8%, a 0.4% increase from the previous year (77.41%). For the Neaman practice for the same period was 90.92% a 0.24 decrease from the previous year.

## 2.0 Key points of Note for City & Hackney

Quality Premium Descriptor	Target	Status	Commentary
<b>QP1:</b> Cancers diagnosed at early stage (see table 1)	Demonstrate a 4% improvement in the 2016 calendar year compared to the 2015 calendar year.	No 2015/16 data available	Latest data available is 2014: City & Hackney have the 2 <sup>nd</sup> highest rate of early diagnosis of cancer across the comparator CCGs at 54.2% (see graph below) and is the 2 <sup>nd</sup> highest across London and above the national average. London range: Havering (41.3%) - Kingston/Lambeth (54.9%)
<b>QP2:</b> More GP e-referrals	March 2017 performance to exceed March 2016 performance by <b>20 percentage points</b> .	No change	City & Hackney position was 38% in May 2016, so no change since March 2016 performance. QP evaluated against position in March 2017



**Graph 1: Overall experience of making an appointment (July 2016)**



Note: Results from data analysed from July-September 2015 and January – March 2016

**Appendices**

- Appendix 1- Additional information of interest to the City of London

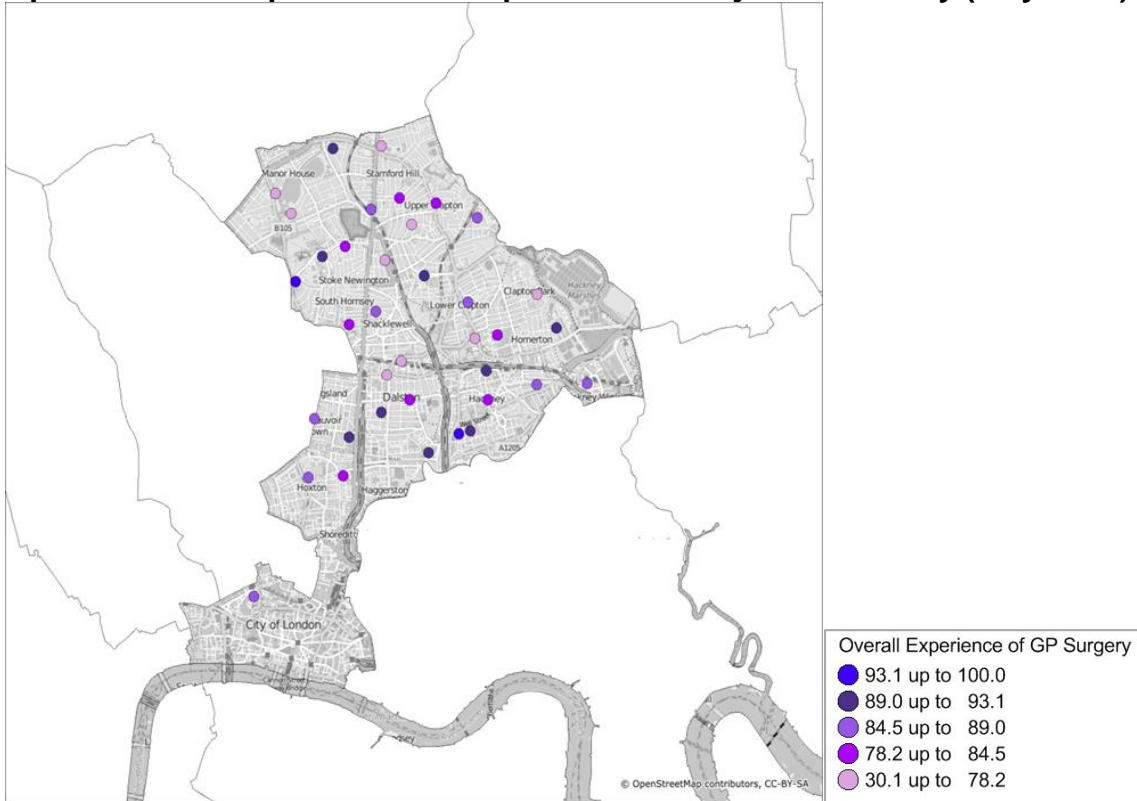
**Jan Annan**  
**Head of Outcomes and Evaluation (interim)**  
**T: 0203 816 3200; E: jannan@nhs.net**



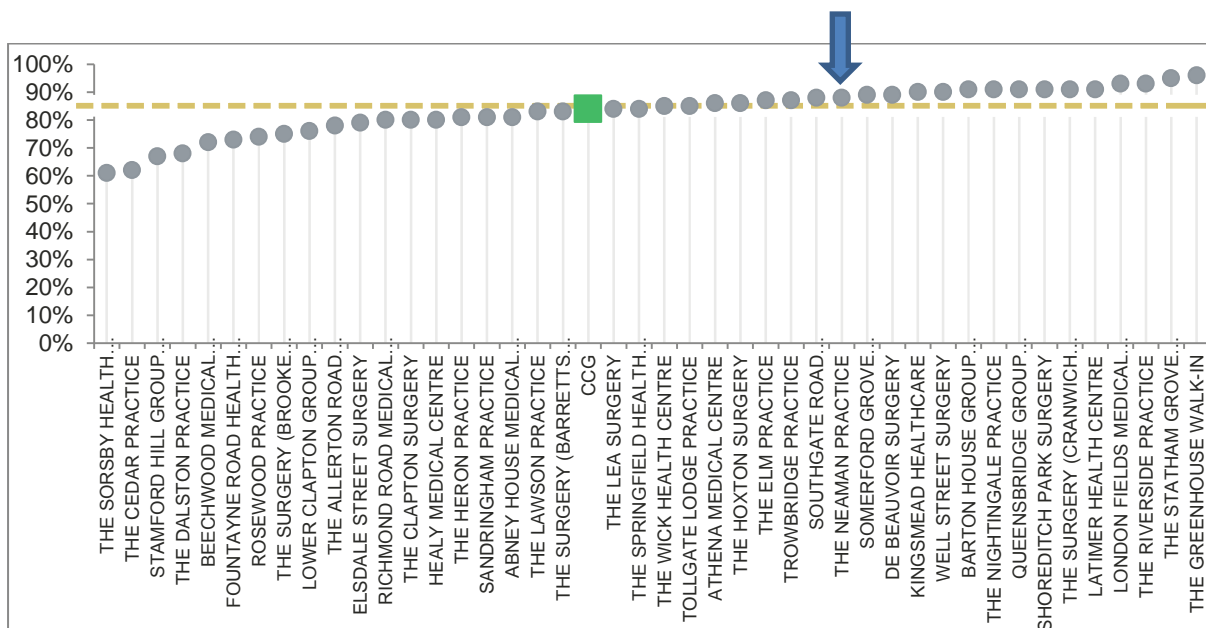
## Appendix 1

### Additional information of interest to the City of London

**Graph 2: Overall experience of GP practices in City and Hackney (July 2016)**



**Graph 3: How do you describe your experience of your GP surgery (July 2016)**



Note: Results from data analysed from July-September 2015 and January – March 2016.



# Quality Premium 2016/17

## NHS City and Hackney CCG

City of London

Health and Wellbeing

September 2016



# Introduction

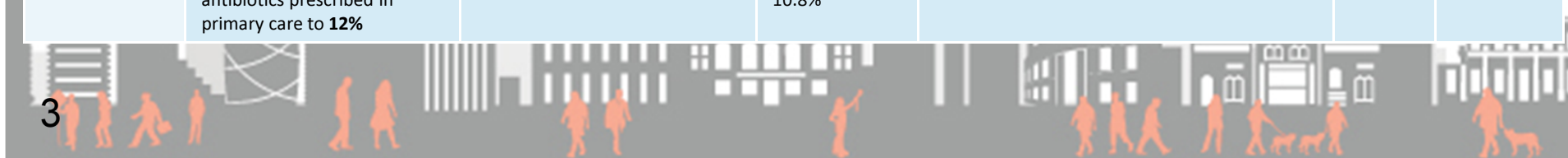
## Quality Premium 2016/17

- 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. The full guidance can be accessed [here](#).
- 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 following slides show the 7 quality premium measures for 2016/17, along with the target and the money attached if the CCG achieve the target, including:
  - 4 mandatory measures (indicator details set solely by NHS England)
  - 3 measures where the Programme Boards could choose from the Right Care indicators where the CCG has identified a potential for improvement.



# Mandatory Quality Premium Measures (2016/17)

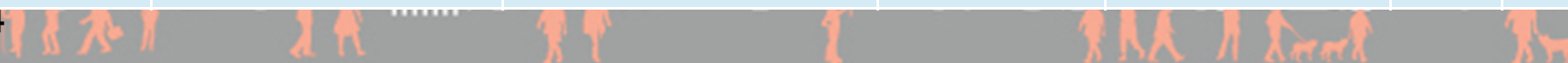
Mandatory QP Measures	Target	CCG Baseline	Latest position	Programme Board Proposed Actions	Relative Value	Absolute Value
<b>QP1: Cancers diagnosed at early stage</b>	Demonstrate a <b>4% point improvement</b> in the proportion of cancers (specific cancer sites, morphologies and behaviour) diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year.	<b>51%</b> in 2013 (National Cancer Registry) Data for 2015 calendar year baseline data will be available nationally at the end of 2016.	2015-16 54.2%	<ol style="list-style-type: none"> <li>Fully explore data and reasons why some patients are not staged.</li> <li>Focus on 2 highest impact areas – lung and colorectal cancer.</li> <li>Primary Care Clinical Lead to increase education of new NICE guidance and raise awareness with GPs on the use of direct access to colonoscopy and flexible sigmoidoscopy.</li> </ol>	20%	£300,000
<b>QP2: More GP e-referrals</b>	March 2017 performance to exceed March 2016 performance by <b>20 percentage points</b> .	In December 2015, <b>38%</b> CAB utilisation was reported (HSCIC). Data for e-referrals baseline will be based on data in June/July 2016.	May-16 38%	Planned Care and Long Term Conditions Programme Boards will review baseline data when this becomes available. Input will be required from other Programme Boards to achieve this Quality Premium measure.	20%	£300,000
<b>QP3: Overall experience of making a GP appointment</b>	Demonstrate <b>3% increase</b> from July 2016 publication in July 2017 publication on the percentage of respondents who said they had a good experience of making an appointment.	Latest (July 2016) results: Good: <b>73%</b> Poor: 12% (GP Patient Survey)	July 2016 73%	Primary Care Quality Programme Board  Satisfaction with booking an appointment should increase through <ul style="list-style-type: none"> <li>Results of demand management work with the GP Confederation</li> <li>Results of workforce work being carried out under Devolution</li> </ul>	20%	£300,000
<b>QP4: Antimicrobial resistance (AMR) improving antibiotic prescribing in primary care</b>	Part a) reduction in the number of antibiotics prescribed in primary care. <b>Stay below 1.161 items per STAR-PU</b>	<b>0.750</b> antibacterial items per STAR-PU13 for the latest 12 months (year to December 2015).	12 months to June 2016 0.728 items/STAR-PU	Medicines Management Programme Board updating the action plan	5%	£75,000
	Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care to <b>12%</b>	<b>13.1%</b> year to December 2015.	12 months to June 2016 10.8%	Medicines Management Programme Board updating the action plan	5%	£75,000



# Local Quality Premium Measures (2016/17)

City and Hackney  
Clinical Commissioning Group

Local QP Measures	Description	Target	Latest Position	Programme Board Proposed Actions	Relative Value	Absolute Value
<b>QP5: Improve the quality of care of those with asthma and receiving salbutamol inhalers</b>	<p>The national review of asthma deaths (2014) found that 46% of deaths were identified as avoidable and that one of the key factors associated with death was excessive prescribing of reliever medication.</p> <p>Reduction in the number of patients (all ages) in primary care receiving 12 or more salbutamol inhalers per annum from a baseline of 3.32% in Q3 2015-16.</p>	<p>Reduce the percentage of salbutamol inhalers issued (12 or more in a year) to less than 2.5% by Q4 2016/17.</p> <p><b>Numerator:</b> Number of patients (all ages) in primary care issued 12 or more salbutamol inhalers in one year</p> <p><b>Denominator:</b> number of patients (all ages) on asthma register.</p>	<p>At the end of Q1, the overall position of the rolling data across all practices was 2.88%, which is 0.38 below the anticipated target. However, 22/43 practice achieved a position within the threshold of 2.5% Neaman practice was 1.13% at June 2016</p>	<p>Review patients on salbutamol inhalers and reduce number of inhalers (where clinically safe to do so)</p> <p>Provide on-going advice and education to patients about the management of their asthma.</p>	10%	£150,000
<b>QP6: To increase the quality of care of those on insulin and reduce the costs of long acting analogue insulin.</b>	<p>City and Hackney CCG spends more than similar 10 CCGs on analogue insulin prescriptions in primary care. This is an opportunity to work collaboratively with the secondary care services and staff who deliver the services in primary care.</p>	<p>Reduce the costs of long acting analogue insulins by 10% by Q4 - 2016/17. We will expect a reduction in cost of £155K [baseline Q4 2015/16 data calculated using Apr 15-Feb15 data] to £140K for Q4 (2016/17)</p> <p><b>Numerator:</b> Number of patients (17+) with analogue prescriptions</p> <p><b>Denominator:</b> Number of patients (17+) on diabetes register</p>	<p>At the end of Q1, there was a 24.92% increase in costs of analogue insulin prescribing. Neaman practice was the only practice to score a reduction of cost across City and Hackney (-11.93% from baseline)</p>	<p>Secondary care diabetes nurse specialists (and consultant lead) who work in primary care to work collaboratively to implement changes that will increase quality of interventions, patient reviews, and reduce unwarranted spend.</p>	10%	£150,000
<b>QP7: To increase the number of patients recorded on GP registers identified with depression (depression prevalence) across the CCG</b>	<p>2014/15 figures show that there is currently a 6.6% (15,113 actual cases) prevalence of depression GP registers in City and Hackney CCG. This was highlighted as an area for local interpretation in the Right Care Commissioning for Value data pack. It is an area known to be under-reported.</p>	<p>Increase prevalence by 0.3% (800) cases by April 2017</p> <p>Note: the percentage is small as we are working with large numbers</p> <p><b>Numerator:</b> number of patients identified as having depression.</p> <p><b>Denominator:</b> City and Hackney GP register (300,197 – September 2015)</p>	<p>Data for 2016/17 will be available in October 2017</p>	<p>Working with the GP Confederation on coding and accurate depression registers</p> <p>Reviews using a bespoke EMIS template.</p>	10%	£150,000



# Constitution Requirements (2016/17)

## Quality Premium – Payment Restrictions

The quality premium will be reduced if the CCG does not meet the NHS constitution requirements for the following patients rights or pledges from the services that it commissions

NHS Constitution Requirement	Target	2015/16 CCG Baseline	Adjustment to funding
Referral to treatment times (18 weeks incomplete)	<b>92%</b> of patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral. Q4 2016/17 performance will be assessed for the QP.	<b>94.65%</b>	25%
A&E waits – All types	<b>95%</b> of patients should be admitted, transferred or discharged within 4 hours of arriving at A&E. Q4 2016/17 performance will be assessed for the QP.	<b>93.92%</b>	25%
Cancer Waits – 62 days	<b>85%</b> of patients should wait a maximum of 2 months (62 days) from urgent GP referral to first definitive treatment for cancer.	<b>84.20%</b>	25%
Category A Red 1 ambulance calls	<b>75%</b> of Red 1 ambulance calls result in an emergency response arriving within 8 minutes.	<b>68.11%</b>	25%

Source: NELCSU (Unify2)





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<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board – for information	16 09 2016
<b>Subject:</b> Update on North East London Sustainability and Transformation Plan (NEL STP)	<b>Public</b>
<b>Report of:</b> David Maher, Deputy Chief Officer, City and Hackney CCG	<b>For information</b>
<b>Report author:</b> Helena Pugh, Local Authority Engagement Lead, NEL STP, Tower Hamlets CCG	

## Summary

This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.

A draft ‘checkpoint’ STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July.

We are currently planning how we will engage on the draft STP and expect to hold public events across north east London, so we can discuss it with local people. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available.

## Recommendation(s)

Members are asked to note the report and to provide:

- (i) feedback to the NEL STP Team on the draft priorities of the draft submission to enable us to test ideas and strengthen the STP
- (ii) suggestions regarding the key principles that should underpin any NEL-wide governance for the STP

## Main Report

### Background

1. In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); City of London is part of the NEL footprint.
2. Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a 'checkpoint' and did not have to be formally signed off prior to submission; it formed the basis of a local conversation with NHS England on 14 July.

### Current Position

3. The June checkpoint submission was based on initial discussions which led us to identify the **draft vision, approach and priorities** to ensure the long-term sustainability of the NEL health and social care system. These are described in Appendix 1.
4. In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we are updating our governance arrangements so that they remain appropriate. The **proposed priorities** are set out on pages 11-15 Appendix 1 **and our progress to date for the development of these governance arrangements** are also set out in section 2.6 on page 6 of Appendix 1.

### Options

5. The NEL STP Board has identified a number of possible opportunities that are being explored to assure strategic fit and ability to support return to financial balance. Areas of work include: preventing ill health and improving well-being, better care, productivity, specialised services and enablers such as infrastructure/estates, workforce, technology, new models of delivering care and finance. We are considering how the STP can be used to join up planning around health and care, as well as its relationship to existing transformation programmes.

### Proposals

6. The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

### Corporate & Strategic Implications

7. The CCG is undertaking its own 5 Year Planning Process as part of the NEL STP work which addresses all partner corporate priorities. NEL has nominal touchpoints for City residents which we are addressing through our 5 Year

Planning process and CoL colleagues have emphasised a requirement for this plan to focus on three priorities:

- to address social isolation;
- cross-border issues particularly in recognition of some residents using Tower Hamlets commissioned services;
- and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.

### **Implications**

8. The NEL STP will include activities to address the current financial challenges. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the 5-year period of the plan.

### **Conclusion**

9. The Board is asked to provide feedback on the draft STP priorities and to comment on the proposed principles to future governance

### **Appendices**

- Appendix 1- Update on north east London Sustainability and Transformation Plan

### **Background Papers**

- NHS Five Year Forward View <https://www.england.nhs.uk/ourwork/futurenhs/>
- Guidance on submission of Sustainability and Transformation Plans <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf>
- Report to City of London Health and Wellbeing Board (17 June 2016) [Delivering the NHS five year forward view: development of the north east London \(NELSTP\)](#)

### **Helena Pugh**

Local Authority Engagement Lead, NEL STP  
[Helena.Pugh@towerhamletsccg.nhs.uk](mailto:Helena.Pugh@towerhamletsccg.nhs.uk)

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## Appendix 1: Update on north east London Sustainability and Transformation Plan (NEL STP)

### 1. Introduction and Background

- 1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); City of London is part of the NEL footprint.
- 1.2 STPs are five year plans built around the needs of local populations and are:
- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
  - multi-year, covering October 2016 to March 2021
  - umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
  - required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
  - to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes
- 1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.

- 1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.
- 1.5 The NEL STP describes how locally we will meet the ‘triple challenge’ set out in the NHS Five Year Forward View, to:
- meet the health and wellbeing needs of our population
  - improve and maintain the consistency and quality of care for our population
  - close the financial gap
- 1.6 It builds on existing local transformation programmes and supports their implementation. These are:
- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
  - City and Hackney: Hackney devolution in part
  - Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- 1.7 In addition, it will support the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.
- 1.8 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a ‘checkpoint’ and did not have to be formally signed off prior to submission; it formed the basis of a local conversation with NHS England on 14 July.

## **2. Proposal**

### **Draft NEL STP**

- 2.1 Initial discussions have led us to identify the following vision and approach to ensure the long-term sustainability of the NEL health and social care system.

#### **Vision**

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focussed on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.



2.2 To implement this vision we have developed a common **framework** that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person centred, place based care for the population of NEL.

2.3 The **focus** throughout our work is to:

- Promote prevention and personal and psychological wellbeing
- Support people to access care closer to home
- Improve quality of secondary care for those who need it

2.4 The following five **enablers** have been identified to support our work.

**Workforce:** recruitment and retention of a high calibre workforce, including making NEL a destination where people want to live and work, ensuring our workforce is effectively equipped to support delivery of new care models, caring for the workforce and reduction in use of bank/agency staff.

**Infrastructure:** considering the best use of our estates across the system. We recognise that estates are a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit-for-purpose buildings and to meet the capacity challenges produced by a growing population. The STP will establish appropriate system leadership to ensure that people think about estates at an NEL level whilst building on local priorities.

**Communications and engagement:** ensuring stakeholders, including local people, understand and support the need to deliver the Five Year Forward View.

**Technology:** considering the best use of technology to support and enable people to most effectively manage their own health, care and support, and to ensure a technology infrastructure which supports delivery of new care models.

**Finance:** access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL.

2.5 Annex 1 provides a summary of the draft priorities and actions we are going to take to address them.

### **Governance arrangements**

2.6 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The **proposed principles for the development of these governance arrangements** are outlined below, and we would welcome any feedback on these principles:

- The governance will be as collaborative and streamlined as possible to ensure timely decision making
- Patients and local communities will be represented to ensure their voices are heard

- There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
  - Decisions will be taken at the most appropriate level
  - Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
  - All areas of the NEL health and care system will be represented in the governance process
  - The system level governance will be aligned with local delivery plans and governance arrangements
- 2.7 The NEL STP, the NEL Sustainability and Transformation Board (STB) will continue to act as a central voice, representing the NEL system. (The STB includes representatives from all CCGs, providers, local authority STP leads, Health Education England, NHS England, NHS Improvement, patients and lay members. It draws on the expertise of the STP Executive, a smaller group of senior leaders who will continue to work through content and provide recommendations to aid the decision-making process.) The Local Authority lead for the eight boroughs' engagement with the STP process is currently the Chief Executive of London Borough of Waltham Forest, Martin Esom.
- 2.8 A **governance workshop** involving senior leaders from local authorities, CCGs, providers as well as lay representatives to develop the governance arrangements for the next phase of the NEL STP programme took place on 8 July. The workshop highlighted the need to identify and agree what we are aiming to achieve and set up the appropriate governance. We welcome suggestions about the best way to set up NEL-wide governance for the STP.
- 2.9 We are keen to move forward in establishing how we will work together to carry out the more detailed **transformation planning** that will be required. This process began with a series of workshops in July in each of the following areas in the NEL STP footprint: Barking & Dagenham, Havering and Redbridge; City & Hackney; and Waltham Forest, Newham and Tower Hamlets. The aim was to take stock of:
- What is already included in the STP (in transformation and productivity)
  - What this means for each NEL area in terms of savings / delivery
  - How this compares to the other areas, and what does it tell us about where the opportunities are for NEL wide work
- 2.10 The Clinical Senate met on 20 July to review the transformation and productivity work that is ongoing across the patch, with a view to agreeing how we will work together through the STP to maximise further opportunities (a verbal update will be provided to at the meeting). The aim was to:
- Agree objectives and aims for STP transformation
  - Review and agree all transformation opportunities in NEL
  - Agree level at which each opportunity is best pursued
  - Carry out prioritisation exercise to agree which NEL / STP level opportunities to pursue and in what order of priority
  - Agree governance and ways of working for STP transformation
  - Map out more detailed four month timeline
  - Agree initial resourcing and structure of programme

### 3. Implications to consider

3.1 Whist we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. There is a need to consider how:

- **resources are allocated between different organisations and the way that risks and rewards are shared** (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
- **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
- **lessons from Vanguards and the Better Care Fund can be shared.**

3.2 We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.

3.3 In addition, the STP footprint does not align easily with other London Devolution Programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. For example some of the boroughs in NEL are part of an eight borough partnership not of all of which are included in the NEL footprint. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

### 4. Equalities Considerations

4.1 The NHS guidance states that the STP is required to meet the health and wellbeing needs of its population. To ensure this a detailed Public Health profile of the NEL population was carried out in March 2016 to identify the local health and wellbeing challenges. The profile shows that:

- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).

- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor.

4.2 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

## 5. Next steps

5.1 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- *Stage one:* individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October
- *Stage two:* NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

5.2 We have developed a **summary of progress to date** on the draft NEL STP which will be used to facilitate **engagement over the coming months**, enabling us to gather feedback, test our ideas and strengthen the NEL STP.

5.3 **Further work will continue** beyond this to develop the plan in more detail. For more information go to <http://www.nelstp.org.uk> or email [nel.stp@towerhamletsccg.nhs.uk](mailto:nel.stp@towerhamletsccg.nhs.uk)

**Annex 1:** Summary of the draft priorities and actions in the NEL STP

**Annex 2:** Better health and care: developing a sustainability and transformation plan for north east London (A summary of progress to date)  
<http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf>

## Annex 1: Summary of draft priorities and actions in the NEL STP

### 1. Channel demand with appropriate capacity

#### Issue

Our population is projected to grow at the fastest rate in London (18% over 15 years to reach 345,000 additional people) and this is putting pressure on all health and social care services. Adding to this, people in NEL are highly diverse. They also tend to be mobile, moving frequently between boroughs and are more dependent on A&E and acute services. If we do not make changes, we will need to meet this demand through building another hospital. We need to find a way to **channel the demand for services** through **maximising prevention**, supporting self-care and innovating in the way we deliver services. **It is important to note that even with successful prevention, NEL's high birth rate means that we may need to increase our physical infrastructure.**

#### Actions

To meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to:

- Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care;
- Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary care at its heart;
- Establishing effective ambulatory care on each hospital site, to ensure our beds are only for those who really need admission, so we don't need to build another hospital;
- Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care; and
- Ensuring our estates and workforce are aligned to support our population from cradle to grave.

## 2. Transform delivery models to support self-care, deliver better care close to home and high quality secondary care

### Issue

Transforming our delivery models is essential to empowering our residents to manage their own health and wellbeing and tackling the variations in quality, access and outcomes that exist in NEL. There are still **pockets of poor primary care quality and delivery**. We have a history of innovation with two of the five **devolution pilots (see appendix for detailed plans)** in London, an Urgent and Emergency Care (UEC) vanguard and a Multispecialty Community Provider (MCP) in development. However, we realise that these separate delivery models in each health economy will not deliver the benefits of transformative change. Crucially, we must **establish a system vision** that leverages community assets and ensures that residents are **proactive** in managing their own physical and mental health and receive coordinated, quality care in the right setting.

### Actions

We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy; this will build on our two devolution pilots in BHR and CH, and the TST programme (which is being implemented already in WEL). At its core we are committed to:

- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges; and
- Addressing hospital services: streamlining outpatient pathways, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice and encouraging provider collaboration. This will allow us to meet all of our core standards including those relating to RTT and A&E, and enable the planned ED closure of King George Hospital.

### 3. Ensure our health and social care providers remain sustainable

#### Issue

Many of our health and social care providers face challenging financial circumstances; this is especially true with Bart's Health and BHRUT being in special measures. Both are currently being re-inspected to ensure that all necessary recommendations are embedded. Although our hospitals have made significant progress in creating productivity and improvement programmes, we recognise that medium term provider-led cost improvement plans cannot succeed in isolation: our providers need to collaborate on improving the costs of workforce, support services and diagnostics. Our challenge is to create a roadmap for viability that is supported at **a whole system level** with NEL coordinated support, transparency and accountability.

#### Actions

Our health and social care providers are committed to working together to achieve sustainability. Changes to our NEL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (e.g. procurement, clinical services, back office and bank/agency staff);
- The providers are now evaluating options for formal collaboration to help support their shared ambitions; and
- Devolution pilots in BHR and CH are actively exploring opportunities with local authorities, which will be set out in their forthcoming business cases.



## 4. Transform specialised services

### Issue

NEL residents are served by a number of high quality and world class specialist services; many of these are based within NEL, others across London. We have made progress recently in reconfiguring our local cancer and cardiac provision. However, the quality and sustainability of specialist services varies and we need to ensure that we realise the benefits of the reviews that have been carried out so far. Our local financial gap of £134m and the need for **collaboration** both present challenges to the transformation of our specialised services. We need to move to a more collaborative working structure in order to ensure high quality, accessible specialist services for our residents, both within and outside our region, and to realise our vision of becoming a truly world class destination for specialist services.

### Actions

We will continue to deliver and commission world class specialist services. Our fundamental challenge is demand and associated costs are growing beyond proposed funding allocations. We recognise that this must be addressed by:

- Working collaboratively with NHS England and other STP footprints, as patients regularly move outside of NEL for specialised services; and
- Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.

## 5. Create a system-wide decision making model that enables placed-based care and clearly involves key partner agencies

### Issue

Our plans for proactive, integrated, and coordinated care require changes to the way we work in developing system leadership and transforming commissioning. We have plans to **transform commissioning** with capitated budgets in WEL, a pooled health and social care budget in BHR and in CH. Across NEL, we recognise that creating accountable care systems with integrated care across sectors will require joining previously separate services and close working between local authorities and other partners; our plans for **devolution** (see appendix) have made significant progress in meeting the challenge of integration. New models of system leadership and commissioning that are driven by real time data, have the ability to support delivery models that are truly **people-centred and sustainable** in the long term.

### Actions

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the NEL health and wellbeing system, and can drive through our plans. For us, involving local authority leaders is the only way to create a system which responds to our population's health and wellbeing needs. Building on our history of collaboration, we have agreed a set of principles which our leaders will be accountable for, including a commitment to making NEL-wide decisions as opposed to local decisions whenever appropriate. This will help us to deliver the scale of change required at pace to deliver place-based care for our population.

## 6. Maximise the use of our infrastructure so that it supports our vision

### Issue

Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure. Currently, our workforce model is outdated as are many of our buildings; Whipps Cross, for example, requires £80 million of critical maintenance. This issue is compounded by the fact that some providers face significant financial pressures stemming from around **£53m remaining excess PFI cost**. Some assets will require significant investment; others will need to be sold. The benefits from sale of resources will be reinvested in the NEL health and social systems. **Devolution** will be helpful in supporting this vision. **Coordinating and owning a plan** for infrastructure and estates at a NEL level will be challenging; **we need to develop approaches to risk and gain share that support our vision.**

### Actions

Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single NEL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.

<b>Committees:</b>		<b>Dates:</b>
Streets and Walkways Sub-Committee (For Decision)		21 June 2016
Projects Sub-Committee (For Decision)		29 June 2016
Health and Wellbeing Board (For Information)		16 Sept 2016
<b>Subject:</b> Mayor's Vision for Cycling - Quietways	<b>Gateway 5 Authority to Start Work</b>	<b>Public</b>
<b>Report of:</b> Director of the Built Environment		<b>For Decision</b>
<b>Report Author:</b> Mark Kelder, Department of the Built Environment		
<b><u>Summary</u></b>		
<p><b>Dashboard</b></p> <p><i>Project status:</i> Green</p> <p><i>Timeline:</i> Construction to commence in July 2016 for six months</p> <p><i>Current approved budget :</i> £146,654*</p> <p><i>Spend to date:</i> £152,000*</p> <p><i>Total estimated cost:</i> £1.21M, which includes an increase of nearly £260k (fully funded from TfL)</p> <p><i>Overall project risk:</i> Medium</p> <p>* excludes the revenue costs associated with the deferred routes</p> <p>In July 2015, a Gateway 3/4 Report was considered by the Streets &amp; Walkways and Project Sub-Committees. At the meeting Members approved the following:</p> <ol style="list-style-type: none"> <li>1. Changes to the alignment and the extent of the Quietways network. They agreed to postpone parts of the network (in the east of the City) to possibly beyond 2016. See Appendix 5.</li> <li>2. Progress with the recommended measures and the undertaking of wider public consultation and detailed design. See Appendix 6A and 6B.</li> <li>3. Proceed with the implementation of an experimental closure of the northern end of Moor Lane. See Appendix 6B.</li> </ol> <p><b>Progress to date</b></p> <p>Public consultation was carried out in November and December 2015. The responses have now been analysed and a summary can be found in Appendix 1. Detailed design, taking into account these responses has been completed and as a result, amendments have been made. Appendices 2A and 2B illustrate the overall proposals and two copies of the detailed plans are available in the Members Reading Room for further review.</p> <p>The experimental closure of the northern end of Moor Lane has not been implemented because Islington is not supporting this proposal. It has therefore been necessary to amend the design and retain Moor Lane open.</p> <p>Officers have continued to engage with TfL and the Mayor's Cycling Commissioner (at the time) to review further Quietways routes in the City and the reconsideration of the routes previously deferred by Members. From this engagement, it is now proposed to</p>		

proceed with a section of the previously postponed route (from Wilson Street to Bishopsgate) and Gateway 5 approval is sought as part of this report. The revised route alignment can be seen in Appendix 3.

It is proposed that the City's term contractor, JB Riney, and where relevant, the utility and equipment owners are used to implement the proposals.

### Recommendations

It is recommended that:

1. Authority to start the work is approved, at a total estimated cost of £1.21M, funded from TfL's Grid programme.
2. The budget adjustment as detailed in Appendix 4 is approved.
3. The Quietways route from Wilson Street to Bishopsgate and the related measures be approved at a total estimated cost of £22,000 (which is included in the above £1.21M), funded from TfL's Grid Programme.
4. The Director of the Built Environment be authorised to accept and use any further funding towards this project that may be made available by TfL.

## Main Report

<p><b>1. Design summary</b></p>	<ol style="list-style-type: none"> <li>1. The majority of the proposed measures are minor in nature such as new traffic islands, road markings, signage, street lighting, carriageway resurfacing and wayfinding. There are, however, also some significant measures such as small sections of segregated cycle lanes and raised carriageways. They have been designed and amended to take into account the responses from the public consultation and the further engagements with a number of key stakeholders such as TfL, the Barbican Association and the Smithfield Market Traders Association.</li> <li>2. A summary of the measures on the approved Quietways network are detailed below and are illustrated in Appendices 2A and 2B. Details plans will be provided in the Members' Reading Room for review.             <ol style="list-style-type: none"> <li>i. Alterations to kerb lines to widen the footway/narrow the carriageway, and to reduce junction sizes. This would reduce traffic speeds, improve pedestrian crossing convenience and provide opportunities for on-street bicycle parking and tree planting.</li> <li>ii. Alterations to road markings and traffic signs, including new Quietways wayfinding signs and road marking.</li> <li>iii. Street lighting improvements to create a safer and a more inviting environment for cyclists and the general public. These will be implemented in Hosier Lane, Middle Street, Long Lane, Moor Lane, Wood Street, and Gresham Street. A better and smoother road surface. This will be carried out in Smithfield Street, Hosier Lane, Cloth Fair, Middle Street, Wood Street, Gresham Street and King Street. Resurfacing works have already been carried out in Queen Street and a small section of Beech Street as part of a general maintenance programme.</li> <li>iv. Increasing the cycle only waiting areas (advance stop lines) at signalised junctions from 5m to 7.5m. This will provide more space and cleaner air</li> </ol> </li> </ol>
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- ahead of motor vehicles for the increased numbers of cyclists that are expected.
- v. Permitting contra-flow cycling on West Smithfield and Smithfield Street. The design includes a combination of road markings and kerbs to segregate cyclists from motor vehicles. This would ensure the facilities provided are as safe as possible, in a location with a high proportion of goods vehicles.
  - vi. The existing traffic island in West Smithfield at the junction with Smithfield Street will be removed to improve the layout and the kerbs will be extended to provide space for the relocation of a loading bay.
  - vii. Raised carriageway at Smithfield Street and Milton Street to reduce speeds and to improve road safety. Appropriate double yellow lines where necessary will be included.
  - viii. All existing loading and parking provisions have been retained or relocated.
3. Officers have been liaising with officers in Islington Council since March 2015 on the experimental closure of Moor Lane, but have so far been unsuccessful in obtaining their agreement. Their agreement is required because Moor Lane is a boundary Street with dual highway and traffic responsibilities. It has therefore been necessary to amend the design and retain Moor Lane open.
  4. The measures will be implemented using the City's approved material palette for carriageways, footways, traffic signs and road markings as well as the Quietways wayfinding signage (as approved at Committee in July 2015).

#### Extension of the network

5. At the Gateway 3/4 stage, Members approved the deferral of the cycle network to the east of the City. The two main reasons for this were a). It was not possible to continue the route through private land or on TfL's Bishopsgate and b). Concern with the ability for some of the narrow streets to be used as a strategic cycle link between two cycle superhighways.
6. Since then, officers have continued to engage with TfL and the Mayor's Cycling Commissioner (at the time). As a result, City officers have been made aware of TfL's proposals to improve the Bishopsgate/Primrose Street junction to provide better cycling provisions by December 2016. There is also the potential to connect to a future cycle network to the east of the junction, a network that officers had not been made aware of previously.
7. The proposal for this section of the network was evaluated prior to the Gateway 3/4 approval but discounted because the information above was not known. The measures now proposed includes: improving the street lighting, road markings and other minor works. The proposals are very minor and therefore no material impacts are envisaged. The total estimated cost to deliver this is £22,000 (£20,000 works & £2,000 staff costs).
8. In view of this new information, it is now recommended that this section of the route is reinstated and that, given, the very minor nature of the proposals, these be approved for implementation.

<b>2. Delivery team</b>	<b>Function</b>		<b>Organisation</b>	
	Project Management		DBE City Transportation team	
	Road Network Performance, Management & Safety		DBE City Transportation team	
	Public Realm		DBE City Public Realm team	
	Design & Build Supervision		DBE Highways team	
	Construction		JB Riney (City's term contractor)	
	Planting & Greenery		Open Spaces Department	
	Project Sponsor & Programme management		TfL	
<b>3. Programme and key dates</b>	<b>Stage</b>		<b>Target date</b>	
	Gateway 5 authorisation to start works		June 2016	
	Complete Pre-Construction Package		June 2016	
	Statutory consultation TMO's		July 2016	
	Mobilisation of contractor		July 2016	
	Distribution of information letters		July 2016	
	Construction		July - Dec 2016	
<b>4. Outstanding risks</b>	<b>Risk</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Mitigation</b>
	Delivery of signal changes due to programming issues with the TfL signal team and London Wall Place development	Medium	Low	Stay on top of progress with the development team and TfL signal team.
	Works impact adversely on local businesses	Medium	Low	Ensure careful phasing and sensitive hours of construction works and regular communication with frontages and local stakeholders.
	Cost increase due to unknown utility apparatus	Medium	Medium	Carrying out pre-construction assessment to fully assess utility implications prior to mobilisation.  TfL would meet reasonable unforeseen cost increases.



	Objections to statutory consultation on the proposed traffic management orders	High	Medium	Informal consultation has already taken place with frontages and key stakeholders. A summary of the outcome is detailed in Appendix 1.
	Works extend beyond GLA target delivery date of 31 December 2016	Medium	Medium	Engage contractor as early as possible.
	Deferral of decision may jeopardise funding/spend by 31 March 2017	High	Medium	Member briefings.

## 5. Budget

9. The Quietways project within the City was initially estimated at £2.3 million and TfL have confirmed their commitment to meeting these costs in principle. However TfL will be updating the costs to deliver the wider Quietways programme. It is therefore anticipated that this committed funding will be reduced to the amount now needed by the City.

10. At the Gateway 3/4, Members approved the deferral of a section of the Quietways network (which comprises two schemes) for the reasons as detailed in para 5. It should be noted that officers had already spent a total of £45,514 of revenue on these two schemes, which has been funded from TfL's Grid programme.

11. Detailed financial implications for this project, including the re-instatement of a section of the previously deferred route (Wilson Street to Bishopsgate) are shown in Appendix 4 and are summarised in the table below.

Description	Total Estimated Cost (£)
<b>Spend to date – Evaluation</b>	<b>152,000</b>
<b>Implementation (estimated)</b>	
Current approved routes	1,036,000
Wilson Street to Bishopsgate route	22,000
<b>Total implementation costs</b>	<b>1,058,000</b>
<b>Total estimated Project Cost</b>	<b>1,210,000</b>
<b>Total TfL Grid funding requirement</b>	<b>1,210,000</b>

12. It should be further noted that since the Gateway 3/4 report was approved, the total estimated cost has increased from £950,025\* to £1.21M (an increase of nearly £260k). The reason for this increase relates to additional or modified measures added in as a result of the public consultation and engagement as well as further detailed design information since the Gateway

	3/4. Further details of the cost changes are detailed in table 5 of Appendix 4. * excludes the revenue costs associated with the deferred routes
<b>6. Success criteria</b>	<ul style="list-style-type: none"> <li>i. The type and level of interventions respond to stakeholder needs.</li> <li>ii. The measures implemented are compliant with the agreed levels of service for Quietways.</li> <li>iii. The works are completed by December 2016.</li> <li>iv. The costs are within agreed budgets.</li> <li>v. Increased number of cyclists using the Quietways network.</li> </ul>
<b>7. Progress reporting</b>	Monthly updates to be provided via Project Vision and any project changes will be sought by exception via Issue Report to Spending and Projects Sub Committees

### Appendices

<b>Appendix 1</b>	Consultation outcome and response breakdown
<b>Appendix 2 A/B</b>	Overview of proposals on approved Quietways network
<b>Appendix 3</b>	Overview of the proposed Quietways network in the City
<b>Appendix 4</b>	Financial implications
<b>Appendix 5</b>	Quietways network as approved at Gateway 3/4
<b>Appendix 6 A/B</b>	Quietways measures as approved at Gateway 3/4

### Contact

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## **APPENDIX 1: Consultation outcome and response breakdown**

### **A. Consultation details**

Stakeholders and occupiers along the routes were given an opportunity to express their views on the proposals between Thursday 12 November and Sunday 6 December 2015. A total of 2482 people and organisations were contacted:

- 957 letters were hand delivered to frontagers and City occupiers
- 1405 letters were emailed to the residents of the Barbican Estate
- 44 letters were emailed to key and local stakeholders including TfL, Cycling and pedestrian groups, Access Group, Smithfield Market Superintendent, SMTA, Barbican Association, the emergency services, and many others.
- 69 letters were posted to City of London Members who are Ward Member of the affected wards or sit on the Barbican Residential Committee or the Streets and Walkways Sub (Planning and Transportation) Committee
- 6 letters were emailed to London Borough of Islington Councillors who are Ward Councillor of the affected wards
- 1 letter was sent to the Service Director for Planning & Development, London Borough of Islington (LBI).

The letter included a link to a 2-page section on the City of London website with the details of the proposals. This website was also promoted on the homepage of the City of London website, the intranet, on social media platforms, and featured in the weekly DBE Streetworks newsletter which is sent to over 1,100 recipients. In addition, consultation posters were sited at 7 locations along the routes to further engage with the wider public.

Following this, further discussions continued with a number of stakeholders, including the Barbican Association, the SMTA and the Smithfield Market Superintendent. This included a further meeting with the SMTA and the Superintendent in May 2016 and officers consider that all the issues and concerns raised have now been addressed. A further meeting also took place with Ward Members of Cripplegate and Aldersgate and, the Barbican Residents Association in May 2016. As a result of this, further minor additional comments have been raised which officers believe have now been addressed or will be separately considered as part of other projects and activities.

## B. Consultation outcome

A total of 65 responses were received. 24 (37%) responses came from residents, 7 (11%) from key stakeholders, 3 (5%) from businesses and 3 (5%) from Members. The remainder did not state their relation to the City or the consultation.

9 (14%) of respondents stated that they are cyclists.

The key stakeholders who responded include the Barbican Estate Office (BEO), the Smithfield Market Tenants' Association (SMTA), the London Taxi Drivers Association (LTDA), the Barbican Association, CrossRail, London Cycling Campaign (LCC) and TfL (London Taxi and Private Hire).

Support for the project in principle?		
Response	Number	Percentage
Yes	29	45%
Neutral/ specific	14	22%
No	13	20%
Not specified	9	14%
total	65	100%

From the above table, it can be seen that there is a least twice the level of support for the overall cycle Quietways proposals compared to those who are against.

A further 8 (12%) of respondents stated that the proposals do not go far enough and that more is required to be undertaken to provide safer conditions for new and beginner cyclists. 11 (17%) respondents stated that they are not in favour of the alignment of the routes, whilst 6 (9%) expressed concerns about the air quality and 9 (14%) about cyclists' behaviour including cycling on pavements, not providing right of way, and ignoring red lights etc.

## C. Responses to specific proposals and design considerations/alterations

Many comments received were aimed at specific proposals, including at the three locations where significant measures are proposed as described in the gateway 3/4 report. It should be noted that the number of responses on these specific proposals are very low and therefore the percentages can be significantly influenced by just a few responses. It should also be noted that alterations have now been incorporated into the design which has mitigated the majority of the concerns raised.

A summary of the main concerns across the 6 different locations are detailed as follows:

1. Proposed contraflow cycle lanes in West Smithfield and associated measures required at the junction with Farringdon Street

Response to proposals	Number	Percentage
in favour	4	31
not in favour	9	69
total	13	100
Specific comments	Number	
concerns with visibility	5	
concerns with reduced capacity	4	
concerns with safety on TLRN	4	
concerns with removing loading bays	3	

- The SMTA and CrossRail objected to the removal of the loading bays, which are also being utilised as holding areas for construction traffic for the CrossRail sites during the day. These have now either been retained or repositioned with no overall loss.
- 5 respondents are concerned about the visibility at the junction of Snow Hill and West Smithfield, where right turning vehicular traffic may not expect or see contra-flow cyclists (from the right). Minor alterations to the alignment are now proposed to improve sightlines.
- The SMTA and the LTDA objected to the removal of the second westbound lane at the junction of Snow Hill and Farringdon Street. The revised design now retains the two lanes at the junction. It has also been acknowledge that this junction may change as a result of TfL's extension to the North-South Cycle Superhighway.

## 2. Proposals at the junction of Smithfield Street and Hosier Lane

Response to proposals	Number	Percentage
in favour	2	22
not in favour	7	78
total	9	100
Specific comments	Number	
concerns with visibility	1	
concerns with presence of HGV's	2	
concerns with traffic speed	2	
concerns with manoeuvrability	1	

- The SMTA and the LCC both expressed concerns with cyclists in both directions having to cross Smithfield Street which is often subject to fast-moving traffic including a high number of HGV's, and suggested to maintain the existing one-way flow for all traffic in this area. The design has been amended to include a raised carriageway and changes to kerblines to reduce traffic speed and improve sightlines.

### 3. Proposals at the junction of Long Lane and Aldersgate Street

Response to proposals	Number	Percentage
in favour	0	0
not in favour	5	100
total	5	100
Specific comments	Number	
concerns that not enough is done	3	
concerns with cyclists' behaviour	1	
junction Cloth Street /Long Lane	3	

- There were a number of suggestions for further improvements that include low level cycle signals and segregation at this junction. Unfortunately, due to the timescales involved to deliver these measures, it is not possible to include these as part of the Quietways project without impacting on the programme as set out by the GLA for completion by 31 December 2016. However, these will be considered separately, when opportunities arise.
- There were requests to discourage vehicles from entering the advisory cycle lane. The design has been amended to include a mandatory cycle lane.

### 4. The proposed closure to motor vehicles on Moor Lane at the junction with Chiswell Street

Response to proposals	Number	Percentage
in favour	4	31
not in favour	9	69
total	13	100

- The experimental closure would have tested the effectiveness of the proposals but this is no longer being taken forward as it has not been possible to obtain Islington's agreement so far. The design has therefore been amended.

### 5. At the proposals for the junction of Moor Lane and Fore Street

Response to proposals	Number	Percentage
in favour	1	17
not in favour	5	83
total	6	100

- Concerns from the Barbican residents about conflicts between cycles and pedestrians. As a result of further engagement with the Barbican Association, some amendments to reduce this conflict are now proposed. This comprises of footway widening on the corner with Fore Street, providing route guidance paving and markings to guide cyclists and repositioning of drop kerbs to discourage cyclists/encourage them to re-join the carriageway at more

appropriate locations. Consideration of a short cycle lane on the approach to Moor Lane is still being investigated but if suitable, this will be included.

#### 6. The proposed cycle lane removal in King Street and Queen Street

Response to proposals	Number	Percentage
in favour	0	0
not in favour	5	100
total	5	100
Specific comments	Number	
concerns with cycle lane removal	4	
safety concerns at junction with Queen Victoria Street	3	
concerns with the shared spaces	3	

- The removal of the existing cycle lanes on King Street and Queen Street was not supported. However, the London Cycle Design Guidance recommends that cycle lanes should be no narrower than 1.5m and for ASL lead-in lanes, a minimum of 1.2m. The existing cycle lanes on King Street are 1.1m and there are no opportunities to widen this due to limited road width. Narrow cycle lanes represent a low level of service for cyclists and cannot cope with the growth in cycle numbers. They provide limited lateral clearance from vehicles and encourage cyclists to cycle close to the kerb. The removal of the cycle lanes encourages cyclists to take a better road positioning and with the quieter nature of King Street, the removal is considered appropriate. The ASL area will however be retained.
- The existing cycle lanes in Queen Street have recently been widened in line with the guidance and therefore these will remain.
- Other measures requested to mitigate the safety concerns raised at the junction with Queen Victoria Street and the shared spaces on either side of Cannon Street will not be included as part of this project because of the current building activity taking place. However, if opportunities allow, these will be considered separately.

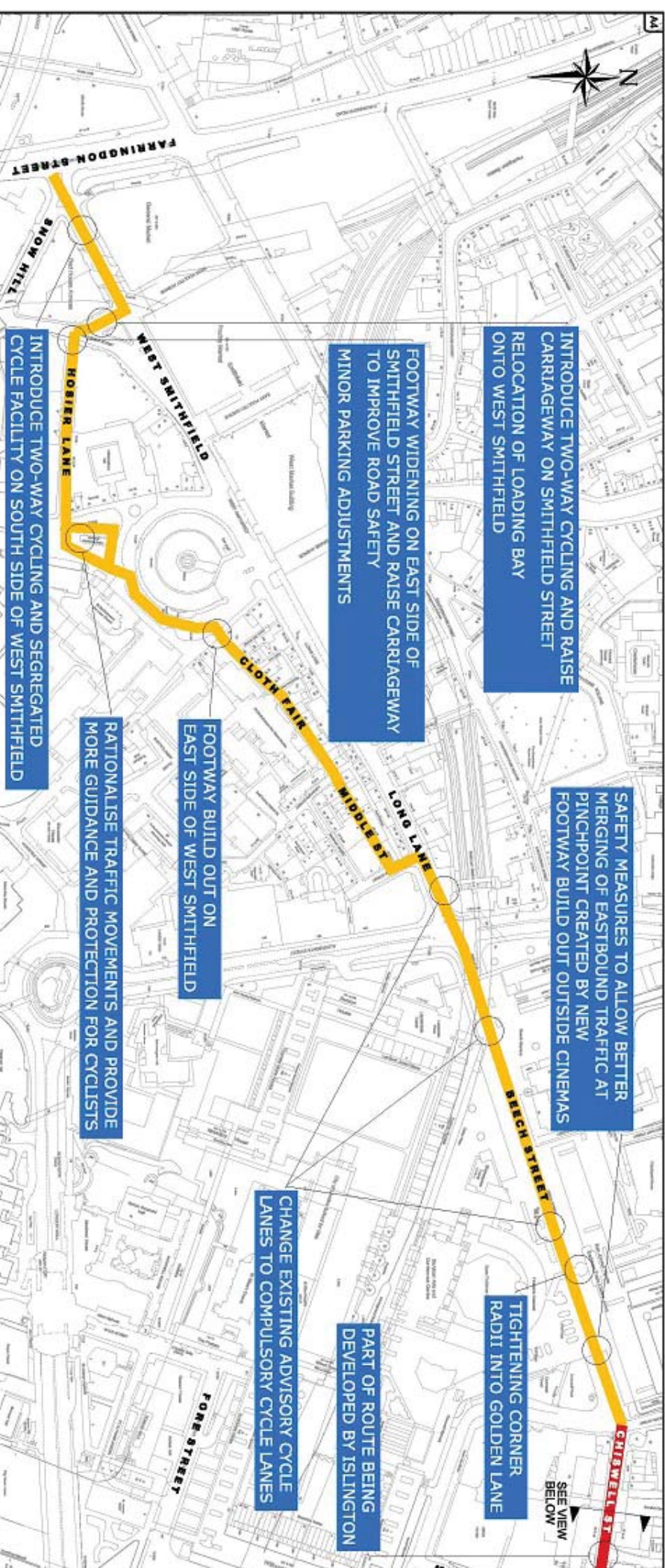
D. Comments and suggestions received that are not taken forward under the Quietways programme but can be considered when opportunities arise

Location	Suggestion for further improvement	Number
East of proposals	Link CSEW with Aldgate	1
West of proposals	Request for a separate phase for cycles at Holborn Circus	1
Signalised junctions	Use of early-start low level cycle traffic signal	1
Alignment	Move the route of the Quietway to cover all of Wood Street, then Bread Street, Watling Street and into the no-vehicle section of Queen Street if the City wants to remove the advisory cycle lanes on King Street and Queen Street	1
General	Include the prohibition of cycling on any pavement. The creeping inclusion of signage which signifies the permitted joint use of pavements by cyclists and pedestrians is a lazy and dangerous solution to providing facilities for cyclists.	1
General	Use sufficient signage along the route and to provide clarity at shared surfaces in the City	2
General	Enforcement of ASL's	1
General	All proposed road changes are affecting taxi drivers and the taxi trade, incl the Bank Junction scheme. Their livelihoods are being destroyed in front of their eyes because no consideration seems to be given to people who rely on the roads for a living and drivers who have no alternative.	1
West Smithfield (market)	Make right turn into West Smithfield safer by introducing a traffic island in Farringdon Rd	1
West Smithfield (market)	Create permeability in West Poultry in both directions / drop kerb on the cycle side of segregating islands	1
West Smithfield (Ambulance station)	Remove metal barrier near the gate to St Bart's (that forms part of the Ring of Steel)	2
Smithfield Market	Allow cycling through Smithfield Market to improve cycle access to Cowcross St and St. John St where there are many employers	1
Hosier Lane	Increased numbers of cyclists will cause conflict with pedestrians walking in the carriageway due to narrow footways in Hosier Lane, as well as with vehicles accessing property.	1
Cloth Fair	Cloth Fair is too narrow to accommodate motor traffic and should be made access only (model filter)	2
Cloth Fair	Ensure coordination with the proposals in the Area Enhancement Scheme, announced a few years ago, and the Cloth Fair Noise Disturbance Proposals, currently being consulted on.	1
Cloth Fair / promotion	As many pedestrians are walking or standing in the road, notices should be put up to ask cyclists to use their bell more often	1
Long Lane / Aldersgate	Introduce double yellow line waiting restrictions and peak hour loading restrictions on north side of Long Lane	1



Location	Suggestion for further improvement	Number
Aldersgate /Beech Street	Some "semi segregation" using cats eyes or slightly raised/bumpy road surface few metres into Beech Street immediately after the pedestrian crossing area	1
Aldersgate /Beech Street	Introduce low level cycle signals for an early start / elephants footprints across junction	1
Beech Street	Introduce segregation	1
Beech Street (cinemas)	Requested traffic calming measures to reduce speed and encourage better behaviour especially towards pedestrians using the crossing	1
Beech Street (cinemas)	Right turn into Silk Street is difficult, and it was suggested to relocate the zebra crossing in Silk Street by a few yards further south	1
Moor Lane	No right into and out of Moor Lane as an alternative	1
Moor Lane	Suggested to change the one-way operation in Finsbury St and Moor Lane in order to keep the taxi ranks in Ropemaker Street operating efficiently	1
Moor Lane/Fore Street	Provide segregated cycle tracks on southern Moor Lane	1
Moor Lane /Fore Street	Change priority and install the give way marking on the eastern arm / raise the junction	1
Wood Street, Fore Street and Moor Lane	Request for more street furniture and trees in the footway to deter footway cycling	1
London Wall /Wood St	The markings encouraging cyclists to cross the lane diagonally from the left should be removed and the radius on the bend tightened to ensure there is no space for a vehicle to get on the outside of a cyclist.	1
London Wall /Wood St	Introduce new ped crossing on east arm, new ASLs on London Wall, remove stagger crossing, introduce no loading restrictions /armadillos south of junction	1
London Wall /Wood St	Introduce elephants footprints across junction also in n/b direction / introduce lead-in cycle lanes to ASLs	1
Gresham St /Wood St	Make Wood Street north of Gresham Street one-way, and provide segregated cycle facility in Wood Street and Gresham Street	1
Gresham St /Wood St	Change priority and install the give way marking on the western arm / raise the junction	1
Queen Street (Cheapside /Queen Victoria St)	Introduce area wide model filtering: between Trump Street and Cheapside, and between Pancras Lane and Queen Victoria Street.	2
Queen Street	There should be segregated cycle lanes with differential kerbs in the shared surface areas in Queen Street and over Cannon Street	1
Queen Street	Please remove the last parking space at the southern end of Queen Street. It makes it hard for cyclists to see what pedestrians are doing on the kerb where the cyclist will shortly turn left into College Street to access the calm safe bike stand area near Whittington Gardens.	1

Location	Suggestion for further improvement	Number
Queen and King Street	Stepped cycle track	1
Promotion	Publish maps of recommended cycle routes (with the Boris bike stations marked) and update them as you make progress	1



INTRODUCE TWO-WAY CYCLING AND RAISE CARRIAGEWAY ON SMITHFIELD STREET RELOCATION OF LOADING BAY ONTO WEST SMITHFIELD

FOOTWAY WIDENING ON EAST SIDE OF SMITHFIELD STREET AND RAISE CARRIAGEWAY TO IMPROVE ROAD SAFETY MINOR PARKING ADJUSTMENTS

SAFETY MEASURES TO ALLOW BETTER MERGING OF EASTBOUND TRAFFIC AT PINCHPOINT CREATED BY NEW FOOTWAY BUILT OUT OUTSIDE CINEMAS

FOOTWAY BUILD OUT ON EAST SIDE OF WEST SMITHFIELD

RATIONALISE TRAFFIC MOVEMENTS AND PROVIDE MORE GUIDANCE AND PROTECTION FOR CYCLISTS

INTRODUCE TWO-WAY CYCLING AND SEGREGATED CYCLE FACILITY ON SOUTH SIDE OF WEST SMITHFIELD

PART OF ROUTE BEING DEVELOPED BY ISLINGTON

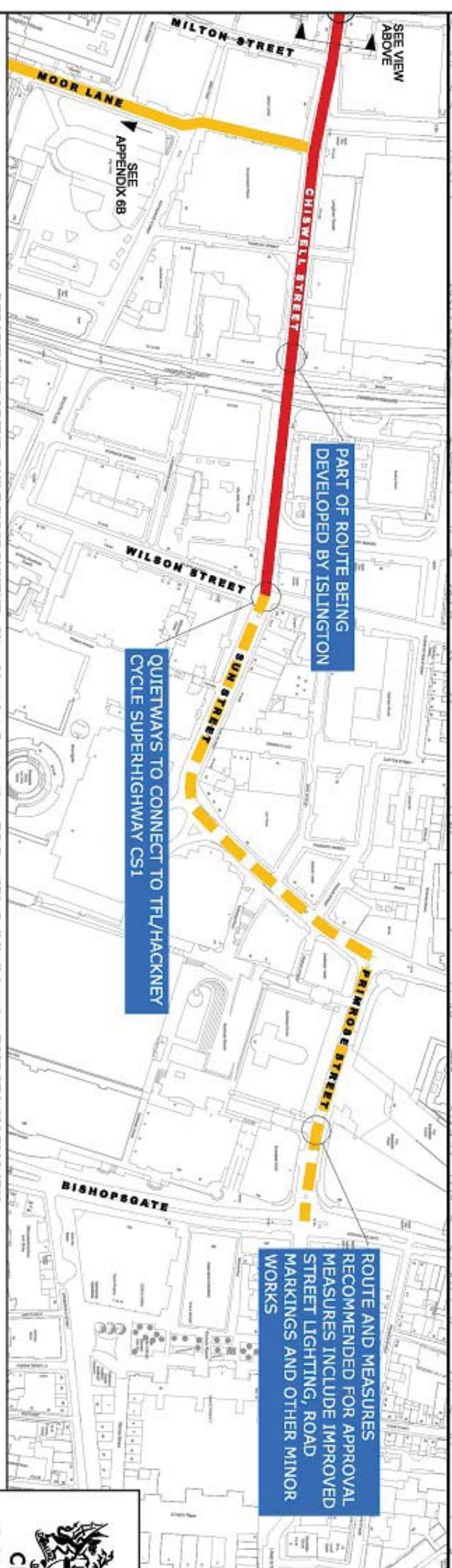
CHANGE EXISTING ADVISORY CYCLE LANES TO COMPULSORY CYCLE LANES

TIGHTENING CORNER RADI INTO GOLDEN LANE

ROUTE AND MEASURES RECOMMENDED FOR APPROVAL MEASURES INCLUDE IMPROVED STREET LIGHTING, ROAD MARKINGS AND OTHER MINOR WORKS

PART OF ROUTE BEING DEVELOPED BY ISLINGTON

QUIETWAYS TO CONNECT TO TFL/HACKNEY CYCLE SUPERHIGHWAY CS1



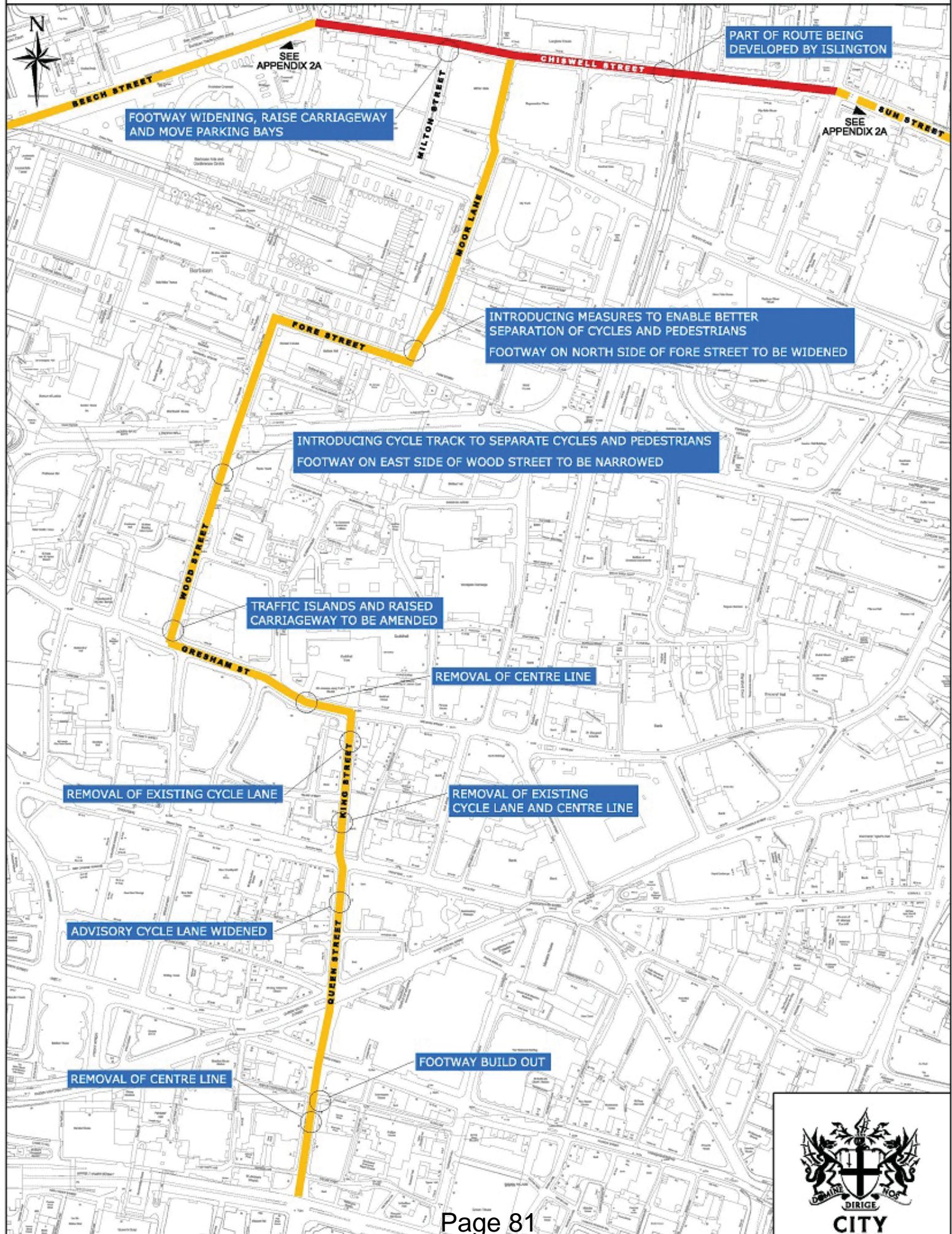
**APPENDIX 2A - PROPOSALS BETWEEN FARRINGDON STREET AND BISHOPSGATE**



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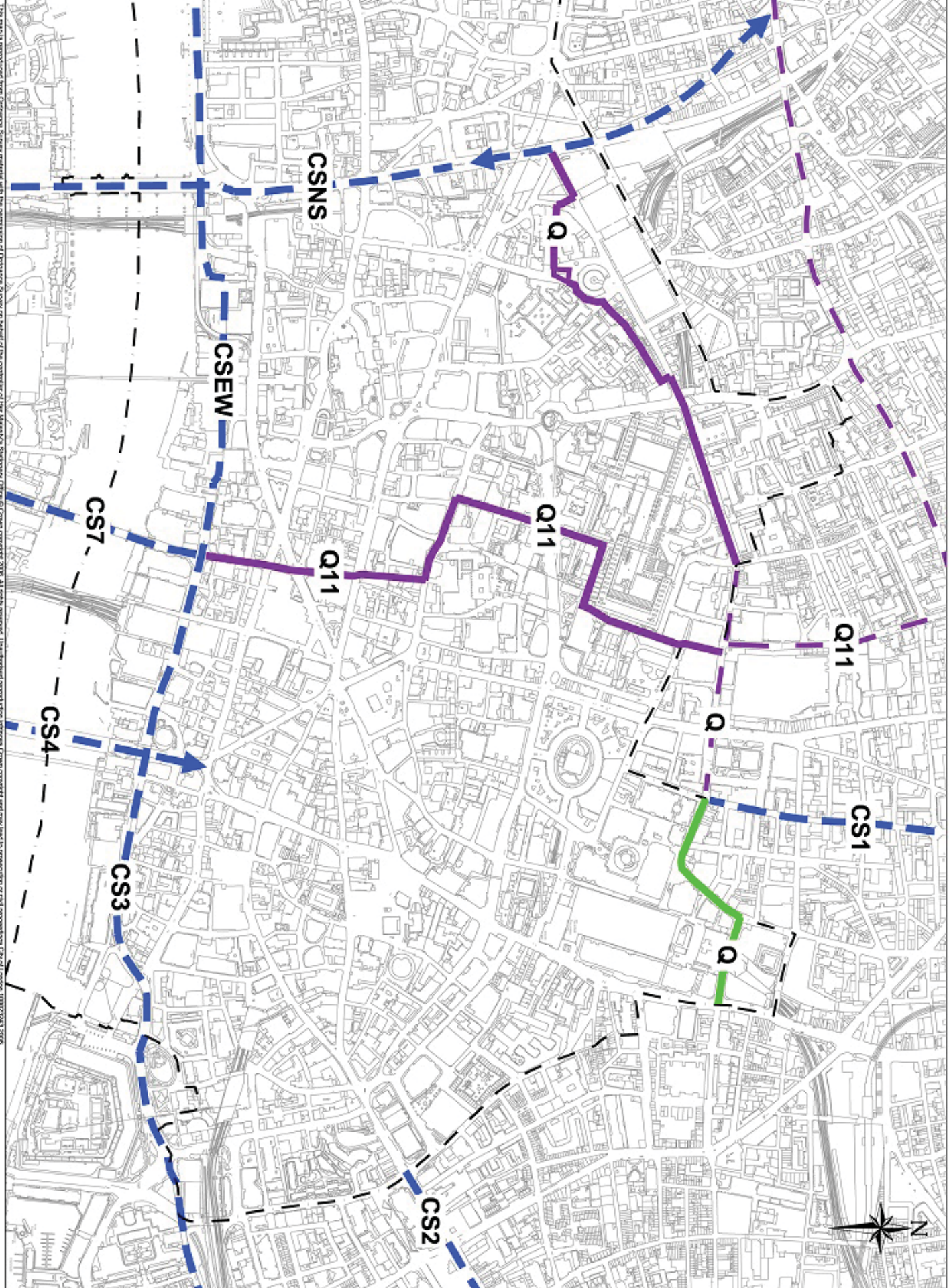
# APPENDIX 2B - PROPOSALS BETWEEN CHISWELL STREET AND UPPER THAMES STREET



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# APPENDIX 3 OVERVIEW OF THE PROPOSED QUIETWAYS NETWORK IN THE CITY



- Key**
- City Boundary
  - Approved City's Quietways Network
  - Proposed Col Quietways Network to be re-installed
  - Quietways developed by neighbouring authority
  - TfL Cycle Superhighway

**NOTES**

NTS	A4	19/05/15
MK	SL	IS

**The Mayor's Vision for Cycling Col Quietways**

**Cycle Routes in the City Network Overview**

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**CITY OF LONDON**

CR/WD/CR/A2/RW/0

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## APPENDIX 4 FINANCIAL IMPLICATIONS

Table 1 shows the total spend-to-date. As officers spent more on some tasks than originally budgeted for it is necessary to seek a Budget Adjustment as shown in table 2, as part of this report. Table 3 and table 4 show the total estimated costs for the implementation of the Quietways measures after Gateway 5 by December 2016. The total costs of £1.21M will pay for the construction works, the maintenance of the tree near the ambulance station for 5 years by Open Spaces Department, the fees and staff costs, and will be fully funded by the TfL's Grid programme. Table 5 provides details of the cost increase since Gateway 3/4.

Table 1: Spend to Date - Evaluation			
Description	Approved Budget (£)	Expenditure (£)	Balance (£)
P&T Staff Costs	39,682	41,301	(1,618)
Env Servs Staff Costs	2,000	4,102	(2,102)
Fees - Route 4	7,624	7,624	-
Revenue	32,357	32,357	-
<b>Total Route 4 (Q – from Farringdon St to Silk St)</b>	<b>81,663</b>	<b>85,384</b>	<b>(3,720)</b>
P&T Staff Costs	26,950	31,512	(4,562)
Env Servs Staff Costs	3,000	4,582	(1,582)
Fees - Route 6	16,550	16,031	519
Works - Route 6 Moor Lane Experiment (not progressed)	4,000	-	4,000
Revenue	14,491	14,491	-
<b>Total Route 6 (Q11 – Upper Thames St to Chiswell St)</b>	<b>64,991</b>	<b>66,616</b>	<b>(1,625)</b>
<b>TOTAL Quietways</b>	<b>146,654</b>	<b>152,000</b>	<b>(5,345)</b>

Table 2: Budget Adjustment required			
Description	Approved Budget (£)	Budget Adjustment (£)	Revised Budget (£)
P&T Staff Costs	39,682	1,618	41,301
Env Servs Staff Costs	2,000	2,102	4,102
Fees - Route 4	7,624	0	7,624
Revenue	32,357	0	32,357
<b>Total Route 4 (Q – from Farringdon St to Silk St)</b>	<b>81,663</b>	<b>3,720</b>	<b>85,384</b>
P&T Staff Costs	26,950	4,562	31,512
Env Servs Staff Costs	3,000	1,582	4,582
Fees - Route 6	16,550	(519)	16,031
Works - Route 6 Moor Lane Experiment (not progressed)	4,000	(4,000)	0
Revenue	14,491	0	14,491
<b>Total Route 6 (Q11 – Upper Thames St to Chiswell St)</b>	<b>64,991</b>	<b>1,625</b>	<b>66,616</b>
<b>TOTAL Quietways</b>	<b>146,654</b>	<b>5,345</b>	<b>152,000</b>

Table 3: Implementation	
Description	Total Estimated Cost (£)
Works Costs	875,000*
Fees	45,000
Staff Costs	135,000*
Maintenance Costs	3,000
<b>Total</b>	<b>1,058,000</b>

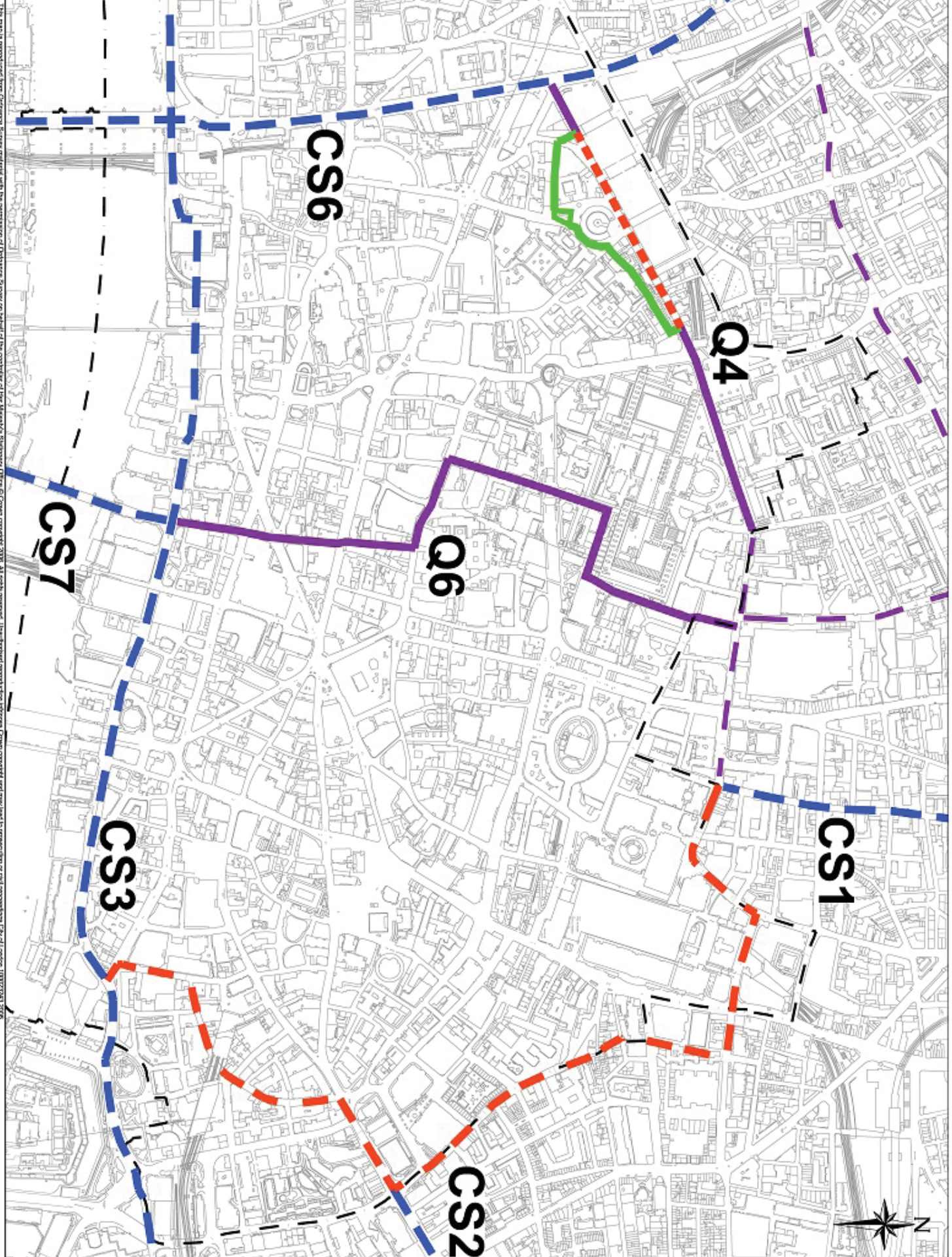
\* Includes costs (£20,000 for works and £2,000 of staff costs) associated with the proposed re-instatement of a section of the deferred route.

Table 4: Funding Strategy	
Spend to date – Evaluation	152,000
Implementation	1,058,000
<b>Total TfL funding requirement</b>	<b>1,210,000</b>








Table 5: Items of significant cost increase since Gateway 3/4				
Proposal/location	Estimate at G3/4 (£)	Estimate at G5 (£)	Increase (£)	Reason for increase
Smithfield Street raised carriageway	0	85,000	85,000	Raising and narrowing of carriageway to improve safety to reduce speeds and improving visibility in response to consultation comments
Extension of the West Smithfield footway/relocation of cctv camera	25,000	60,000	35,000	Increased engineering measures required to accommodate Smithfield Market needs/retain overall loading bays
Ambulance station cycle gap	5,000	30,000	25,000	To provide an improved layout
Moor Lane/Fore Street	5,000	15,000	10,000	To accommodate local safety concerns
London Wall/Wood Street	95,000	170,000	75,000	To accommodate engineering difficulties and additional signal costs
Re-instatement of a section of the route	0	22,000	22,000	To provide improved route connectivity
<b>Total</b>	<b>130,000</b>	<b>382,000</b>	<b>252,000</b>	



# APPENDIX 5 - QUIETWAYS NETWORK AS APPROVED AT GATEWAY 3/4



### Key

-  City Boundary
-  Approved City's Quietways Network
-  Section postponed
-  Approved alternative Quietways route
-  Approved Quietways route removed
-  TL Cycle Superhighway
-  Quietways developed by neighbouring authority


**NOTES**

The Mayor's Vision for Cycling  
 Col Quietways

Cycle Routes in the City  
 Network Overview

NTS	AM	14/03/15
MK	SL	IS

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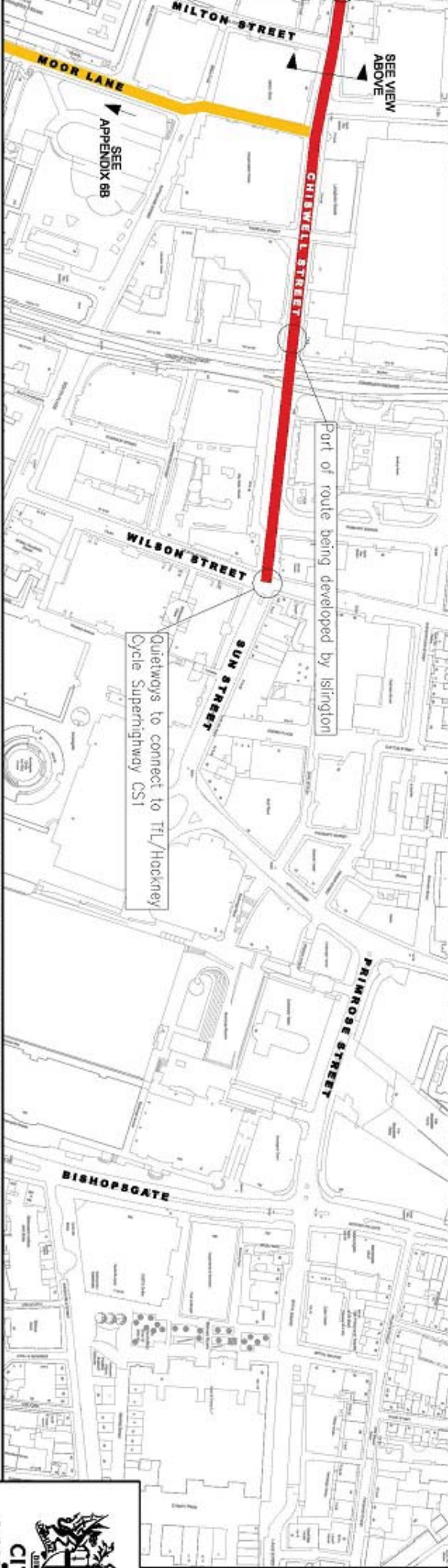
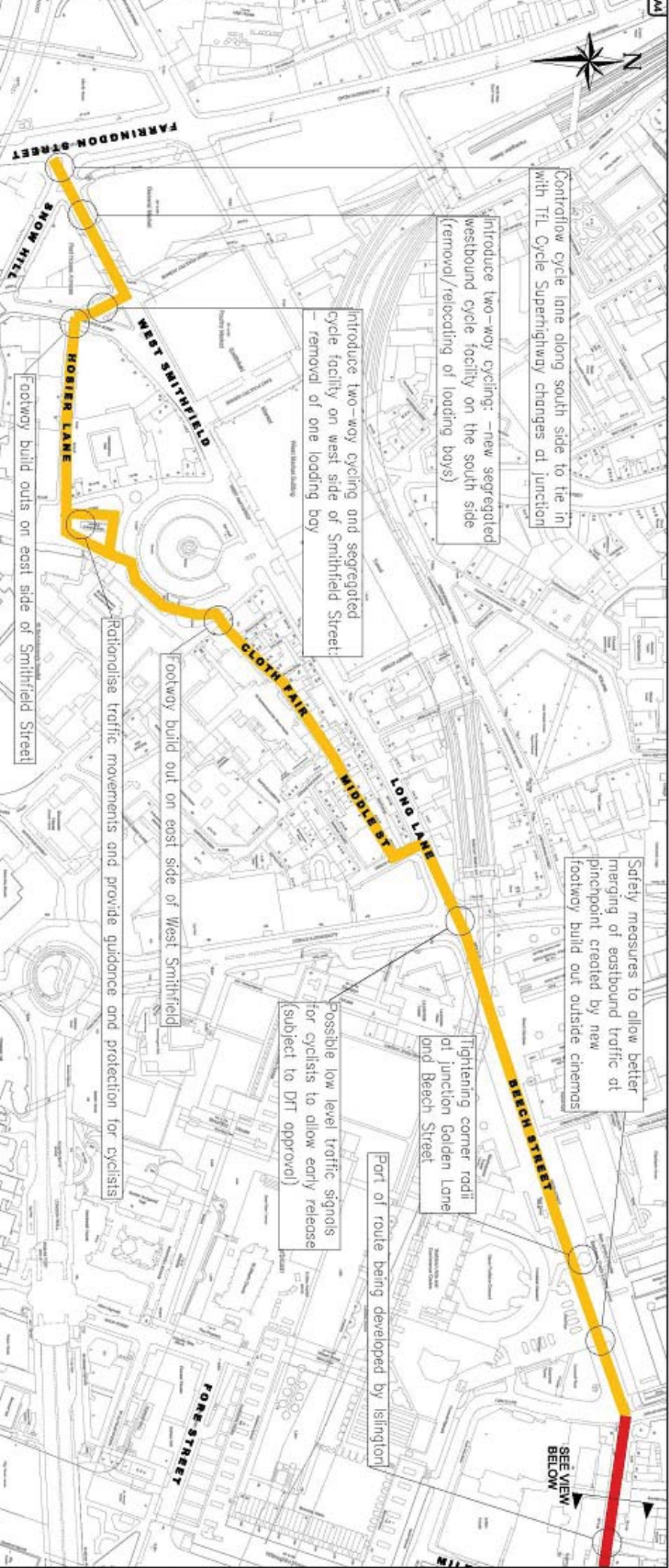
 CITY OF LONDON

CR/MD/CR/AS/RW/0

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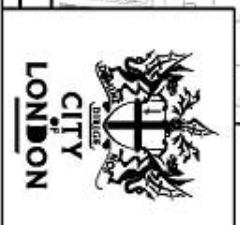




**APPENDIX 6A - QUIETWAYS MEASURES**  
**AS APPROVED AT GATEWAY 3/4**  
 Page 89

DEPARTMENT OF THE BUILT ENVIRONMENT, City of London Corporation, PO Box 270, Guildhall, London EC2P 2EL, 020 7332 1710

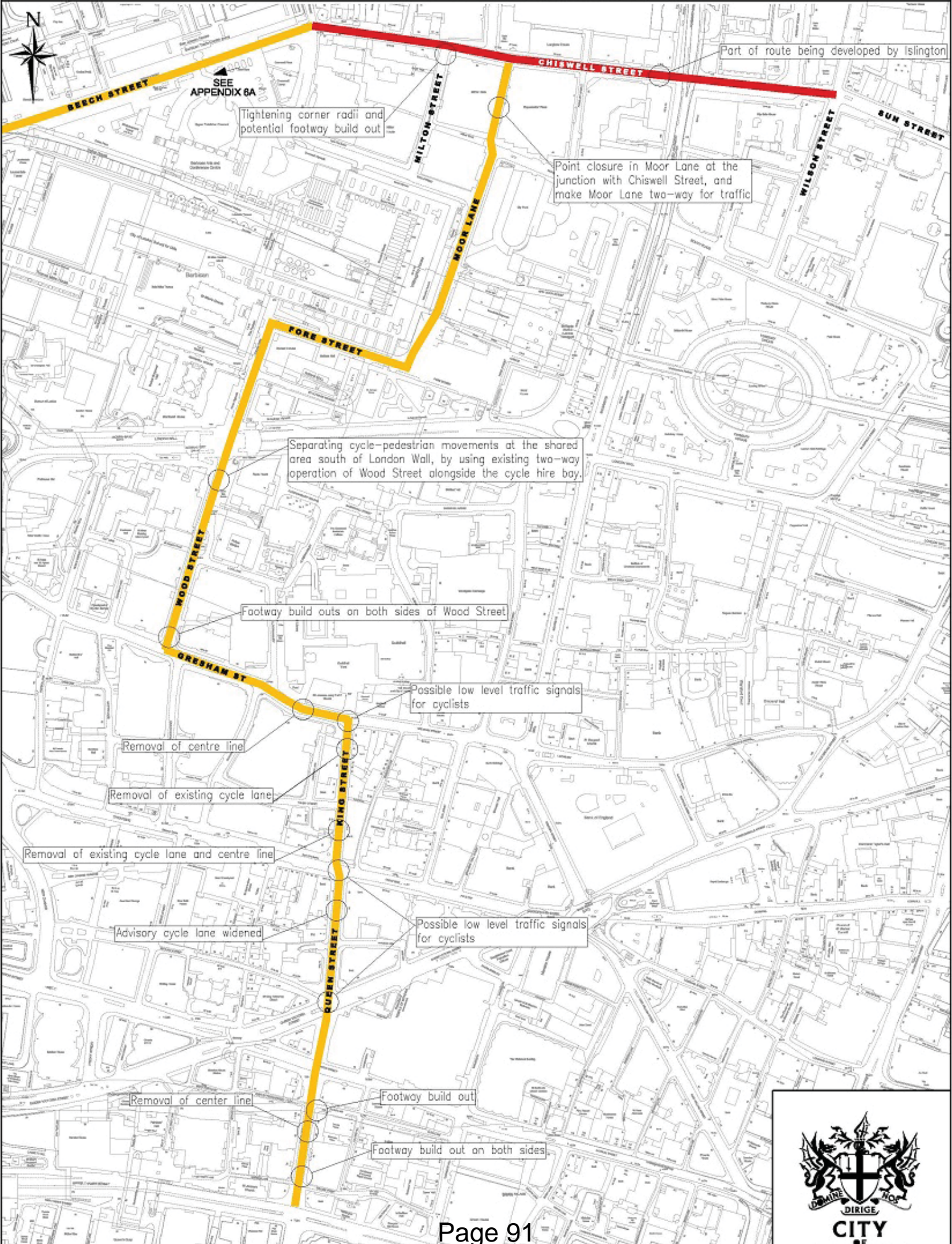
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# APPENDIX 6B - QUIETWAYS MEASURES AS APPROVED AT GATEWAY 3/4



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<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board – For Information	16/09/2106
<b>Subject:</b> Inner North East London Transforming Care Partnership Plan	<b>Public</b>
<b>Report of:</b> Neal Hounsell, Assistant Director, Commissioning and Partnerships, DCCS	<b>For Information</b>
<b>Report author:</b> Mark Davison, Commissioning Manager, DCCS	

## Summary

The City of London is part of Inner North East London Transforming Care Partnership. The Partnership has agreed and launched a Transforming Care Plan. The plan is designed to meet the needs of local people with a learning disability and people with an Autistic Spectrum Disorder who have challenging behaviour.

The purpose of this report is to share the Plan and note the City of London's continued commitment to the Partnership.

## Recommendation

Members are asked note the Inner North East London Transforming Care Plan and the City of London's continued commitment to the Inner North East London Transforming Care Partnership.

## Main Report

### 1. Background

- 1.1 After the publication of 'Building the Right Support' report in October 2015, NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) supported the creation of 48 Transforming Care Partnerships (TCPs) across England.
- 1.2 Each of those 48 TCPs have been working on their plans to change services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition
- 1.3 The City of London is part of Inner North East London TCP that includes:

- The City of London, London Borough of Hackney and City & Hackney Clinical Commissioning Group
- The London Borough of Newham and Newham Clinical Commissioning Group
- The London Borough of Tower Hamlets and Tower Hamlets Clinical Commissioning Group
- The London Borough of Waltham Forest and Waltham Forest Clinical Commissioning Group

1.4 The purpose of the plan is to achieve:

- the right support in the right place and at the right time
- support from competent and confident staff
- positive local options to catch people when they fall

## **2. Current Position**

2.1 Across the whole partnership area there are about 30 people still in hospital and others living away from our area because we do not have enough local capacity to serve this group of people.

2.2 In City of London we currently have no clients from this group that meet the enhanced care criteria covered within the TCP plan. However our teams within DCCS People Services work with an ever-changing demographic and levels of need.

2.3 The City of London has signed up to be part of this partnership so that we can:

- contribute our ideas and experiences
- learn from the developing best practice across our partner organisations
- be prepared to tap into support and resources when we do identify clients that reach the thresholds of need and require our support

2.4 Workforce development is a significant component of the structure that needs to be in place locally to support this client group, both now and into the future. City of London practitioners will be part of contributing to meet this aim.

## **3. Options**

3.1 The City of London has made a commitment to be part of this partnership and has been involved in the development of the plan. We have, to date, taken the approach of being led by the expertise of other partners where they are currently meeting the needs of this client group on a daily basis. However, we are always aware of developments and opportunities for joint working and learning as they have arisen.

3.2 The option is to continue to be an active member this partnership and to support its development and delivery in line with partnership plan and its associated action plan.

#### **4. Proposals**

- 4.1 It is proposed that the Health and Wellbeing Board note that the Inner North East London Transforming Care Partnership Plan has been agreed and published.

#### **5. Corporate & Strategic Implications**

- 5.1 The City of London involvement in this partnership plan meets the strategic requirements and statutory responsibilities of Community and Children's Services to meet the health and social care needs of all our residents; and supports the City Corporation's corporate objectives within the Health and Wellbeing Strategy.

#### **6. Implications**

- 6.1 None

#### **7. Conclusion**

- 7.1 The City of London's membership and contribution to this partnership and the publication of the plan will be of significant future benefit to local people with a learning disability and people with an Autistic Spectrum Disorder who have challenging behaviour.

#### **8. Appendices**

- 8.1 Appendix 1 – Inner North East London Transforming Care Partnership Plan

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## Introduction

The Transforming Care Partnership (TCP) includes:

- The City of London, London Borough of Hackney and Hackney Clinical Commissioning Group
- The London Borough of Newham and Newham Clinical Commissioning Group
- The London Borough of Tower Hamlets and Tower Hamlets Clinical Commissioning Group
- The London Borough of Waltham Forest and Waltham Forest Clinical Commissioning Group

### **This plan is for**

People with a learning disability and people with an Autistic Spectrum Disorder who have challenging behaviour.

### **We want to provide**

- the right support, in the right place and at the right time
- support from competent and confident staff
- positive local options to catch people when they fall.

While we have a lot of good things locally to offer, we know that we have much more to do before we can guarantee people and their families the right local support, consistently and through the different stages of their lives. We know that periods of transition in particular are often trigger negative consequences for this group of very vulnerable people and we are committed to improving that. Our threshold for people leaving out area to get education, care or support must be really high in the future. We believe that our plan will transform our area to deliver a much stronger, effective and resilient service across our area that will in turn reduce institutional care and enable people to get on with living good, healthy and productive lives.

By 2019 we will have developed and implemented, across the partnership, an enhanced model of care that delivers, from a positive starting point, a 20% reduction in in-patient bed usage as well as: improved quality of care and improved quality of life of **all** individuals with behaviour that challenges and their families/circles of support.

This improved model of care is being built around three core components:

1. Prevention and community support that minimises risk of inappropriate admission;
2. Focused and high quality assessment, treatment and care while in hospital; and
3. Effective and timely discharge supported by a plan that minimises the likelihood of readmission.

## **What is the case for change?**

We have analysed our current collective position, consulting widely. We have looked at our population trends. We have assessed how we currently fit against the individual criteria set out in the National Service Model. We have considered the current provision for the wider cohort and we have concluded that, while we have a relatively low number of people in hospitals, some are there inappropriately. We know that we send people to residential boarding schools and residential homes away from east London. We know that our current local provision is patchy in quality and insufficient in capacity and resilience.

1. Overall, we have not had a clear sense of this cohort or of good intended outcomes for the people in it. Progress has been piecemeal. Our evidence of what works well or not is not well evidenced or shared.
2. We have identified people who are inappropriately served in inpatient provision and who need to be discharged.
3. While we currently have a lower number of people using inpatient provision than the new national target we believe that it should remain lower and so needs to reduce considerably over this period

4. Our use of out-of-area residential provision affects this cohort and therefore needs to stop being a response to people with challenging behaviour. We must find ways to prevent people moving away when it is not their choice to and we must offer ways for people who want to return to do so.
5. We have found that there is a potentially significant group of people within this cohort living on our patch (at the instigation of other local authorities) who we do not fully understand (in residential homes).
6. We have a growing population and so need to build capacity for the future for the wider cohort.
7. We do not currently meet the National Service Model requirements. We know that not all of our local services are effective for this cohort, and we know that there are areas for improvement. We have identified common areas of weakness that we wish to collaborate on to improve, and others where we can use learning from one part of the TCP to inform and improve other parts so that we all fully meet the new model by 2019. In particular we have established considerable gaps in:
  - Increasing control over services by service users and their families
  - Sufficient preventative work for children and adults who challenge
  - Understanding criminal behaviour in this cohort, especially those who are ineligible for support, or of how to support the community in accepting people returning from custodial sentences
  - Sufficient agreement and utilisation of positive methods of supporting people with challenging behaviour
  - Sufficient contract control over the quality of support people experience from all supporters – family, schools, colleges, adult services, including skills in setting up individual bespoke services
  - Sufficient support to families
  - Sufficient access to individual housing, especially when needed fast
  - Smooth navigation through education, health and support services
  - The ability of local advocacy to effectively support this group
  - Enabling this group to gain employment
  - Effective interagency working between specialist and mainstream services
8. We understand that our current systems and practices do not enable a ‘whole life’ approach and that timely and consistent support is often not available, contributing to the threat of crisis. Transition periods often become crises. We know there are difficulties with insufficient joint planning for adulthood (generally with adults’ teams picking up responsibility too late). We see full records not always being transferred between children’s and adults’ services or between out-of-borough residential schools and adults’ services. Roles and responsibilities are not always clear or understood. We have heard of difficulties in a change of support means that the person’s support plan and positive behaviour plan effectively stop and start, with no continuity from the previous one. Our support to people during periods of change needs to change.
9. We are aware that people don’t always get equal choices; some get good services, some get more restrictive support; there is no person-centred explanation for why one part of the group lives away from their home and the other is served locally.
10. Very few people in the cohort have accessed personal budgets of any sort and their control over the services offered to them is very limited. We believe that a substantial growth in this area will be a driver to people having support at the right time, in the right place.
11. We understand that the above concludes that there is a lack of sufficient capacity, skill and knowledge in supporting the wider cohort locally.

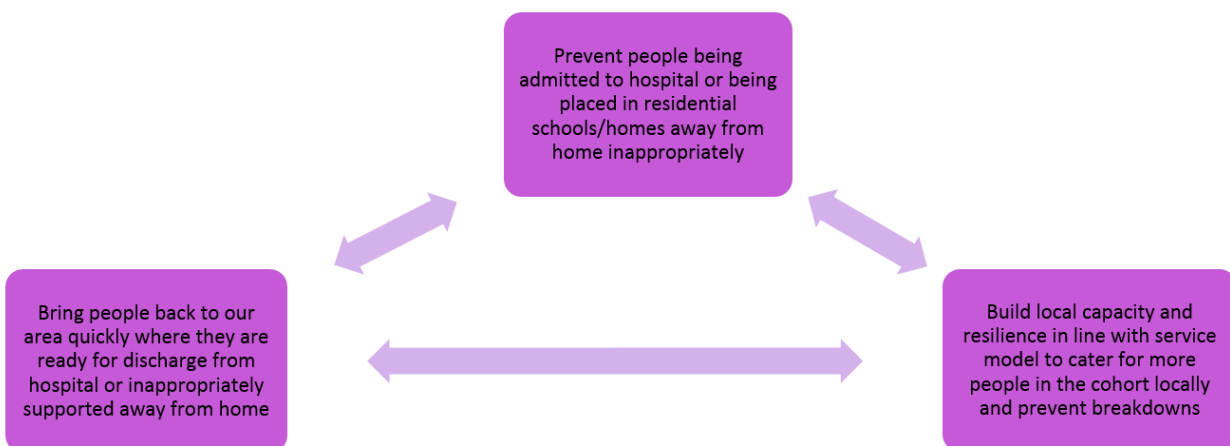
**We believe that we can improve our current model of care by:**

- Understanding the people in this group, where they are, their vulnerabilities, aspirations and talents. To do this we need to build on the beginnings of a proper risk register and track their journeys

- Intervening earlier in order to prevent crisis in mental health, challenging behaviour and the ability of family/carers to support the person
- Prioritising individual control through the use of personal health budgets; with their own resources, people are likely to create more local demand than commissioners have done
- Instilling better practice throughout all of our services (from health and social care providers to commissioners, mainstream services etc.) to reduce crises, through positive approaches to people who challenge, embedded locally and with knowledge and skill that supports the person as close to the person as possible through training, coaching and support to families, teachers, care staff
- Providing local options so that people never move far from home (both to hospital and to residential care) due to their behaviour or illness through access to local housing and support
- Understanding the impact of transition periods and creating a smooth journey through starting school, transition through schools, from child to adulthood and through moving from the family home
- Understanding the entire community that supports those people and collaborating to provide a positive and safe place for people to be. We believe this will reduce the impact of internal processes on peoples' behaviour (e.g. transition, access to healthcare, rebalancing health inequalities etc.)
- Prioritising opportunities to do things together to provide sufficient resilient local services accessible to the TCP as a whole in the most effective, practical and cost effective way, regardless of borough boundaries.

By 2019 we will have developed and implemented, across the partnership, an enhanced model of care that delivers, from a positive starting point, a 20% reduction in in-patient bed usage as well as improved quality of care and improved quality of life for all individuals with behaviour that challenges and their families/circles of support.

### What this will look like





## Main Transforming Care Partnership initiatives

We have a detailed plan but our main initiatives are:

### Instilling the right methodology

1. We will employ an additional behavioural specialist to work across the area to provide additional capacity to undertake assessment, advise, train, evaluate and review.
2. We will develop a positive behaviour statement that all employees, families and the general public can see.
3. We will work with families and black and minority ethnic (BME) groups to make sure that support services are available that meet with both the National Service Model and the requirements of people from BME communities
4. We will set up a best practice forum led by the behavioural specialists across the patch, both in statutory and third sector organisations. This is to create a culture of positive and evidence based practice, to problem solve, flag up difficulties to the TCP and to collect evidence of the impact of positive behaviour support (PBS) across the patch.
5. We will review the capacity of the Community Learning Disability Teams to service more people locally in the future.

### Personal Health Budgets

1. We will encourage the use of personal budgets (of all types), piloting with a group in Tower Hamlets and then spreading across the patch. We will prioritise people who are coming out of hospital. We will provide information and advice to enable people to use their money in a manner that reduces the risk of escalating behaviour or admission to secure services
2. These aim to assist people having as much control over their care and support as possible.

### Housing

1. We will review the housing we have now and plan to ensure that people with challenging behaviour do not have to leave the area because there is nowhere for them to live locally. We will consider what people might need in their housing and seek to accommodate that. This will involve a review of NHS owned properties currently used for people with a learning disability.
2. While the review is underway we will rent four flats to ensure that there is accommodation if a person's current housing arrangements break down. This will be used if someone is at risk of ending up in hospital or out-of-borough, and will also be used to help people get back home quicker.
3. We will review who is living out-of-borough within our cohort to assess whether they wish to return, or should return. Where people are settled and well supported we will ensure those arrangements are recognised and that their care and quality of life is good.

### Pathways (priority area)

1. We want to see each person as a whole, with a past, present and future. We know that transition can be a very difficult for people with challenging behaviour. That could be starting school, moving from children's to adults' services, losing parents or leaving home. We will employ a pathways support post to work alongside people and their families to ease these transitions. They will identify what may need to change in our systems and the way we work to improve life for the person.



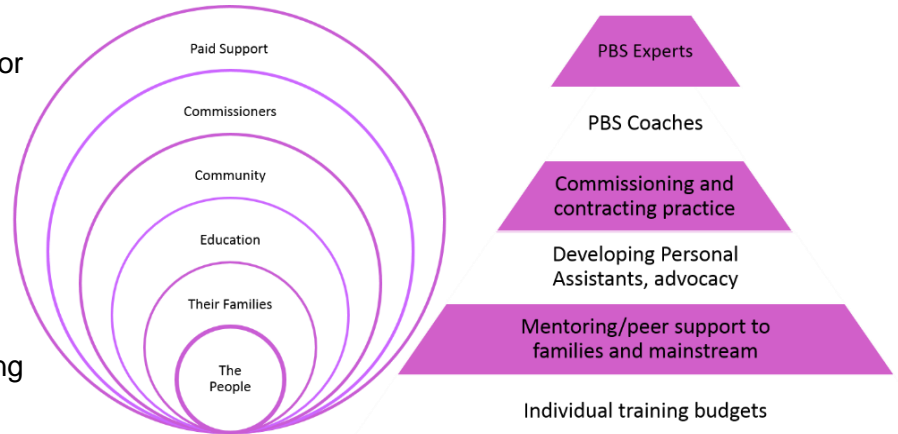
- We will conduct a full audit of the current experiences of people in transition, focussing on the move from children's to adults' services, but including other transition periods in each clinical commissioning group or local authority and draw learning from it to determine changes to be made. This will include considering whether further improvements can be made to the timeliness of diagnosis in early years. It will include checking that local policies and practices ensure that information is transferred and utilised so that the person's support is fully informed. We will also map current services available to the cohort to enable the best use of and easy access to existing services.

**Providers (priority area)**

- We will identify a small group of 'targeted' providers across our area who we have identified as having the right approach and skills to support people with significant challenging behaviour. We will collaborate with them to increase local capacity and resilience to ensure a stream of available support to people when they need it.
- We will amend our contracting and commissioning practices to ensure that people get the service that's right for them and in line with our plan.
- New guidance for reviewing officers will be developed to enable them to understand success in these services and to be able to identify risks early.
- We will work with selected providers collaboratively to identify an appropriate and transparent costing model that secures increased local capacity.
- We will gain active participation from schools to reduce moves to boarding schools.
- We will review and refine the capacity of local community learning disability teams to support this group in the future as local provision is expanded

**Workforce development (priority area)**

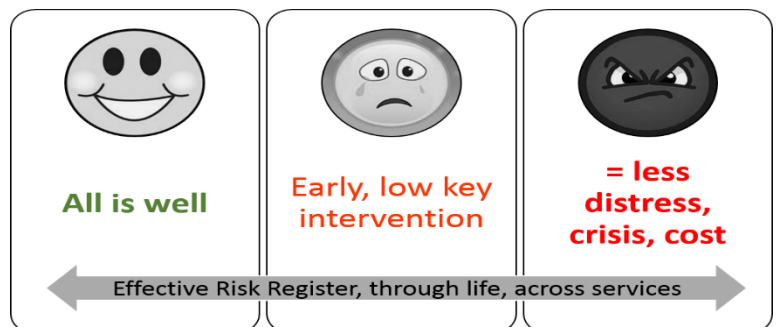
- We will establish a full framework for competence (in staff, families, networks) throughout the person's life. Training will be accredited and where people are paid link to a professional framework (health, social care, education). This includes support to families and Personal Assistants, and an individual training budget of £2000 to people with a Personal Health Budget.



- We will collaborate with local providers to secure the availability of a good quality local workforce

**Risk register (priority area)**

- Each CCG and local authority will together hold a risk register that spans children and adults. This will be reviewed at least every four weeks and will aim to target support proactively so that people don't fall into a crisis. We aim for this to help to identify people who are at risk of getting into trouble but who do not receive services.



- We will provide mentoring in the principles of effective support to mainstream services: colleges, police, transport staff, leisure etc. to increase community participation and to reduce incidents in the community

## **Contingency plans**

1. For people at risk of their support breaking down (either in the family home, or somewhere they get paid support), a contingency plan will be in place so that we know ahead of time what will happen if support arrangements break down.
2. We will specifically work with the police as the majority of the people who are in hospital setting come through a criminal justice route.

## **Respite**

1. We will increase the funding for respite for people and their families where the person is at risk of having to go into hospital or out-of-borough for the next three years. This can be used flexibly.

## **Peer Support**

1. We will develop the competency of local advocacy to deliver to people with challenging behaviour.
2. We will pilot schemes to enable families to support each other.

## **Hospital treatment**

1. Some people will need hospital inpatient treatment for periods when they have a significant illness. Where this is a psychiatric condition that requires hospital treatment we will aim to secure treatment locally, for their treatment to be focussed and effective, for their stay to be as short as possible and for them to return to their day-to-day life with minimal disruption.
2. Where people do need psychiatric inpatient care we will consider the use of mainstream mental health services first. These don't suit everybody, but where we are using specialist services it will be where mainstream services are not able to cater for that individual. We will collaborate with the outer north-east London TCP to secure local access to assessment and treatment within the joint area and have a clear policy regarding the appropriate use of both mainstream and specialist inpatient services for this cohort.
3. We will require a clear plan outlining the reasons for admission and intended outcomes and timescales within two weeks of admission.
4. We will use CTRs to monitor the quality and effectiveness of the service.

## **Our partnership**

1. Our partnership will aim to create the best environment for success in delivering the plan. This will include developing co-production with people who have experience of inpatient and far from home services.
2. We will integrate the work plan into existing roles across the partnership and recognise the need for additional capacity and expertise to ensure delivery of the plan, including developing a specification for a strategic transforming care lead to enable the plan to be delivered.
3. We will agree actions across the partnership area and those that are managed within a CCG area.
4. We will use the *Transforming Care Plan* to increase collaboration including the possible pooling of budgets, adoption of shared common initiatives etc. and will be clear about what is shared activity and what remains locally steered.
5. We will identify and facilitate opportunities collaboration in areas beyond the immediate Transforming Care programme and for the wider learning disability/autism population.
6. We will liaise with other TCP areas to identify opportunities to share practice and collaborate.

## Outcomes

The main outcomes we expect to see from the programme are:

1. A reduction of 20% in the use of hospitals for this cohort by 2019. Nobody is placed in hospital away from the area or readmitted within two years.
2. An increase in the resilience and capacity of local services and consequently people moving more than 10 miles away from the TCP patch will have reduced. A costing model will be in place that is transparent to all regarding the accepted price band for services being commissioned.
3. A positive behaviour workforce development plan has been delivered to support the cohort and those supporting them such as families, staff and informal support networks, supported by the TCP wide practitioners group and 30 positive behaviour support (PBS) coaches.
4. Commissioners and providers practice will have adapted to personal health budgets and integrated personal budgets with these being offered as routine.
5. Number of people falling into the red zone on well-developed risk registers will have reduced by 10% in 2016/17 with targets for subsequent years set annually. Contingency plans for individuals at risk will be in place for those who need them and there will be fewer breakdowns within the family home.
6. Transition review completed and recommendations implemented.
7. Housing options to people in this group will increase.
8. Skilled advocacy will be in place.
9. Feedback from pilot peer support schemes to assess impact leading to longer term family support schemes will have influenced local strategy.

# Inner North East London Transforming Care Partnership Plan

## City & Hackney, Newham, Tower Hamlets, Waltham Forest

We serve...

- ✓ the right support in the right place and at the right time
- ✓ with support from competent and confident staff
- ✓ and positive local options to catch people when they fall

People of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

### We are succeeding when...

- ✓ KPI #1 We reduce admissions to inpatient services by 20% by 2019
- ✓ KPI #2 We reduce people leaving the area by (TBC)
- ✓ KPI #3 We increase local capacity, capability and resilience in targeted housing, education and health and care providers
- ✓ KPI #4 We increase control by people and their families through increase in personal health/integrated budgets

### The journey we need to take...



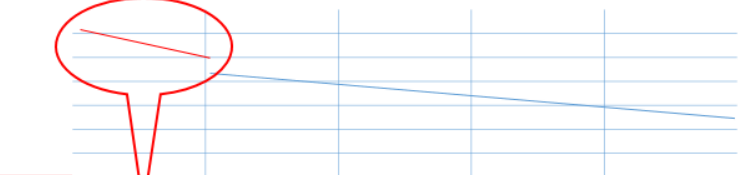
In 2015 we spent £XXm on the following service model

In 2020 we will spend £XXm on the following service model

Page 105

- Growing population and high number unengaged with current service models (BME)
- Examples of some good local services
- Low numbers of inpatients and high levels of people "placed" away from home
- Incomplete understanding of the cohort, their support needs, and future pipeline
- Insufficient local capacity and resilience in services to serve people and their families

FY15/16



- Priority changes today**
- Cohort and pipeline mapped
  - Shift to co-production
  - Risk Registers
  - Practice development group with additional post
  - Positive Behaviour Framework for workforce development
  - Estates review
  - Pathways mapped
  - Provider market identified
  - Personal Health Budget plan in place

- Long-term enablers**
- Commitment to support locally (TCP area)
  - Synergetic risk registers
  - Shared approach to housing the cohort
  - In area or close proactive inpatient and social care provision converging to cater for this group
  - Shared strategy to maintain local workforce
  - Community capacity especially in criminal justice, positive behaviour support
  - Openness to individually tailored support

- Local services with sufficient capacity, resilience and skill
- Direct purchasing by people and their families
- Accommodation to cater for people locally
- Streamlined pathways
- Effective risk assessment, crisis prevention and response and local inpatient provision

### This needs to change because...

- It doesn't produce good outcomes for all
- It's reactive, not proactive
- It doesn't use resources effectively
- It risks people's safety and wellbeing
- It contributes to health inequalities
- It places great strain on family life

### This is beneficial because...

- People are asking for local services. Repeated abuse scandals show risks of placing people away from home.
- Evidence shows effective approaches to challenging behaviour leads to better individual outcomes and reduced costs to the public purse

**Critical stakeholders...TCP Board, Steering Group, commissioning authorities, people and their families, health and social care workforce, criminal justice system**

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<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	16 <sup>th</sup> September 2016
<b>Subject:</b> Sports and Social Clubs available to City of London Corporation staff to encourage physical activity	<b>Public</b>
<b>Report of:</b> Director of Human Resources	<b>For Information</b>

## Summary

Good physical health and mental wellbeing are vital to a productive and motivated workforce. By adopting a progressive and proactive approach to the wellbeing of our staff, the City can reduce further sickness absence and presenteeism levels. HR is currently implementing its wellbeing strategy, CityWell, and investing in the health of our employees. The Corporation will see in return higher levels of engagement and productivity from our staff, and continue to attract and retain the highest calibre of talent. This paper looks to present to members the various physical activity clubs and societies that take place at the City of London Corporation for its staff.

The benefits of physical activity and social inclusion in health are well documented as such the HR Strategy has included these as distinct phases within their employee wellbeing strategy. The CityWell programme has also partnered with the City of London Staff Sports & Activities Club (COLSSAC) to deliver some of the physical activity side of the programme.

## Recommendation

Members are asked to:

- Note the contents of the report
- Support City of London Staff Sports & Activities Club (COLSSAC) and influence City Surveyors where possible to support the facilities in house
- Influence external partners and service providers for the City to work with the City of London Corporation to enhance provision for staff where possible
- Allow the exploration of StepJockey further as a potential tool to increase physical activity within the Square Mile.

## Main Report

### 1. Introduction

- 1.1. Traditionally health and wellbeing in the workplace has focused on upholding a reactive approach to support employees who have become unwell. However, the City aims to take an increasingly holistic approach and introduce preventative measures to promote health and wellbeing. This is essential, as good physical health and mental wellbeing are vital to a productive and motivated workforce.

1.2. As many people spend a significant proportion of their lives in work, we recognise that the employer plays a pivotal role in affecting the health and wellbeing of employees, and therefore the workforce is the ideal environment to promote healthier working practices and positively influence lifestyle choices. By investing in the health of our employees, the Corporation will see in return higher levels of engagement and productivity, and it will continue to attract and retain the highest calibre of talent.

1.3. Sickness absence at the City of London is comparatively low in comparison to local authorities across London, however it is our aspiration to continue to reduce these figures even further to strive for optimum efficiency, whilst also increasing the health and wellbeing of Corporation employees.

## 2. Background

2.1. The City added health and wellbeing to the Human Resources strategy and this has been implemented since its launch in April this year. Our aim is to establish a resilient health and wellbeing programme, which continues to develop and adapt to the changing needs of Corporation employees in years to come. We have identified the name 'CityWell' for the programme, the strapline to accompany the strategy will be 'Working Well Together'.

2.2. The programme's interventions will be delivered in three phases. Each theme will focus on a key determinant of health: physical health, mental wellness and social wellbeing. Although each theme will have its own phase and the initiatives will run consecutively, some interventions will also be delivered across phases.

- **Phase 1 – Take Notice and Learn**

The first phase will prioritise raising awareness of mental health in the workplace.

1. Time to Change Pledge
2. Mental Health First Aid training
3. This is Me campaign

- **Phase 2 – Be Active**

The second phase of the programme will draw attention to physical activity and exercise.

1. One You, Active 10 – In partnership with Public Health England
2. StepJockey
3. COLSSAC Studio Sessions

- **Phase 3 – Connect and Give**

The third phase of the programme will focus on the importance of volunteering and sharing skills throughout the organisation.

1. Healthy Balanced Diet campaign
2. Two Days to Give – In partnership with COL CSR
3. Open and Green Spaces

### 2.3. COLSSAC



CityWell has partnered with the City of London Staff Sports & Activities Club (COLSSAC) to deliver some of the physical activity side of the programme. We are promoting our in-house studio space. Through this partnership we have already increased the amount and variety of fitness classes taking place throughout the working day. Our aspiration is to increase participation from employees who do not work at Guildhall but are in close proximity to the services available building on some of the external areas where activities are already in place such as Barbican and Museum of London.

#### **2.4. StepJockey**

CityWell will introduce StepJockey, an evidence-based initiative which uses nudge behaviour economics to encourage employees to make more use of the staircases. Smart-signs will be installed on four stairwells in Guildhall and through wireless QR and NFC technology employees will be able to track their progress.

2.5. The potential for this as a measurable physical activity and behaviour modification initiative is very exciting and we'd like to explore the application of StepJockey to the wider City, such as the use of smart signs on bridges into the Square Mile. This has significant scope to feed into wider transportation networks such TFL tube network.

#### **2.6. One you - Active 10**

In addition to promoting the City Corporation's open spaces and City parks and gardens, we will also be promoting walking and active travel to employees. We are working in partnership with Public Health England on their national One You campaign. The initiative encourages us all to adopt healthier lifestyle behaviours. As part of the 'Active 10' element of the campaign we are encouraging employees to move more and take daily desk-breaks. CityWell have designed booklets outlining three 10-minute walking route around the Square Mile – red, blue and green.

### **3. Main Report**

#### **3.1. COLSSAC - City of London Staff Sports & Activities Club**

The City of London Staff Sports & Activities Club (COLSSAC) is a private staff members' club, consisting of a wide range of sports and activities clubs. The club is overseen by an annually elected Committee.

3.2. The predominant objective of the COLSSAC committee is to encourage employees to engage in group sports and social activities. COLSSAC therefore provides the resources and guidance to support members undertaking such activities, whilst also promoting and the formation of new sports and activity clubs.

3.3. The club currently offers thirteen activities which are open to all employees: Badminton, Cycling, Football, Ladies Football, Golf, Karate, Keep Fit, Middle Eastern Dance, Netball, Pilates, Running Club, Table Tennis & Yoga and circuit training. Swimming used to be a very popular club offer. This had to

be folded when the facilities were denied to the sports club when the new provider took over management of the Golden Lane Sports Centre.

3.4. As well as sports they also organise various events that give staff opportunities to socialise, such as an Open Table Tennis Championship, Annual Children's Party, Charity quiz nights and lately ran a very successful boat party on the Thames.

3.5. Classes are all generally well attended, the table below summarises membership numbers and usual attendance where available

#### **Membership of Clubs and attendance**

<b>Club</b>	<b>Total membership</b>	<b>Attendance on average (per lesson)</b>	<b>Lessons per week</b>
Karate	30	8-16	3
Yoga	100	10-15	3
Golf	30	15-20	
Pilates	30	10-14	3
Table Tennis	25	6-8	2
Badminton	12	7-8	1
Football	25	6	1
Ladies Football	10	6	1
Netball	12	6	1
Middle Eastern Dance	7	6-7	1
23 Mile Running Club	60		
Cycling Club	100		
Keep Fit	81	12-16	1
Circuit training	81	10-12	1
<b>Total</b>	<b>603</b>		

3.6. All clubs have 'drop-in' staff who may train a number of times at a club and then decide to try something else, these are not included. Social activities 2016 staff children's fancy dress party attendance was 150. Two charities quiz nights attendance 80 per night, Boat trip 150, two Table tennis competitions of which 20 attended both events.

3.7. Some clubs such as football, golf, badminton and netball take place off site.

3.8. Other physical activity opportunities exist such as Golden Lane Leisure Centre, previously Fusion have not afforded staff any meaningful deal that could be considered a staff benefit. The current contract negotiations will be used to ensure a better meaningful deal can be secured for staff such as

free swimming or substantial City of London Corporation staff discounts. This would considerably enhance the staff offer. The Wellbeing Board could influence any corporate partners to work with it in the delivery of any of its strategic aims, internal and external.

#### **4. Conclusion**

- 4.1. There is strong scientific evidence that being physically active can help people lead a healthier and even happier life. People who do regular activity have a lower risk of many chronic diseases, such as heart disease, type 2 diabetes, stroke, and some cancers. Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, depression, dementia and Alzheimer's disease. For this reason it has been included in our workplace wellbeing strategy.
- 4.2. We have an excellent resource in the COLSSAC and partnering with CityWell will help boost their profile across the organisation by incorporating them and their activities into regular corporate campaigns and events. We hope this will encourage more employees to engage with the sports clubs and facilities that we have in the Guildhall, which will in turn improve the health and wellness of our employees.
- 4.3. The studio is at present an excellent resource, along with the facilities provided such as showers, lockers and changing rooms. These spaces should be supported, maintained and improved as necessary for the benefit of all staff.
- 4.4. Any influence the wellbeing board has over these facilities including exploring and joining up other fitness opportunities for staff should be applied as required in order to preserve and continually improve the physical activity offer as an employer.

#### **Contact:**

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<b>Committee:</b>	<b>Date:</b>
Health and Wellbeing Board	16.09.2016
<b>Subject:</b>	<b>Public</b>
Health and Wellbeing Board update report	
<b>Report of:</b>	<b>For Information</b>
Director of Community and Children's Services	
<b>Report Author:</b>	
Tizzy Keller, Director of Community and Children's Services	

## 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:

- Safer City Partnership Update
- Active Travel Update
- Square Mile Health Update
- Liaison and Diversion Service
- Mayor's Vision for Cycling- Quietways update
- Health and Wellbeing advisory group
- Bags of Taste
- Report to Audit and Risk Management Committee on Air Quality
- Sexual Health update

## 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. Safer City Partnership Update

2.1 Safer City Partnership Strategic Plan 2016-17- The Strategic Plan for 2016-17 was approved at the June meeting of the SCP. The agreed priorities are: Violence Against the Person; Night Time Economy and Nuisance; Acquisitive Crime; Anti-social Behaviour and Supporting the Counter Terrorism Strategy

through delivery of the Prevent Strategy. These priorities will be reviewed in the first quarter of 2017.

2.2 City Community Multi Agency Risk Assessment Conference (CCM) - The CCM is a new structure established at the beginning of 2016 to provide a mechanism for managing situations where an adult presents as a risk to themselves or others and is not being managed within any existing multi-agency approach. It has a strong focus on problem solving and seeks to mitigate risk in the cases it addresses. There is a particular focus on those vulnerable in terms of repeated crime or Anti-social Behaviour (ASB). It is a model now being adopted across London.

To date the CCM has had 30 cases referred to it. Of these 15 had a mental health component with 6 associated with attempted suicide. Co-operation with partners from within the City and key stakeholders has been generally good, but the majority of the individuals concerned reside outside the City which has highlighted the need to improve links with agencies, particularly mental health services, working in other areas.

2.3 Violence Against Women Against Women and Girls Strategy - The Safer City Partnership is finalising the City of London Violence Against Women and Girls (VAWG) Strategy. The strategy aims to provide a clear understanding on the approach and priorities of the City of London in its response to VAWG and Ending Harmful practice. The Strategy will look at: Domestic Abuse; Sexual Violence and Rape; Stalking and Sexual Harassment; Female Genital Mutilation; Force Marriage; Honour Based Violence; Trafficking and Sexual Exploitation.

The Strategy will provide clear definitions and statistics relating to particular aspects of VAWG and highlight the City's approach of prevention and early intervention, signposting of appropriate services, and legal remedies and partnership working. The Strategy will be reviewed on an annual basis by the City of London Domestic Abuse Forum. Members wishing to see the draft of the VAWG strategy should contact Robin Newman (0207 332 1639).

2.4 Safety Thirst 2016 - Safety Thirst is a scheme open to all licensed premises within the City which promotes high standards in preventing crime and anti-social behaviour. This year the awards will be made on 18 October. 65 premises have applied (31 received awards in 2015).

2.5 Prevent - Prevent is part of the Government's Counter Terrorism Strategy and aims to tackle radicalisation and stop people being drawn into terrorism. The City of London Corporation has a statutory duty to help deliver this work. A key element of this work involves training. Sessions delivering the Workshop to Raise Awareness around Prevent have been run regularly since the beginning of this year and are now provided on a monthly basis. Bespoke sessions are also provided for particular sections or departments (this could include partner agencies or stakeholders within the City). In the medium term we will be moving to make WRAP training compulsory for all Corporation staff.

Contact Officer: David Mackintosh, Head of Community Safety, 0207 332 3084

### 3. Active Travel Update

3.1 At April's Health and Wellbeing Board, a report was presented that outlined what the City of London Corporation is currently doing to promote and enhance opportunities for Active Travel for workers and residents. At this meeting, members approved a number of recommendations. This update provides members with information on how these recommendations have progressed.

3.2 **Recommendation 1**- Influence the City Surveyors Department to ensure that Guildhall facilities for cyclists can keep up with rising demand

- The provision of indoor cycling racks has increased from 62 to 86.
- The drying room facilities are in the process of being improved following a request from the Cycling Club manager.

3.3 **Recommendation 2**- Ensure Housing provides bike racks for residents and visitors on all new City estates and encourage retrofitting of bike racks in existing estates where they do not already exist.

- Both City Housing estates, Middlesex Street and Golden Lane have bike racks already and currently demand does not exceed supply.

3.4 **Recommendation 3**- Encourage the efforts of the City of London Police to further prevent bike theft, particularly through advising cyclists on bike security

- The Police continue to regularly go into City businesses to offer advice around cycle safety and cycle crime reduction.
- They will be running a crime reduction week 12-18th Sept working in partnership with MET Police, British Transport Police, TFL and Bike Register across the whole of London.

Contact Officer: Tizzy Keller, Policy Support Officer, 020 7332 3223

### 4. Square Mile Health Update

4.1 At the last Healthy Behaviours Steering Group, it was agreed that an action plan was needed to address unsatisfactory results and delivery from WDP across the substance misuse and smoking cessation services.

4.2 Mark Davison from the DCCS Commissioning Team met with the WDP joint chief executive to discuss this and since then has been working alongside the newly appointed Operations Manager at WDP to develop an action plan that addresses the current levels of performance and also focuses future delivery in the areas of concern, namely:

- Addressing poor take up of smoking cessation in community settings



- Working in schools
- Agreeing best working arrangements and delivery with Homelessness Services and City Police Custody Suite
- Addressing the prescribing nurse issues.
- Removed KPIs which are not useful or relevant

4.3 An Action Plan has now been agreed. Mark will be meeting with the WDP operations manager and service manager monthly during the action plan implementation and using a new reporting template to track progress. The next Steering Group meeting on 7 December will include a three-month progress report.

4.4 Highlights of the action plan include:

- A new approach to engaging smoking cessation including the e-cigarettes being made available through pharmacies as part of a peer reviewed research project.
- New arrangements for nurse prescribing which will also free up more staff capacity for health and wellbeing interventions
- Proposed SLAs with key service areas
- Referral pathways to be developed

4.5 The approach to business, schools and community engagement has also been discussed. The report from quarter 1 shows some encouraging progress already and this will continue. The reporting from quarter 1 & 2 will be used to establish the baseline for expectations for the rest of the year – which will include work in schools that is set to commence in September.

4.6 The WDP team in the City have been engaged and supportive of the new approach.

Contact Officer: Mark Davison, Commissioning Manager, 020 7332 1386

## **5. Liaison and Diversion service update**

5.1 The CoL Police have a Liaison and Diversion Service, which is a number of specially trained mental health nurses who can identify a person with one or more mental health, learning disability or substance misuse vulnerabilities when they come into contact with the justice system. They assess the identified individual and refer them to an appropriate treatment or support service and can also access summary care records whilst the individual is in custody to assist with their care and our risk assessment.

5.2 At the April HWB meeting, Members received a report that included information on the Liaison and Diversion service and there was a request for further information and the number of people referred through this service.

5.3 The number of people referred to this service in the last few months are as follows:

- May- 8 referrals
- June- 14 referrals
- July- 12 referrals

The majority of patients referred to this service during this time were experiencing Mental Health issues which included depression, anxiety, psychosis and schizophrenia.

Contact Officer: Hector Mckoy, Chief Inspector, City of London Police, 0207 601 2402.

## **6. Mayor's Vision for Cycling - Quietways**

- 6.1 In July 2015, a Gateway 3/4 Report was considered by the Streets & Walkways and Project Sub-Committees. At the meeting Members agreed to progress with recommended Quiet ways measures and undertake a wider public consultation and detailed design. It was also agreed to postpone parts of the network (in the east of the City) as it was not possible to continue the route through private land or on TfL's Bishopsgate and there was concern with the ability for some of the narrow streets to be used as a cycle link between two cycle superhighways.
- 6.2 In June 2016, the committee received a Gateway 5 report which updated on Quietways progress and requested permission to start work. The report presented the results of the Public Consultation run in November and December 2015 and the detailed designs for the Quietways which were amended following the consultation. The report also informed Members of TfL's proposals to improve the Bishopsgate/Primrose Street junction to provide better cycling provisions by December 2016 and that there is the potential to connect to a future cycle network to the east of the junction. In light of this information, the report recommended to proceed with a section of the previously postponed route (from Wilson Street to Bishopsgate).
- 6.3 The committee approved the recommendation to give authority to begin work and the Quietways route from Wilson Street to Bishopsgate and for The Director of the Built Environment be authorised to accept and use any further funding towards this project that may be made available by TfL.

Contact Officer: Mark Kelder, Project Manager- DBE, 0207 332 3970

## **7. Health and Wellbeing Advisory Group**

- 7.1 A Health and Wellbeing Advisory Group has been established following a meeting between the Directors of Community and Children's Services and Markets and Consumer Protection where it was agreed that a group of senior officers should meet to share information on common areas of work relating to health and wellbeing and discuss how they could work together.

7.2 The purpose of the group is to advise on, monitor and coordinate policies, strategies and services relating to public health and wellbeing across the City of London Corporation and Police. Membership is comprised of senior officers as follows:

- City of London Consultant in Public Health (Chair)
- Assistant Directors – Community and Children’s’ Services
- Director and Assistant Directors – Port Health and Public Protection
- Assistant Town Clerk – Town Clerks
- Head of City Gardens
- Head of Barbican and Community Libraries
- Director and/or Assistant Director - Transportation
- City of London Police Superintendent (Communities And Partnerships)
- Other senior officers whose work impacts upon health and wellbeing within the City Corporation and Police

7.3 The group has met twice and is due to meet again on 15 September. A mapping exercise of the Health and Wellbeing activities occurring across all the departments highlighted the following cross-cutting areas which the group will focus on:

- Air Quality
- Noise
- Mental Health and Suicide
- Alcohol
- Drugs and smoking
- Physical Activity

7.4 The agenda for the September meeting includes items on Mental Health, Alcohol, Substance Misuse and Smoking and Data sharing. The HWB will be kept informed on the work of the Health and Wellbeing Advisory Group through this update report.

Contact Officer: Tizzy Keller, Policy Support Officer, 020 7332 3223

## **8. Bags of Taste**

8.1 Bags of taste will be delivering a food cooking course at Artisan Street Library, commencing on Thursday 29th September, weekly for 4 weeks. The course is designed to change dietary behaviour to teach those living in food poverty to not only get enough food but also the right kind. All recipes that will be taught cost less than £1 a portion to make and are designed to appeal to modern sophisticated and international tastes whilst also being healthy.

8.2 The course is shown to improve confidence, teaching cooking skills and providing local shopping and budgeting advice. At the end of the session, participants can buy a food bag for £3.00 which contains ingredients for two meals for two people to cook at home along with the recipes cooked in the lesson. This initial course is funded by City and Hackney CCG.

Contact Officer: Poppy Middlemiss, Strategy Officer, Health and Children's, poppy.middlemiss@cityoflondon.gov.uk

## **9. Report to Audit and Risk Management Committee on Air Quality**

9.1 The City of London Corporation has identified eleven corporate risks, four of which are considered the most serious in terms of likelihood and impact, so are ranked as 'red'. Air quality is one of the four red corporate risks. The Audit and Risk Management Committee requested a deep dive review into how air quality is being handled by the City Corporation and the performance against the criteria which have been selected to demonstrate risk mitigation.

9.2 Five actions have been identified to demonstrate how the City Corporation is mitigating the risk associated with poor air quality:

- Implement policies in the City of London Air Quality Strategy
- Review and assess air quality in line with statutory obligations
- Become an Exemplar Borough for air quality
- Develop a communications strategy
- Develop and implement a plan for reducing the impact of diesel vehicles

9.3 The review outlined that the City Corporation has an effective, proactive Air Quality Strategy that addresses the issue over and above statutory requirements and highlighted that the City Corporation is highly regarded by all stakeholders and that there is strong support from Members, residents and businesses to tackle the issue.

9.4 The need for continued, effective cross-departmental collaboration was stressed and it is necessary for the issue to be tackled at all levels throughout the City Corporation. The Committee was satisfied with the action being taken to address this issue.

Contact Officer: Ruth Calderwood, Environmental Policy Officer - Markets and Consumer Protection, 020 7332 1162.

## **10. Sexual Health Update**

10.1 The London Sexual Health Transformation Programme is supported by 31 London Boroughs and the City. This Programme is developing and delivering an ambitious new vision for the delivery of sexual health services in London.

### **10.2 Sexual health e-service**

The City of London Corporation was formally requested to take the Lead Authority role for the proposed new sexual health e-healthcare service for London. The City of London and 21 of the London boroughs are committed to implementing the new e-service from April 2017. As part of its duties as accountable body, the City will be required to design and recruit a team which

will undertake the required project delivery functions. It is acknowledged that these duties will come at no extra cost to the City, and that the City's additional costs will be recuperated from the participating Boroughs. As this request occurred during the summer recess, the decision to assume this role was taken by the Chairman and Deputy Chairman of the Health and Wellbeing Board, with additional endorsement from the Town Clerk, the Director of Community and Children's Services and the Director of Public Health. The tender opportunity for this service was issued on 8<sup>th</sup> August 2016.

### 10.3 Sub regional GUM procurement

The North Central Sub-region comprises of Islington, Camden, Barnet, Haringey, Hackney and the City of London. For procurement purposes, this area is split into two areas – with Lot 2 comprising Hackney and the City of London. There are currently two specialist and two general/routine clinics operating in Hackney and the City of London. The specification for Lot 2 requires that the new model only have one specialist centre, with remaining clinics providing more general/routine care. The specification requires that at least one clinic, whether specialist or general/routine, must be located within the City of London. The tender opportunity for North Central London was issued on 24<sup>th</sup> August.

Contact Officer: Farrah Hart, Consultant in Public Health, 020 7332 1907

#### **Tizzy Keller**

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