



Health and Wellbeing Board

Date: FRIDAY, 26 APRIL 2019

Time: 11.30 am

Venue:

Members: Deputy Joyce Nash, Court of Common Council
Marianne Fredericks, Court of Common Council
Jess Wynne, City of London Police
Randall Anderson, Chairman of Community and Children's Services Committee
Tom Anderson, Court of Common Council
Jon Averbs, Markets & Consumer Protection Department
Matthew Bell, Court of Common Council, Policy and Resources Committee Chairman's representative
Andrew Carter, Director of Community and Children's Services

Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Jeremy Simons, Chairman of Port Health and Environmental Services Committee
Gail Beer, Healthwatch
David Maher, NHS City and Hackney CCG
Susan Milner, Director of Public Health

Enquiries: Julie Mayer – 020 7 332 1410
Julie.mayer@cityoflondon.gov.uk

Lunch will be served in Guildhall Club at the rising of the Committee
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ELECTION OF CHAIRMAN**
To elect a Chairman in accordance with Standing Order 29.
For Decision
4. **ELECTION OF DEPUTY CHAIRMAN**
To elect a Deputy Chairman in accordance with Standing Order 30.
For Decision
5. **ORDER OF THE COURT**
Members are asked to note the Order of the Court of Common Council dated 25 April 2019, appointing the Board and approving its Terms of Reference (TO FOLLOW).
For Information
6. **MINUTES**
To agree the minutes of the meeting held on 11 February 2019.
For Decision
(Pages 1 - 8)
7. **INTEGRATED COMMISSIONING BOARD UPDATE**
A presentation from the Integrated Programme Manager.
For Information
8. **REVIEW OF FOOD DESERT RESEARCH IN PORTSOKEN 2007**
Report of the Director of Community and Children's Services.
For Information
(Pages 9 - 14)
9. **DRAFT ALCOHOL STRATEGY 2019-23**
Report of the Director of Community and Children's Services.
For Decision
(Pages 15 - 30)
10. **CITY HEALTH WORKER RESEARCH**
A presentation from the Public Health team.
For Information

11. **DRAFT AIR QUALITY STRATEGY**
Report of the Interim Director of Consumer Protection and Market Operations.

Please Note: The Draft Air Quality Strategy was approved for public consultation by the Port Health and Environmental Services Committee on 5th March 2019.

This is a long document, which is available on line at:

<http://democracy.cityoflondon.gov.uk> and will be provided to Members of the Health and Wellbeing Board electronically. A printed copy is available on request.

For Information
(Pages 31 - 36)

12. **DRAGON CAFE IN THE CITY – FUTURE FUNDING**
Report of the Director of Community and Children’s Services.

For Information
(Pages 37 - 40)

13. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Director of Community and Children’s Services.

For Information
(Pages 41 - 48)

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

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

16. **EXCLUSION OF PUBLIC**

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

For Decision

Part 2 - Non Public Reports

17. **SUICIDE FIGURES FOR THE CITY**
Report of the Director of Community and Children’s Services.

For Information
(Pages 49 - 54)

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

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

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HEALTH AND WELLBEING BOARD

Monday, 11 February 2019

Minutes of the meeting held at Guildhall at 1.45 pm

Present

Members:

Marianne Fredericks (Deputy Chairman)
Randall Anderson
Jon Averbs
Matthew Bell
Andrew Carter
Dr Gary Marlowe
Jeremy Simons
Steve Stevenson
David Maher
Kate Smith

In Attendance

Naomi Snell - AXA PPP - Taking Care
Olivia Katis - City and Hackney Integrated Commissioning
Jane Taylor - City and Hackney Integrated Commissioning

Officers:

Andrew Carter - Director of Community and Children's Services
Simon Cribbens - Community and Children's Services
Farrah Hart - Community and Children's Services
Ian Tweedy - Community and Children's Services
Claire Giraud - Community and Children's Services
Zoe Dhami - Community and Children's Services
Julie Mayer - Town Clerk's Department

1. APOLOGIES

Apologies were received from Deputy Joyce Nash, Chairman and Gail Beer from Healthwatch, who was represented by Steve Stevenson. The Deputy Chairman, Marianne Fredericks took the Chair.

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

There were no declarations

3. MINUTES

RESOLVED, that – the public minutes and non-public summary of the meeting held on 23rd November 2018 be approved

4. **ANNUAL REVIEW OF TERMS OF REFERENCE**

Members considered a report of the Town Clerk in respect of the Annual Review of the Committee's Terms of Reference.

RESOLVED, that –

1. The Terms of Reference of the Board be approved for submission to the Court of Common Council in April 2019, and that any further changes required in the lead up to the Court's annual appointment of committees be delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman; and
2. The frequency of the meetings remains at 5 times a year.

5. **DEVELOPMENTS WITHIN THE PRIVATE SECTOR RE PROVISION OF CORPORATE AND INDIVIDUAL CARE PACKAGES IN A TECHNOLOGICAL AGE**

Members received a presentation from PPP Taking Care in respect of developments within the private sector aimed at assisted living and supporting carers. Members noted innovations in respect of alarms, which could detect a fall, and software which could detect whether a kettle has been switched on or a fridge opened. There were further technologies which supported bogus caller awareness.

Members noted that working carers made up a very large proportion of carers. Furthermore, their biggest reason for giving up a job or reducing working hours was a due to these responsibilities. Members also noted the availability of a helpline which aimed to give carers clarity in respect of their personal circumstances and entitlements.

During the discussion and questions, the following points were noted:

- Developers were very aware of compromising clients' privacy and the risk of hacking to vulnerable clients.
- The balance of need between personal contact and voice activated software, which might seem harsh and impersonal to some clients.
- The need to fully understand the needs of both the carer and end-user, sometimes with negotiation required on each side. Very often the preference was for the end-user to remain in their own home as long as possible.
- The medication information service was pharmacy based but all recommendations were via the patient's GP.
- Whilst grants were only available for home adaptations, there was a mixture of alternative funding streams available from local authorities, housing associations and private builders, given there were some 65,000 self-paying schemes for older people.

The Director welcomed the opportunity for officers and members to gain insight into the innovations available in the private sector and thanked PPP for their presentation. Members were reminded of the City Corporation's commitment to protecting vulnerable people and respecting those wishing to remain in unassisted living for as long as possible, as well as the City Corporation's own carers network for employees with caring responsibilities.

6. THE CITY AND HACKNEY SAFEGUARDING ADULTS BOARD (CHSAB) ANNUAL REPORT 2017/18

Members received a report of the Director of Community and Children's Services in respect of the City and Hackney Safeguarding Adults Board's Annual Statutory Report and the case studies were commended for setting out the breadth of this work. Officers accepted the value in having a common database and advised that work was underway to connect adult social care and health databases, at an early stage in commissioning, but this would be a complex and time consuming task. The Town Clerk's Head of Strategy and Performance offered to assist officers in this work.

RESOLVED, that – the report be noted.

7. INTEGRATED COMMISSIONING - PREVENTION WORKSTREAM UPDATE

Members received a report of the Prevention Workstream Director (of the City and Hackney Integration Care System). Members noted that the NHS had recently published its long-term plan and it aligned with this tone of this report.

Members noted that work had been re-commissioned by the City, Tower Hamlets and Hackney in respect of rough sleeping and the dual diagnosis of mental health conditions and drug addiction. Members also noted that the Housing First provider had gone out to tender and Groundswell had made a Healthier City and Hackney Fund bid to help rough sleepers to gain access and adhere to treatment programmes. Officers advised that Members would receive an update as the work progressed.

RESOLVED, that – the report be noted.

8. SYSTEM COMMISSIONING INTENTIONS 2019/20 AND FEEDBACK FROM ENGAGEMENT

Members received a report of the Integrated Commissioning Programme Director in respect of the System Commissioning Intentions for 2019/20 and feedback from engagement. Members noted that there would be a review and monitoring protocol for each activity and asked for assurance that the Royal London would be included, as it was preferred by City residents. In response to a question about pooled budgets, Members noted that this would be the subject of a report to the Integrated Commissioning Board and the Assistant Director had scheduled a meeting with the London Borough of Hackney's Chief Finance Officer.

RESOLVED, that – the report be noted.

9. **SOCIAL WELLBEING STRATEGY ANNUAL UPDATE**

Members received an Annual Update Report of the Director of Community and Children's Services in respect of the Social Wellbeing Strategy. The report's focus was commended and Members noted a good level of engagement from providers, following the campaign from 2 years ago, and the new Minister in this area had given the Strategy additional focus.

Officers advised that a range of early interventions for adults had been launched and some community grants were available. The importance of encouraging ownership of community activities was emphasised. Members noted that technology tuition was already in place at Artizan Street Library and Community Centre and the City of London School for Girls. Officers advised that more technology had been purchased and potential new venues were being sourced.

The Chairman had visited the Children's Library at the Barbican and found it to be very enjoyable for the children, as well as providing a good opportunity for parents to socialise. Members also noted that Golden Lane's arts and crafts activities were well attended.

RESOLVED, that – the report be noted.

10. **DRAFT CARERS STRATEGY**

Members considered a report of the Director of Community and Children's Services in respect of the Draft Carers Strategy for 2019-23. Members noted that the Strategy had been to the Chief Officers' Summit Group, where Members had made the following suggestions:

- Emphasise why the Strategy is important and why it had been created and the value of the carers' role.
- Draw out digital innovations – it was noted that this was being worked on by the Corporate Strategy Team
- To be mindful of small data sets - as they could identify individuals.

During the discussion, Members made the following suggestions, if possible:

- Expand the City Advice Centre's contract to provide a one-stop shop for carers.
- Give carers a designated Social Worker.
- Encourage carers to socialise and encourage the involvement of ex-carers and a peer support network, noting that some carers might not fully express what they need.
- Provision of training for carers, noting that courses are often self-funded.

Officers advised that Carers had been very helpful in contributing to the Strategy. Members noted that specific actions mentioned during the meeting were being included in the action plans.

RESOLVED, that – the Draft Carers Strategy for 2019-23, as set out in Appendix 1 to the report, be endorsed

11. **AUTOMATED EXTERNAL DEFIBRILATORS (AED) - FINDINGS FROM CORPORATE SURVEY**

Members considered a report of the Directors of Human Resources and Community and Children's Services in respect of the findings from a Corporate Survey on external defibrillators.

The Chairman advised, and Members agreed, that they were often approached in respect of the provision of defibrillators and were very supportive of them. Members were reminded that AEDs were very safe, would only function in the event of a cardiac arrest and required no training. Members also noted that the latest models did regular self-checks which prompted the owners to check the batteries. There had been a very successful installation at Keats House last year, at the suggestion of Members of the Culture, Heritage and Libraries Committee.

In response to a suggestion that the City Corporation should publish a map showing the location of AEDs, Members noted that Google maps were working with the British Heart Foundation. Officers also advised that coverage in the City was very good, particularly during working hours. However, it was suggested that coverage in the Eastern cluster could be better and there should be 24-hour availability in areas supported by the night-time economy. Members suggested that officers contact the relevant voluntary sector organisations and offer support where required.

RESOLVED, that:

- The continued development of a corporate AED policy and action plan, building on the lessons learned from the defibrillator survey and good practice guidance, be supported. *NB. This will ensure that installation of corporate AEDs is based on first aid needs assessment principles.*
- The City Corporation take no further action regarding the installation or promotion of additional public access defibrillators in the City, where there is no identified first aid need.
- The City Corporation be supported in encouraging specialist organisations and the London Ambulance Service to take this forward locally, as they are better placed to address this issue.
- The City Corporation be supported in exploring the London Ambulance Services' accreditation and whether there would be an appetite for engaging with City organisations that have their own AED's.

12. **MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE**

Members considered a report of the Director of Community and Children's Services in respect of Mental Health Services for Children and Young People, following a request from Members at the last meeting. Members noted that Tom Anderson and Matthew Bell were the new Mental Health Champions.

The Head of Corporate Performance and Strategy offered assistance in identifying trends and coverage in the light of budgetary restraints. Officers also advised that Children and Adolescent Mental Health Services (CAMHS) Phase 3 sought to reduce waiting times and funding had been committed to this. Members noted that there would also be further research once Phase 3 had been completed.

RESOLVED, that – the report be noted.

13. HEALTH AND WELLBEING BOARD UPDATE REPORT

Members received the Health and Wellbeing update report of the Director of Community and Children's Services. In response to questions in respect of the current model of GP-based digital care, Members noted that, currently, there was a need to de-register from GP services first and then re-register if required later. Furthermore, some digital services had very stringent criteria for selecting patients and this could result in terrestrial GP services being left with patients with more complex needs, but no extra funding. Members suggested that a mid-point; i.e. a prevention stream, would be more helpful but without the need to de-register and re-register. It was noted that this is the intention of the NHS long term plan.

Members noted that, whilst the number of children's vaccinations was falling in London, the Neaman practice in the City was stable. Members were reminded that non-resident children attending City schools did not fall within the City's jurisdiction with regards to vaccination and immunisations, although schools are advised to remind parents to ensure their children are up-to-date with their schedule of vaccinations.

Officers advised that the NHS Long Term Plan, launched in January 2019, focussed very much on the NHS and clinical solutions. However, the Association of Directors in Public Health were concerned that the plan might be undeliverable without an increase in local authority public health funding and there was likely to be lobbying in this area.

Finally, Members noted new staffing arrangements in place; including an interim placement from Healthwatch to work on consultation responses and a Community Voice Manager, who would be in post from 1 March, ahead of a CCG event in March. Members also noted that Healthwatch had a stall at the City Residents Meeting on 8 May 2019.

RESOLVED, that – the report be noted.

14. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no questions.

15. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no items.

16. **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 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act.

Item No	Para No
17	7

17. **NON PUBLIC MINUTES**

RESOLVED, that – the non-public minutes of the meeting held on 23rd November 2018 be approved.

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 were no items.

The meeting ended at 3.15pm

Chairman

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Committee(s): Health and Wellbeing Board – For Information	Date: 26 April 2019
Subject: Review of Food Desert Research in Portsoken (2007)	Public
Report of: Andrew Carter – Department of Community & Children’s Services	For Information
Report author: Xenia Koumi – Department of Community & Children’s Services	

Summary

In 2007, exploratory work was conducted by the Department of Community & Children’s Services (DCCS) and Tower Hamlets Co-operative Development Agency (CDA) into the existence of a “Food Desert” in the Portsoken neighbourhood – the research concluded that residents in this area struggled to access healthy and affordable food. This work has been recently reviewed and refreshed, to see if the issue persists. Our review found that due to the major redevelopment in the area over the last 12 years, access to a wider range of healthy and affordable food has improved. This looks likely to improve further with continuing and planned regeneration of the immediate area.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Exploratory work was conducted in 2007 by DCCS and Tower Hamlets CDA into the existence of a “Food Desert” in the Portsoken neighbourhood, whose residents experienced – and still experience – the highest levels of deprivation in the City of London. This research aimed to understand the access and consumption of fresh fruit and vegetables in the Portsoken ward.
2. The 2007 report stated that “the eastern part of the City (Portsoken ward), centred on the Mansell Street and Middlesex Street Estates could be regarded as a Food Desert”. It found that people living in the Portsoken area struggled to access fresh fruit and vegetables within walking distance of their homes. Barriers included poor transport links, the high cost of travel, and low incomes within the community. A lack of quality outlets, high pricing targeted towards City workers

and also difficulties experienced by residents in transporting larger – and better value – quantities that could be purchased at out-of-borough markets and larger supermarkets were also identified. The report also recommended delivering healthy cooking classes to residents to increase their knowledge and skills relating to the preparation and consumption of healthier food.

3. There is no standard definition of “Food Deserts”; the Social Market Foundation (SMF) describes them as “areas that are poorly serviced by food stores. In these areas, individuals without a car or with disabilities that hinder mobility may find it difficult to easily access a wide range of healthy, affordable food products...the negative impacts of living in a food desert are likely to be greater in deprived areas, in terms of having limited convenient access to food stores.” The SMF states that a Food Desert is “an area containing two or fewer supermarkets or convenience stores”, compared with regular areas that contain “between three and seven supermarkets or convenience stores”.¹ The 2007 report and subsequent review used a widely-agreed 500-metre radius as a measure of reasonable physical access to a shop².
4. According to Public Health England’s “Local Health” dataset, Portsoken scored 26 against an England average of 21.8 in the 2015 Index of Multiple Deprivation³. The World Health Organisation (WHO) has identified unhealthy diet, physical inactivity and tobacco use as the three most common modifiable risk factors responsible for chronic disease and states that chronic diseases and poverty are interconnected in a vicious cycle⁴; those with lower socioeconomic status more likely to experience health inequalities. Research has shown how residents of deprived areas frequently experience poor access to affordable healthy food⁵, thus, further increasing their already elevated risk of developing chronic disease.
5. The UK Government advises that the population follows a healthy, balanced diet with controlled calorie consumption, in order to reduce obesity and the economic and social burden of its consequences. The recommended diet follows the Eatwell Guide and includes at least five portions of a variety of fruit and vegetables per day, as well as oily fish and fibre and the limiting of HFSS (high in fat, salt and sugar) food and drink⁶. According to ONS data from 2017, however, only 18% of 5 to 15 year-olds and 29% of adults meet these recommendations for daily fruit and vegetable consumption⁷.
6. Addressing health inequalities, particularly relating to behaviours around food and drink consumption and tackling overweight and obesity, is increasingly on the agenda of local and national government. 2018 saw the introduction of the Soft Drinks Industry Levy (the “Sugar Tax”) and the publication of the Mayor of London’s Food Strategy, for example. The City Corporation signed the Local Government Declaration on Sugar Reduction and Healthier Food in 2018,

¹ <http://www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf>

² http://openaccess.city.ac.uk/489/7/Shopping_for_Food.pdf

³ <http://www.localhealth.org.uk>

⁴ https://www.who.int/chp/chronic_disease_report/part2_ch2/en/

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482049/>

⁶ <https://www.gov.uk/government/news/phe-publishes-latest-data-on-nations-diet>

⁷ <https://files.digital.nhs.uk/5B/B1297D/HSE%20report%20summary.pdf>

committing to pledges around improving the food and drink environment locally and making healthier choices easier for the Square Mile's workers, residents, students and visitors.

7. Most of Portsoken's residents are aged between 25 and 64 and the ward has a significantly higher number of BME residents compared with the England average.

Current Position

8. A review of the 2007 report was conducted to understand whether the Portsoken ward can still be viewed as a Food Desert. It looked at several aspects:
 - The number of shops within a 500-metre radius of Middlesex Street and Mansell Street Estates
 - The availability and cost of food items listed on the HEISB (Healthy Eating Indicator Shopping Basket) tool within those shops, including fresh, frozen and tinned fruit and vegetables.
 - Whether the introduction of the Hopper Fare (unlimited bus journeys within one hour at a capped fare of £1.50) and the spread of online grocery shopping since 2007 has had an impact on access
 - Capturing qualitative information on shopping habits and access to healthy food, through discussions with the Middlesex Street Estate Manager and members of Mansell Street Women's Group.
9. The review found that due to the extensive regeneration of the Portsoken area since 2007, the accessibility and availability of healthy food has significantly improved. There are, for example, nearly twice as many stores selling fresh fruit and vegetables within a 500-metre radius as there was in 2007. There are now ten retailers selling fresh fruit and vegetables within walking distance of the two estates. While none of these are large supermarkets, they are perceived by residents to sell a high quality and largely affordable range of healthy items.
10. Plans to further develop Portsoken's landscape through the construction of new buildings including retail space, is likely to further enhance this offering.
11. Qualitative data found that residents who are less physically able to do their own food shopping, or who are housebound, rely on carers, neighbours or family members to do their shopping for them (either near to the Portsoken area, or further afield).
12. In addition, since 2007, the City of London Corporation's DCCS has commissioned free healthy cookery classes for adults, children and young people who live in the City of London, where they can learn to make healthy meals on a budget. This service was recommissioned by the Public Health team in late 2018.

Corporate & Strategic Implications

13. The review of Food Desert research in Portsoken conducted in 2007 supports a range of corporate and strategic objectives, including:

- Corporate Plan 2018-23: Contribute to a flourishing society (objectives 2,3 and 4)
- The Joint Health and Wellbeing Strategy 2017-20: Priorities 2, 4 and 5

Conclusion

14. Access to and availability of healthier food – particularly fruit and vegetables – by those living in and around the Mansell and Middlesex Street Estates has significantly improved, largely as a result of the regeneration of the area.

Appendices

- Appendix 1 – Local retailers map (September 18)

Background Papers

- “Food Deserts” report, presented to Policy and Resources Committee – 18 October 2007
- Health and Wellbeing Board update report, 23 November 2018 - “Local Government Declaration on Sugar Reduction and Healthier Food”

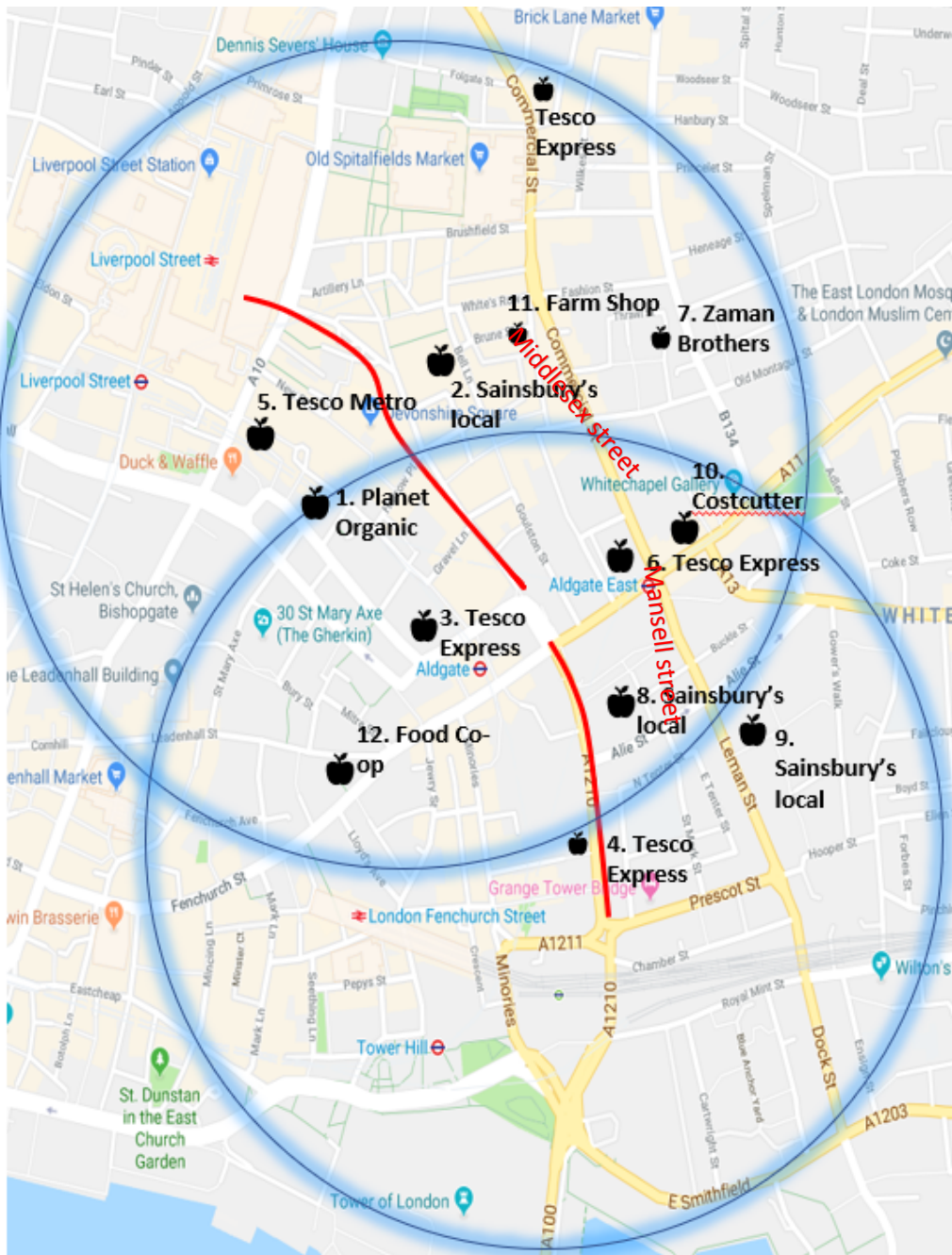
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Local retailers within a 500-metre radius of Middlesex and Mansell Street Estates (September 2018)



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Committee	Dated:
Health and Wellbeing Board	26/04/2019
Subject: Draft Alcohol Strategy 2019-23	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Farrah Hart, Consultant in Public Health, Department of Community and Children's Services	

Summary

This report presents the City Corporation's draft Alcohol Strategy 2019-23 for approval. Once approved, the draft document will be consulted upon before being brought back in its final form.

The Alcohol Strategy aims to bring together the work that the City of London Corporation and its partners undertake to reduce alcohol related harm and to provide a framework for future work. This report outlines the main points of the Alcohol Strategy and summarises how it will be delivered and governed.

Recommendations

Members are asked to:

- Approve the draft Alcohol Strategy 2019-23 set out in Appendix 1.
- Approve the plan for consultation

Main Report

Background

1. The Alcohol Strategy aims to bring together the work that the City of London Corporation and its partners undertake to reduce alcohol related harm and to provide a framework for future work.
2. A key priority of the City of London's Joint Health and Wellbeing Strategy is promoting healthy behaviour amongst City residents and workers, particularly reducing the harm caused by alcohol. Alcohol traditionally plays an important role in the working culture of the City and the City has a thriving night time economy.
3. Different parts of the City of London of London Corporation and the City Police focus on different aspects of alcohol harm, such as education and awareness raising; provision of health services for those with conditions linked to alcohol misuse; treatment for dependent drinkers; licensing of premises that sell alcohol;

community safety and alcohol-related crime and disorder. However, to date, there has never been a single strategy that draws together these different aspects and sets out a clear framework for creating a culture of safe, responsible drinking in the City.

4. It is intended that the Corporate Alcohol Strategy consolidates and builds upon an approach that encourages City workers, residents and visitors to safely and responsibly enjoy alcohol, without causing harm to their own health or compromising the safety of others. A great deal of valuable work is already taking place across the City to minimise the health risks associated with alcohol and ensure a safe environment in which people can socialise, although these efforts are not always as coordinated as they should be. It is envisaged that the strategy will create a framework for these activities, so that partners can work together effectively to a set of shared aims and objectives.

Current Position

5. To develop this draft strategy, we engaged with internal and external stakeholders. These included:
 - City of London Corporation departments, including Community and Children's Services (Public Health, Business Healthy, Social Care, Housing, Homelessness), Community Safety, Licensing, Built Environment (Road Danger Reduction), Cleansing, Culture and Heritage, and Corporate HR
 - City of London Police
 - City and Hackney Clinical Commissioning Group
 - Square Mile Health (alcohol treatment and education service provider)
6. The Corporate Strategy and Performance Team were also consulted throughout the drafting process.

Alcohol Strategy 2019 - 2023

7. The commitment is:
 - We commit to informing and educating residents, learners, workers and visitors in the Square Mile about the risks of alcohol misuse, so that they experience alcohol use safely and receive the support they need, when required.
8. The three outcomes that the strategy will deliver on are:
 - a. People are informed about the risks of alcohol misuse.
 - b. People are safe, and feel safe, in the Night Time Economy.
 - c. People have the support they need to access services.

9. Delivery

This strategy will be supported by a detailed delivery plan with clear and measurable actions and indicators for each outcome.

Next Steps

10. Once approved by the Health and Wellbeing Board, the draft strategy will be subject to a formal period of consultation with City residents, workers and businesses. Two consultation events are currently being planned: one with the resident community; and one with employers.
11. An online survey will be developed, to allow those who cannot attend events to feedback their comments on the strategy.
12. The strategy will go to the following committees for consultation:
 - Safer City Partnership
 - Police Committee
 - Licensing Committee
 - Port Health and Environmental Services Committee
 - Community and Children's Services Committee
 - Policy and Resources Committee
13. The development of the action plan will be overseen by the Department of Community and Children's Services (DCCS). The Health and Wellbeing Board and the Safer City Partnership will receive regular update reports to monitor progress and assess impact.

Corporate Implications

11. The Alcohol Strategy will directly support the achievement of the following outcomes set out the City Corporation's Corporate Plan 2018-23:
 1. People are safe and feel safe
 2. People enjoy good health and wellbeing.
12. This strategy also links to the following City Corporation strategies and policies that support the Corporate Plan:
 - Joint Health and Wellbeing Strategy, 2017-20
 - Safer City Partnership Plan, 2019-21.
 - Responsible Business Strategy, 2018-23
 - Anti-Social Behaviour, 2019-23
 - Statement of Licensing Policy 2017-22.
13. A public sector equality duty test of relevance has been carried out: this strategy has only positive or neutral impacts.

14. This strategy has been signed off as having no security, resourcing, or financial implications for the City of London.

Conclusion

The new draft Alcohol Strategy will, for the first time, provide a framework for partners in the City of London to coordinate efforts to allow City workers, residents and visitors to safely and responsibly enjoy alcohol, without causing harm to their own health or compromising the safety of others.

Appendices

- Appendix 1 – draft Alcohol Strategy 2019- 23

Farrah Hart

Consultant in Public Health, Department of Community and Children's Services

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City of London Corporation: Alcohol Strategy 2019 – 2023

1. Foreword

A foreword to be included from an Elected Member or Senior Officer. This would be included prior to publication of the strategy.

DRAFT

Our commitment - We commit to informing and educating residents, learners, workers and visitors in the Square Mile about the risks of alcohol misuse, so that they experience alcohol use safely and receive the support they need, when required.

Why us? - The City of London Corporation (City Corporation) has a statutory requirement to promote the health and wellbeing of those living and working in the Square Mile. Research shows that the levels of alcohol consumption and alcohol related harm for workers in the Square Mile is significantly higher than the England average. The Square Mile also has a large and growing Night Time Economy, which poses health and safety issues for those who live, learn, work and visit here.

Who we will work with? - We will work in partnership with the City of London Police, the British Transport Police, WDP Square Mile Health, City and Hackney Clinical Commissioning Group and community-based groups within the Square Mile to deliver the actions in this strategy successfully.

Who we will target? - We will target our activities towards our residents, learners, workers and visitors.

Our outcomes		
People are informed about the risks of alcohol misuse. <i>(Links to CP Outcome 2 - People enjoy good health and wellbeing)</i>	People are safe, and feel safe, in the Night Time Economy. <i>(Links to CP Outcome 1 - People are safe and feel safe)</i>	People have the support they need to access services. <i>(Links to CP Outcome 2 - People enjoy good health and wellbeing)</i>
Our activities		
<ul style="list-style-type: none"> Identify and support prevention programmes. Raise awareness about the benefits of lower risk drinking. Co-produce services and interventions. 	<ul style="list-style-type: none"> Work with the Licensed Trade sector to effectively regulate the use of alcohol. Promote alternatives to alcohol led entertainment and socialising offers. Support our partners to deliver activities to reduce alcohol related harm. 	<ul style="list-style-type: none"> Raise awareness of the support services available and how to access them. Join-up services for people with dual diagnosis. Support the referral of workers and learners in the Square Mile to services in their local area.
How we will deliver this strategy		
A prevention and early intervention approach will be prioritised in all our actions across our identified population groups. By taking a partnership and whole-systems led approach, we will address alcohol related harm and work to ensure that no-one falls through the gaps.		

2. Introduction and context

Purpose

The purpose of this strategy is to bring together the work that the City of London Corporation (City Corporation) and our partners undertake to reduce alcohol related harm and to provide a framework for future work. This strategy outlines our commitment, the outcomes we seek to achieve, the actions we will take and how we will monitor our work. It also supports the achievement of our aim to contribute to a flourishing society, as set out in our Corporate Plan for 2018-23.

Why us?

The City Corporation is the governing body of the Square Mile dedicated to a vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK. We have a statutory requirement to promote the health and wellbeing of those living and working in the Square Mile.

Although the Square Mile has a smaller resident population than other London boroughs, with approximately 7,500 residents, it is the workplace for 483,000 workers who also often socialise here after work, or as part of work. Furthermore, the Square Mile attracts a large visitor population, with 18.8 million people visiting in 2016, which has helped to support a growing Night Time Economy in which people visit the Square Mile for its entertainment and leisure opportunities in the evenings and at weekends.

The sale and consumption of alcohol provides opportunities for residents, learners, workers and visitors to relax, socialise, and, in some cases, do business together. As such, the sale and consumption of alcohol contributes to the economy and culture of the Square Mile.

However, the drinking culture of many workers in the Square Mile represents a risk to their short and long-term health, wellbeing and productivity. In 2012, we commissioned an 'Insight into City Drinkers' research piece which found that 47% of workers in the Square Mile drank at increasing or higher risk levels, compared within 24% of the England population. This research also found that 33% of workers in the Square Mile were at an increased risk of alcohol related harm, and that the levels of alcohol consumption and alcohol related harm for workers was significantly higher than the England average¹.

Furthermore, there are health and safety impacts associated with a growing Night Time Economy, in which alcohol is increasingly consumed. The Night Time Economy in the Square Mile, whilst safe for the vast majority, was the location for:

- 1058 assaults between 1 August 2017 and 30 September 2018;
- 111 sexual offences in the same period;
- 906 cases of anti-social and disorderly behaviour in the same period; and,
- 969 alcohol-related call-outs for ambulances between 1 April 2017 and 31 March 2018.

We are already undertaking a lot of work in partnership with the City of London Police to address these impacts. This strategy will provide a blueprint for this work, allowing better and wider partnership working and improved co-ordination of efforts to prevent and address the unwanted impacts of the misuse of alcohol in the Square Mile.

¹ Morris, J, Annand, F, Southgate, N, & Waker, V, *Insight into City Drinkers*, Alcohol Academy, 2012.

How this strategy was developed

This strategy has been developed by:

- Understanding the current experiences of residents, learners, workers and visitors in relation to alcohol use, including the services they have access to;
- Reviewing best practice approaches, including in local authority alcohol strategies; and,
- Engaging with stakeholders, including a specific steering group, representing the diverse range of people and organisations that live, work or provide services in the Square Mile on this subject. The full list of stakeholders can be found at Appendix 1.

A balanced approach

This strategy takes a balanced approach – we recognise that the majority of those using alcohol do so in a well-informed and moderate way, to enhance their enjoyment of social situations and to provide relaxation from the stresses of modern life. Also, most businesses involved in the sale and supply of alcohol do so in a responsible way that is well regulated. However, a number of people do suffer harm from their own and others' use of alcohol, and so require support to address and overcome this. There are also examples of irresponsible provision of alcohol that will be addressed through this strategy.

A balanced approach means that, we want to:

- Regulate the provision of alcohol effectively where it is being done in an irresponsible manner, without burdening those providing alcohol responsibly;
- Help those that need support for their alcohol use, without penalising those using alcohol responsibly; and,
- Focus on preventing harm before it arises by judicious use of universal and targeted prevention approaches.

Regional and national context

The government Alcohol Strategy for 2012-15 set out proposals to crackdown on 'binge drinking' culture, cut alcohol fuelled violence and disorder, and reduce the number of people drinking to damaging levels. This strategy was not renewed in 2015/16. However, in 2018 the Government announced work was being undertaken on the development of a new Alcohol Strategy, which is likely to be introduced in late 2019.

There is currently no London-wide strategic approach or document on alcohol, although the Mayor's *A Safer City for all Londoners: Police and Crime Plan 2017-22* outlines approaches to improve the safety of Londoners in the Night Time Economy. Additionally, alcohol strategies are in place in a number of London local authorities, including neighbouring local authorities, such as Hackney Council and Southwark Council.

The local context

The Square Mile has a small resident population; the 2011 Census recorded the number of residents living here as roughly 7,500 people. Four residential estates account for the majority of residents, which are the Barbican Estate, Golden Lane Estate, Mansell Street Estate and Middlesex Street Estate. Increasingly, residential accommodations are being developed within other parts of the Square Mile. The Square Mile also has the sixth highest number of rough sleepers in London.

The Square Mile is home to 24,000 businesses, employing over 483,000 people. This means that the Square Mile has the highest daytime population density of any local authority area in the UK. The Square Mile also attracts a large number of visitors and with major transport infrastructure improvements due, including the completion of Crossrail in 2019, these numbers are likely to rise significantly in the coming decade.

The Square Mile reports lower than average levels of alcohol related harm than many of the other London boroughs. The 2016 City of London Health Profile² shows that hospital admissions for alcohol related harm are lower than the England average. With 970 ambulance call outs for alcohol related incidents in 2017/18, the Square Mile has lower levels of these than its neighbouring local authority areas³.

However, there are areas of risk, in particular in relation to City workers. A 2012 commissioned report 'Insight into City Drinkers' found that although nationally around one in four people (24.2%) drink at increasing or higher risk levels, amongst the sample of 740 City workers the figure was closer to one in two (47.6%)⁴. The drinking culture in workplaces in the Square Mile can have an impact on drinking, both through workplace drinking expectations and the availability of alcohol in certain workplace settings – including for example, client entertainment and events.

What we have achieved so far

In partnership with others, we currently commission a full and comprehensive range of services and interventions to address alcohol related harm in the Square Mile. We also undertake a range of activities to promote responsible approaches to alcohol use. We:

- Commission alcohol treatment and prevention services through WDP Square Mile Health and provide clinical services through a partnership arrangement with Hackney Treatment Services.
- Provide key regulatory and enforcement services, including licensing and trading standards, policing the Night Time Economy, tackling anti-social behaviour and providing street cleansing services.
- Engage with businesses and employers through our 'Business Healthy Initiative', and other partnerships, to promote healthy behaviours and to help them, and their staff, reduce alcohol related harm.

Other best practice examples include:

- Keeping people safe and supported in the Night Time Economy – The piloting of an SOS bus in 2018, which assessed and treated those injured or taken ill in the Night Time Economy, reducing the burden on blue light services.
- Health checks referrals pathways – The establishment of pathways between primary care and the WDP Square Mile Health, through which over 40 referrals have been made.
- Effective approaches to managing the licensed sector – The development of a proactive response to reducing alcohol related harms through a licensing partnership providing early warning of emerging issues, the Safety Thirst award programme recognising the work of well managed venues, and improving access to alternatives to alcohol consumption.
- Christmas campaign: The promotion of the 'Eat, Pace, Plan' campaign which encouraged those going out in the Christmas period to be safer and healthier by following the 'three wise things' approach: eating before drinking, pacing your drinks and planning how to get home at the end of the night.
- Working with schools: Building partnerships with school staff through WDP Square Mile Health and Police to ensure that issues relating to alcohol misuse are supported.

² <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/city-of-london-health-profile.pdf>

³ London Ambulance Service data obtained through the SafeStats portal.

⁴ Increasing and higher risk drinking levels are determined through scores obtained on the AUDIT alcohol questionnaire tool.

- Christmas partnership working: The provision of a joint bicycle response team by the City of London Police and the London Ambulance Service during peak nights over the Christmas party period, which saved 50 ambulance call outs for alcohol related incidences.
- Operation Luscombe: The development of a partnership hub to provide services for rough sleepers and those begging in the Square Mile, which includes involvement from WDP Square Mile Health to help address alcohol issues for rough sleepers and those begging in the Square Mile.

Priority groups

Based on our evidence, we are targeting this strategy at our residents, learners, workers and visitors, as outlined below. We will also work to identify individuals within these populations that are most at risks of alcohol misuse and prioritise our work towards them.

- **Our residents** – are one of the smallest priority populations, however they are the key constituency for services commissioned to address alcohol related harms. We have identified younger and older residents as key groups to target our activities towards within this population.
- **Our learners** – are a significant population group that spend time within the Square Mile. The number of schools and tertiary education institutions in the Square Mile means that there are high numbers of learners in the area on any given day. Many older learners are likely to consume alcohol within the Square Mile and visit licensed premises. We also want to prevent harms before they arise, by informing our young learners of the risks of alcohol misuse in the first instance.
- **Our workers** – are the largest population within the Square Mile on a daily basis. Insight work undertaken in 2012 showed that the rates of increasing risk and higher risk drinking is twice the rate amongst City workers than in the wider UK population. Demographic and lifestyle factors amongst workers further exacerbate the risks relating to alcohol use. We will target City workers by engaging with businesses in the Square Mile.
- **Our visitors** – are a significant population, with over 18.8million visiting in 2016. Many visitors come to the Square Mile from Greater London, the UK and internationally for its culture, history, leisure and entertainment. Many visitors come to the Square Mile for its nightlife, particularly the alcohol led Night Time Economy.
- **Rough sleepers** – The Square Mile has the sixth highest population of rough sleepers in the Greater London area. Rough sleepers are particularly at risk of harmful alcohol use and are correspondingly more at risk of harms related to alcohol misuse than the wider population.

3. Our Strategic Approach

Our commitment

We commit to informing and educating residents, learners, workers and visitors in the Square Mile about the risks of alcohol misuse, so that they experience alcohol use safely and receive the support they need, when required.

Our outcomes

We have identified three outcomes that outline the difference we hope to make through this strategy. These outcomes will inform the way we organise and structure our activities in order to achieve our commitment.

Outcome 1	Outcome 2	Outcome 3
People are informed about the risks of alcohol misuse.	People are safe, and feel safe, in the Night Time Economy.	People have the support they need to access services.

We will deliver these outcomes by prioritising a prevention and early intervention approach in all our actions across our identified population groups. We will also take a whole-systems approach, implementing effective partnership working and fostering a culture of communication and knowledge sharing, in order to address alcohol related harm and to ensure no-one falls through the gaps.

Who we will work with

Our key partners for this strategy include the: City of London Police, British Transport Police, WDP Square Mile Health, City and Hackney Clinical Commissioning Group, and Community based groups (such as libraries).

Our wider stakeholders include: Resident groups and organisations, such as the Golden Lane Estate and Barbican Associations and the Ward Clubs; Primary Health Care Providers, such as The Neaman Practice and other General Practices within the City and Hackney CCG boundaries; City businesses; Charitable and Community organisations; Licensed premises; and City Livery Companies.

Internally, various teams will be responsible for embedding this work successfully throughout the organisation. The teams involved in the delivery of this strategy are: Public Health (including Business Healthy), Community Safety, Environmental Health, Trading Standards, Licensing, Street Environment, Economic Development Office, Corporate Strategy and Performance, Culture and Tourism, and the Estates Team.

Together, we will work together to deliver this strategy successfully. The delivery of this work will be overseen by an Alcohol Partnership Group.

What we will do

This strategy will develop further the good work that we have already delivered in relation to alcohol misuse and harms.

The key actions that we will prioritise for each outcome are as follows:

Outcome 1 – People are informed about the risks of alcohol misuse

We will:

- Deliver prevention work with students in schools, including independent schools, within the boundaries of the Square Mile.
- Identify and support prevention projects aimed at families and young people that highlight alcohol related harm and hidden harm caused by alcohol issues.
- Engage more extensively with charitable and community groups to support prevention work relating to alcohol misuse and harms amongst young people.
- Inform and raise awareness amongst residents, learners, workers and visitors about the risks of alcohol misuse and the benefits of lower risk drinking – both through new and existing avenues.
- Encourage businesses to consider non-alcohol led settings for business meetings and client entertainment (addressing the ‘Coffee house effect’), through our Business Healthy Network.
- Work with residents and Healthwatch to co-produce services that raise awareness of alcohol misuse and support the needs of residents.

- Empower City workers to support and inform their colleagues about the risks and harms related to alcohol misuse, through our Business Healthy network.
- Empower and support learning institutions to raise awareness and inform their learners about the risks and harms related to alcohol misuse.

Outcome 2 – People are safe, and feel safe, in the Night Time Economy

We will:

- Work with a range of partners to identify, provide and promote non-alcohol led forms of entertainment and socialising, such as championing the broad cultural offer and active leisure opportunities in the Square Mile.
- Ensure that the regulation and enforcement of the licensed trade is effective and targeted, using the Licensing Team’s Traffic Light Scheme to prioritise and target action.
- Support the City of London Police and the British Transport Police to deliver their activities to reduce alcohol related harm in the Night Time Economy.
- Deliver campaigns, such as the Christmas ‘Eat, Pace, Plan’ campaign, to encourage safe and healthy drinking behaviour in the Night Time Economy.
- Maintain and strengthen the partnerships between the City Corporation, the City of London Police and the licensed trade sector in the Square Mile.

Outcome 3 – People have the support they need to access services.

We will:

- Support effective interventions and services, such as the Mobile Alcohol Intervention Unit.
- Maintain and support pathways between primary care and alcohol treatment services, to ensure they are working well and meeting the needs of people seeking support for their alcohol use issues.
- Promote and raise awareness amongst residents of the support services that are available and how to access them.
- Join up services linked to mental health provision to ensure best care for residents with dual diagnosis.
- Identify issues of isolation, particularly for elderly residents, and build these issues into pathways and service user engagement approaches.
- Work with our commissioned services to ensure workers and learners in the Square Mile with alcohol issues are referred to services in their home boroughs.
- Foster joint working with homelessness organisations to ensure that the alcohol support needs of rough sleepers in the Square Mile are met and to support rough sleepers to engage with the appropriate services.

4. Alignment and governance

Corporate Plan 2018-23 links

This strategy supports the following aim and outcomes in our Corporate Plan:

Aim: To contribute to a flourishing society.

- **Outcome 1 – People are safe and feel safe.**
 - *Tackle terrorism, violent and acquisitive crime, fraud, cyber-crime and anti-social behaviour and facilitate justice.*
 - *Protect consumers and users of buildings, streets and public spaces.*
 - *Educate and reassure people about safety.*
- **Outcome 2 – People enjoy good health and wellbeing.**
 - *Raise awareness of factors affecting mental and physical health.*

- *Provide advice and signposting to activities and services.*

Alignment to other City Corporation strategies and policies

This strategy also links to the following City Corporation strategies and policies that support the Corporate Plan:

- **Joint Health and Wellbeing Strategy, 2017-20** – The Alcohol Strategy aligns with Priority 1: Good Mental Health for all, and Priority 5: Promoting Healthy Behaviours of the Joint Health and Wellbeing Strategy.
- **Safer City Partnership Plan, 2019-21** – The Alcohol Strategy aligns with Outcome 4: Anti-Social Behaviour is tackled and responded to effectively, and Outcome 5: People are safe and feel safe in the Night Time Economy.
- **Responsible Business Strategy, 2018-23** – The Alcohol Strategy aligns with Outcome 1: Individuals and communities flourishing, by supporting Priority 1: People’s wellbeing.
- **Anti-Social Behaviour, 2019-23** – The Alcohol Strategy aligns with the ASB Strategy’s vision of the City of London being a safe place to live, study, work or visit by effectively tackling anti-social behaviour.
- **Statement of Licensing Policy 2017-22** – The Alcohol Strategy aligns with key aspects and the overall direction of the Licensing Policy. The Licensing Policy is the key document outlining the City Corporation’s approach to managing the Licensed Sector within the Square Mile and therefore feeds directly into each of the priority outcomes of this strategy.

Governance and responsibilities

The Public Health Team, with support from the Alcohol Partnership Group, will take responsibility for the management and oversight of the Alcohol Strategy. The strategy will be reported and monitored through the following governance structures:

- **Board level** – The Health and Wellbeing Board (HWB) and the Safer City Partnership (SCP) will provide the Board level oversight and responsibility for the Alcohol Strategy. An annual report will be provided to the HWB and SCP, highlighting the progress against the outcomes.
- **Committees** – The Licensing Committee and Licensing Sub Committee will be updated as needed on the progress of the strategy.
- **Officer level** – An Alcohol Partnership Group will provide the focal point for the day to day oversight of the Alcohol Strategy, led by the Public Health Team. The group will be responsible for overseeing the delivery and performance of the strategy, and for reporting to the HWB and SCP.
- **Linked Officer level groups** – The Health and Wellbeing Advisory Group, the Safer City Officers Group and the Licensing Responsible Authorities Group will also have an interest in the work under the Alcohol Strategy, and all efforts will be made to ensure links across these groups.

5. Monitoring and evaluation

Measures of success

A set of key performance indicators will be developed in the action plan for this strategy. The high-level measures of success for this strategy are:

- A healthier drinking culture amongst the residents, learners, workers and visitors in the Square Mile.
- Workplaces adopt and encourage healthier drinking cultures.
- An even safer Night Time Economy.
- Alcohol misuse and harm support is accessed easily and promptly by those that need it.
- Better provision of alternative entertainment and leisure activities that are not alcohol-led.

Monitoring

Monitoring of the strategy will take place regularly through the Alcohol Partnership Group and linked officer groups and will be based on the key performance indicators and monitoring framework set out in the action plan.

Evaluation

The Alcohol Partnership Group will provide an annual report to the Board level groups overseeing this strategy, evaluating the impact of the strategy against the outcome priority areas and indicators.

The Alcohol Partnership Group will also look for opportunities to commission, align with, or support any evaluation activities in the City Corporation that align with this strategy.

6. Appendix 1 – List of stakeholders engaged in the development of the strategy

This will be included once all stakeholder engagement has been completed, including the workshop, authorisation process and consultation.

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Committee Port Health and Environmental Services Health and Wellbeing Board	Dated: 5 March 2019 26 April 2019
Subject: Draft Air Quality Strategy	Public
Report of: Interim Consumer Protection and Markets Operations	PHES: For Decision HWB: For information
Report author: Ruth Calderwood, Air Quality Manager	

Summary

The City of London Corporation's (City Corporation's) existing Air Quality Strategy 2015 – 2020 was approved by the Port Health and Environmental Services Committee in July 2015. A decision was taken to publish a new strategy for consultation ahead of time following the relatively recent publication of the Mayor of London Environment Strategy, the Government's Clean Air Strategy, draft London Plan, draft City of London Transport Strategy, draft City Local Plan and City Corporation Responsible Business Strategy.

The draft Air Quality strategy fulfils the City Corporation's statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM₁₀). It also assists with the City Corporation's obligations under the Health and Social Care Act 2012 to improve the public health of its population.

The overarching aim of the draft strategy is to ensure that nitrogen dioxide in over 90% of the Square Mile meets health-based Limit Values and World Health Organisation (WHO) Guidelines by the beginning of 2025. There is also a commitment to achieve the WHO Guidelines for particulate matter in the shortest possible time through coordinated action. This recognises that dealing with air pollution in the centre of London is a complex issue, and we cannot achieve this alone.

The draft strategy contains six policy areas with 65 actions. It demonstrates how action to improve air quality has been firmly embedded across the organisation, the amount of collaborative work underway and how the City Corporation will continue to provide leadership in this area.

Many actions contained in the draft strategy will be delivered using existing resources. However, a request has already been made to increase the Air Quality base budget to cover the increasing costs of air quality monitoring and increased public demand for information about air pollution. A request has also been made for an additional post to assist with monitoring, data analysis, projects and communications. An application for Priorities Investment Pot funding has been submitted to support delivery of some actions. Actions that are currently unfunded include a sub action to source funding for delivery.

Air quality in the City is improving and will continue to improve as a result of action contained within the draft strategy. It will continue to be monitored very closely using the City Corporation's dense network of monitoring equipment.

Recommendation

Members of PHES are asked to:

- Approve the content of the draft Air Quality Strategy for public consultation, subject to comments received at the Committee meeting

Members of Health and Wellbeing Board are asked to:

- Note the content of the Air Quality Strategy and continue to provide support for reducing the impact of poor air quality on public health

Main Report

Background

1. The City Corporation has a statutory duty to assist the Mayor of London and the UK Government in taking action to reduce levels of air pollution so that concentrations of pollutants do not exceed set limits. The City Corporation also has a responsibility to improve public health.
2. The City of London's existing Air Quality Strategy 2015 – 2020 outlines action to fulfil the City Corporation's statutory responsibility for London Local Air Quality Management, and for reducing the health impact of air pollution on residents and workers.
3. A decision was taken to publish a new strategy for consultation ahead of time following the relatively recent publication of the Mayor of London Environment Strategy, the Government's Clean Air Strategy, draft London Plan, draft City of London Transport Strategy, draft City Local Plan and City Corporation's Responsible Business Strategy.
4. Air quality in the City is improving, particularly away from busy roadsides. This is set to continue with the wide range of action being taken by both the City Corporation and the Mayor of London. Mayor of London policies that will have the greatest benefit on local air quality in the City are the forthcoming ultra-low emission zone, cleaning the bus fleet and the new electric (range extender) taxi for London.
5. Improving air quality is now firmly embedded into key policy areas across the organisation. This cross departmental support, together with reduction in levels of pollution measured, has enabled the Corporate risk rating to be reduced from red to amber.

Draft Air Quality Strategy

6. The aims of the draft Air Quality Strategy are to:
 - a. fulfil statutory obligations for London Local Air Quality Management and improving public health
 - b. ensure that air quality in over 90% of the Square Mile meets the health-based Limit Values and World Health Organisation Guidelines for nitrogen dioxide by the beginning of 2025
 - c. achieve, World Health Organisation Guidelines for particulate matter (PM₁₀ and PM_{2.5}) in the shortest possible time through coordinated action

Once the 2019 London Atmospheric Emissions Inventory has been published, an assessment will be undertaken to determine when particulate levels are likely to meet WHO Guidelines. The Mayor of London, in his Environment Strategy, has made a commitment to ensure that WHO Guideline levels for particulates are met across London by 2030.

7. The above aims will deliver three main outcomes:
 - a. the Square Mile has clean air
 - b. people enjoy good health through reduced exposure to poor air quality
 - c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London
8. The outcomes will be achieved by action across 6 policy areas:
 - air quality monitoring
 - leading by example
 - collaborating with others
 - reducing emissions from transport
 - reducing emissions from non-transport sources
 - public health and raising awareness.

There are 65 actions associated with these policies with detail on how they will be taken forward, timelines, departmental responsibility and relative costs.

9. The draft strategy demonstrates the strong cross departmental support for improving air quality and reducing the impact on public health. This is evidenced most strongly in the City Corporation Corporate Plan 2018 - 2023, draft Transport Strategy, Responsible Business Strategy, Responsible Procurement Strategy and draft City Plan.

Corporate & Strategic Implications

10. The draft Air Quality Strategy supports the following outcomes from the Corporate Plan 2018 to 2023.
 - Outcome 2 'People enjoy good health and wellbeing'

- Outcome 11 'We have clean air, land and water and a thriving and sustainable natural environment'

11. The Department of Markets and Consumer Protection wrote the draft strategy, with the following departments providing support:

- a. Built Environment
- b. Community and Children's Services
- c. Chamberlains
- d. Town Clerks
- e. City Surveyors

Financial and Resourcing Implications

12. The table of actions in the Appendix 1 of the strategy includes the relative cost of each item. Many actions will be delivered using existing resources.

13. A request has been made to increase the Air Quality base budget to cover the costs of additional air quality monitoring and increasing public demand for information about air pollution in the City. The requested base budget increase, totaling £99,000, would also fund an additional post to assist with monitoring, data analysis, projects and communications. If this funding request is not approved air quality monitoring in the City would have to be scaled back impacting on the City Corporation's statutory obligations for air quality management and delivery of actions 1 and 4 of the draft strategy. Monitoring equipment in the City is old and needs replacing over the next few years, this would not be possible without this additional funding. Without an additional post, large aspects of air quality communication work would cease. This has become more essential as the profile of air quality has increased. This would impact on the delivery of actions 59, 60, 61, 62, 64 and 65. This work has been covered over the past two years by an external grant.

14. An application for Priorities Investment Pot funding for £110,000 over two years has been submitted to support business engagement, some aspects of collaboration and leadership and for air quality modelling to assess compliance with the aims of the strategy. These are all commitments in the Responsible Business Strategy. Without this funding, significant aspects of business engagement would cease (action 25), we would not be able to demonstrate compliance with the aims of the strategy (action 6) and aspects of London wide collaboration would not be possible (action 7). Collaborative work is essential for improving air quality in the City as the City Corporation cannot resolve the problem alone.

15. Any item for which funding is not currently available includes a sub action to source funding for its delivery. In addition to the above items, this includes:

- electric vehicles charging infrastructure for City residential estates (action 10)
- supporting research by London Universities (action 20)

- supporting the Port of London Authority Air Quality Strategy (action 22)
- undertaking a survey of combustion plant in the City (action 24)
- rolling out cost effective interventions following pilot projects in the City's Low Emission Neighbourhood
- supporting trials of zero emission technology for street works, filming and events (action 51)
- supporting trials to reduce emissions from other combustion plant in the City
- investigating the use of emergency generators for demand side response (action 53)
- improvements to the free City smartphone app (action 58)

Public Sector Equality Duty

16. An equality analysis has been undertaken and has not indicated any potential discrimination or adverse impact on protected groups.

Security Implications

17. There are no security implications.

Conclusion

18. An updated draft Air Quality Strategy has been produced for consultation. It contains a wide range of action that will be taken to deliver the following outcomes:

- a. the Square Mile has clean air
- b. people enjoy good health through reduced exposure to poor air quality
- c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London

19. The draft strategy will be published for statutory consultation, subject to comments received at Committee. The final strategy will be brought back to committee for approval in July 2019.

Appendices

Appendix 1: Draft Air Quality Strategy

Background Papers: Equalities Analysis for the draft Air Quality Strategy

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<p>Committee: Health and Wellbeing Board – For Information Community and Children’s Services Committee – For Information Culture, Heritage and Libraries Committee – For Information</p>	<p>Dated: 26/04/2019 08/05/2019 13/05/2019</p>
<p>Subject: Dragon Café in the City – future funding</p>	<p>Public</p>
<p>Report of: Andrew Carter, Director of Community and Children’s Services</p>	<p>For Information</p>
<p>Report author: Xenia Koumi, Project Lead – Business Healthy, Department of Community and Children’s Services Rachel Levy, Principal Librarian – Shoe Lane & Artizan Street</p>	

Summary

Dragon Café in the City (DCC) provides a free, safe and quiet sanctuary in the Square Mile for both City residents and workers to support their mental and physical wellbeing and release the pressure of day-to-day life. It is hosted in the Shoe Lane Library, on Wednesdays, between 12pm and 7:30pm.

DCC is funded by the City of London Corporation and delivered by Barbican & Community Libraries and Public Health, in partnership with charity Mental Fight Club. DCC was initially trialled as a successful six-month pilot between February and June 2018, and has secured funding for the next two years, until April 2021. This report confirms the sources of funding for DCC in the short term.

Recommendations

Members are asked to:

- Note the report.
- Support efforts to promote DCC to those living and/or working in the Square Mile.

Main Report

Background

1. DCC provides a free, safe and quiet space within the City of London for both local residents and workers to engage with and look after their mental and physical wellbeing, and release the pressure of day-to-day life. It is hosted in Shoe Lane Library on Wednesdays, between 12pm and 7:30pm. A diverse and wide range of free creative activities are delivered within the DCC sessions, such as 15-minute massage, yoga, mindfulness, calligraphy, nutrition and chess strategy workshops.
2. DCC initially launched as a six-month pilot in 2018, funded by the Wellcome Trust and Carnegie UK's Engaging Libraries fund¹ and the City of London Corporation's Department of Community and Children's Services. It was delivered through a collaboration between the City Corporation's Public Health team and Business Healthy, Barbican & Community Libraries and the charity Mental Fight Club, with support from Output Arts.
3. The pilot was evaluated and demonstrated that DCC was a valuable service that was successfully helping to support the health and wellbeing needs of City workers and residents. It also demonstrated helping visitors to feel more able and inclined to engage with their mental health.
4. A case was put forward to secure further funding to continue to offer DCC beyond the pilot phase.

Current Position

5. DCC was trialled as a pilot and ran between February and June 2018, with additional sessions delivered monthly between September and December 2018.
6. An evaluation was completed in late 2018, which demonstrated that DCC was addressing the needs of the City's worker and resident populations with supporting mental health. The workforce of the City's community of small and medium enterprises (SMEs) was also benefitting from the service. As a result, it was agreed that opportunities to secure future funding would be explored; in the interim, DCC could continue to be delivered, funded by the Public Health Grant. This would mean that awareness of DCC among the local community could maintain momentum.
7. Applications for funding were made to the Healthier City and Hackney Fund (HCHF) and the City Corporation's Priorities Investment Pot (PIP) in late 2018. Both were approved in March 2019, which secures funding for DCC until April 2021.

¹ *Engaging Libraries: Learning from Phase 1:*
https://d1ssu070pg2v9i.cloudfront.net/pex/carnegie_uk_trust/2019/03/26153308/Engaging-Libraries-Learning-from-Phase-1.pdf

8. HCHF funding has been confirmed between April 2019 and April 2020 and enables the provision of a dedicated Network Liaison role, which will:
 - engage micro-businesses and City workers experiencing in-work poverty
 - develop new and existing relationships to promote DCC through a wide range of networks, including occupational health services within the City of London and GPs
 - ensure that DCC activities are advertised through the library network and promoted in public spaces in the City
 - organise four networking events over the course of the year to: engage Human Resources and Corporate Social Responsibility leads within City businesses; identify workplace champions within the micro-businesses; and explain the benefits of wellbeing sessions offered by DCC, so that these can be promoted to their workers.

9. PIP funding permits a full schedule of DCC sessions to be run between April 2019 and April 2021, delivering roughly 23 sessions per year on a fortnightly basis. This includes the provision of a free and healthy lunch, refreshments and snacks to DCC visitors.

10. Beyond April 2021, DCC will be reviewed to explore whether it is still meeting a need among the City's worker, resident and business communities. If it demonstrates effectiveness, efficacy and value for money, efforts will be made to secure longer-term funding. Options could include sponsorship from larger City businesses and organisations, or perhaps through dedicated funding opportunities offered by organisations such as the Wellcome Trust and Big Lottery Fund.

Corporate & Strategic Implications

11. Securing longer-term funding to continue to deliver DCC between 2019 and 2021 supports a range of corporate and strategic objectives, including:
 - Corporate Plan 2018–23: Contribute to a flourishing society (objectives 2,3 and 4)
 - the Joint Health and Wellbeing Strategy 2017–20: Priorities 1, 2 and 5.

Conclusion

12. DCC is an intervention designed to support the mental and physical wellbeing of the City's residents and workers, by providing a free and open space with a range of creative activities in Shoe Lane Library. Following a successful six-month pilot in 2018, the programme has secured additional funding to ensure that it can be delivered in full until April 2021.

Appendices

- None

Background Papers

- *Dragon Café in the City evaluation – Health and Wellbeing Board Update Report, 21 September 2018*

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Committee:	Date:
Health and Wellbeing Board	26.04.2019
Subject:	Public
Health and Wellbeing Board update report	
Report of:	For Information
Director of Community and Children's Services	
Report Author:	
Jordann Birch, Partnership and Engagement Assistant	

Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments and policy issues 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 included are:

1. **Healthwatch Update**
2. **Fair Society, Healthy Lives**
3. **Better Care Fund Performance**
4. **Hackney and City of London Autism Strategy**
5. **Health and Wellbeing Advisory Group Update**
6. **Children's Partnership Board Update**
7. **Sexual Health Update**
8. **Community Safety Update**

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Healthwatch Update

Section 130 of the Health and Social Care Act 2012 requires each local authority to have a local Healthwatch. The Healthwatch service must be run by an independent social enterprise and work with communities to influence commissioners to design and provide better health and social care services.

Hackney Healthwatch won a competitive tender to provide a three-year service to support the Healthwatch City of London Board in April 2018.

Members will be aware from previous committee reports that Hackney Healthwatch experienced a number of issues that impacted on their ability to fully support the contract and the City of London Corporation worked with the provider to identify improvements in the service and provide additional support.

After almost a year of working together, both Healthwatch City of London and Healthwatch Hackney Boards concluded that whilst there are many benefits to working together, Hackney and City residents, workers and patients would be better served through Healthwatch delivery that can focus on the key priorities within each local area. A joint decision was made by both parties in February to amicably terminate the contract at the end of May 2019.

A work plan has been developed with the support of Healthwatch England to ensure that current projects will continue uninterrupted and that the handover of the contract can take place as smoothly as possible. Commissioners have been working closely with the Healthwatch City of London Board to consider options post May 2019.

For more information, please contact Sarah Greenwood, Commissioning Manager sarah.greenwood@cityoflondon.gov.uk

2. Fair Society, Healthy Lives

This update is provided in response to a question by a member of the Health and Wellbeing Board, as to what the Board is doing to support the Marmot principles.

In 2010, Fair Society, Healthy Lives: a strategic review of health inequalities in England post 2010 ([Fair Society Health Lives 2010 - Full Report](#)), was published. Within the review, Sir Michael Marmot outlined the scale of health inequalities in England and set out a number of policy objectives (“Marmot principles”), based around the social determinants of health, which could be used to tackle them. These were:

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

In 2013, the City of London’s Health and Wellbeing Board published its first joint Health and Wellbeing Strategy, which acknowledged the Marmot Review’s findings and committed to tackling the “causes of the causes” of ill health, by adhering to the Marmot principles.

In 2016, the City’s Health and Wellbeing Board revisited the Marmot principles, as part of a development day, and agreed that the new Joint Health and Wellbeing

Strategy would strengthen and support the delivery of the Marmot principles. The board agreed that the Marmot principles would be the starting point for their own set of six principles, modified to reflect what was within the scope for a health and wellbeing board to influence.

The City of London Health and Wellbeing Board's six principles were agreed as:

- Support parents and local services to give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Encourage fair employment and good work for all, including helping people to maintain a work-life balance
- Encourage a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

These principles run through the Joint Health and Wellbeing Strategy (2017-2020), shaping the strategic priorities of Good Mental Health for all; A Healthy Urban Environment; Effective Health and Social Care Integration; All Children have the Best Start in Life; and Promoting Healthy Behaviours.

The City of London's Health in all Policies approach, approved by the Health and Wellbeing Board in 2016, has encouraged officers from other parts of the Corporation to consider the impacts upon health and health inequalities that their proposed actions might take.

The City of London Corporation's [Social Mobility Strategy for 2018-28](#), which was approved in September 2018, and is now in pre-implementation stage, will examine how the City Corporation can further advance Marmot's principles throughout its sphere of influence, going beyond what health and wellbeing partners alone can do, and looking at the entire range of City Corporation functions. The strategy has identified that good health and wellbeing, alongside stable and affordable housing, high quality employment, education, skills and lifelong learning opportunities, and social and cultural capital are all essential in ensuring individuals and communities from socio-economically diverse backgrounds can experience improved social mobility.

For more information, please contact Farrah Hart, Consultant in Public Health, farrah.hart@cityoflondon.gov.uk

3. Better Care Fund Performance

The Better Care Fund (BCF) continued to fund several key services in the City of London during 2018/19 including Reablement Plus to avoid hospital admission and facilitate hospital discharge, and the Care Navigator service which supports safe discharge from hospital. In terms of key metrics, not all the final figures have been published yet but on three of the four metrics (non-elective admissions, still at home

91 days after hospital discharge and permanent admissions to residential care) the City Corporation has been performing well against target throughout the year and predict that final figures will maintain this position. The overall figures for Delayed Transfers of Care (DTOCs) have not been on target, due to NHS delays. Social care DTOCs however have continued to perform very well in relation to the target. The table below summarises this performance.

BCF Metric	Target for 2018/19	Performance 2018/19	Comments
Delayed Transfers of Care – NHS	Less than 182 days	305	This performance is based on 11 months of data but is significantly above the target set. Not all reasons for these delays have been published yet but many relate to awaiting CHC assessments, awaiting placements (related to where patients are finding their own care placements) and awaiting further follow on care. Many of these issues are being addressed including for example, the introduction of more CHC assessments in the community and placement without prejudice protocols to support this.
Delayed Transfers of Care – ASC	Less than 73 days	17	This performance is based on 11 months of data and performs well against the target. There have been some additional days of delay that were reported by providers in error and these are being corrected.
Non-Elective hospital admissions	700	697	This figure is an estimate based on 11 months of data as March figures have yet to be published. If the figure of 697 is confirmed, this is a 3.3% increase in admissions on the previous year.
Permanent Admissions to residential care	Less than 10	4	None
Still at home 91 days after discharge from hospital	85%	96%	None

It has been confirmed that there will be a round of BCF for 2019/20 (with a 1.79% increase) but that further years of funding are currently under review.

For more information, please contact Ellie Ward, Integration Programme Manager, ellie.ward@cityoflondon.gov.uk

4. Hackney and City of London Autism Strategy

Offering support to children/people with SEND has been identified as a priority in the DCCS Business Plan, in the City Corporation's Joint Health and Wellbeing Strategy and Mental Health Strategy and by the Adult Advisory Group.

The City of London is currently jointly producing an Autism Strategy with the London Borough of Hackney. The strategy is being drafted in co-production with the members of the Autism Alliance Forum. The draft strategy will recommend actions to improve services and provisions for Autistic people in the City of London and the London Borough of Hackney. These will be based on community research carried out by the Public Health, Social Care and Education teams of the City and Hackney as well as recommendations made by autistic people and their families/carers.

The draft strategy is expected to come to the HWB in June.

For more information, please contact Claire Giraud, Strategy Officer, claire.giraud@cityoflondon.gov.uk

5. Health and Wellbeing Advisory Group (HWAG) Update

The Health and Wellbeing Advisory Group met on 26 March for updates on:

- Local Government Declaration on Sugar Reduction and Healthier Food
- Air Quality Strategy
- Alcohol Strategy
- City of London Police Community Scrutiny Group

The Local Government Declaration on Sugar Reduction and Healthier Food action plan was shared with the group, outlining the activities against the pledges, who is responsible and the deadline for completion.

It was noted that The Air Quality Strategy is currently out for consultation, with a questionnaire on the corporation's website.

The Alcohol Strategy was circulated to the group; following sign off from the Health and Wellbeing Board a working group will need to be identified and action plan formed with input from the HWAG.

The City of London Police (CoLP) revised their Community Scrutiny Group (CSG) in 2018 to help meet the community member's policing needs better. The police are currently looking to recruit a diverse group of members to help shape the new-look CSG, including the formation of a Youth CSG form.

For further information, please contact Jordann Birch, Partnership and Engagement Assistant, jordann.birch@cityoflondon.gov.uk

6. Children's Partnership Board (CPB) Update

The CPB was formed following the refreshing of terms of reference from the Children's Executive Board (CEB), with meetings now arranged thematically allowing partners an opportunity to focus discussion and review specific issues.

The CPB met on 29 March with a focus on the Children, Young People and Maternity Workstream (CYPM) and how it will support the CoL Children and Young People's Plan. Partners discussed how the CYPM currently operates, and what the CYPM priorities are moving forward. These included scoping out Make Every Contact Count (MECC) for the CoL and streamlining maternity pathways and the early years health offer. An ongoing priority is to collate CoL health and wellbeing contracts and identify the gaps and duplications, as well as looking at the value for money they have.

An update was also provided on the Children Centre review board recommendation. A Children's Centre Service Advisory Board will be established, which will be responsible for the operational delivery of children's centre services in the CoL. The CYPM workstream will also continue to report back to the CPB on progress and priorities for health.

Further updates from CPB partners:

- The Safer City Partnership Strategy is currently being drafted with a view to take it to summit in April.
- The CoLP recently had a PEEL inspection – the findings will be circulated at the next meeting

For further information, please contact Marcus Roberts, Head of Strategy and Performance, marcus.roberts@cityoflondon.gov.uk

7. Sexual Health E-service Update

The sexual health e-service, which is hosted by City of London covers residents of 28 authorities.

Test kit volumes have continued to grow and since the service commenced in January 2018, we have dispatched 190,000 kits and tested over 140,000 returned kits. Since the last update to the Board, service user feedback has remained very encouraging with 98-99% approval and recommendation scores.

Since January, the provider for the e-service, Preventx, commenced a workstream to refresh the service user online portal. This refresh, which is due to be launched before the summer will further enhance the ease of usage for service users by providing a new and improved interface.

The London Sexual Health Programme (LSHP), which provides the governance mechanism for the e-service and is also hosted by the City of London, has accepted an invite to present its partnership work at the STI and HIV World Congress in July.

The focus will be the unique collaborative nature of the LSHP in bringing together local authorities to transform services.

For more information, please contact Adrian Kelly, Lead Commissioner – Sexual Health E-Service, adrian.kelly@cityoflondon.gov.uk

8. Community Safety Team Update

The Community Safety Team (CST) is currently focussed on completing the new Safer City Partnership strategy. This is due for sign off on 20 May.

A priority area for the year ahead is improving City wide responses to Anti-Social Behaviour (ASB). The heightened profile of this issue is closely linked to begging and other street visible problems. The work of City of London Police and Operation Luscombe has evidenced that 90% of beggars coming to notice within the Square Mile are not rough sleeping here and many have accommodation in other areas. The CST has obtained additional resource to help develop a common understanding of ASB and improve co-ordination between all relevant partners. We hope to recruit shortly. A vital underpinning to this work is an effective information sharing system that can record interventions from partner agencies, highlighting any safeguarding or criminal justice concerns. E-CINS (a bespoke recording system) is used in a number of neighbouring local authorities and the CST is currently supporting colleagues in utilising this within the City. The CST is also involved in developing approaches to the challenges caused by drug misuse within the City.

For more information, please contact David Mackintosh, Head of Community Safety, david.mackintosh@cityoflondon.gov.uk

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